Disrupting School-Justice Pathways for Youth with Behavioral Health Needs

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Prevalence of Behavioral Health Conditions Among Justice-Involved Youth
Consequences of Unmet Need

A steady and often rapid decline in mental health and increased risk for:

- substance use and abuse
- suicide
- challenges at home, in school, or at work
- homelessness
- victimization
- chronic physical health problems

More than half do not receive behavioral health treatment services
Youth with Behavioral Health Needs Overrepresented on School-Justice Pathway

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.
Youth with Behavioral Health Needs Overrepresented on School-Justice Pathway

**SCHOOL POPULATION**
- Students with IEPs: 12%
- Students without IEPs: 88%

**YOUTH ARRESTED IN SCHOOL**
- Arrested youth with IEPs: 25%
- Arrested youth without IEPs: 75%
Example: The SchoolResponder Model (SRM)


- **CT, CO, IL, LA, OH, PA, TX, WA**
- Major issue: Keep youth with behavioral health needs out of the juvenile justice system when appropriate

Expansion Sites (2012-now)

- **LA, MI, MN, NV, NY, SC, WI, WV**
A School Responder Model…

- Identifies
- Connects
- Restores
SRM Outcomes

Connecticut – School-Based Diversion Initiative
- 34% reduction in court referrals
- 47% more students connected to behavioral health services
- 4300+ teachers and staff have been trained to recognize trauma and mental health concerns

Nevada
- 15% reduction in referrals to probation

ReNew Accelerated High School, Louisiana
- 49% decrease in suspensions in the 2018-2019 school year compared to the previous year

Schenectady High School, New York
- 70% reduction in superintendent hearings in 2017-2018 compared to the previous year
Traditional Response Model

- School Infraction
- Out-of-School Suspension
- Arrest
- Entry into the Juvenile Justice System
What It Takes . . .

Cross-Systems Collaborative Team

Behavioral Health Response

Creation of Formal Structures

Family and Youth Engagement
Cross-Systems Support
School Leadership
Law Enforcement
Community Behavioral Health
Families and Youth
An SRM’s likelihood of success increases when:
- Lived experience informs program design
- Caregivers participate
- Consent is part of the model
- Youth buy into the model

Many of the evidence-based practices shown to be effective at preventing or reducing delinquency require active engagement of youth in the context of their families.
Family Engagement and Schools

Math proficiency and reading performance

Increased test scores

Academic perseverance

Higher graduation rates

Improved Homework completion levels

Improved school behavior

Improved social skills

Less likely to be suspended

School readiness

Consistent attendance

Family engagement

Improved school behavior

Increased test scores

Academic perseverance

Higher graduation rates

Improved school behavior

Improved social skills

Less likely to be suspended

School readiness

Consistent attendance

Family engagement
Implementing a Behavioral Health Response

Youth who are in need of school-based behavioral health diversion have two key characteristics:

◦ Indicators of potential need for behavioral health supports
◦ At risk of referral to the juvenile justice system for school behaviors
Implementing a Behavioral Health Response

Identification begins with recognizing signs and symptoms and screening

Screening tools should be:
- Short/brief
- Not individualized
- Easy to administer
- Easy to score
- Targeted to critical issues
## Behavioral Health Screening Tools for Children and Youth

<table>
<thead>
<tr>
<th>Screen for:</th>
<th>Age/Grade Range</th>
<th>Length/Informant</th>
<th>Free?</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRAFFT</td>
<td>Alcohol and drug use</td>
<td>Age: 14 – 21 3 screener items 6 additional items Self-report</td>
<td>Yes</td>
<td><a href="http://www.cnnsac-boston.org/clinicians/craft.php">http://www.cnnsac-boston.org/clinicians/craft.php</a></td>
</tr>
<tr>
<td>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</td>
<td>Externalizing behaviors, Internalizing behaviors, substance use, crime, violence</td>
<td>Age: 12 – adult 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>Massachusetts Youth Screening Instrument (MAYSI, MAYSI-2)</td>
<td>Alcohol and drug use, anger-irritability, somatic complaints, suicide ideation, traumatic experiences, thought disturbance (boys only)</td>
<td>Age: 12 – 17 52 items Self-report</td>
<td>No</td>
<td><a href="http://www.nysap.us/MAYSI2.html">http://www.nysap.us/MAYSI2.html</a></td>
</tr>
<tr>
<td>Pediatric Symptom Checklist (PSC)</td>
<td>Externalizing behaviors, internalizing behaviors, attention</td>
<td>Age: 4 – 18 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>Emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships, prosocial behavior</td>
<td>Age: 4 – 17 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>Externalizing behaviors</td>
<td>k-12 7 items Teacher scale</td>
<td>Yes</td>
<td><a href="http://symposiumpub.sso.sas12.ma.us/system-tools">http://symposiumpub.sso.sas12.ma.us/system-tools</a></td>
</tr>
</tbody>
</table>
Implementing a Behavioral Health Response

A behavioral health response includes connecting youth who “screen in” with appropriate and accessible behavioral service providers

- Intentional Pathways to Services
- Resource Mapping

Behavioral health services are health services
Connecting with Existing Resources

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) entitlement (Medicaid)
- School-based health centers or mental health workers
- Community-partnered behavioral health in schools
- Mobile mental health crisis services for kids
- Partnerships with local behavioral health clinics

In Connecticut, partnerships with Mobile Crisis Intervention Services offer free behavioral health services when a youth is experiencing difficulties.
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
- Policies and procedures
- Memorandums of understanding (MOUs)
- Structured decision-making tools
What Can State Policymakers Do?

• Reduce barriers to alternative response models
• Support cross-systems training
• Formalize data and information-sharing across systems
• Sustain and expand existing resources
• Leverage federal funding or waivers to create necessary resources
Summary

1. Many students have undiagnosed, untreated, or undertreated behavioral health conditions that affect their school performance and behavior.

2. Traditional school discipline policies have the unintended consequence of creating school-justice pathways for many students with behavioral health needs.

3. There are alternative response models with demonstrated effectiveness for reducing school-justice pathways and maintaining school safety.

4. Behavioral health conditions among youth are often not identified because professionals working across service sectors are not adequately trained to recognize and respond to the signs and symptoms of these conditions.

5. Youth and family engagement are critical to the success of school-based diversion initiatives.