



# ISSUE BRIEF

Using research to build better public policy for families

## Disrupting School-To-Justice Pathways for Youth with Behavioral Health Needs

Adolescents with untreated behavioral health conditions are overrepresented in the juvenile justice system. To prevent these youth from stepping onto the juvenile justice pathway, Wisconsin policymakers can support front-end diversion programs that identify low-risk youth and connect them to treatment. Evidence-based diversion programs and policies reduce justice system costs, treat the underlying causes of youth behavior, and invest in adolescents' health, education, and futures.

### Why should youth with behavioral health conditions be diverted from the justice system?

Justice-involved youth have behavioral health conditions (e.g. mental health disorders, substance use, trauma exposure) at rates 2-3 times higher than those of all youth. Less than half of these youth receive treatment, which can lead to a decline in mental health and acting out in ways that are disruptive and unsafe for themselves and others. Referring these youth to the justice system can lead to unnecessary arrest and court involvement, which research indicates can reinforce negative behaviors, worsen mental health, increase school difficulties, and create long-term barriers to employment.

### Why are schools effective settings for diversion programs?

Adolescents' initial contact with the justice system often occurs in schools because of disruptive behavior or ongoing problems (e.g., truancy). Thus, schools serve as crucial settings for identifying youth with behavioral health needs who would benefit from connection to treatment. Furthermore, schools can provide follow-up care without traditional barriers (e.g., cost, insurance, transportation). The School Responder Model (SRM) is one option for school-based diversion.

SRMs provide an alternative pathway for youth who might otherwise be referred to the justice system (see Figure 1). SRMs

help schools identify youth with behavioral health needs and connect them and their families to services in schools and the community. Through treatment and support, youth can get back on track and engage in school, while keeping schools safe.

### What outcomes can School Responder Models achieve?

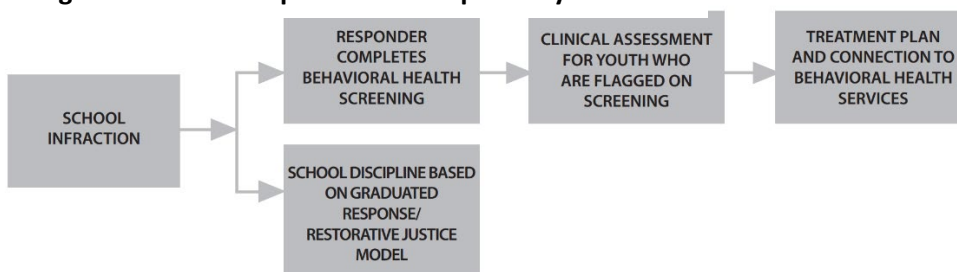
SRMs have been implemented in 16 states, with promising results.

- Connecticut: 34% reduction in court referrals and 47% more students connected to behavioral health services
- Nevada: 15% reduction in referrals to probation
- New York: one high school saw a 70% reduction in superintendent hearings
- Louisiana: one high school saw a 49% decrease in suspensions

### How can state policymakers support evidence-based youth diversion policies and practice?

- **Support cross-system collaboration** by creating partnerships between schools, law enforcement, community behavioral health, families, and youth. This collaboration can reduce delays to services and increase the safety of youth and providers through better intervention and crisis response.
- **Formalize data and information-sharing across systems** to capture the impact of SRMs and improve programming.
- **Establish professional trainings** to increase knowledge of adolescent development, trauma, and behavioral health. Wisconsin offers *Youth Mental Health First Aid (DPI)* and *Adolescent Mental Health Training for School Resource Officers and Educators (DOJ)* trainings.
- **Encourage family engagement** in SRMs by involving youth and families at every critical juncture of the program, including obtaining their consent and buy-in. Caregiver participation leads to greater program success and higher academic achievement and graduation rates for youth.

Figure 1: School Responder Model pathway



SRMs address school disruptions differently. They *identify* low-risk youth with behavioral health needs, *connect* these youth to community based-treatment, and *restore* youth to their school and community. By supporting SRMs or similar diversion programs, policymakers can cut costs while strengthening Wisconsin's youth and families. ●



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Karli Keator was one of three speakers at the 38<sup>th</sup> Wisconsin Family Impact Seminar, "Strategies to Divert Adolescents with Behavioral Health Needs from the Juvenile Justice System." She is the Vice President of Policy Research Associates & Director for the National Center for Youth Opportunity and Justice. This issue brief was written by Family Impact Seminar Project Assistant Genevieve Caffrey and summarizes Keator's seminar presentation and briefing report chapter, which can be downloaded from [wisfamilyimpact.org/fis38/](http://wisfamilyimpact.org/fis38/).