The School Responder Model: Tools to Prevent Suspension and Arrests of Students with Behavioral Health Needs

September 14, 2017

Sponsored by the Connecting School Mental Health with Juvenile Justice and Dropout Prevention Practice Group in collaboration with the Center for School Mental Health and the National Center for Mental Health and Juvenile Justice
Polling Questions

What role do you play?

How much do you know about SRMs?
Origins of the School Responder Model (SRM)

Mental Health/Juvenile Justice Action Network 2007-2011

**Participants:** 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 the National Center for Mental Health and Juvenile Justice**
Origins of the SRM
Disparities in School Discipline

- Students with disabilities are twice as likely to receive an out-of-school suspension than those without disabilities.
- Students suspended or expelled are nearly 3x as likely to be in contact with the juvenile justice system the next year than their peers.
- More than 1 in 4 boys of color with disabilities receive an out-of-school suspension.
Students with IEPs have a disproportionately high likelihood of being arrested in schools compared to the general student population.
SRM as an effective alternative to the school-justice pathway
SRM as an effective alternative to the school-justice pathway
Where have SRMs worked before?

**NEVADA**
- 15% reduction in referrals to probation

**CONNECTICUT**
- In the first year of utilization court referrals fall by an average of 45% at participating schools, concurrent with decreased arrests, re-arrests, suspensions, and expulsions

**OHIO**
- For youths referred for behavior or truancy issues, 40% decrease in likelihood of additional infraction after participation in SRM program
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
BUILDING A SCHOOL RESPONDER MODEL

Guidance From Existing Diversion Initiatives for Youth With Behavioral Health Needs

This site is a peer resource created by four teams of state and local system leaders in Nevada, New York, West Virginia, and Wisconsin as a result of their work in the 2015-16 Policy Academy-Action Network to develop pilot school-based diversion initiatives for youth with behavioral health needs.

To learn more about their stories and the 2015-16 State Policy Academy-Action Network, supported by the Substance Abuse and Mental Health Services Administration and the John D. and Catherine T. MacArthur Foundation, please visit https://www.ncmhjj.com/topics/diversion/.

ncmhjj.com/srm
WHAT?
A SCHOOL RESPONDER MODEL (SRM) is a response to school infractions that aims to
1. Address behavioral health needs
2. Reduce the likelihood of juvenile justice involvement

Click here for an overview of School Responder Models & their origin

WHY?
An SRM is an alternative to a law enforcement response or exclusionary discipline, the cornerstones of the School-Justice Pathway.

- Students who have been suspended or expelled are nearly 5x as likely as their peers to be in contact with the juvenile justice system the next year.

92,000
number of youths arrested in schools during the 2011-12 school year.

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

12%
of students have Individualized Education Programs (IEPs)

Black students are suspended or expelled 3.5 times more often than their white peers.

25%
of students arrested have IEPs

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HOW?
4 Steps to prepare your school responder model for liftoff

1. FORM A CROSS-SYSTEMS COLLABORATIVE TEAM
2. ENGAGE FAMILY AND YOUTH
3. IMPLEMENT A BEHAVIORAL HEALTH RESPONSE
4. CREATE FORMAL STRUCTURES

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FORM A CROSS-SYSTEMS COLLABORATIVE TEAM

WHAT?
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.

HOW?

ACTIVITY A
Define key partners and stakeholders

ACTIVITY B
Address common barriers to stakeholder buy-in & engagement

ACTIVITY C
Strategies and activities for initial stakeholder engagement

ACTIVITY D
Address stakeholder-specific barriers to buy-in & engagement

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ACTIVITY B

ADDRESS COMMON BARRIERS TO STAKEHOLDER BUY-IN AND ENGAGEMENT

BARRIERS

Initiative overload
"Too many reform initiatives going on"

Even where stakeholders can see that there is a problem that needs to be addressed, they may feel oversaturated with a long list of other reform initiatives already underway. They may wonder how an SRM will accomplish anything new, or they may be disillusioned from participating in initiatives that they have found ineffective.

STRATEGIES

- Integrate school-based diversion planning into existing, related efforts to strengthen the effectiveness of each individual effort.
- Utilize infrastructure established for other related initiatives (e.g., working groups) that may have established knowledge or resources useful in planning and implementing an SRM.
- Develop a map of existing initiatives showing how each contributes to common goals.
- Frame the SRM as an operational and school culture shift, not as a discrete initiative.

LINKS TO TOOLS & TEMPLATES

Click for a sample map of existing initiatives in a Wisconsin jurisdiction.

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Safe Schools
Healthy Students

Element 1:
- Pyramid Model
- HS/SD Agreement
- ASQ3-SE2
- Move
- Ch. Dev. Day

Element 2:
- Behavioral Health Coord.
- Behav. Health Spec.
- Youth Dev. Coord.
- Track MH Svcs.

Element 3:
- Professional Development
- YES Summit
- Good to Great
- Information Sharing
  - (Web...)
- LGBTQ+ PLC/Action Plan
- Student Driven Soc. Mktg.
- NCVI
- Parent Peer Specialists
- Expulsion Review

Element 4:
- Y2Y Peer Advocates
- Sources of Strength
- DITEP

Element 5:
- Y2YLink Crew
- Teen Truancy Court
- Tribes
- Tracking System
- Bullying, Harassment, Intimidation
- PREPARE

Second Step
- PBIS
- School Based Clinic
- Trauma Sens. Schools
- Youth MH First Aid

Juvenile Justice Diversion Project
- Crisis Intervention
- Training
- CIT-Y (Youth component)
- Restorative Practices
- SBIRT
- Wisconsin Mental Health Framework (DPI)

Mobile School Based Diversion Unit

Developed by the Wisconsin Policy Academy/ACTION Network Team, 2016

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**ACTIVITY C**

**STRATEGIES AND ACTIVITIES FOR INITIAL STAKEHOLDER ENGAGEMENT**

**Establish infrastructure for ongoing engagement**
The core team should be intentional in establishing an infrastructure that facilitates productive and valuable use of time, including a workplan, regular meeting schedule, thoughtful and productive agendas, and consistent communication patterns.

- Sample action steps timeline from Wisconsin
- Sample meeting agenda from Wisconsin
- Sample community engagement work plan from New York

**Define and align initiative with collective stakeholder goals**
Initial planning should include a focus on integrating the SRM into existing initiatives and should make clear how the goals of school-based diversion align with the goals of those efforts. Stakeholders can then see how the various efforts competing for their time come together, maximize shared resources, and reinforce collective goals.

- Sample map of existing initiatives from Nevada

**Engage the broader community of stakeholders**
The core team should use surveys, needs assessments, and focus groups to include the perspectives of a broad range of community stakeholders on the potential role of an SRM in their community—as the cross-systems team takes these ideas into planning, it should include regular reports back to stakeholders about planning progress and offer opportunities for feedback.

- Sample student, parents, and staff surveys from New York
- Sample needs assessment from Connecticut (pages 22-24)

**Build a cross-systems core team**
This core team will be responsible for identifying and executing all planning activities necessary for initiative development and implementation, and should include stakeholders from a variety of systems.

- Sample team membership list

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New York Core & Home Team List
*Core team in bold

- New York State (NYS) Division of Criminal Justice Services
- NYS Juvenile Justice Advisory Group
- NYS Office of Alcoholism and Substance Abuse Services
- NYS Office of Mental Health
- Schenectady County Probation Department
- Schenectady City School District
- Schenectady County Office of Community Services
- Schenectady County Probation Department
- NYS Division of Criminal Justice Services
- NYS Office of Children and Family Services
- NYS Council on Children and Families
- NYS Education Dept.
- NYS Permanent Judicial Commission on Justice for Children
- NYS Office of Court Administration
- Families Together in New York State
- Schenectady County Family Court
- Schenectady Police Dept.
- Schenectady County Dept. of Social Services

Local school district
Local SROs
Local family advocacy groups
Local probation department
Local criminal justice department
State juvenile justice authority
State office related to juvenile justice
State office of mental health
Related state advisory groups or commissions
State education dept.
Local social services
Local law enforcement (police dept.)
Local judiciary

Sample Core and Home Team Members

Developed by the New York State and Wisconsin Policy Academy-Action Network Teams, 2016

Wisconsin Core & Home Team List
*Core team in bold

- Wisconsin Dept. of Public Instruction
- Wisconsin Dept. of Children and Families (Bureau of Youth Services, Division of Safety and Performance)
- Wisconsin Dept. of Health Services
- School District of Beloit
- Wisconsin Office of Children’s Mental Health (Family Relations Coordinator)
- Beloit School Resource Officer
- Individual Beloit School Staff
- District Community Learning Center Coordinator, Beloit
- Parent Peer Specialist
- Safe Schools Health Students, Wisconsin Dept. of Public Instruction
- Wisconsin Family Ties
- Rock County Data consultancy

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<table>
<thead>
<tr>
<th>Goal</th>
<th>Person(s) responsible</th>
<th>Timeline (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Vision Statement: What is the message we want to give to parents?</td>
<td>Everyone</td>
<td></td>
</tr>
<tr>
<td>Collaboration with JJ court workers, those responsible will contact Jeremy, who works with JJ court.</td>
<td>Kate, Melissa, Lance</td>
<td></td>
</tr>
<tr>
<td>Decision tree</td>
<td>Kate (initial draft)</td>
<td></td>
</tr>
<tr>
<td>Review Screening Instruments</td>
<td>Teresa/Lucas</td>
<td></td>
</tr>
<tr>
<td>Develop a menu of referral/resource options</td>
<td>Lance and his team (initial draft)</td>
<td></td>
</tr>
<tr>
<td>Speak with School social workers about getting their knowledge of what needs may be</td>
<td>Emily</td>
<td></td>
</tr>
<tr>
<td>Rename Crisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop an MOU with Law Enforcement. Shift briefings with BLA?</td>
<td>Emily</td>
<td></td>
</tr>
<tr>
<td>Contact with the DA’s office, Dan Stoffleger</td>
<td>Emily</td>
<td></td>
</tr>
<tr>
<td>CIT Training (3D officer training, wanting to make sure BPD sends first shift officers)</td>
<td>Kate will send message</td>
<td></td>
</tr>
<tr>
<td>CIT-Y Training, contact Jacqui to enquire</td>
<td>Lucas</td>
<td></td>
</tr>
<tr>
<td>Repairing relationship with school/mobile crisis.</td>
<td>Melissa and Kate</td>
<td></td>
</tr>
<tr>
<td>Trauma Sensitive Schools training</td>
<td>SS/HS</td>
<td></td>
</tr>
<tr>
<td>SS/HS SBIRT Implementation, figure out what the delay is on implementation to get target schools up to speed</td>
<td>SS/HS</td>
<td></td>
</tr>
<tr>
<td>Youth MH First Aid in Schools?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed by the Wisconsin Policy Academy-Action Network Team, 2016
Policy Academy/Action Network Behavioral Health Diversion Project
Parents Survey

In the fall of 2016, the Schenectady City School District will make changes about how they react to behaviors that lead to a superintendent hearing. To know if the changes work, the implementation team would like your input about how the school handles behavioral issues in the school right now. If you would, please complete the survey below to tell us what you think. Your answers will not be linked back to you and will not have negative consequences for you. To thank you for your help, we will give you a $20 gift card to Shoprite for answering the survey questions.

1. Does the teacher tell you about your child’s behavioral issues before reports are sent home?
   a. Yes  b. No  c. N/A

2. Does the teacher tell you when your child breaks the school rules?
   a. Yes  b. No  c. N/A

3. Does the teacher help your child in the classroom once a mental or behavioral health problem has been identified?
   a. Yes  b. No  c. N/A

4. Are you happy with the response you get when you contact my child’s teacher with mental or behavioral health concerns?
   a. Yes  b. No  c. N/A

5. Does the teacher tell you about expectations for student behavior?
   a. Yes  b. No  c. N/A

6. The teacher tells me about my child’s achievements and successes?
   a. Yes  b. No  c. N/A

7. The principal tells me about when my child breaks the school rules?
   a. Yes  b. No  c. N/A

8. I am happy with the response I get when I contact the principal with mental or behavioral health concerns?
   a. Yes  b. No  c. N/A

9. The principal tells me about expectations for student behavior?
   a. Yes  b. No  c. N/A
ENGAGE FAMILY & YOUTH

WHY? The Foundation of an SRM

When these four principles of family and youth engagement form the foundation of an SRM it dramatically increases the model’s likelihood of success.

- Caregivers participate throughout model
- Parent/guardian consents to model
- Lived experience informs program design
- Youth buy in to model
HOW? Overcoming Barriers to Buy-In.

Potential Barriers:

- Families may feel overwhelmed and powerless to help after many unsuccessful efforts to help their children.
- Previous adversarial relationships with schools, law enforcement, or other justice authorities may have led to accumulated mistrust and skepticism.
- Families may have experienced challenges working with schools and service providers such as inflexible meeting times that conflict with work or child care schedules or not feeling like their perspective is respected in conversations about their children.

Strategies:

- Warm and consistent engagement efforts provide families with compelling evidence that system professionals are genuinely committed to using diversion as an alternative to exclusionary school discipline and that they will support family access and participation in these efforts.
- Outreach from other parents who have struggled with similar issues within the community can be helpful in overcoming mistrust or skepticism.

- Youth may not trust school or law enforcement authorities with which they have come into conflict in the past over school discipline, especially when they believe they have previously been treated unfairly.
- Youth may have experienced programming at school or in the community that they have found ineffective.

Strategies:

- As with parents, outreach by other youth from their own community can be helpful in overcoming skepticism and engaging youth.
- Examples of peer successes in an SRM can also bolster youth buy-in.
Youth who are in need of school-based behavioral health diversion have two key characteristics:

1. They are at risk of referral to the juvenile justice system for school behaviors, and
2. They have indicators of potential need for behavioral health supports.

Defining your population of focus requires deciding who qualifies as “at-risk.” No tools have been developed to screen for likelihood of juvenile justice system referral so schools must decide how widely to cast their net. The range of options for defining “at-risk” are depicted in a circle graphic (hover over each circle for the pros and cons of each definition).

Indicators of behavioral health needs are best identified using validated screening tools.

Hover over each circle to learn the pros and cons of four populations of focus.

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Once programs have made a decision about how to identify the population of youth who are at risk of referral to the juvenile justice system, a decision will need to be made about **how to identify which of those youth may have a behavioral health need**. There are two main strategies for this preliminary identification of potential behavioral health needs: teacher referral and screening.

**Teacher referral** is the traditional and most common method. It relies on teachers to recognize needs and make referrals. Research has shown teacher referral often misses internalizing behaviors and opens the door for personal bias.

**Screening**, while requiring more structure and protocol, is also far more objective and picks up on internalizing behavior in addition to externalizing behavior.

If you decide to begin identifying youth with behavioral health needs by using screening, you will need to select a validated tool that best suits your age group/grade range, possible behavioral health needs, and available resources.
# Behavioral Health Screening Tools for Children and Youth

<table>
<thead>
<tr>
<th>Screen</th>
<th>Age/Grade Range</th>
<th>Length/Informant</th>
<th>Free?</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAFFT</td>
<td>Age: 14 – 21</td>
<td>3 screener items 6 additional items Self-report</td>
<td>Yes</td>
<td><a href="http://www.casapos-boston.org/clinicians/crufft.php">http://www.casapos-boston.org/clinicians/crufft.php</a></td>
</tr>
<tr>
<td>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</td>
<td>Age: 12 – adult</td>
<td>23 items Self or staff administration</td>
<td>No</td>
<td><a href="http://www.gaincc.org/GAINSS">http://www.gaincc.org/GAINSS</a></td>
</tr>
<tr>
<td>Pediatric Symptom Checklist (PSC)</td>
<td>Age: 4 – 18</td>
<td>35 or 17 items Self, parent, or staff administration</td>
<td>Yes</td>
<td><a href="http://www.massgeneral.org/psychiatry/services/psc_home.aspx">http://www.massgeneral.org/psychiatry/services/psc_home.aspx</a></td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>Age: 4 – 17</td>
<td>25 items Parent and teacher scales</td>
<td>Yes</td>
<td><a href="http://www.sdqinfo.com/a0.html">http://www.sdqinfo.com/a0.html</a></td>
</tr>
<tr>
<td>Student Risk Screening Scale (SRSS)</td>
<td>k-12</td>
<td>7 items Teacher scale</td>
<td>Yes</td>
<td><a href="http://obenschoenfeld.arizona.edu/k12-mapping-of-system-tools">http://obenschoenfeld.arizona.edu/k12-mapping-of-system-tools</a></td>
</tr>
</tbody>
</table>
3. RESPOND WITH A CASE PLAN

Screening
Brief triage process for every youth, often done by non-clinical staff; identifies youth in need of a clinical assessment, at urgent risk of harm, or both; use of validated tools is critical.

- Once you have identified eligible youth (who are both at risk of referral to the juvenile justice system and who may have a behavioral health need), those youth should be referred for school-based behavioral health diversion as an alternative to law enforcement involvement.
- You will need formal processes to ensure that youth who “screen in” then have access to a clinical assessment.

Assessment
Done by clinical staff; in-depth, time-consuming process; identifies clinical needs and forms the basis for a treatment plan.

- A screening alone is not enough to provide information necessary for case planning – only a clinical assessment can provide diagnostic or treatment need information.

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.

- The assessment should provide necessary information to determine what type of clinical services a youth may need. However, you will need to:
  a. map the available services in your area
  b. identify allowable reimbursement mechanisms for each provider (e.g., Medicaid), and
  c. identify which evidence-based practices (EBPs) are provided in your area.

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## Obtaining Consent

### Why?

Depending on the chosen identification processes and applicable state laws, parental consent may be necessary prior to completing a behavioral health screening instrument.

In cases where parental consent isn’t legally required, obtaining family consent at the outset of the SRM can enhance capacity to successfully engage families.

### How?

Deciding how to present your initiative to those who have the power to provide consent requires both consideration of how to most effectively help parents and guardians understand the diversion process and also consideration of what concerns or fears might cause them to withhold consent.

### Links to Tools

The samples provided demonstrate how some localities have incorporated these considerations.

- [Sample information sharing agreement from Nevada](ncmhjj.com/srm)
- [Sample consent form from Nevada](ncmhjj.com/srm)
- [Sample consent form from Wisconsin](ncmhjj.com/srm)
CREATE FORMAL STRUCTURES

Responder initiatives must be institutionalized through formal structures that will endure and preserve objectivity through changes in leadership and staff turnover.

**Key structures include:**

- Training and professional development
  - Click for sample slides from a Wisconsin SRM training

- Policies and procedures
  - Click for sample policies and procedures from Ohio’s Summit County Responder Model

- Memorandums of understanding (MOUs) between agencies
  - Click for sample MOU from Nevada
    - Click for sample MOU between the schools and court in Summit County, Ohio

- Structured decision-making tools
  - Click for sample flowchart from Nevada
    - Click for sample flowchart from New York
    - Click for sample flowchart from Wisconsin
MEMORANDUM OF UNDERSTANDING BETWEEN
THE SUMMIT COUNTY JUVENILE COURT AND RESPONDER SCHOOLS
RESPONDER PROGRAM

1.) The Program, Purpose, and Goal

The Responder program provides case management services for youth identified by the School(s) as having issues with truancy, excessive tardiness and/or disruptive behavior who may also have mental health concerns.

2.) Training

The Summit County Juvenile Court shall conduct training for the School(s) at a date, time and location to be jointly determined by the Summit County Juvenile Court and the School(s). This training is provided free of charge to the School(s).

3.) Duties and Responsibilities

**Summit County-Juvenile Court:**
The Summit County Juvenile Court shall:
   a.) provide all requisite forms;
   b.) assign case manager to the School(s);
   c.) provide training to the case managers;
   d.) offer training to the Responder School(s);
   e.) respond to the referral within a timely manner;
   f.) assist the family in navigating the process;
   g.) assist and educate family on additional resources available; and
   h.) offer continued communication with respective School.

**School(s):**
The School(s) shall:
   a.) provide referrals;
   b.) allow court staff to meet and communicate with building staff, during appropriate times;
   c.) allow court staff to meet with teachers and other staff at a regularly scheduled teachers meeting to explain the Responder Program and answer questions;
   d.) provide a meeting space, preferably a quiet room that is private for the Responder, the child, his or her family and others identified as appropriate in meeting the needs of the child, family and school;
   e.) allow all appropriate staff to attend training;
   f.) allow appropriate staff to attend meetings with the Responder, child and/or family;
   g.) allow access to juvenile upon receiving consent from the parent or guardian; and
   h.) obtain verbal commitment from family for service.
READY TO GO?

Check your readiness by clicking on the box in each row that corresponds with your team's progress.

- **FORMING A CROSS-SYSTEMS COLLABORATIVE TEAM**
  - Interested stakeholders have begun conversations.
  - All key stakeholders have been invited into the effort.
  - Some key stakeholders share vision of need and desire for action.
  - All key stakeholders are aligned, engaged, and consistently communicating.

- **ENGAGING FAMILY AND YOUTH**
  - Your team is planning to get youth and family input.
  - Youth and family input has been incorporated into planning process.
  - Youth and families play a critical role on your team.

- **IMPLEMENTING A BEHAVIORAL HEALTH RESPONSE**
  - Your team is working to identify a population of focus.
  - Your team has a plan for screening, assessment, and referral to services.
  - You have protocols and plans for data collection and training.
  - You have piloted your planned response.

- **CREATING FORMAL STRUCTURES**
  - You have plans but no formal structures.
  - You have plans for training your workforce and responders.
  - Policies and procedures incorporate “the response” into standard practice.
  - MOUs formalize relationships between stakeholders.

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