THE EFFECT OF MENTAL HEALTH DIVERSION PROGRAMS ON RECIDIVISM RATES IN TARRANT COUNTY TEXAS

by

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Dedicated to Grandpa

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TARRANT COUNTY TEXAS

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Abstract

People with mental health issues have found themselves in and out of the criminal justice system with no real way to get out of the perpetual cycle. Mental health courts were created to give the people involved in the criminal justice system a way out and a way to find success in their lives. Previous research suggests that these mental health courts have reduced recidivism rates in people with mental health issues who have successfully completed their treatment programs. Also, other past research states that mental health symptoms are improved through the program. Our study used data from Judge Carr's Court here in Tarrant County to conduct a secondary data analysis on the 204 participants in the mental health diversion program. We had access to court dockets and psychiatric evaluations on all 204 participants, which provided insight into their cases and a deeper understanding of the individuals. The following paper discusses the offenders in the program, mental health history, past trauma, and involvement in the criminal justice system, as well as the study implications.

Introduction

In the post-World War II 1950s, America had another issue to deal with: the mental health crisis. After returning from combat, it was discovered "thousands of young men inducted into military service were found unfit for duty due to mental illness" (Talbott, 2000, p. 7). Talbott (2000) proceeds to explain "the number (of inductees) was so great that during one period more men were reported to be discharged for mental health reasons than were inducted" (Talbott, 2000, p. 7). The young men who entered the military were scarred from the war, but it didn't only pertain to them, the entire country was suffering too. It was reported that an estimated 577,000 people, or 3.8 out of every 100 people, were being treated for mental illness in the United States in 1950 (Kramer, 2005). An alarming amount of people were struggling with mental illnesses in America, but simultaneously these mental health issues were not taken seriously and the people with mental health issues were rejected in society.

The purpose of this paper is to bring awareness and attention to mental health diversion courts while also examining their effectiveness on recidivism rates here in Tarrant County Texas. I think there's a big opportunity to understand new treatment methods for mental illness within the context of the criminal justice system, while also understanding the reality of the hardships people with mental health issues population deal with.

Literature Review

The public opinion on mental illness was vastly out of step with psychiatry and psychology at the time which resulted in rejection, fear, and negative stereotypes of the population of people with mental health issues (Phelan, Link, Stueve, & Pescosolido, 2000). Unfortunately, the 1950s lacked the knowledge and understanding to know what was happening to these people internally. On top of that, mental illness was very stigmatized in the 50s; people

were often ostracized by everyone around them. Furthermore, the needs of the people with mental health issues were not met because the treatments were inadequate; the patients were not getting the care they needed. Since the treatments were too primitive, the individuals with severe mental illness were put into institutions where they were treated poorly and, again, did not receive proper care. Due to paradigm shifts in the mental health field, these institutions were closed in the 1960s. They were closed for a multitude of issues including mental health advocacy, new/breakthrough antipsychotic medications, new treatment styles, and poor living conditions (Yohanna, 2013). The closing of these institutions, also known as deinstitutionalization, officially marked the change in how America planned to deal with the mental health crisis. Deinstitutionalization can be defined as "the replacement of long-stay psychiatric hospitals with smaller, less isolated community-based alternatives for the care of mentally ill people" (Lamb, & Bachrach, 2001, p. 1039). Deinstitutionalization showed the world that mental illness was starting to be taken more seriously and showed the progress of medication, public policy, and treatment.

While deinstitutionalization can be seen as a step forward, it did however have tremendous implications on society and how the United States viewed people with mental health issues. Lamb and Bachrach (2001) noted that large numbers of people with mental health issues were being treated at the community level and that psychiatric resources became very limited due to the cutting of funding. Since many of these severely people with mental health issues were released from institutions, they were back into society where they did not necessarily fit in; they are not equipped with the tools necessary to navigate society, and the sudden release from institutions only worsened that. Since the people with severe mental health issues couldn't fit into normal society, they found themselves getting caught up in the criminal justice system. In

the mental health world, the term “criminalization hypothesis” has been adopted to explain this phenomenon: the people with mental health issues get convicted of minor offenses and find themselves in and out of the criminal justice system (Teplin, 1990). The criminalization theory is seen as an unexpected, but direct consequence of deinstitutionalization. Unfortunately, since the best way to treat these people was now obsolete, the only option available was to arrest these people with mental health issues.

People thought community-based treatment would be more humane, more therapeutic, and more cost-effective than the care offered in mental institutions (Lamb, & Bachrach, 2001). According to the World Health Organization in 2003, “moving patients to the community did not increase the patient death or suicide rate" (p. 12) According to the World Health Organization, community-based care was working and was having promising results. However, there were still several problems with community-based care. Glover (1998) noted a lack of community mental health treatment oversight, inadequate housing, and an absence of day-to-day support from mental health services.

For people with mental health issues, especially the people who have severe mental health issues, it can be increasingly tough to assimilate into the everyday life of society. These people with severe mental health issues often become homeless due to their inability to function as normal members of society. The United States Department of Housing and Urban Development (2022) found that over 582,000 people experience homelessness on a given night in the United States. Studies vary in prevalence, but many studies suggest at least 20-25% of people experiencing homelessness suffer from serious mental health problems (National Health Care for the Homeless Council, 2010). According to McNiel, Binder, and Robinson (2005), the co-occurrence of homelessness and mental disorder can increase chances of violent criminal

activity. While mental illness may not cause homeless, or vice-versa, in tandem the combination can cause a lot of problems that can lead to future problems with the law. The people with severe mental health issues who remain untreated can find themselves engaging in illegal activities and are often incarcerated (Cosden, Ellens, Schnell, Yamini-Diouf, & Wolfe, 2003). The criminalization theory was briefly discussed previously, which can be extrapolated to explain how people with mental health issues end up going to jail. Jails are not the best landing place for people with mental health issues because they need treatment for their mental impairments, and jails do not provide adequate resources for mental health needs. In fact, a “disproportionate number of adults with mental illnesses in the nation’s jails suggests that jails have become the largest *de facto* institution for the seriously mentally ill” (Turnbo & Murray, 1997, p. 299). People with severe mental health issues should not be in jail where they are being held for their criminality, rather they need treatment tailored to their mental health issues.

Unfortunately, since these individuals with mental health issues do not have the mental capabilities or resources of an average citizen, there is not much, if any, guidance on seeking help. These individuals often have problems finding help or end up denying help, which often results in homelessness. People experiencing homelessness with mental illness and a history of violence are less likely to utilize outpatient or emergency resources (McNiel, Binder, & Robinson, 2005). These people with mental health issues sometimes don't realize there are options for them to get help, and without help, these individuals become more disconnected from society and reality. According to Cosden, Ellens, Schnell, Yamini-Diouf, & Wolfe (2003), without proper treatment the cycle of criminality will continue. Without constant supervision, people with mental health issues often find themselves unchecked in the community and are

found in and out of jails regularly. Something new needed to be done to try and help this group of people.

In 1980, a model for intensive case management was developed to try and deal with this population. Stein and Test (1980, p. 23) developed a model called "assertive community treatment" (ACT) that targeted the treatment of people with severe mental health issues. Assertive community treatment proved that this specific model for targeting people with severe mental health issues was working and that its use should be continued. While the program seemed to be working, there were mixed results from the various studies done on the effectiveness of assertive community treatment. One study conducted by Bond, McGrew, and Fekete (1995) showed that ACT resulted in few hospitalizations while other studies found that ACT individuals were less likely to be arrested or homeless (Marshall & Lockwood, 2001).

A new movement spawned in the late 1990s partly because of the newly garnered awareness of mitigating factors of people with mental health issues criminal record, for charges ranging from prostitution to drug possession. Acknowledging and validating these mitigating factors helps to get these individuals the treatment they need and keeps them out of the criminal justice system. The idea of treatment courts follows a bigger/more broad movement within the criminal justice field called “therapeutic jurisprudence,” where the courts take on the role of not just punishing defendants, but now also treating them (Wexler, 2001, p. 279). Therapeutic jurisprudence attempts to avoid generalization by individualizing every case; this theory allows for more comprehensive knowledge of each individual case. According to Webb (2018), on behalf of the Office of the Governor, "a specialty court provides specialized direct services to offenders as an alternative to incarceration. Offenders must comply with the terms of the program for typically 12-24 months by remaining sober, not being rearrested, and attending court

sessions on a consistent basis" (p. 10). The concept of therapeutic jurisprudence was used to promote therapeutic practices in the court system; furthermore, specialty courts were formed by the idea of combining both the court and treatment. On top of getting the defendants the care they need; it helps to reduce correctional overcrowding and gives people a second chance.

These specialty courts have been updated to cover specific topics such as: "drugs, family, veterans, commercially exploited persons, or public safety employees" (Webb, 2018, p. 10). These specialized treatment courts are also referred to as diversion program courts and they have been used most notably with drug cases, and more recent cases that involve mental illness. Drug courts were created at the end of the 1980s due to the substantial number of drug-related cases and after early success, they extrapolated to mental health-related cases. According to Petrila & Redlich (2008), mental health courts became the next focus because they aimed "to reduce the number of and frequency with which persons with serious mental illness are prosecuted in standard fashion within the criminal justice system, formal diversion programs have recently been established and supported by the federal government" (p. 12). The first state mental health court was created in Florida in 1997 (Watson, Hanrahan, Luchins, & Lurigio, 2001). The federal government acted on November 1st, 2000, by passing America's Law Enforcement and Mental Health Project, signed by President Bill Clinton. The project expanded the role of these treatment courts, specifically for mental health; one hundred mental health courts were to be created and $10 million per year was to be provided (United States Congress, 2000). Congress getting involved in funding and opening mental health courts was a big step in recognizing the seriousness of mental illness, but also affirming that the individuals suffering from mental illness need treatment. With there being such a strong stigma around mental illness in the United States, it was promising to see that Congress believed in mental health treatment while also keeping

these offenders out of the criminal justice system. If the offender completes the treatment prescribed by the court, “an offender is able to petition the court to enter an order of nondisclosure of criminal history record information for the offense for which the offender entered the specialty court program" (Webb, 2018, p. 10). Allowing an offender to have his criminal record sealed is a huge step in allowing people with mental illness a second chance in life and helping get these people back on the right path with treatment.

When specifically talking about mental health specialty courts, they incorporate therapeutic practices to treat the offenders so that their crimes will not be committed again. Steadman, Davidson, and Brown (2001) write that it is hard to define what a mental health court is, it needs to meet four criteria:

> “We suggest that using the following criteria might be helpful for labeling a court as such. First, all persons with mental illness identified for referral to community-based services on the initial booking are handled on a single court docket. Second, a courtroom team approach is used to arrive at recommended treatment and super-vision plans with a person specifically designated as a "boundary spanner" to ensure actual linkage. Third, assurance of existing appropriate treatment slots is necessary before the judge rules. Fourth, appropriate monitoring occurs under court aegis with possible criminal sanctions for noncompliance, such as reinstituting continued charges or sentences” (p. 458).

Understanding these mental health courts is complex, but they simply keep people out of the criminal justice system if the crime they are convicted of was influenced by mental illness. These courts aim to target the problem where it stands, hope to prevent homelessness, and, more specifically, reduce recidivism rates.

There have been numerous studies conducted showing effective mental health courts have on recidivism rates. Mental health courts have shown that their treatment helps to reduce recidivism rates (McNiel & Binder, 2007; Hiday & Ray, 2010; Moore & Hiday, 2006; Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2011). One specific example is the McNiel & Binder study in 2007 which demonstrated mental health court graduates had a 54% reduction for committing a new violent criminal charge and a 39% reduction for committing a new criminal charge (McNiel & Binder, 2007). These promising results from different studies provide a good indication that mental health courts are the future of mental health treatment in the criminal justice field. Another study by Boothroyd, Poythress, McGaha, and Petrila (2003), shows patients have improved mental health symptoms. The limited scope of understanding mental health and its relationship with reducing recidivism rates showed that there is a correlation between the two. Fast forwarding to the modern day, there has been time for more in-depth studies into the relationship targeting different age ranges/expanded participants list and how that affected recidivism rates. One study done by Fox, Miley, Kortright, and Wetsman (2021), showed a 74% reduction in recidivism in juveniles and adults who participated in mental health courts in the years ranging from 1997 to 2020.

Considering the Fox, Miley, Kortright, and Wetsman (2021) study was done on a macro level over the entire United States, we wanted to focus on the micro level within one specific county, Tarrant County in Fort Worth Texas. The overview of this specific program is “a pre-trial, post-booking specialty court program for participants in the criminal justice system that have a previous mental health history. The program is judicially supervised, and the mission is to provide participants with the resources and support to attain emotional well-being and a foundation for long-term success” (Mental Health Diversion Program, Tarrant County, Texas).

We wanted to see on a micro level, in Tarrant County, what the effects of their mental health diversion program had on the recidivism rates of the participants. We had access to the participants' evaluations, dockets, and records to get an inside look into how effective this specific mental health court was. Our study's results will hopefully shine a light on the effectiveness of the court, specifically in Tarrant County Texas.

Methods

For the current study, we conducted a secondary data analysis study on individuals who had been involved in the Tarrant County Mental Health Diversion Program. We were given access to relevant documents for all individuals who participated in the program; documents included psychological and or psychiatric evaluations, court dockets, and many more court-related documents. With the amount of information we received, we can perform analyses to understand what features are of importance such as common trends or predictors in participants in the program.

We conducted a secondary data analysis study method that was the data that was made available to us. The data was not originally collected with intent for research, but we used the data to analyze their similarities to offer insight into what future treatments to use or where to target treatment. The secondary data analysis method is a common and legitimate practice in the criminal justice and psychology field; we use it because it allows insight into each individual while allowing for similarities to be drawn. We believe it is the best method for understanding the treatment courts because it allows for individual insight into the effectiveness of the program. The study is being conducted in support of the program in Tarrant County and Texas Christian University; the study has been approved by Texas Christian University’s institutional review board.

Researchers at Texas Christian University have a working relationship with the mental health diversion program. The diversion program officials contacted the researchers to study the effectiveness of the program. All individuals who partook in the program are people who were either incarcerated in the county or lived in the county.

For this study, we did not survey individuals, instead, we were granted access to past records of the people who were involved in the mental health diversion program. We collected information on over two hundred individuals from the program to hopefully get a clearer picture of the effectiveness of this diversion program. The individuals were selected based on their involvement in the program, not on race, gender, or age. This study aims to understand more about the individuals in this program. We included every person whose information we received, but there are multiple people with very little information in their case files. Since there are some people with very limited case files, they will be excluded from the analysis. There were 17 participants that were missing most data, and other participants that had random fields missing data.

We used psychological intake evaluations and court dockets as the primary insight into each individual. We examined the evaluations and court dockets for pertinent information such as age, gender, age of mental health onset, diagnoses, criminal history, age of first arrest, current offense, trauma, education, suicide, medications, hospitalization, substance abuse, treatment, support system, and prior therapy. We specifically were interested in the age of mental health onset and how that was related to criminal history/age at first arrest. We want to have a full picture of the people who underwent the diversion program and understand if mental illness has played a part in why they were arrested. Every time a person is in the program is because they have a mental illness, but the other important question is understanding how a mental illness

played a part in the crime. The court dockets were used specifically for gathering information regarding treatment plans, age, and criminal offenses. The evaluations gave insight into diagnoses, criminal history, education level, etc. While interpreting the data, it is important to note that the evaluations and court dockets were often handled by different people so the data is not consistent for every participant, and there may be missing data in some fields. All our collected data came from those two sources directly via Tarrant County.

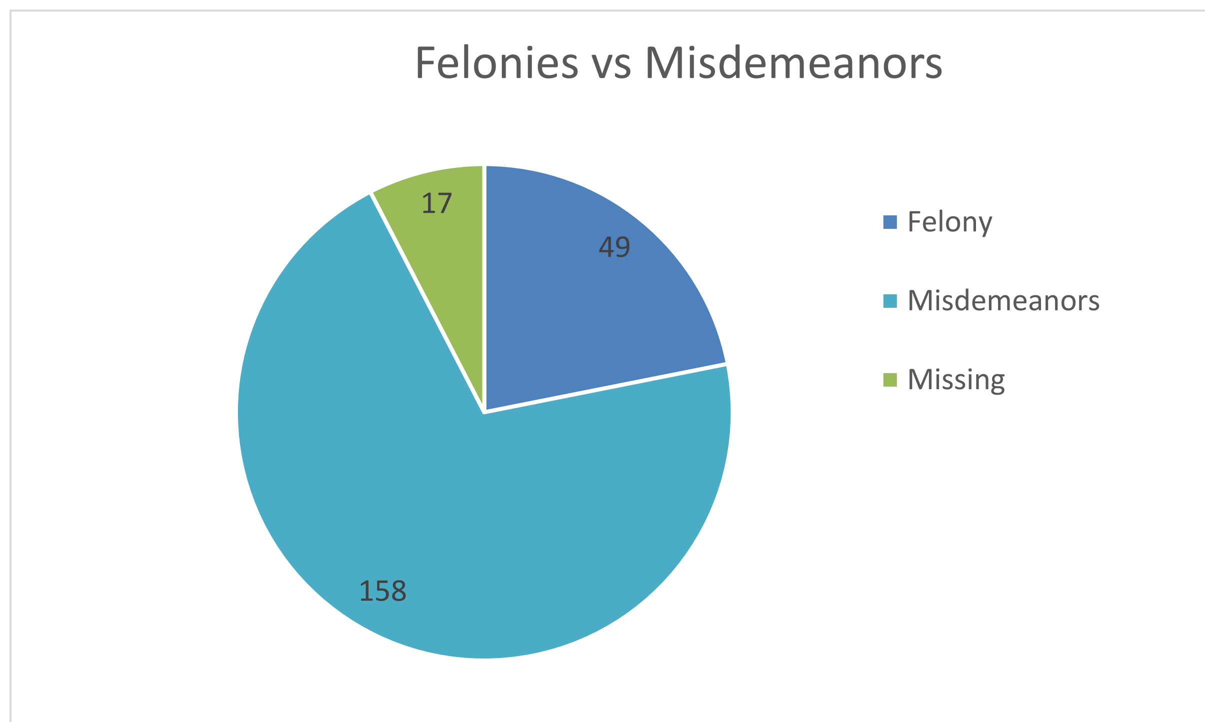
The data was collected by Texas Christian University students, including myself, and Drs. Kendra Bowen and Brie Diamond oversaw the data collection. As previously mentioned earlier, there was some missing data. There were some individuals for whom data was not given, therefore, they will not be included in the final tally. Since every interview is different, some data was collected for some people and vice versa.

Results

After analyzing the data of the 204 participants in the Mental Health Diversion Program in Tarrant County Texas, we wanted to provide an analysis of the typical participant. Of the 204 individuals who were diverted, the majority were female, and the average age was 33 years old. Regarding race, the typical divertee was White, and for ethnicity, the typical divertee was not Hispanic. The most common level of criminal charge was a misdemeanor, and the most common crime was theft. The typical divertee was also a first-time offender who had been diagnosed with depression or bipolar disorder. The typical divertee suffered some sort of trauma in their past and roughly 1 in 5 participants have attempted suicide. Painting a picture of the typical participant offers answers to the biggest commonalities between each of the variables used in our study. In our study, we wanted to focus on if the divertee was a first-time offender, what the level of charge was, what their diagnosis was, and what their experience with trauma was.

Firstly, we will look at the analysis of the demographic results gathered from the psychiatric evaluations. The psychiatric evaluations revealed that there were 109 females, 94 males, and 1 missing were part of the diversion program. The average age of people in the program were 33 years old, with ages ranging from 18 to 68. Of the 204 participants, 105 identified as white, 47 identified as black, 19 were categorized as other and there were 35 missing from the final count. 149 of 204 identified as being not Hispanic, and 24 identified as Hispanic. Demographics are important to understanding how mental health impacts people with differing backgrounds and for understanding who's results we are looking at.

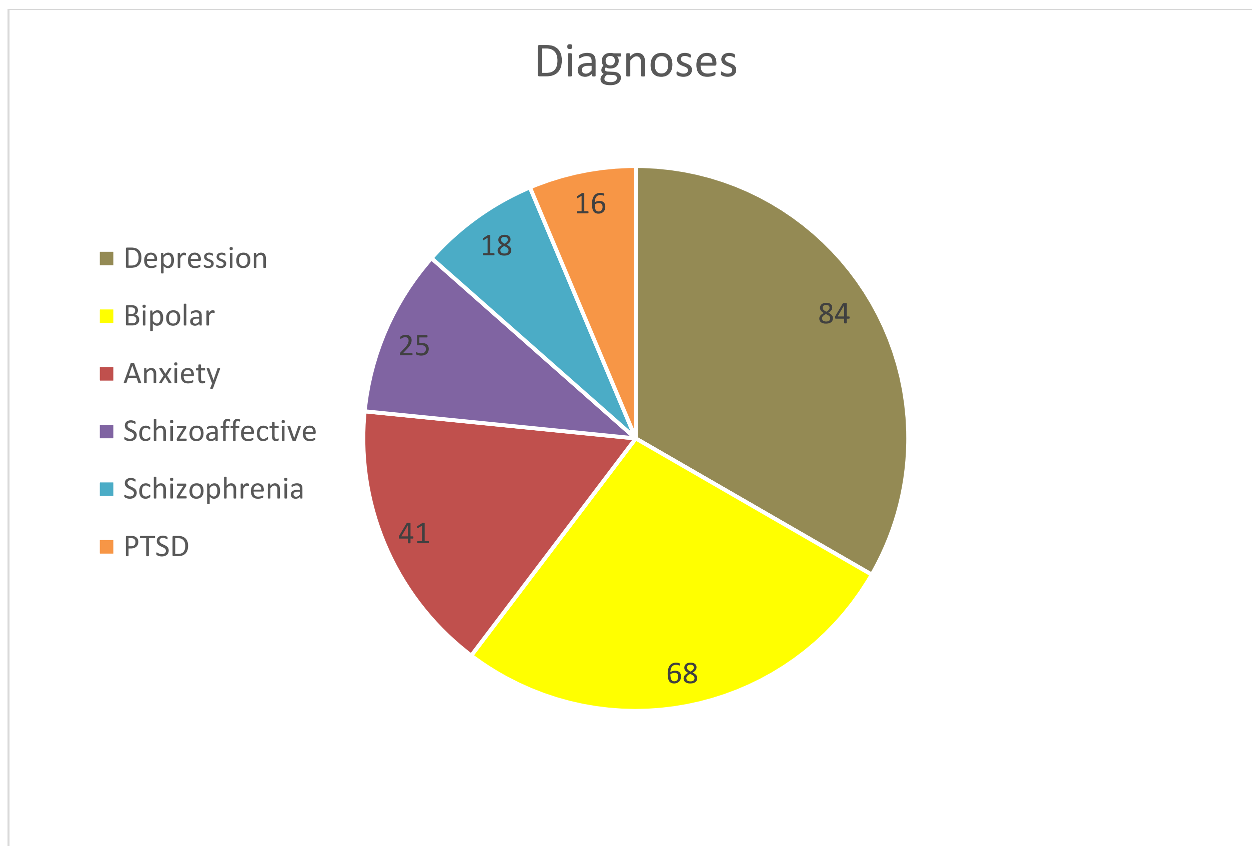
Next, we wanted to understand what level or degree of crimes the people with mental health issues population of the diversion program were convicted of. The analysis of the data showed that there were 158 misdemeanors committed which ranged from theft, assault, trespassing, and illegal drug possession. 130 of the misdemeanors committed were isolated incidents; one person perpetrated the crime and that was their one and only charge. There were 12 individuals who had been convicted of 2 misdemeanors, and 1 individual was convicted of 6 misdemeanors. The analysis of the data also showed 49 felonies were committed; the felony charges included theft, assault, burglary, and forgery. 44 of the felony charges were the participants only criminal charge on record. There were 3 individuals who were convicted of 2 felonies, 3 individuals who had a felony charge and a misdemeanor charge, and one individual with 2 misdemeanors and a felony charge. Also, there were 17 people without data on their charges; these people were the same people who consistently had missing information throughout all documentation that we had access to.



The next section of the results will be analyzing the number of first-time offenders. Out of the 204 individuals who participated in the Mental Health Diversion Program, 109 were first time offenders. The majority of the participants involved were people with first time contact with the law enforcement and the criminal justice system. These individuals also tended to have less serious crimes, as they were more likely to result in misdemeanors. There were 62 people who were found to not be first time offenders; these individuals have already been encountered by law enforcement and the criminal justice system. While the repeat offenders were the minority, they still made up for a little less than a third of all the participants involved in the diversion program. There were also 33 individuals that were missing data pertaining to if they were a first-time offender or not.

Next, we will discuss the results on the analysis of the mental health diagnoses of the individuals who participated in the diversion program; we will include the most common 6

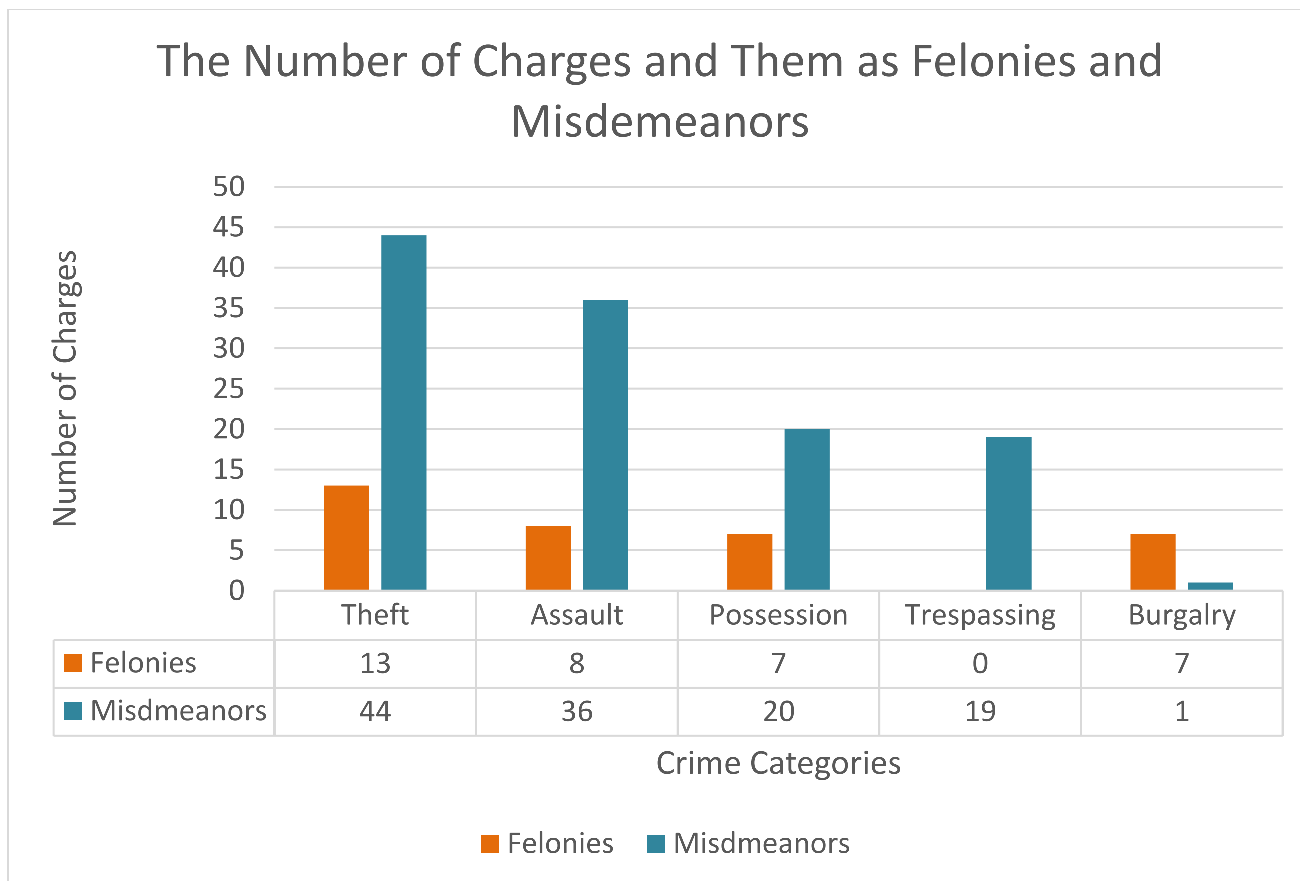
diagnoses found throughout all 204 participants. It is important to note that some of the participants had comorbid diagnoses, therefore, the number of diagnoses are not going to be parallel with the 204 total people. The most common diagnosis was depression; diagnosis most commonly “major depressive disorder,” but was also called “depression”. 84 different people had been diagnosed with depression, and it was found that the diagnosis played a role in the commission of the crime. The next most common diagnosis was found to be bipolar disorder. There were 68 participants who were diagnosed with bipolar that influenced the act of their crime. The third most prevalent diagnosis was anxiety disorder; the diagnosis included generalized anxiety disorder and more commonly just anxiety. There were 41 participants who were diagnosed with anxiety and was deemed to have played a role in the crime they were incarcerated for. Next up was schizoaffective disorder; there were 25 individuals diagnosed with schizoaffective disorder. Penultimately, the 5th most common was schizophrenia; sometimes diagnoses included details such as having psychotic breaks, or features. There were 18 participants who had schizophrenia out of the 204 individuals. Lastly, the least common of the top 6 diagnoses was post-traumatic stress disorder(ptsd); there were 16 diagnoses ptsd. It is crucial to understand that each individual in the diversion programs crime(s) were influenced by their mental health diagnosis.



Suicide and trauma are the next topic of analysis; we separated the two from each other but am lumping them together for this paragraph. Out of the 204 people in the diversion program, over half of them had experienced some sort of trauma in their past; since everyone's trauma is unique, we lumped trauma together. There were 121 people with at least one reported traumatic event that still impacted them; examples include having watched a fatal car accident, traumatic brain injuries, testifying against parents, and sexual abuse. Regarding suicide, about a fifth of the participants, or 42, had attempted suicide at some point in their life. There were also 4 people who had expressed suicidal ideations in their past.

The last section of the results will be breaking down the most common charges by all 204 participants, by misdemeanors, and then by felonies. Beginning with all participants together, the most common charge was overwhelmingly theft. 57 individuals had charges for theft, which was

by far the most prevalent charge at 25.5% of all charges. 44 of the theft charges were deemed misdemeanors and the other 13 were felonies. The second most common charge we saw was assault with 36 different charges. 28 of the assault charges were misdemeanors, and 7 of the felony charges were felonies. Assault frequently had differing iterations such as assault of a family member, aggravated assault, assault on a police officer, etc. The third most prevalent charge was drug possession, which a large majority of the time was for marijuana. There were 27 charges for possession, of which 20 were misdemeanors and 7 were felonies. The next most common charge was for trespassing; there were two distinct versions: criminal trespassing and trespassing. There was a total of 19 trespassing charges, and all 19 were misdemeanors. The next most common charge was burglary. There were only 8 total charges; 7 of them were felonies and 1 was a misdemeanor. The 6th most common charge was forgery, and all charges were felonies. The last most prevalent charge was evading arrest; all 3 charges were felonies. All of the crimes mentioned were committed in the state of Texas, therefore, the level/degree of the charges are based off Texas state law.



Discussion

After reviewing the results of the analyzed data from the 204 participants in the mental health diversion program, we found that the majority of the participants were minor offenders. These minor offenders were usually first-time offenders and were convicted of theft-related crimes. The typical participant also suffered from a mental health disorder(s) such as depression, anxiety, and bipolar and shared past experiences of trauma. The results indicate that the majority of the crimes that people with mental health issues admitted into the Tarrant County mental health diversion program commit are low-level, non-violent crimes. It is then important to note that the program aims to keep people who are convicted of crimes, which were perpetrated with influence by their mental illness(es), out of jail; therefore, the program seeks to affirm the possibility of a second chance with completion of the program by expunging their record. It is

important to also note that the program serves to treat these underlying mental health issues rather than punishing them.

After analyzing the results, the numbers gave light on some interesting interpretations of the data. One such interesting finding was that theft, assault, and possession (in that order) were the most common charges in both felonies and misdemeanors. We found these results very interesting and interpreted them as a sign that there are common crimes that people who suffer from mental illness commit. Our observation was consistent with a study by Charette, Crocker, and Billette that showed that “individuals with mental illness are more likely to be arrested for minor offenses” (Charette, Crocker, & Billette, 2014, p. 512) such as theft, loitering, and other non-violent offenses. Considering that the ratios of different crimes committed in felonies and misdemeanors were almost identical to each other (Theft being the most common, assault being the next, and then possession), it could be seen as the people with severe mental health issues were committing the same sets of crimes, but more serious versions. Another interesting finding was the majority of the participants had experienced trauma (Trauma is vaguely defined in our study because everyone’s trauma was different and was taken from psychiatric evaluations). Consistent with our data, research has previously found that roughly 75% of incarcerated people have had previous histories of trauma (Fretz, 2022). We interpreted this finding as a possible origin of mental health issues for the participants and something that still caused these individuals pain up to the time of the offense. Another interpretation of our data was that the majority of the participants in the diversion program were first-time offenders, therefore, it could be concluded that these people were committing these offenses only because of breaks in their mental health. These people’s crimes were found to be influenced by their mental illness at the

time of the offense, and since they had never been involved with the criminal justice system before their arrest it looked like mental illness could be to blame.

The results we gathered and interpretations we made have led us to some implications regarding mental health courts and mental illness in the criminal justice system. Our research indicates that the majority of the participants in the MHDP are non-serious, and the program is a great alternative to detention, while also r reducing overcrowding in our jails and prisons. We believe there needs to be more awareness and funding into opening and supporting new mental health courts across the country to allow further access to the programs. Obviously, we wish these people did not have to end in the criminal justice system to get treatment, but all things considering, the program is the best option for people with mental health issues that do not have the resources to seek treatment who do end up in jail.

During the course of the project, we had many limitations that ultimately changed the entire focal point of the research. There is a full designated section regarding the limitations in the next section, but in short, the state government has not yet supplied us with the criminal records of the 204 participants involved in the mental health diversion program; therefore, we were not able to understand if the mental health diversion program effected recidivism rates.

After completing the study, and reviewing all of the work we had done, it became apparent that future research still needed to be done. Since we were not able to complete our original project idea, we believe we should start with observing a mental health court from one city and doing an in-depth analysis. We believe an in-depth micro level analysis on an individual mental health court could provide the best/most insightful data on the effectiveness of the program. Also, we believe that there should be a bigger (perhaps federally funded) more macro level study done on the effectiveness of the courts by comparing different mental health courts to

others to understand which courts are doing the best. We believe that could help foster the best environment and future for the people involved in the program itself.

Limitations

Originally, our study was focused on the court's effectiveness; however, we were unable to obtain criminal records for all of the participants since completion of the study. Also, we were already deep in the preparation of the project, so we had to find a way to continue. Without access to those files, we had to change the focus of our project away from understanding the effect these courts had on recidivism rates and focus on the data we did have access to the participants of the mental health diversion program. These results proved to be interesting and helped to provide insight into the mental health diversion program; however, they were not applicable in the same way the original plan had stated.

Conclusion

America still finds itself in the depths of a mental health crisis, but fortunately is a lot better equipped to handle the crisis today. While we may still have stigmas and stereotypes regarding mental health, we have made tremendous social and scientific progress since the 1950s. As we have researched and become more knowledgeable about mental illness and how to best treat them, the idea of these mental health courts was created. The mental health court was a big step into acknowledging that people with mental illnesses cannot control their actions/emotions the same way that someone who does not suffer from mental illness does. These mental health courts have proved to be a great concept because they acknowledge the hardships people with mental health issues deal with and help to provide them with a second chance in life. In our study specifically, these 204 participants had a second chance to complete the program and have their records wiped clean.

In our study, we saw that the majority of the people in the mental health diversion program in Tarrant County Texas were convicted of minor misdemeanor thefts. The people with mental health issues population with the mental health diversion program displayed that the people with mental health issues often do not commit serious or violent offenses. This diversion court seeks to target the people with mental health issues that could be in and out of the criminal justice system with untreated mental illness and provide the treatment to hopefully keep them from reoffending.

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