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Causal effects of mental health treatment on education outcomes for youth in the justice system

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ABSTRACT

This study assesses whether mental health interventions can improve academic outcomes for justice-involved youth. Only a limited number of studies have linked justice policies to outcomes beyond crime, particularly education, which carries large monetary and non-monetary benefits. The current study relies on detailed administrative data and unique policy rules under which youth are assigned to behavioral treatment programs. The administrative data allow for a rich set of controls for observed family- and youth-specific heterogeneity. In addition, the treatment assignment rules create discontinuous thresholds among youth who are deemed eligible or not eligible for treatment, rules which the study exploits empirically to address the non-random selection bias in estimating plausibly causal effects of treatment eligibility and treatment receipt. Estimates indicate that certain types of intensive mental health intervention can lower dropout and increase high-school completion for justice-involved youth. Effects on grades are negative or not significant, possibly due to the greater retention of less academically-skilled students. We also assess heterogeneity in the treatment effects, and find that the effects on dropout tend to be greater among youth believed to be less academically engaged prior to treatment.

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1. Introduction

In 2010 juveniles accounted for 1.6 million non-traffic related arrests, ranging from curfew violations to violent crimes (Sickmund & Puzzanchera, 2014). Youth in the juvenile justice system typically are at least 10 years old and most are age 16 or 17. They have, by definition, exhibited antisocial behaviors that lead them to the attention of the justice system. A variety of adolescent intervention programs have been created which target criminal and

antisocial behaviors (Greenwood, 2008; Cuellar, 2015). These programs stand in contrast to broad, primary prevention approaches which target young children often before significant problems emerge. In part, the debate surrounding the most effective policies centers on whether adolescence is too late to improve the trajectory of antisocial behaviors or academic achievement (Cook, Dodge, & Farkas, 2014).

For youth with relatively significant mental health and behavior problems, who may have a lengthy history of serious behavior and family troubles, particular treatment programs have been developed called Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT). These intervention programs are relatively intensive and costly, as much as \$7000 per treated youth. Yet they have the potential to reduce social costs across a variety of

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dimensions, not only those related to violent and property crimes, but also those associated with substance abuse, early teen births, and low educational outcomes.

Although treatment programs such as MST and FFT can reduce criminal recidivism, their high cost has impeded widespread availability in the justice system, even to youth who would meet the relatively stringent eligibility criteria based on individual mental health and social factors. One possible reason is that the full extent of societal benefits from these programs has not been explored. Broader and durable societal benefits could be achieved if these treatment programs affected outcomes such as high school dropout and completion rates. Such improvements would have long-lasting effects on employment, income and participation in social programs and, thus, modify any cost-benefit calculus of the interventions.

Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and to a lesser extent Aggression Replacement Training (ART) are among the most studied treatment programs for youth in the justice system. With these programs justice agencies seek to reduce recidivism and potentially criminal behavior that could persist into adulthood. Thus, the focus of research on MST and FFT has been largely and expectedly on criminal outcomes. Indeed, there is some evidence discussed below that these programs achieve reductions in recidivism (Littell, Campbell, Green, & Toews, 2005, Lucenko, He, Mancuso, & Felver, 2011). However, less well studied is these programs' impact on academic success.

This study assesses the short and medium-run academic benefits of mental health treatment among a population of youth in the juvenile justice system, using rich administrative data from Washington State and unique program rules under which youth are assigned to these treatment interventions. We have extensive data on each youth allowing us to control for observed differences in family and youth characteristics. In addition, the treatment assignment rules in Washington provide plausibly exogenous variation among sub-populations of youth who are deemed eligible or not eligible for treatment, rules which we exploit empirically to address the non-random selection bias in estimating causal effects of treatment eligibility. We are then able to deploy our rich data and compare secondary education outcomes for these high-risk youth. Among education outcomes we are able to observe secondary school completion, transfers, dropouts, suspensions, and average grades, allowing us to assess the impact of mental health treatment across a range of important measures of human capital acquisition.

We find consistent evidence that FFT and MST, the more intensive mental health treatment programs, have broader spillover benefits among high-risk youth. The intent-to-treat and the treatment-on-the-treated effects point to lower dropout rates and higher secondary school completion. Assessment of heterogeneity in these treatment effects further confirms that these programs improve educational outcomes even among the higher-risk individuals – those who had weaker school engagement prior to their treatment screening.

The rest of the study is laid out as follows. Section 2 reviews the previous literature regarding mental health treatment for youth in the justice system and experiments

to improve their educational outcomes. Section 3 discusses our data and Section 4 outlines our empirical approach in exploiting the natural experiment afforded by Washington's eligibility guidelines for treatment diversion. The results are discussed in Section 5, followed by some policy implications in the concluding section.

2. Background

Measuring the causal link between mental health treatment and education is a challenging task, as a result of which many researchers have resorted to small-scale randomized trials of treatments. We review relevant strands from two literatures, the first on several treatments that have focused on youth in the justice system. In addition, we include studies that have focused on educational outcomes among high-risk adolescents where behavior problems are also prevalent.

2.1. Aggression Replacement Training, Functional Family Therapy and Multi-Systemic Therapy

Aggression Replacement Training (ART) is the least intensive of the three interventions examined here. It relies on a group therapy format and lasts only 10 weeks (Washington State Institute for Public Policy, 2004a).¹ ART teaches youths how to control their angry impulses and take perspectives other than their own through moral reasoning with the goal of reducing aggressive behavior and violence (Office of Juvenile Justice and Delinquency Prevention). There is no explicit academic component or educational goal, although improved peer and teacher relationships in school could conceivably lead to greater school success. ART also has less empirical support than either MST or FFT. One ART study among justice-involved youth used a waiting list comparison and found a 16% lower rate of felony recidivism among those treated with ART. A second study of 65 youth examined ART in school settings and found that parents and teachers reported improved social skills, including such dimensions as self-control and cooperation, as well as improvements in problem behaviors (Gundersen & Svartdal, 2006).

Another intervention for youth with behavioral problems, conduct disorder, delinquency and substance abuse is FFT, which although multi-faceted is not as intensive as MST (Littell, Winsvold, Bjørndal, & Hammerstrøm, 2007). The Blueprints for Violence Prevention estimate for the year-one cost of FFT is \$1,679,000 or \$2800 per youth or family served.² Any public mental health system or private clinic seeking to newly deliver FFT services would contact the national coordinating entity, FFT LLC in Seattle, for technical assistance and training.³ FFT includes up

¹ The cost to implement Aggression Replacement Training in Washington State was estimated at \$745 per youth. See <https://www.crimelutionsolutions.gov/ProgramDetails.aspx?ID=254>.

² These estimates program descriptions were accessed at <http://www.blueprintsprograms.com/programCosts.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028>.

³ Additional information on FFT implementation is available at <http://fftllc.com>.

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