Disrupting School-Justice Pathways for Youth with Behavioral Health Needs
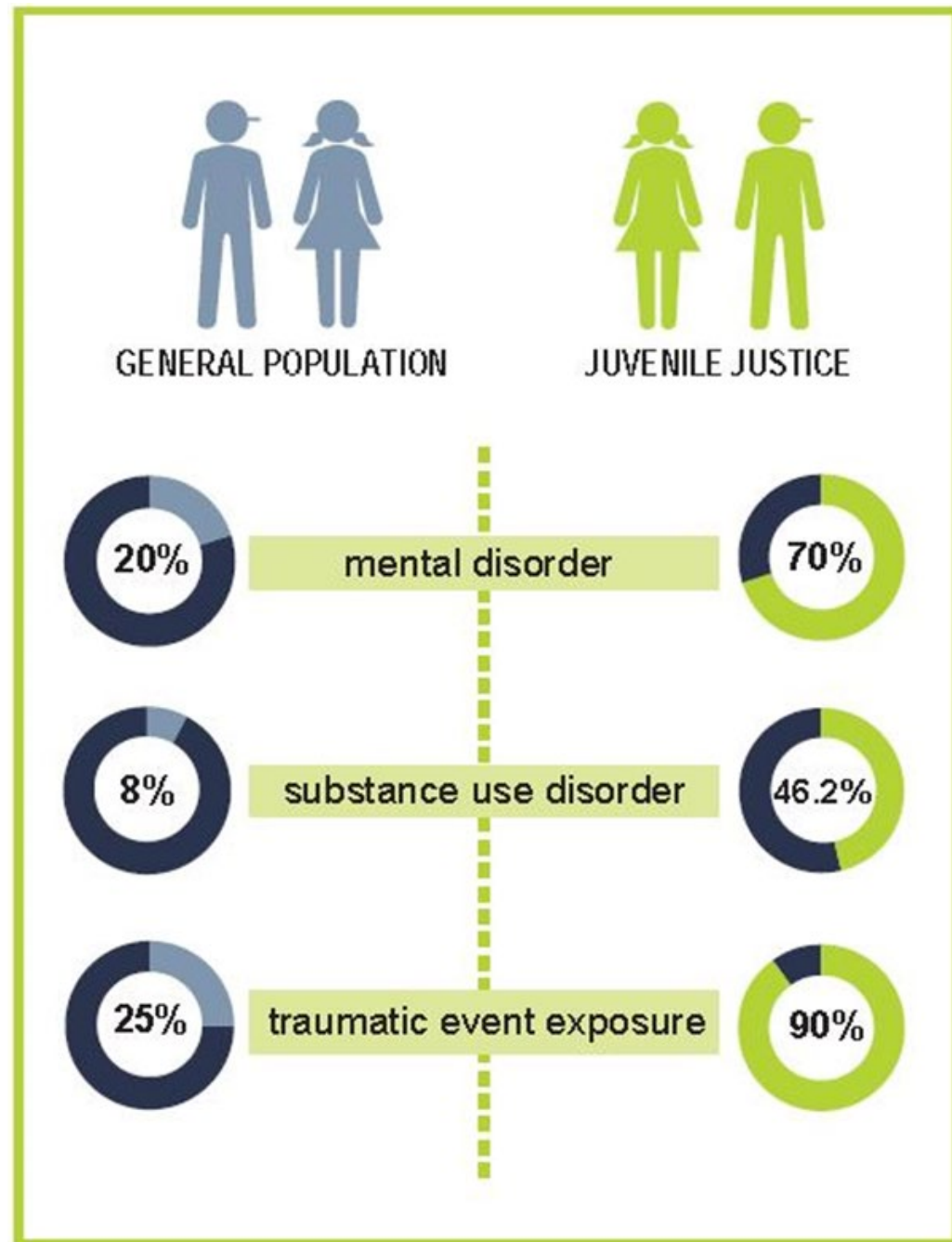
KARLI J KEATOR, MPH

DIRECTOR, NATIONAL CENTER FOR YOUTH OPPORTUNITY AND JUSTICE

VICE PRESIDENT, POLICY RESEARCH ASSOCIATES

Prevalence of Behavioral Health Conditions Among Justice-Involved Youth

GENERAL POPULATION | JUVENILE JUSTICE

	General Population	Juvenile Justice
mental disorder	20%	70%
substance use disorder	8%	46.2%
traumatic event exposure	25%	90%

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

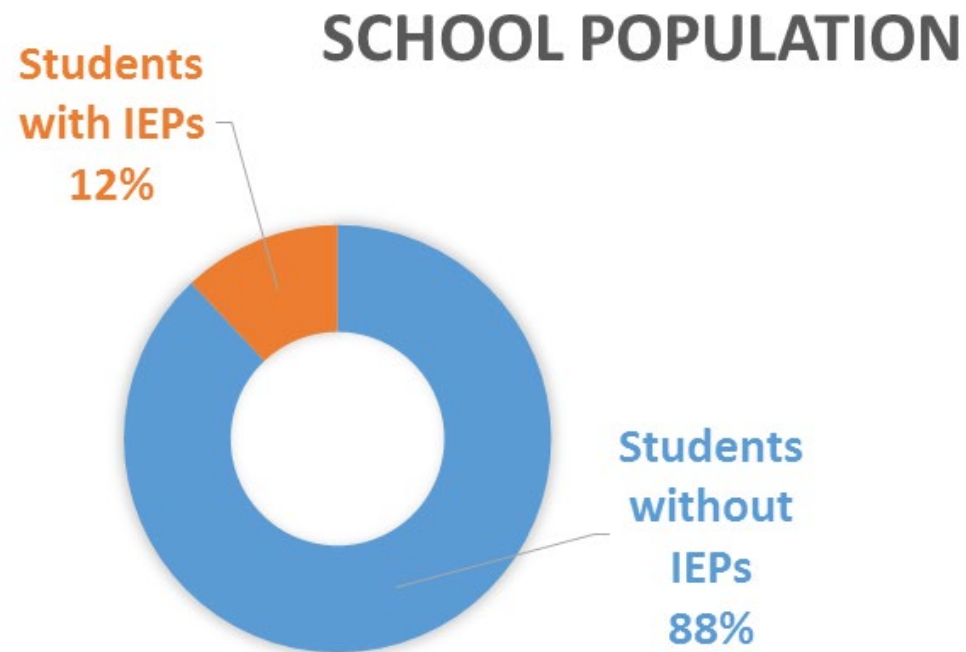# Youth with Behavioral Health Needs Overrepresented on School-Justice Pathway

2x

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

3x

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

Example: The School Responder Model (SRM)

Mental Health/Juvenile Justice Action Network (2007-2011)

- **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

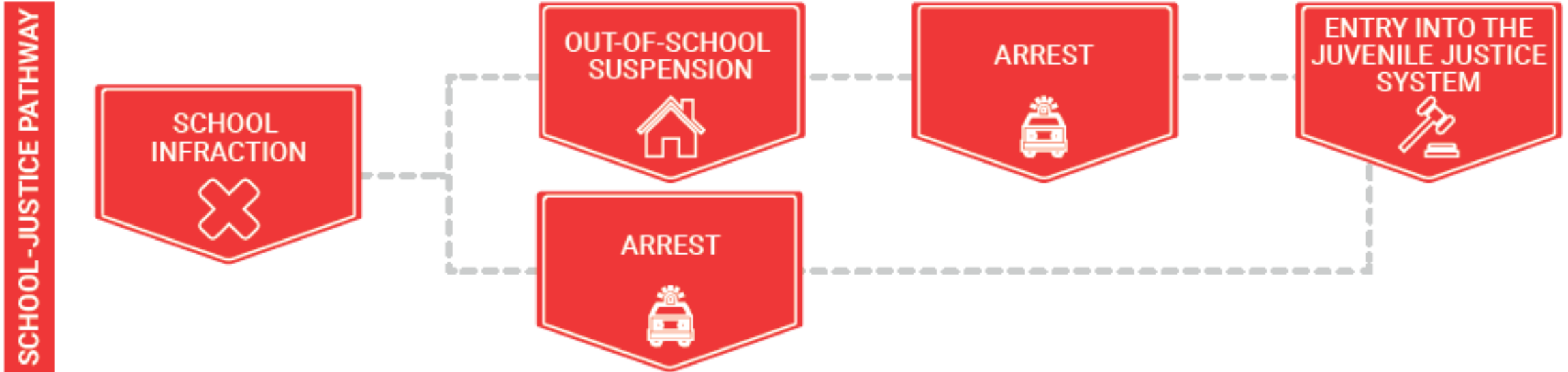**Nevada**
- 15% reduction in referrals to probation

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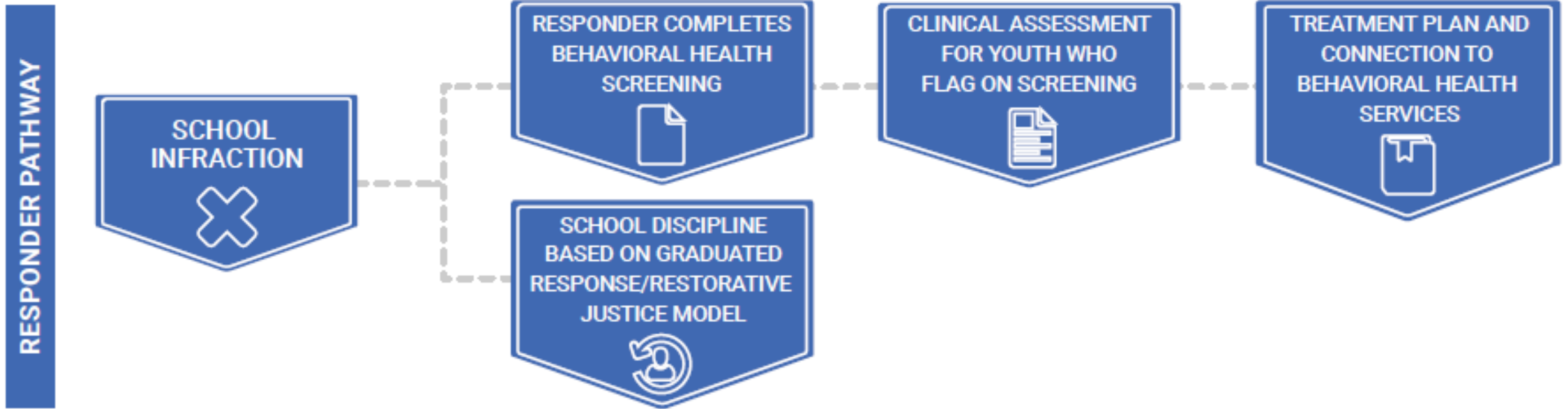- 49% decrease in suspensions in the 2018-2019 school year compared to the previous year

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

Traditional Response Model

SRM Model

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
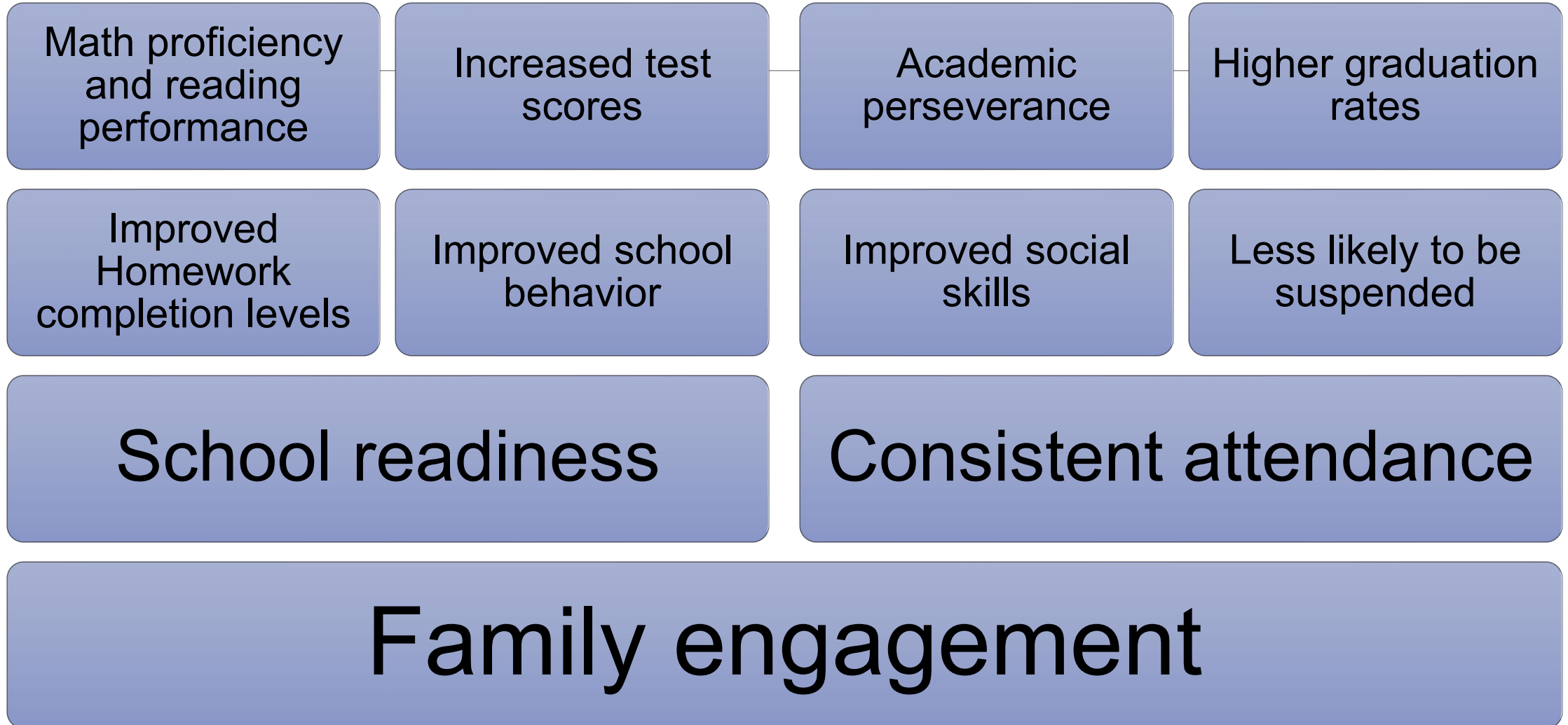
Engaging Families and Youth

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.

Crime
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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

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

Risk factors

Escalating behaviors

Arrest likely

Youth in juvenile justice system
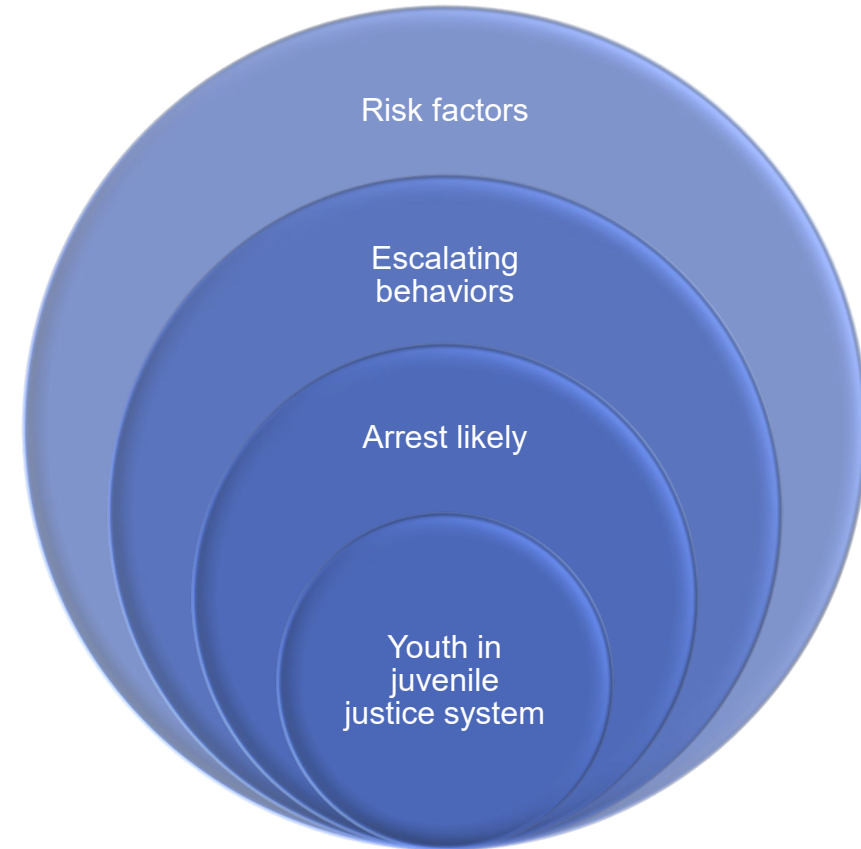
Implementing a Behavioral Health Response

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

	Screens for:	Age/Grade Range	Length/Informant	Free?	Link
BASC-3 Behavioral and Emotional Screening System (BESS)	Externalizing problems, Internalizing problems, Adaptive skills, School problems	Preschool-grade 12 Age 3-18:11	25-30 items Teacher, parent, and self-report forms	No	http://www.pearsonclinical.com/education/products/100001482/basc3-behavioral-and-emotional-screening-system--basc-3-bess.html
CRAFFT	Alcohol and drug use	Age: 14 – 21	3 screener items 6 additional items Self-report	Yes	http://www.ceasar-boston.org/clinicians/crafft.php
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)	Externalizing behaviors, Internalizing behaviors, substance use, crime, violence	Age: 12 – adult	23 items Self or staff administration	No	http://www.gaincc.org/GAINSS
Massachusetts Youth Screening Instrument (MAYSI, MAYSI-2)	Alcohol and drug use, anger-irritability, somatic complaints, suicide ideation, traumatic experiences, thought disturbance (boys only)	Age: 12 – 17	52 items Self-report	No	http://www.nysap.us/MAYSI2.htmlhttp://www.nysap.us/MAYSI2.html
Pediatric Symptom Checklist (PSC)	Externalizing behaviors, internalizing behaviors, attention	Age: 4 – 18	35 or 17 items Self, parent, or staff administration	Yes	http://www.massgeneral.org/psychiatry/services/psc_home.aspx
Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)	Social behavior (externalizing, peer relations), academic enablers, emotional behavior (internalizing, emotional competencies)	k-12	19 items Teacher and self-report forms	Yes	http://ebi.missouri.edu/?p=1116 Alternative link: http://www.fastbridge.org/assessments/behavior-2/
Strengths and Difficulties Questionnaire (SDQ)	Emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships, prosocial behavior	Age: 4 – 17	25 items Parent and teacher scales	Yes	http://www.sdqinfo.com/a0.html
Student Risk Screening Scale (SRSS)	Externalizing behaviors	k-12	7 items Teacher scale	Yes	http://pbiscompendium.ssd.k12.mo.us/system-tools
Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE)	Externalizing behaviors Internalizing behaviors	k-12	12 items Teacher scale	Yes	https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale

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