A Promising Practice to Foster Safety, Promote Supportive Environments, and Build Relationships: School Responder Models

NCYOJ

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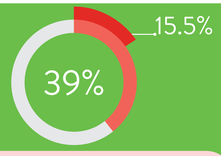
Introduction

The pathway from school misbehavior to exclusionary discipline and eventual entry into the justice system is disproportionately populated with young people who have mental health needs. There is an opportunity for schools to transform their approach and response to disruptive behaviors and adopt policies, practices, and procedures that offer a behavioral health response for students and their families.

The students experiencing exclusionary discipline have higher incidences of behavioral health needs and traumatic experiences. Traditionally, these mental health needs have not been addressed in schools. Misbehavior is met with punishment rather than a behavioral health response. Longstanding practices, like zero-tolerance policies, hurt youth with behavioral health needs rather than deliver the support they need. There are alternative approaches to school discipline that can prevent involvement in the juvenile justice system while promoting student success.

of justice-involved youth have a mental health condition



of student suspensions are Black students, though they only account for 15.5% of the public school population

Methods

The National Center for Youth Opportunity and Justice (NCYOJ) is conducting a quasi-experimental, mixed methods study designed to measure the effects of school safety interventions on systems level indicators over a period of three years. As part of this larger study, the Research Team is investigating outcomes associated with implementation of a school responder model (SRM) in Louisiana (n=4) and Michigan (n=4). The study will be complete in December 2020.

Preliminary Results and SRM Evidence

Connecticut	Nevada	ReNew Accelerated High School (Louisiana)	Schenectady High School (New York)
34% reduction in court referrals	15% reduction in referrals to probation	49% decrease in suspensions in the 2018-2019 school year compared to the prior year	70% reduction in superintendent hearings in 2017-2018 when compared to the prior year
Connected 47% more students to behavioral health services	Universal screening for all students		

A School Responder Model | Core Components

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, families, and youth 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

A school responder model is a behavioral health response to school infractions that provides an alternative to calling law enforcement and addresses root causes of disruptive 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.

SRMs hold tremendous promise of equalized opportunity for students with behavioral health conditions. The need for a new paradigm for these students is pressing and expansion of this work is an important building block for more equitable and effective education systems. It is essential that we work to create an ecosystem that supports youth and delivers the behavioral health services they need rather than push them into the justice system. SRMs are an approach to school safety that, when applied correctly, create opportunities for addressing the mental health needs of youth, being explicit about trauma and its impact, and addressing disproportionality in schools.

Partners

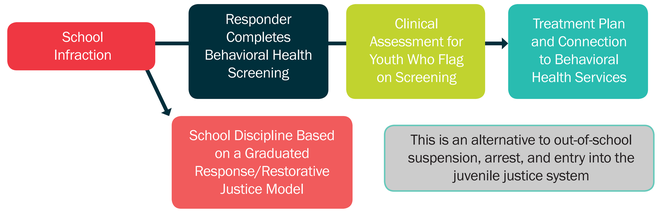
CHDI

LSU Health NEW ORLEANS School of Public Health

Guiding Principles

- Trauma Informed
- Wellness and Self-care
- Restorative Practices
- Cultural Transformation

How It Works



Case Example of SRM Success

The most comprehensive analysis of the impact of SRMs is the data analysis that was done on Connecticut's School Based Diversion Initiative (SBDI), the Connecticut version of an SRM. The first cohort of 18 schools that implemented SBDI found on average that their school-based referrals to juvenile court were reduced 45% and school calls to their local mobile crisis system (the responder in their model) increased 94%. Preliminary results from a second cohort of 18 schools showed court referrals from schools decreased 33% and calls to mobile crisis increased 42%.