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Strategies to Divert Adolescents with Behavioral Health Needs from the Juvenile Justice System

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DISRUPTING SCHOOL-TO-JUSTICE PATHWAYS FOR YOUTH WITH BEHAVIORAL HEALTH NEEDS

by Karli Keator, Vice President, Policy Research Associates & Director, National Center for Youth Opportunity and Justice

State policymakers and school leaders have long sought to create an environment in which education can occur without disruption, harm, or danger. In recent years, there has been a growing interest in ensuring students at risk of referral to the justice system don't step onto the school-to-justice pathway. To accomplish this, schools can create an environment that is safe and conducive to learning by developing a cross-system strategy to identify and support youth with behavioral health problems.

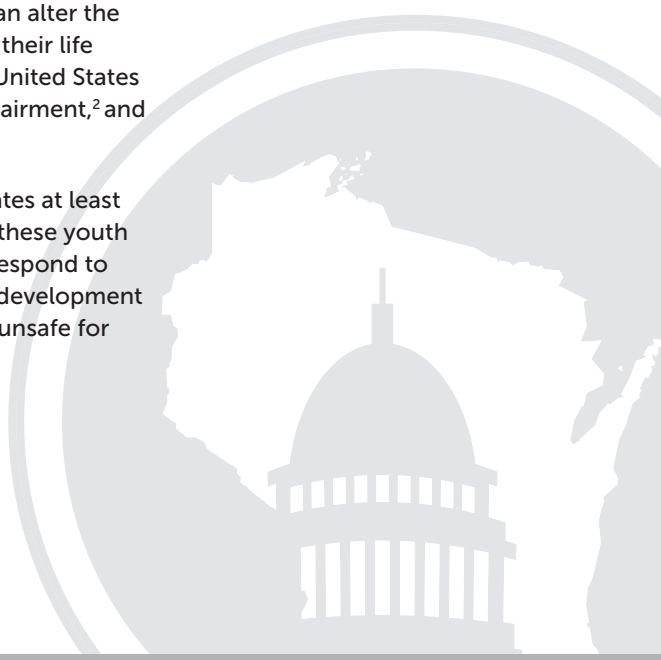
This chapter highlights five key takeaways from research that I believe are important for state policymakers to consider when developing an alternative pathway for youth who are at risk of being referred to the juvenile justice system. This pathway identifies and reroutes youth with behavioral health needs to community-based services, which leads to cost-savings and better outcomes for youth in the short and long term.

FIVE KEY TAKEAWAYS

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

Behavioral health conditions—which encompasses mental health conditions, substance use disorders, and conditions related to traumatic exposures and stress—can alter the way children learn, behave, and develop. All will have a profound effect on their life courses.[1] Each year, an estimated 14% to 20% of children and youth in the United States experience a behavioral health condition with some level of functional impairment,[2] and approximately 11% have significantly impaired functioning.[3]

Justice-involved youth have diagnosable behavioral health conditions at rates at least two to three times higher than rates among all youth.[4] Yet less than half of these youth receive treatment or have access to behavioral health services.[5] Failing to respond to the behavioral health needs of youth not only interferes with their healthy development but also can contribute to youth acting out in ways that are disruptive and unsafe for themselves and others around them.



2 Zero tolerance policies have had the unintended consequence of creating a school-to-justice pathway for many students with behavioral health needs.

In the 1990s, schools began to implement zero tolerance policies to address threats to school safety.[6] These policies were designed to remove disruptive students from school and in the process, theoretically, deter other students from causing additional disruptions.[7] Since that time, law enforcement and other school authority figures have increasingly responded to students who display disruptive behaviors in schools with school-based arrest or "exclusionary discipline," such as suspensions and expulsions. These discipline policies disproportionately affect youth with behavioral health conditions, disrupt their education, and often fail to address the underlying cause of the behavior.

A 2008 report from the American Psychological Association concluded that zero tolerance policies have failed to improve school safety, climate, or student behavior. In fact, there is evidence that schools with higher rates of suspension are less safe and exhibit diminished school climate when compared to schools that serve students from similar neighborhoods.[8] Several studies have found a link between higher rates of suspension and lower graduation and schoolwide attendance rates.[9,10,11]

Additionally, zero tolerance policies in schools have resulted in a disproportionate number of youth with mental health conditions in the juvenile justice system.[12] Zero tolerance policies also have contributed to the overrepresentation of minorities involved in the juvenile justice system and are disproportionately applied to students with special educational needs.[13] A comprehensive study in Texas on the connection between school discipline and entry into the juvenile justice system found that, when controlling for other variables, youth classified as having an emotional disturbance (ED) had a 24% higher probability than youth without a disability of being suspended or expelled.[14] The Office for Civil Rights at the U.S. Department of Education found that while students with disabilities make up 12% of the student population, they comprise 28% of students who are referred to law enforcement in schools.[15]

As a result, zero tolerance policies have led to a pattern of referrals from schools to the juvenile justice system. Unnecessary contact with the juvenile justice system is associated with school-related problems (e.g., negative academic and behavioral outcomes) and often leads to greater entrenchment of school difficulties for youth who are labeled as delinquent.[16,17] Arrest and unnecessary court involvement are associated with negative outcomes, including poor mental health, reinforcement of violent attitudes, decreased educational attainment, barriers to education and employment, recidivism, and harsher legal penalties for future crimes.[18,19,20,21]

3 To effectively respond to the behavioral health needs of students while promoting school climate and school safety, communities have implemented programs such as the School Responder Model that create alternative, non-exclusionary pathways for students at risk of referral to the justice system.

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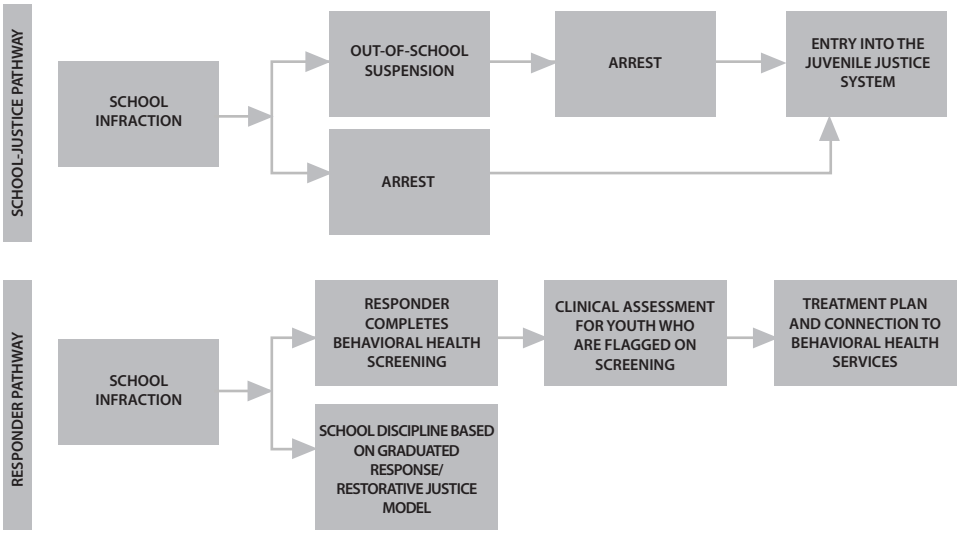
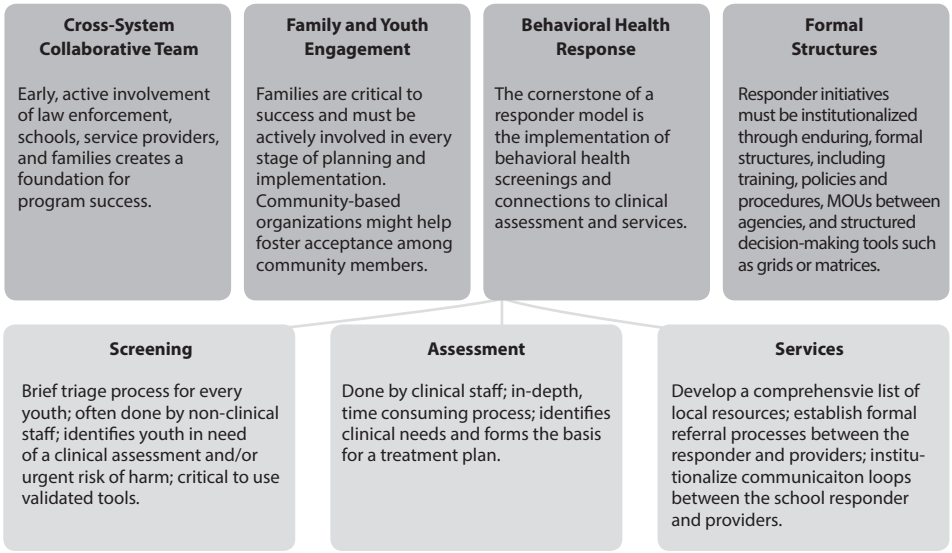
Schools provide an ideal setting for identifying at-risk students due to the large number of youth in school and the ability to provide follow-up care without some of the traditional barriers to accessing care in the community (e.g., cost, insurance, transportation).[22,23] The School Responder Model (SRM) targets youth who have come to the attention of school disciplinary staff, including administrators and school resource officers. The problem might be one or more specific incidents involving disruptive or threatening behavior, such as bullying or fighting, or an ongoing problem like chronic tardiness or truancy. Instead of referring a youth to law enforcement officials, trained "responders" work with school personnel to identify the youth's behavioral health needs and link youth and their families with treatment and case management services (see Figure 1).

Figure 1: Typical School-to-Justice Pathway vs. School-Based Responder Pathway



The School Responder Model provides a new process for responding to these youth. Key components of the model include strong connections between the schools and the behavioral health system, as well as training and support for school staff on how to recognize the signs and symptoms of mental health problems among youth (see Figure 2). Two states, Connecticut and Ohio, have well-established SRM programs. Connecticut's School-Based Diversion Initiative, implemented in 48 schools across 17 school districts, reduced school-based court referrals by 34% and connected 47% more students to behavioral health services between 2010 and 2018.[24]

Figure 2: Key Components of the Responder Model



For any diversion program to be effective, services for youth need to be available, accessible, and evidence-based. State policymakers play an important role in creating and overseeing this statewide system of care through policies that support cross-system collaboration, high-quality data collection and evaluation, and shared financing. Cross-system collaboration among all stakeholders—state and local policymakers, school officials, law enforcement, community service organizations, and other youth-serving agencies—is essential for effective identification, screening, and case planning of youth. Roles and responsibilities should be formalized through agreements that (1) require data sharing to support evaluation and quality improvement of programs and services, and (2) outline how local, state, federal, and private funding streams will be blended to provide robust services and supports for youth and families.

Sharing limited resources reduces duplication across systems that is all too common in communities, and can ease barriers youth and families face to accessing well-matched and effective services. Communities and states also benefit from cross-systems program evaluation and quality assurance processes. In particular, more frequent data sharing can help local providers and schools quickly improve their practices and provide policymakers with data to make better decisions. It will also allow communities to identify gaps, inefficiencies, and opportunities in the current service array.

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

States are beginning to recognize the importance of providing training on adolescent development, the impact of trauma, evidence-based interventions, and positive youth development to professionals who work with youth (for example, New York state's mental health education law, effective July 1, 2018). However, knowledge is not enough. These professionals also need to develop skills for effectively engaging and working with these youth and their families. Cross-systems policies and trainings can reduce delays to critical services and increase the safety for both youth and staff. For example, educational programs such as the Adolescent Mental Health Training for School Resource Officers and Educators or Mental Health First Aid for Youth (both offered in Wisconsin) can help professionals working in school settings recognize signs and symptoms of behavioral health conditions and connect youth with appropriate, community-based services.

To sustain a knowledgeable and skilled workforce, policies and practices that encourage self-care and support wellness activities also have been developed. Some agencies have implemented mindfulness programs for staff, support for vicarious and secondary trauma, employee assistance programs, and assessments of physical and emotional safety and well-being.

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

Family engagement is critical to preventing youth from stepping on the school-to-justice pathway or progressing deeper into the juvenile justice system. When families are highly engaged in their child's life, studies indicate that children experience improved school readiness, higher academic achievement, improved behavior at school, better social skills, and higher graduation rates.[25] Greater family engagement is also associated with improved academic performance, such as higher math proficiency and reading performance, as well as increased test scores and academic perseverance.[26,27] Students whose parents have a high level of engagement with school also show more positive attitudes toward school and are less likely to be suspended.[28]

Family engagement also means including parents and youth in the development, implementation, and oversight of policies and programs. Family engagement has been found to improve overall school climate and increase school safety.[29] Randomized controlled trials have found that family engagement specifically related to students with behavior problems increases the youth's adaptive skills, reduces behavior problems, enhances school engagement, and improves relationships between parents and teachers.

While it is well established that family engagement is critical to positive school outcomes, many schools struggle to foster meaningful family engagement. The School Responder Model includes family and youth engagement as a core component, but that is not true of all school-based approaches. Effective family-school partnerships occur when stakeholders take the attitudes of shared responsibility for educational outcomes, collaborative problem solving, value and respect for differences, and responsiveness to everyone's needs. State policymakers play an important role in this by (1) supporting the adoption of programs that include a strong family engagement component, and (2) providing funding for evidence-based interventions that build on family strengths.

Conclusion

State policymakers across the country are looking for ways to prevent low-risk youth from entering the juvenile justice system, where they are more likely to experience negative outcomes. School-based programs can be highly effective for creating alternative pathways to services and supports for youth with behavioral health needs. The considerations described above can improve the success of these school-based efforts, making it more likely that programs are cost-effective and connect the *right youth* with the *right services* at the *right time*, improving their overall well-being.

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