

# Diverting Youth With Behavioral Health Needs

## From the School-Justice Pathway:

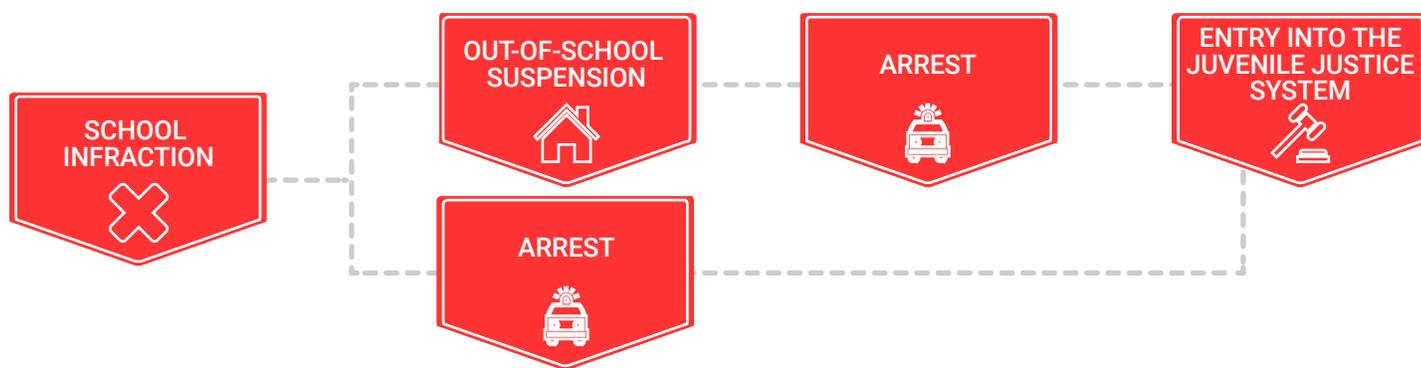
### SCHOOL-BASED BEHAVIORAL HEALTH DIVERSION—WHO, WHY, AND HOW

#### OVERVIEW

The School Responder Model (SRM) is a behavioral health response to school infractions that provides an alternative to calling law enforcement and addresses root causes of behavior. In an SRM, a responder screens youth for behavioral health needs, which include mental and substance use disorders and traumatic exposure, and connects youth to effective community-based behavioral health services. An effective responder initiative will identify youth with behavioral health needs, reduce their disproportionate referral to the juvenile justice system, and increase their connection to appropriate services that have been shown to work.

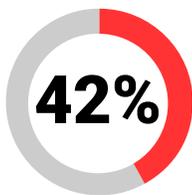
### WHAT IS THE SCHOOL-JUSTICE PATHWAY AND WHERE DID IT COME FROM?

#### SCHOOL-JUSTICE PATHWAY

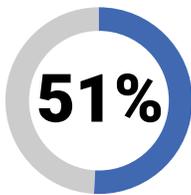


**HISTORY** Over the past 20 years, widespread use of zero-tolerance policies and exclusionary discipline coupled with a dramatic increase in school-based law enforcement has created a pathway for youth from misbehavior in school to involvement with the juvenile justice system.

**IMPACT** Youth with behavioral health needs are disproportionately subject to exclusionary discipline. These same youth have a disproportionately high likelihood of being arrested in schools.



of high schools have sworn law enforcement officers (SLEOs)



of high schools with high Black and Latino student enrollment have SLEOs

Suspension and expulsion have become common reactions to low-level misbehavior in schools, and the use of suspension and expulsion are often the first step towards involvement with the juvenile justice system. Many schools have adopted zero tolerance policies that go well beyond the federal mandate requiring expulsion of students who bring guns to school, often including a variety of infractions including violence, weapons, alcohol, drugs, tobacco, and other more minor offenses (Skiba, et al., 2006).

Out-of-school suspensions have increased by



since 2000 since the 1970s (Justice Policy Institute)



youth were arrested in schools during the 2011-12 school year (U.S. Dept. of Education)



students with disabilities are 2x as likely as students without disabilities to receive an out-of-school suspension



students suspended or expelled are nearly 3x as likely as their peers to be in contact with the juvenile justice system the next year



of students have Individualized Education Programs (IEPs)



of students arrested in school have IEPs



**NCYOJ**

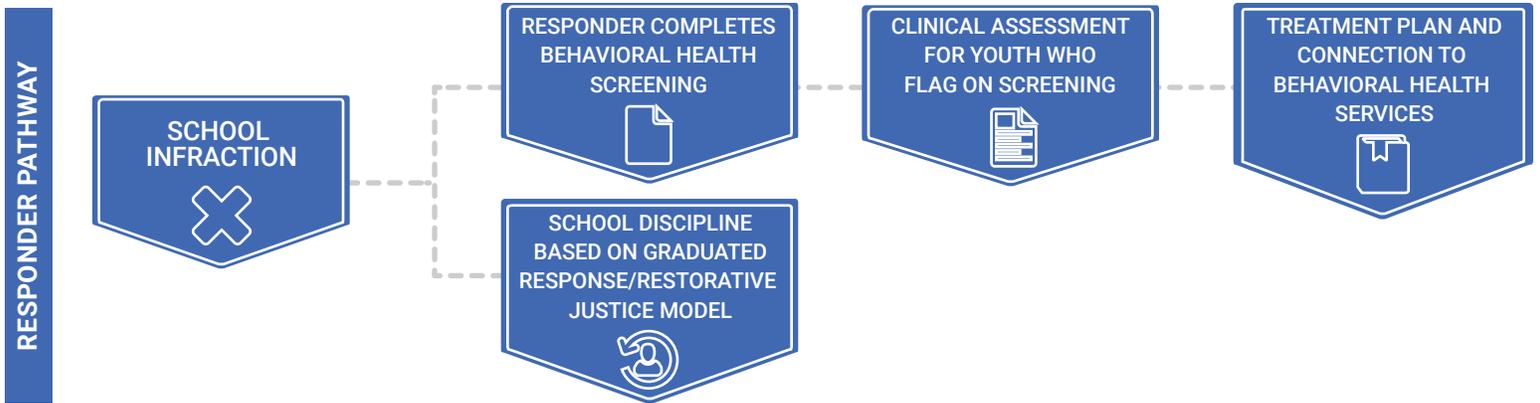
Research. Policy. Practice.

National Center for Youth Opportunity and Justice

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# THE RESPONDER MODEL

## AN ALTERNATIVE PATHWAY



## KEY COMPONENTS OF THE RESPONDER MODEL

### CROSS-SYSTEMS COLLABORATIVE TEAM

Voices from a range of stakeholders should be at the table from the outset of planning. Active involvement from law enforcement, schools, service providers, and families lays the foundation for a robust program structured for success.

### FAMILY AND YOUTH ENGAGEMENT

Family engagement is critical to ultimate success. Families must be actively involved at every stage of planning and implementation. Including grassroots community-based organizations may also foster acceptance among community members.

### IMPLEMENTATION OF A BEHAVIORAL HEALTH RESPONSE

A behavioral health response that provides behavioral health **screening** and connection to clinical **assessment** and **services** is the cornerstone of a responder model.

### CREATION OF FORMAL STRUCTURES

Responder initiatives must be institutionalized through formal structures that include:

- Training
- Policies and procedures
- Memoranda of Understanding between agencies
- Structured decision-making tools such as grids or matrices

### SCREENING

- Brief triage process for every youth
- Often done by non-clinical staff
- Identifies youth in need of a clinical assessment and/or at urgent risk of harm
- Critical to use validated tools

### ASSESSMENT

- Done by clinical staff
- In-depth, time consuming process
- Identifies clinical needs and forms the basis for a treatment plan

### SERVICES

- Develop a comprehensive list of local resources
- Establish formal referral processes between the responder and providers
- Institutionalize communication loops between the school responder and providers

## WHERE DOES FUNDING FOR A RESPONDER MODEL COME FROM?

### Look to Medicaid

Medicaid can fund responder model services via EPSDT (Early and Periodic Screening, Diagnostic and Treatment), which entitles Medicaid-enrolled youth to needed behavioral health screening, assessment, and treatment.

### Look to Mobile Crisis Teams

Mobile mental health crisis response and stabilization services may provide access to screening, stabilization, and referral services for youth using a combination of state, local, and/or grant funding.

### Look to Broader Initiatives

Broader school mental health or school climate initiatives, including new opportunities under the Every Student Succeeds Act, may provide funding for behavioral health services that overlap with the goals of an SRM.

# RESPONDER MODELS

HOW FOUR COMMUNITIES CREATED ALTERNATIVES TO THE SCHOOL-JUSTICE PATHWAY: CONNECTICUT & OHIO

## CONNECTICUT SCHOOL-BASED DIVERSION INITIATIVE



### PARTNERS

Schools, Emergency Mobile Psychiatric Services (EMPS), Child Health and Development Institute of Connecticut, law enforcement, and families



### RESPONDERS

EMPS



### FOCUS

Youth subject to discretionary school arrests, out-of-school suspensions, and expulsions

## PATHWAY



School personnel call 211, a statewide call center, which provides a warm transfer to a local EMPS provider



The EMPS provider, a masters-level clinician, will be on-site within 45 minutes



The EMPS provider engages youth in crisis stabilization, assessment, and brief treatment



EMPS can then engage in up to 45 days of ongoing assessment, case planning, and referral work with youth



### FUNDING

EMPS services are supported through a combination of state, Medicaid, and private insurance funding. Ongoing services are covered by health insurance.



### RESULTS

On average, in the first year of utilization by participating schools, EMPS referrals rose by 94%, while court referrals fell by an average of 45%. Participating schools have seen decreased arrests, re-arrests, suspensions, and expulsions.

## FORMAL STRUCTURES

The School-based Diversion Initiative is grounded in several formal structures to support sustainability, including:

- Professional development
- A graduated response model for school discipline
- Memoranda of Agreement between schools and EMPS as well as between schools and police
- Data collection and program monitoring

## SUMMIT COUNTY, OHIO RESPONDER PROGRAM



### PARTNERS

Summit County Juvenile Court, schools, and families



### RESPONDERS

Experienced case manager from the Family Resource Center at Summit County Juvenile Court



### FOCUS

Youth with school behavior and attendance issues

## PATHWAY



Schools contact family and refer them to the Responder Case Manager (RCM)



RCM convenes team—youth, family, and school



RCM provides screening (MAYSI-2) after first or second meeting



RCM refers to community-based clinical resources as well as supplemental services (e.g., mentoring, tutoring, basic need supports)



RCM provides case management for 6 months



### FUNDING

Summit County Juvenile Court pays for the Responder and clinical services are supported with each youth's health insurance.



### RESULTS

While most youth were referred to the Responder Program for behavior or truancy issues, nearly 90% were referred into mental health programming as a result of their screening and assessments. Successful completion of the program has a positive impact on future charges. One year after referral, only 37% of youth who completed the program received another charge, while 77% of youth who did not successfully complete the program got a new charge.

## FAMILY ENGAGEMENT

The Responder Program places a strong emphasis on family engagement, including:

- Use of a guide for families and information video made for families
- Frequent meetings with families, regular solicitation of families' level of satisfaction, and efforts to ask families for their active input

# RESPONDER MODELS

## HOW FOUR COMMUNITIES CREATED ALTERNATIVES TO THE SCHOOL-JUSTICE PATHWAY: NEVADA & WISCONSIN

### LYON COUNTY, NEVADA RESPONDER PROGRAM



#### PARTNERS

Schools, families, Healthy Communities Coalition, probation, and providers



#### RESPONDERS

School resource coordinator (SRC), who may be a social worker or a community health worker



#### FOCUS

Youth in graduated discipline process; indication of trauma; social or emotional concerns; attendance issues; educational failure; not thriving despite previous asset-building interventions

#### PATHWAY



Any concerned adult refers youth to a school counselor



School counselor passes on referral to SRC if youth presents with anything more than a concern about meeting basic needs



SRC administers screening (SAEBRS)



Students who flag on the SAEBS are referred for clinical assessment with a community provider



Assessment identifies any need for behavioral health services



SRC works with the team (student, school counselor, family, teacher, provider, and school administrator) to create a service plan



Ongoing case management by the team



#### FUNDING

Safe Schools/Healthy Students and Nevada Public and Behavioral Health.



#### RESULTS

Early results after implementation in the spring of 2016 show a 15% reduction in probation referrals.

### CROSS-SYSTEMS COLLABORATION TO OVERCOME RURAL CHALLENGES

The Lyon County SRM brings various systems together through a collective impact model to overcome challenges of service provision in a rural area. Effective strategies have resulted, including:

- Building on Safe Schools/Healthy Students
- Accessing services through tele-health

### BELOIT, WISCONSIN SRM



#### PARTNERS

Schools, county human services, probation, law enforcement, families



#### RESPONDERS

School Diversion Mobile Crisis Team (SDMCT)



#### FOCUS

Youth at risk of referral into the juvenile justice system or who may have a behavioral health need

#### PATHWAY



School personnel administer screening (SAEBRS) and assess if there is a need for a safety risk assessment



If the youth flags on the SAEBS or is in need of a safety risk assessment, school personnel call the SDMCT



SDMCT obtains parental consent, assesses for risk, and administers the GAIN-SS or Pediatric Symptom Checklist



SDMCT takes the youth to the hospital or develops referrals to services and may also create a safety or stabilization plan



Crisis case manager refers youth to community-based services and can provide ongoing stabilization services for up to 90 days



#### FUNDING

Mobile crisis and stabilization services are funded through a combination of Medicaid and local tax levy dollars.



#### RESULTS

To be determined. This a new program, launching in the fall of 2016.

### A MOBILE CRISIS TEAM AS THE RESPONDER

The Beloit SRM built on the local mobile crisis team structure to develop a school diversion crisis team to function as the responder. Use of the mobile crisis services in this way required:

- An expansion of the criteria for a crisis response
- A shift in the philosophy for school and crisis personnel
- Training