School Responder Model: Addressing Behavioral Health Needs to Keep Kids in School

Advancing School Mental Health Conference
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Intersection of Behavioral Health and School-Justice Pathways

Students with disabilities are twice as likely to receive an out-of-school suspension than those without disabilities.

More than 1 in 4 boys of color with disabilities receive an out-of-school suspension.

Students suspended or expelled are nearly 3x as likely to be in contact with the juvenile justice system the next year than their peers.
Intersection of Behavioral Health and School-Justice Pathways
Prevalence of Behavioral Health Conditions Among Justice-Involved Youth
Origins of the School Responder Model (SRM)

- CT, CO, IL, LA, OH, PA, TX, WA
- Major issues:
  - Keep kids out of the system as much as possible
  - Train adults
  - Focus on family engagement

Models for Change – MacArthur Foundation
Coordinated by National Center for Mental Health and Juvenile Justice (NCMHJJ)
Origins of the School Responder Model (SRM)
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 & 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 will endure. Key structures include:
- Training
- Policies and procedures
- MOUs 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 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.
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Connecting to Services

Local Resource Mapping: What do you have, where, and for whom?

Are your resources evidence-based? Really?

Formal Pathways to Services: MOUs with providers Policies and Procedures

Strong and Persistent Family Engagement: Families as true and respected partners
Key Supports: Training, TA, and Existing Resources
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Culture Shifts in Schools

Knowledge of behavioral impacts that result from mental health, substance use, and trauma needs

Who is supposed to do what, when? And why?
Many existing structures provide a foundation for a SRM:

- Mobile mental health crisis and stabilization services teams
- School-based health centers
- Every Student Succeeds Act
- Safe Schools/Healthy Students
- Juvenile justice diversion programming
- Medicaid
Jacqui Greene, Esq.
National Center for Mental Health and Juvenile Justice, Policy Research Associates
jgreene@prainc.com
(518) 439-7415 x5257
www.ncmhjj.com