

Development of a School-Based Diversion System in Connecticut



**Submitted to the Juvenile Justice Policy and Oversight Committee by the
Diversion Work Group**

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I. Introduction

Public Act 16-147, Section 11¹ required the development of “a plan for school-based diversion initiatives to reduce juvenile justice involvement among children with mental health needs in schools with high rates of school-based arrests, disproportionate minority contact and a high number of juvenile justice referrals.” To address these requirements, the current report outlines the need for a system of school-based diversion supports that will prevent and reduce juvenile justice involvement among children, including those with mental health needs; provides a model framework for addressing those needs statewide; and provides recommendations with cost options for implementing a statewide school-based diversion system.

The proposed school-based diversion framework is linked to the larger Community-Based Diversion System Planⁱⁱ, which the Juvenile Justice Policy and Oversight Committee (JJPOC) Diversion Workgroup submitted on January 10, 2017. Many elements of the Community-Based Diversion System Plan are being implemented by Youth Service Bureaus (YSBs) and community partners, despite funding not being allocated to the implementation of this plan in the 2018-19 biennial budget. This plan provides a roadmap for effective, developmentally appropriate, community-based responses to divert children from the juvenile justice system. The plan also includes connections to schools and school diversion efforts, which were intended to anticipate the development of the school-based framework, as described in this report, including a strong focus on implementation of the School-Based Diversion Initiative (SBDI) as the State's existing model diversion program.

Community-Based Diversion System partners include police, schools, families, the juvenile court, behavioral health service providers and child welfare systems, along with other stakeholders such as faith-based organizations and neighborhood groups. YSBs are identified as the Coordinating Hub through which a Community-Based Diversion System is implemented by helping at-risk and diverted children to access an array of community-based interventions to meet their individualized needs.

The enabling YSB legislation, CGS §10-19m, requires YSBs to assess the community needs of children, identify gaps in service, coordinate services to fill the gaps and avoid duplication of services in an Administrative Core Unit (ACU) function. Additionally, YSBs provide, contract for, or refer to services that address the needs of children who are or could be in contact with the juvenile justice system. In the role as the Coordinating Hub of a community diversion system, YSBs accept direct referrals (i.e., diversions) from police, parents, schools, community organizations, and state agencies (e.g., DCF, CSSD). YSBs also accept and coordinate referrals from schools that are currently implementing SBDI and are helping schools address the needs of children who are truant and/or chronically absent outside of the Families with Service Needs (FWSN) system.

Although the YSB system may not currently have the capacity to fully serve as the Coordinating Hub as articulated in the Community-Based Diversion System Plan, if the system were fully funded, the YSBs would be responsible for facilitating a set of community-wide **system capacities** that comprise the core infrastructure of the Community-Based Diversion System including:

- *Community Education* for police, schools and parents to build awareness of diversion efforts and resources, and encourage utilization of MOUs/MOAs;
- *Screening for Appropriate Referrals* according to needs linked to both community and school-based service needs;
- *Data Collection and Evaluation* for system wide accountability and improvement using a Results Based Accountability (RBA) framework;

- *Training* to promote awareness of existing supports including but not limited to school/police trainings offered by Office of Policy and Management/Juvenile Justice Advisory Committee (OPM/JJAC), and Crisis Intervention Training-Youth (CIT-Y) for schools not currently receiving these services, as well as in areas such as:
 - Multi-Tiered System of Supports (MTSS)
 - Graduated Sanctions
 - Risk/Need/Responsivity Principles (RNR)
 - Adolescent Development
 - Social Emotional Learning (SEL)
 - Behavior Management Techniques
 - Impact of Trauma
 - Gender Specific Interventions
 - Awareness of the School-Based Diversion Initiative (SBDI) as a resource
 - Restorative Practices; and
- *Implementation of Local Interagency Services Teams (LISTs)*. LISTs are often led by YSBs, and are the coordinating body at the regional level for juvenile justice planning between local communities, courts, and state agencies.

The community-based diversion system plan promotes statewide implementation using YSBs as the coordinating hub. SBDI, on the other hand, is an intensive intervention primarily for high schools and middle schools with the highest frequency and rates of arrest and juvenile court referral. Thus, there is a need for schools that are not implementing the full, Tier 3 SBDI model to implement other school diversion strategies, and do so in a way that is consistent with community diversion efforts centered on the community diversion hub (e.g., YSBs). There are many areas in which a school diversion system and YSB community diversion efforts can and should be aligned and coordinated, including:

- *Community Education and Training*. Communities that are implementing a school diversion system (including those implementing SBDI) and have a YSB implementing a community diversion system should engage in collaborative community education and training in areas of common interest, and with their shared community partners.
- *Screening for Behavioral Health Needs*. Children who are diverted from school arrest through SBDI or other efforts, and children who are diverted from school/community arrest and coordinated by YSBs, can be screened for behavioral health conditions and trauma. Common screening instruments should be used whether children are being identified and diverted from arrest in school or community settings. This will help facilitate better referrals to community-based services and supports.
- *Data Collecting and Reporting*. Whenever both school and community diversion systems are in place, data collection, reporting, and quality improvement initiatives should be aligned, perhaps through the shared infrastructure of the LISTs.

Together, the School-Based Diversion framework and the Community-Based Diversion Plan would create a “system” of early identification, screening, and intervention. This system will help to address the individual criminogenic, social/emotional, behavioral, mental health and academic needs of at-risk pre-delinquent and delinquent children within the context of their family, school, and community such that *no child is entered into the juvenile justice system without having exhausted appropriate school and community resources*.

II. Background Regarding the Overlap of School Arrest, Behavioral Health Needs, and Racial/Ethnic Disparities in the Juvenile Justice System

Following an increase in the adoption of zero tolerance policies in the 1990s, recent efforts to reform school discipline have led states and school districts away from overly punitive and exclusionary practices such as out-of-school suspensions, expulsions, and arrests and towards responses that keep students in school and out of courts.ⁱⁱⁱ Important to these efforts are the identification of strategies that ensure accountability for student behavioral concerns while simultaneously reducing reliance on largely ineffective or counterproductive exclusionary discipline practices. Frequently, the common elements of these reform efforts center on in-school and school-community partnerships that divert children from juvenile justice involvement and instead link them to services and supports to address their underlying needs, improve overall functioning, and reduce the likelihood of future behavioral problems and/or criminal behavior.

Nationally and in Connecticut, juvenile arrests are declining, but the proportion of arrests resulting from school-based incidents remains higher than desired, particularly among racial and ethnic minority children and children with disabilities, including behavioral health conditions. Annually, approximately 9,000 juvenile court referrals occur in the State of Connecticut and about 20% of those are for in-school incidents. The data on these incidents indicates that many juvenile court referrals for school-based incidents are for relatively minor and non-violent offenses.^{iv} According to State Fiscal Year (SFY) 2017 data from the Judicial Branch's Court Support Services Division (CSSD), the top five reasons for a school referral to the juvenile court are: Breach of Peace-2nd degree (29.9%); Assault-3rd degree (16.6%); Threatening-2nd degree (6.6%); Disorderly Conduct (6.1%); and Possession of under ½ oz. Cannabis (6.0%).

Research indicates the high prevalence of behavioral health needs among children involved with the juvenile justice system. National prevalence rates indicate that approximately one of every five children in the general population meet criteria for a mental health disorder; however, 70% of justice-involved children meet criteria for a mental health disorder, 46.2% meet criteria for a substance abuse disorder, and 90% report exposure to traumatic events.^v Mounting research indicates that children who are diverted from the juvenile justice system and into effective community-based treatments demonstrate improved behavioral health functioning and lower rates of future delinquency.^{vi}

Like students with behavioral health needs, students with disabilities and children of color are also disproportionately impacted by juvenile arrest and exclusionary school discipline (i.e., suspensions, expulsions). National data indicates that students with disabilities are twice as likely as their peers to be suspended out-of-school and that more than 1 in 4 boys of color with identified disabilities received at least one out-of-school suspension.^{vii} Data from the 2016-17 school year indicates that a total of 32,982 out-of-school suspensions and 750 expulsions occurred in Connecticut schools.^{viii} The overall suspension/expulsion rate for children during that school year was 6.7%; however, the rate for black children was 15.2% and the rate for Hispanic children was 9.7%, indicating overrepresentation.^{ix} A report from CT Voices for Children examined data from the 2014-15 school year and found that black students were over four times as likely as their white peers to be arrested in school, and Latino students were three times more likely.^x

Once children come into contact with the juvenile justice system, they are significantly more likely than non-arrested peers to have poor mental health and educational outcomes, especially if they are placed in secure confinement settings.^{xi} Students suspended or expelled from school are about three times as likely as their peers to enter the juvenile justice system within the next year.^{xii} Children arrested in school are twice as likely as their peers to not graduate, and four times as likely to not graduate if they are formally

processed in court.^{xiii} Truancy and chronic absenteeism are also important indicators of disengagement from school, as these children experience lower academic achievement, higher unemployment, and higher rates of future adult incarceration compared to their peers.^{xiv} The CT State Department of Education (SDE) defines “truancy” as four unexcused absences in a month or ten unexcused absences in the current school year and “chronic absenteeism” as missing 10% or more of total days enrolled, or 18 or more days in a full school year. During the 2016-17 school year in Connecticut, 9.9% of students (51,400 students) were chronically absent from school.^{xv}

In Connecticut, recent legislative and policy changes heighten the need to support schools to divert children from juvenile justice involvement and increase school linkages to the behavioral health system. For example, PA 16-147 ensured that, effective August 15, 2017, Truancy and Defiance of School Rules were no longer allowable reasons for school Family with Service Needs (FWSN) referrals to the juvenile justice system. As a result, schools and communities face increasing responsibility to address these behaviors. The legislation also called for the Connecticut State Department of Education to create a guide of truancy intervention models by August 2017. Furthermore, effective August 15, 2018, schools determined by SDE as having a high rate of truancy will be required to implement a truancy intervention program.^{xvi}

Other legislative and policy changes directly relate to the role of behavioral health services within schools. While Connecticut boasts a robust array of home- and community-based services, those services can be difficult to access for many children in need. Because of the passage of PA 13-178, Connecticut developed a Children’s Behavioral Health Plan that has since guided a variety of system development and integration efforts.^{xvii} Among the key findings and recommendations of the Plan was the need to better integrate behavioral health services within schools. Approximately 20% of juvenile court referrals in Connecticut occur because of school-based incidents, while 80% of referrals occur because of incidents in the home or other community-based settings. Recently, the Juvenile Justice Policy and Oversight Committee (JJPOC) delivered a report calling for implementation of a Community-Based Diversion System, as a response to the approximately 80% of community-based juvenile court referrals. Given that many of these arrests may be opportunities for diversion, for many of the same reasons noted above, this plan proposes to link children to screening and identification services through the coordinating hub of local Youth Service Bureaus. From there, based on the identified needs, children can be linked to an array of home-, school-, and community-based services and supports.

The current array of behavioral health services and supports available in schools include those delivered by district-employed social workers, psychologists, and guidance counselors, as well as mental health professionals working in about 90 school-based health centers in the state. Cognitive Behavioral Intervention for Trauma in Schools (CBITS), an evidence-based intervention for children exposed to trauma, is a treatment model provided primarily by school-based health center staff, and is available in a small number of schools throughout the state. Outside of the school building, schools frequently refer to a network of child guidance clinics that offer an array of clinic- and home-based services, as well as hospitals for more intensive services (e.g., inpatient hospitalization). Although many behavioral health services are available to students within the school and in the community, they are not always fully accessible, evenly distributed throughout the state, or well-integrated with schools.

The state’s Mobile Crisis Intervention Service (formerly known as EMPS) provides thousands of responses to schools each year, including playing a significant role in diverting children with mental health needs from the juvenile justice system. In Fiscal Year 2017, Mobile Crisis provided services in 13,488 episodes of care to 9,839 unique children, and the top referrer to Mobile Crisis was schools (5,638 episodes of care, 41.8% of the annual statewide total). Across the state, the top four issues at intake that had a negative impact on

the children's functioning at school were emotional (33%), behavioral (26%), social (22%), and academic problems (17%). Statewide, 14% of children served by Mobile Crisis had been suspended or expelled in the six months prior to the mobile crisis episode. Additionally, 62% of children served by Mobile Crisis statewide reported one or more trauma exposures.

To summarize key points from this section:

- Approximately 20 percent of all juvenile court referrals result from in-school incidents, many of which are for relatively minor, non-violent behaviors;
- Children involved in the juvenile justice system have a much higher prevalence of behavioral health conditions than children in the general population;
- Children of color, and children with disabilities including behavioral health conditions, experience much higher rates of juvenile justice involvement than their peers;
- Children who are diverted from the juvenile justice system and into community-based behavioral health services experience better outcomes, including lower rates of future criminal behavior;
- Recent legislative, policy, and system development efforts emphasize diversion from juvenile justice and stronger integration of behavioral health services in schools;
- There is a wide array of behavioral health services available in Connecticut, yet there is a need for increased accessibility, more equal service distribution across the state, and improved integration with schools.

The confluence of these factors suggests that many children who are arrested for in-school incidents may be better served by the behavioral health system, rather than the juvenile justice system. Effectiveness, when defined in terms of addressing underlying needs, improving behavioral functioning, reducing recidivism, and saving taxpayer dollars, may be best realized by diverting children exhibiting low-level offenses, and those with mental health needs, from the juvenile justice system and instead linking them to alternative services and supports including behavioral health treatment. Indeed, four of the nine core principles for juvenile justice reform espoused by the National Juvenile Justice Network (NJJN) speak very clearly to these issues: ^{xviii}

- Divert youth from juvenile justice involvement;
- Eliminate racial and ethnic disparities;
- Create a range of effective community-based programs;
- Recognize and serve youth with specialized needs (including behavioral health).

III. The School-Based Diversion Framework

As noted above, approximately 20% of all juvenile court referrals in Connecticut occur because of in-school incidents; consequently, disciplinary reforms and school-based prevention, early intervention, and diversion efforts are needed, and must address mental health and trauma needs that frequently underlie challenging behaviors. It is important to note that all school districts are required to implement a framework for tiered systems of support using Connecticut's Response to Intervention (RTI)/Scientific Research- Based Interventions (SRBI) framework.^{xix} Implementation of a school arrest diversion system must occur within the structures and processes already in place in all schools, otherwise district leadership and school personnel may come to view the work of juvenile justice diversion as "one more thing" to add to a list of disconnected initiatives. The following key principles may help guide efforts for the implementation of school-based initiatives to divert children with behavioral health needs from the juvenile justice system.

A. Priority Strategies for School-Based Diversion

1. **Incorporate early identification strategies.** The risk factors for arrest and entry into the juvenile justice system are known, and include such factors as chronic absenteeism, frequent office referrals for behavioral incidents, a history of suspensions or expulsion, unmet mental health needs, and academic difficulties. In addition, youth with disabilities are at a higher risk for exclusionary discipline. Many of these risk factors can be identified among children as young as elementary school, and the failure to address their needs at this point may be a missed opportunity to prevent future escalation of behaviors that place children at risk for arrest. An early warning system approach can help identify children who are at-risk for juvenile justice system involvement based on these factors, and put into place interventions that decrease risk, prevent juvenile justice system contact, and get students back on track behaviorally and academically. The Community Diversion plan includes strategies for addressing chronic absence and truancy outside of the Family with Service Needs (FWSN) system.
2. **Implement district-wide, developmentally appropriate interventions.** As noted above, the risk factors for juvenile arrest are known, but it is important to note that those factors may be exhibited among elementary, middle, and high school students. As a result, it is appropriate to implement district-wide approaches so that children exhibiting early problematic behaviors have access to interventions whether they are in elementary, middle, or high school.
3. **Integrate with existing school-based initiatives.** A school-based model for reducing arrest and exclusionary discipline must be integrated and coordinated with other related efforts including social-emotional learning (SEL), positive school climate (e.g., PBIS), restorative practices, existing school mental health initiatives, and multi-tiered systems of support. Promoting social-emotional development and positive school climate and safety serves as a foundation for arrest diversion and can help strengthen linkages to existing models of support. Schools already employ the Response to Intervention (RTI) or Scientific Research Based Interventions (SRBI) framework, which can be drawn upon as a mechanism to fully disrupt school-justice pathways and decrease exclusionary discipline among students.
4. **Focus on disparities related to race, ethnicity, and disability status.** Research clearly indicates that Black and Hispanic children (particularly boys), and children with disabilities including behavioral health conditions, are at an increased risk for suspension, expulsion, and arrest. As a result, these children are more likely to experience lower academic functioning, lower graduation rates, and subsequent arrests in adolescence and even adulthood. Models for addressing school-based arrests must incorporate training, implementation, and evaluation efforts that intentionally address these disparities.
5. **Fully engage children, families, schools, and community partners to support implementation.** School diversion models are much more likely to succeed when children, families, and community resources are brought together to support the initiative.
6. **Address school disciplinary policies that may directly or indirectly increase the likelihood of juvenile justice involvement.** Some schools and districts have a student code of conduct or other disciplinary policies that rely heavily on exclusionary discipline approaches such as suspension, expulsion, and arrest. These policies often underemphasize the role of crisis de-escalation, diversion, and access to school- or community-based behavioral health services as a possible response to behavioral concerns. It is often helpful for schools to receive technical assistance to review their disciplinary policies and identify opportunities to incorporate diversion and non-punitive and trauma-informed responses to common behavioral concerns.
7. **Provide professional development opportunities for school personnel.** School personnel often receive limited training on the prevalence of trauma and mental health concerns and their impact on

behavior and learning. School personnel have historically implemented exclusionary discipline practices that have limited evidence for reducing problem behaviors or increasing connection and engagement in school. It is critically important that school staff receive training in trauma-informed practices that provide support for both students and staff.

8. **Ensure access to rapid behavioral response and crisis stabilization.** When a student is engaged in behaviors that may escalate to an arrest, a well-timed trauma-informed intervention can help to stabilize a crisis and restore a student to emotional and behavioral regulation. With appropriate training, this rapid response and stabilization function can be provided by school personnel such as teachers, school social workers, administrators, or school resource officers (SRO). In addition, community-based behavioral health providers like Mobile Crisis Intervention Services can provide crisis stabilization and support when a student needs it, thereby helping them avoid arrest and entanglement in the juvenile justice system.
9. **Provide linkages to screening and assessment.** Following the initial response and stabilization, students can be screened for trauma, mental health, and substance use conditions, and depending on the results, referred for further assessment and intervention, in the school or the community. Schools require consultation, technical assistance, and support to develop and implement these systems, including obtaining parental consent for screening, assessment, and treatment.
10. **Ensure schools have strong linkages to school- and community-based treatment options.** For those children with behavioral health conditions in need of treatment, a range of school- and community-based options are available. School social workers, psychologists, guidance counselors, school based health center staff, and community-based providers together form a network of services and supports for students. Effective treatment options exist to improve functioning and reduce risk for subsequent behavioral concerns and arrest, particularly when caregivers consent for and participate in the treatment process. Often, school personnel are not aware of the range of community-based interventions that are available to their students, and can serve as effective alternatives to suspension, expulsion, and arrest. School personnel such as social workers, psychologists, or guidance counselors, can be encouraged to participate in their local system of care community collaborative and Local Interagency Services Teams (LISTs) to ensure they are aware of the services that are available to their students.
11. **Offer schools options for non-punitive methods of accountability.** Diversion models should not ignore the need to hold students accountable for disruptive and problematic behaviors; however, research indicates that highly punitive measures including arrest, expulsion, and suspension are not as effective as previously assumed. Restorative practices are non-clinical interventions that are gaining support among schools looking to ensure student accountability for behavior, but in a supportive and trauma-informed manner. Although promising, further research is needed to establish whether restorative practices effectively reduce the likelihood of future behavioral incidents and justice involvement.

B. The Connecticut School Based Diversion Initiative

The Connecticut School-Based Diversion Initiative (SBDI) is currently being implemented in Connecticut to address the issues articulated in Section 11 of PA 16-147. SBDI was developed in response to the high percentage of juvenile court referrals resulting from incidents that occur in school and the disproportionate prevalence of behavioral health conditions and disabilities among students referred by schools to the juvenile court. SBDI was initially developed in 2008 as a component of the John D. and Catherine T. MacArthur Foundation's Models for Change Mental Health/Juvenile Justice Action Network. Since 2010, SBDI has been financially supported and overseen by four Connecticut state agencies: the Judicial

Branch's Court Support Services Division (CSSD), the State Department of Education (SDE), the Department of Children and Families (DCF), and the Department of Mental Health and Addiction Services (DMHAS). The Child Health and Development Institute of Connecticut (CHDI) is the coordinating center for SBDI. To date, SBDI has been implemented in 37 schools that demonstrate the highest levels of need—typically high schools, technical high schools, alternative schools, and some middle schools.

SBDI has three primary goals: 1) reduce the frequency of discretionary in-school arrests, expulsions, and out-of-school suspensions; 2) link children who are at risk of arrest to appropriate school and community based services and supports; and 3) build knowledge and skills among school staff to recognize and manage behavioral health crises in school. The primary goals of SBDI are achieved through core activities, described below, that collectively encompass each of the key principles and strategies described in Section II. SBDI received continued funding in the recently approved 2018-19 biennial state budget.

Training and professional development. Schools participating in SBDI receive training and professional development to enhance competencies in the areas of mental health and juvenile justice, trauma-informed responses, classroom behavior management, and accessing community-based treatment. Professional development activities are offered to school administrators, teachers, school psychologists, school social workers, SROs, and other relevant partners including community collaborators. School staff receive training in crisis de-escalation and behavior management strategies, understanding adolescent development and recognizing child trauma, engaging parents and families in educational and mental health interventions, and implementing restorative practices, among others. Through these trainings and skills-based workgroups, school personnel develop or enhance core mental health and juvenile justice competencies that directly benefit students. SBDI is exploring options to ensure the sustainability of training by establishing mechanisms for continual learning that can counteract school staff turnover. The SBDI model has been effective in reducing the frequency of discretionary in-school arrests, expulsions, and out-of-school suspensions among older children by shifting attitudes among adult decision-makers, implementing new approaches to school discipline, and fostering linkage to community-based resources as alternatives to arrest.

Enhanced linkages to school-community based services and supports. Schools often have insufficient in-school capacity to address the frequency or intensity of student mental health needs, from initial crisis stabilization, to screening and assessment, to ongoing treatment. SBDI staff work with school personnel to create and enhance existing linkages with in-school and community mental health services and supports. Within the school, social workers and school-based health centers may be important resources to provide initial crisis stabilization, screening and assessment, and ongoing service delivery. Many schools, however, do not have sufficient social work staffing levels, and many do not have a school-based health center, which requires these schools to develop other in-school capacities, and/or closer collaborations with community-based providers. State DPH regulatory rules should be explored to allow community providers to co-locate clinical staff in school satellite offices. Licensed clinicians could in turn bill insurance.

Mobile Crisis Intervention Services (formerly EMPS) is a key resource within the community-based service array. The service is funded and managed by DCF, is available statewide, and is free for all children under the age of 18, regardless of insurance status or system involvement. Mobile Crisis provides a rapid response to crisis situations that may place a student at risk of arrest. The service is available for response to schools Monday through Friday from 6:00 am until 10:00 pm, has high rates of on-site (mobile) response, and consistently responds to schools in 45 minutes or less. Mobile Crisis provides crisis stabilization, screening and assessment, brief treatment, referral, and linkage to ongoing services and

supports as needed. For the purposes of SBDI, Mobile Crisis has proven to be an effective intervention for providing initial crisis stabilization in school and diverting children from arrest and potential court involvement.

Mobile Crisis also serves an important function as a gatekeeper or linkage to the community-based service array. For example, Mobile Crisis is the gatekeeper for the short-term family integrated treatment (SFIT) which provides stabilization services, assessment, therapeutic crisis respite, and family intervention for up to 14 days. Mobile Crisis also links to other elements of the behavioral health service array, including outpatient treatment, in-home care, and when needed, emergency department evaluation or inpatient hospitalization. SBDI helps facilitate the development of Memoranda of Agreement (MOA) between school districts and Mobile Crisis providers. To date, 199 of the 206 school districts have signed an MOA with Mobile Crisis (<http://www.empsct.org>).

SBDI staff also work to connect schools with a variety of other community-based services and supports including mental health system of care collaboratives, Youth Service Bureaus (YSBs), law enforcement agencies, Local Interagency Service Teams (LIST's), Juvenile Review Boards (JRBs), Racial and Ethnic Disparities (RED) committees, and other local resources that can help address unmet academic, health, and mental health needs.

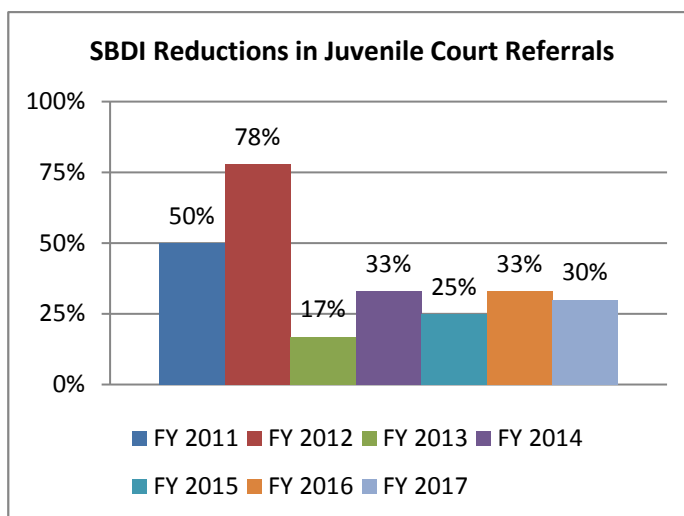
School disciplinary policy consultation. SBDI works with participating schools and the community services and supports that surround schools (e.g., LISTs, community collaboratives, RED committees) to ensure that their disciplinary policies and practices hold students accountable for misbehavior by strengthening existing discipline structures and ensuring that students are not arrested unnecessarily for minor and non-violent behavioral incidents. Many schools do not recognize the connection between student misbehavior and unmet mental health needs. Through SBDI's discipline policy consultation, school and district policies are reviewed to reduce emphasis on law enforcement and punitive strategies and to increase emphasis on diversion and connection to services and supports. This includes the development and adoption of a graduated response model. The Juvenile Justice Advisory Committee (JJAC) of the Connecticut Office of Policy and Management (OPM) and the Connecticut Juvenile Justice Alliance (CTJJA) have been instrumental in promoting the use of a graduated response model in the state since 2010. Graduated response models were developed in Connecticut in consultation with Juvenile Court Judges Steven Teske of Clayton County, Georgia and Brian Huff of Jefferson County, Alabama. The graduated response model is a structured approach to responding to in-school behavior incidents, using a tiered model based on the intensity and frequency of problem behaviors. The model also incorporates restorative justice and diversion principles. School districts employing an SRO in their schools are required by Connecticut law to have a Memorandum of Understanding between the school and police to clearly define and enhance SRO involvement in day-to-day discipline and incorporate these agreements into a graduated response model.^{xx}

Restorative Practices, Law Enforcement Engagement, and Family Engagement. CHDI, along with its state agency partners, continually adapt and improve the SBDI model to achieve maximal impact on program goals. Recent model enhancements include restorative practices (e.g., restorative circles and conferencing), law enforcement engagement, and family engagement. SBDI collaborates with the Tow Youth Justice Institute (TYJI) at University of New Haven to coordinate planning, training, coaching and implementation of Restorative Practices, and as noted above, incorporates restorative practices into the graduated response model as an alternative, non-punitive disciplinary approach. This collaboration enhances utilization of restorative practices in schools among teachers, staff, administration, security, and SROs, as well as with students and parents. These trainings are also offered to Youth Service Bureaus and

Juvenile Review Board (JRB) members in cities where SBDI is implemented. Law enforcement engagement is critical for ensuring that children are diverted from the juvenile justice system. In addition to working directly with SROs that are placed in participating schools, SBDI works with the Connecticut Alliance to Benefit Law Enforcement (CABLE) to provide training and consultation to law enforcement departments in participating SBDI communities. This helps to ensure that the local police support the principles, values and practices of the SBDI model and can support diversion efforts when they are called to a school. It is also important for children and families to be involved in this process. SBDI works collaboratively with FAVOR, a statewide family advocacy agency with a specific emphasis on children's behavioral health, to ensure that children and families are engaged in SBDI implementation.

Outcomes of SBDI in Connecticut. Since 2009, the SBDI model has been implemented in 37 schools in 13 school districts and has impacted over 32,000 students across the state of Connecticut. SBDI personnel collect and track key indicators at the school and community level to assess changes in rates of arrests, suspensions, expulsions and Mobile Crisis referrals. Racial and ethnic disparities (RED) data from the state's RED Committees (Bridgeport, Waterbury, Hartford, New Britain) are also reviewed to more closely examine the disproportionate rates at which black and Latino children are arrested, suspended, and expelled and the impact of SBDI in reducing these disproportionalities. Data collection is an ongoing and key activity of the model that helps identify patterns, address challenges, inform policy/practice, and continually improve program implementation. Cohorts of schools participating in SBDI over the last seven years have reduced juvenile court referrals by 17 to 78% percent compared to their juvenile court referrals in the year prior to SBDI involvement (see figure 1 below). Evaluation data indicates that, when compared to schools in similar communities, schools participating in SBDI have lower rates of juvenile court referral and higher rates of referral to Mobile Crisis. In addition, children initially referred to Mobile Crisis, when compared to those referred to the juvenile court system, are less likely to recidivate over time, even after controlling for the influence of age, gender, race/ethnicity, and prior court involvement.^{xxi}

Figure 1. SBDI Reductions in Juvenile Court Referrals



National Replications of the SBDI Model. MacArthur Foundation funding in 2008 supported the initial development of the Connecticut SBDI model, along with a similar model developed at the same time in Summit County, Ohio. These two models were the first known comprehensive approaches to address the

issue of school-based arrest diversion. Connecticut's SBDI model differs from the Ohio model in that SBDI implementation is located directly within the school, whereas the Ohio model is implemented within the juvenile court system. The positive results of the SBDI model to date have resulted in opportunities to codify the model for replication, and to provide training and consultation to states and communities interested in replication. To date, that has included statewide, county-level, or district-level consultations or replications in Nevada, Wisconsin, Pennsylvania, Michigan, Louisiana, Minnesota, New York, and West Virginia. Cecil County, Maryland will begin replication in January 2018 with funding from the National Institutes of Justice. All of these states have developed models based on a common framework which has subsequently been referred to as a "school responder model".^{xxiii} The basic components of a school responder model, developed largely based on Connecticut's SBDI approach, include: professional development for school personnel; school-community coalition building; formalized structures to support sustainability; immediate behavioral response and stabilization; screening and assessment; and linkage to alternative behavioral health interventions. CHDI continues to collaborate with the National Center for Mental Health and Juvenile Justice at Policy Research Associates to implement school responder approaches across the country modeled after Connecticut's SBDI.

Future SBDI Implementation Considerations. Enhancements and adaptations of the current SBDI model are being designed to respond to emerging needs in the state. A first consideration is the issue of scalability to meet the needs of more schools every year. Since SBDI is an intensive initiative, the SBDI Coordinating Center at CHDI can offer the model to only 20 schools per year. Yet, there are many more schools that can benefit from the core elements of this initiative. To reach more schools across the state, the SBDI Toolkit was developed to disseminate the values and core elements of the model and enable educators and administrators to begin addressing the issues independently. The toolkit incorporates three tiers of SBDI interventions for schools and districts to meet their needs including access to a basic guide for getting started (Tier One), targeted school interventions with additional consultation and support (Tier Two) or full implementation with intensive support provided by SBDI coordinators (Tier Three, which is the model that is currently being funded and implemented in schools). This tiered approach would allow SBDI to operate at various levels in different schools. The SBDI Toolkit has been downloaded hundreds of times for self-implementation (Tier 1), and SBDI has been fully implemented in 37 schools to date (Tier 3). Due to the focus of the SBDI coordinating center on providing full Tier 3 initiatives to up to 20 new schools each year, very few schools have participated in SBDI at the Tier 2 level.

A second adaptation opportunity would address the need for district-wide (PreK-12) implementation. To date, SBDI has been implemented primarily in high schools, and a few middle schools. There is a need for SBDI to adapt its model to support implementation at a school district level, including elementary schools. Statewide data from the 2016-17 school year^{xxiii} indicates that 1,282 suspensions occurred among students in Kindergarten through 2nd grade, despite 2015 legislation banning the practice of suspending preschool children and the addition of special circumstances required for suspending children from Kindergarten to Grade 2.^{xxiv} In response to this, CHDI is currently working with various partners to examine SBDI and other models that can be adapted to reduce exclusionary discipline at the elementary school level. An SBDI-Elementary (SBDI-E) adaptation was developed in 2017 and but has yet to be pilot tested. Pilot testing of this adaptation would help to address the unique developmental needs of elementary school-aged children and would make SBDI a truly district-wide approach that addresses arrests, as well as the suspensions and expulsions that occur in earlier grades and are a known precursor to arrest.

A third adaptation opportunity would address the need for sustainability. Currently, SBDI model developers at CHDI are tasked with implementing the full SBDI model in up to 20 schools a year, depending on

resource allocations. The focus on implementation in new schools results in former SBDI participants receiving little support following the intensive implementation phase that lasts one to two years. In addition, school and/or district leadership changes frequently, and at times those leaders may bring punitive discipline approaches back to a school in a way that reverses the gains of SBDI and increases arrests and juvenile court referrals. Consequently, there is a need to continue to sustain SBDI after the active implementation phase through booster sessions and a formalized and ongoing learning community that can support and sustain model implementation, and maintain outcomes.

IV. Recommendations and Cost Options

The following set of recommendations outlines specific steps and costs required to bring a school diversion system to full implementation. The first set of recommendations speaks directly to a goal for this plan to ensure better alignment of behavioral health and juvenile justice systems to support these efforts in a more coordinated manner. The second set of recommendations addresses priority action steps for all schools in Connecticut to address diversion and mental health promotion, particularly for those schools that are not implementing a comprehensive arrest reduction initiative such as SBDI, and the third set of recommendations targets schools with the highest rates of arrest and juvenile court referrals.

A. Pursue opportunities for integration of the behavioral health and juvenile justice systems.

A.1. Collaborate in the development of a justice reprioritization plan along with other identified JJPOC partners to support expansion of community-based services.

A.2. Ensure alignment among existing school-based Restorative Practices initiatives (as currently led by SDE and SBDI) and in the community (through YSBs/JRBs, as called for in the Community-Based Diversion System Plan). Use the JJPOC structure to review these initiatives and produce recommendations for alignment and consistency, perhaps by centralizing training and coordination efforts through the CT Youth Services Association and/or the Local Interagency Services Teams (LISTs).

COST: No additional cost for continuing restorative practices training currently included in core SBDI funding and existing SDE school climate trainings.

COST: Limited cost (\$30,000) for expanding restorative practices training through YSBs. Additional funds may be needed to support a coordinating center for statewide restorative practices training and implementation.

A.3. Support implementation of the Ohio Scales as a standardized screening tool to be used by the YSBs for children referred from the community, as recommended by the JJPOC Diversion subcommittee. Implementation will include standardized training for YSBs on the use of the tool and development of protocols and procedures, including referrals determined from the result of the screen, management and confidentiality of data collected and information shared, navigating self-incriminating responses, and follow-up on the results of the screen.

COST: No cost/low cost

B. Support school diversion in Connecticut schools to increase capacity for early identification and intervention, reduction of exclusionary discipline practices, and improvements in behavioral health services and supports.

B.1. Support school districts in the development and implementation of models to reduce exclusionary school discipline, including graduated response models, restorative practices, positive school climate development, welcoming schools and learning environments, and authentic family engagement.

COST: No cost

B.2. Encourage Connecticut school districts to complete a comprehensive assessment of their district's mental health services and supports, including resources and gaps. The free School Health Assessment and Performance Evaluation (SHAPE) system developed by the University of Maryland's Center for School Mental Health is being utilized in approximately 20 CT districts this school year.

COST: No cost for schools to complete the SHAPE system, and free technical assistance is available to a select number of CT schools and districts completing SHAPE during SFY18 through a grant from the University of Maryland Center for School Mental Health.

COST: Enhanced consultation and technical assistance to support SHAPE completion and implementation of findings can be supported at an additional cost of approximately \$75,000 per year to serve up to 20 additional schools/districts.

COST: School districts can use Title IV Part A funds to support consultation and technical assistance.

B.3. Strengthen alignment of school-level data collection protocols/policies for school-based arrests with a standardized data format to be utilized by schools and police. Include data on racial, ethnic, gender, age, and disability status to monitor and report on Racial and Ethnic Disparities (RED) for school arrests and other exclusionary discipline (i.e., suspension, expulsion).

COST: No/low cost

B.4. Ensure collaboration and information-sharing between the Community-Based Diversion System and the school districts implementing school-based arrest diversion efforts.

COST: No cost.

C. Continue to support implementation of the School Based Diversion Initiative (SBDI) in the schools with the highest rates of arrest and support enhancements that ensure district-wide and statewide reach.

C.1. Continue to implement the School-Based Diversion Initiative (SBDI) with capacity to serve up to 20 new schools with the highest rates of arrest each year, and sustain SBDI among past school participants.

COST: No additional cost. Continue existing appropriation to SDE included in the 2018-19 biennial budget in the amount of \$1,000,000 per year. In addition, continue the additional financial support of \$180,000 per year from three other state agencies with a stake in arrest reduction and mental health supports (\$60,000 each from DCF, DMHAS, and CSSD).

C.2. Pilot an adaptation of SBDI or a similar model for elementary schools with the highest rates of attendance concerns, behavioral and/or disciplinary concerns, suspensions, and expulsions. The model will address unmet mental health needs and other research-based predictors of future juvenile justice involvement among elementary school-aged children.

COST: \$80,000 to pilot a model for one year in three to four schools with high rates of suspension and expulsion. Test the model for effectiveness, and depending on results, consider broader dissemination efforts.

C.3. Incorporate two additional tiers of SBDI intervention for small to medium sized school districts and districts at varying stages of implementation readiness. At tier 1, all school districts will receive one copy of the revised SBDI Toolkit. At tier 2, a small number of schools will receive the Toolkit plus consultation and limited technical assistance to support implementation.

COST: \$60,000 for Tier 1 Toolkit revisions, printing, and dissemination for all Connecticut school districts.

COST: \$140,000 per year for Tier 2 consultation and technical assistance to support initial implementation steps in 16 schools.

C.4. Conduct a cost analysis to examine the return on investment of SBDI implementation including possible cost savings in the following areas: arrests, judicial processing, detention placement, incarceration, school dropout, suspension and expulsion programming, emergency department utilization, and other health and social services expenses.

COST: \$225,000 (\$75,000 per year for a three-year study)

C.5. Continue to enhance engagement of a broader statewide stakeholder community to support SBDI implementation, including the CT Association of Schools (CAS), the CT Association for Public School Superintendents (CAPSS), The CT Association of Boards of Education (CABE), The Office of Policy and Management (OPM), The Police Chief's Association, CT State Police, and the CT Business & Industry Association (CBIA). Continue to enhance engagement of local stakeholders to support local SBDI implementation including judges, mayors, local legislators, local Boards of Education, and parents/caregivers.

COST: No additional cost

Table 1. Implementation Timeline for School-Based Diversion System Plan

Recommendation	Jan-June 2018	July-Dec 2018	Jan-June 2019	July-Dec 2019
A.1. Collaborate with JJPOC partners on development of reprioritization plan			X	
A.2. Review and recommend alignment of all Restorative Practices initiatives	X			
A.3. Train and support YSBs to implement OHIO Scales for community diversion	X			
B.1. Implement school models to reduce exclusionary discipline			X	
B.2. Completion of school mental health needs assessments			X	
B.3. Align school and police data systems			X	
B.4 Ensure collaboration between school diversion and community diversion systems	X	X	X	X
C.1. Continue funding and implementation of SBDI	X	X	X	X
C.2. Pilot a new model for reducing exclusionary discipline in elementary schools			X	X
C.3 Expand Tier 1 and Tier 2 SBDI		X		
C.4 Conduct cost analysis of SBDI			X	X
C.5. Enhance stakeholder engagement in SBDI	X			

V. Endnotes

- ⁱ State of Connecticut General Assembly Public Act 16-147 An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee <https://www.cga.ct.gov/2016/ACT/pa/pdf/2016PA-00147-R00HB-05642-PA.pdf>
- ⁱⁱ Community-Based Diversion System Plan Submitted to the JJPOC by the Diversion Workgroup, January 10, 2017
- ⁱⁱⁱ Deal, T., Ely, C., Hall, M., Marsh, S., Schiller, W., & Yelderman, L. (2014). *School Pathways to the Juvenile Justice System Project: A Practice Guide*. Reno, NV: National Council of Juvenile and Family Court Judges.
- ^{iv} Connecticut Office of Policy and Management, "Facts and Figures on Connecticut's Juvenile Justice System" <http://www.ct.gov/opm/cwp/view.asp?a=2974&q=471654>
- ^v National Center for Mental Health and Juvenile Justice. Prevalence of Behavioral Health Conditions Among Justice-Involved Youth. <https://www.ncmhjj.com/topics/diversion/>
- ^{vi} Kretschmar, J.M., Butcher, F., Flannery, D.J., & Singer, M.I. (2016). Diverting juvenile justice involved youth with behavioral health issues from detention: preliminary findings from Ohio's Behavioral Health Juvenile Justice initiative. *Criminal Justice Policy Review*, 27(3), 302-325.
- ^{vii} National Center for Mental Health and Juvenile Justice. Intersection of Behavioral Health and School-Justice Pathways. <https://www.ncmhjj.com/topics/diversion/>
- ^{viii} Connecticut State Department of Education, Sanctions Report SY2015-16 <http://edsight.ct.gov/SASPortal/main.do>
- ^{ix} <http://edsight.ct.gov/SASPortal/main.do>
- ^x Ricks, A. (November 2016) , "Persistent Racial Inequality in School Arrest Rates in Connecticut" Connecticut Voices for Children (November 2016) <http://www.ctvoices.org/sites/default/files/juv16racialinequity.pdf>
- ^{xi} Justice Policy Institute, Barry Holman and Jason Ziedenberg, *The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities* (2006). http://www.justicepolicy.org/images/upload/06-11_REP_DangersOfDetention_JJ.pdf
- ^{xii} National Center for Mental Health and Juvenile Justice. Diverting Youth with Behavioral Health Needs From the School-Justice Pathway: School-Based Behavioral Health Diversion—Who, Why, and How. <https://www.ncmhjj.com/resources/diverting-youth-behavioral-health-needs-school-justice-pathway-school-based-behavioral-health-diversion/>
- ^{xiii} Sweeten, G. (2006). "Who Will Graduate? Disruption of High School Education by Arrest and Court Involvement." *Justice Quarterly*, 23 (4), 462-480.
- ^{xiv} For a review, see: Office of Juvenile Justice and Delinquency Prevention, Model Programs Guide (nd). *Truancy Prevention*. Available at: <http://www.ojjdp.gov/mpg/Topic/Details/122>.
- ^{xv} Connecticut State Department of Education, April 2017. Reducing Chronic Absence in Connecticut's Schools: A Prevention and Intervention Guide for Schools and Districts <http://www.sde.ct.gov/sde/lib/sde/pdf/publications/chronicabsence/chronicabsence.pdf>
- ^{xvi} State of Connecticut General Assembly Public Act 16-147 An Act Concerning the Recommendations
- ^{xvii} Connecticut Behavioral Health Plan for Children (October 1, 2014) <http://www.plan4children.org/>
- ^{xviii} To review the nine principles, visit the National Juvenile Justice Network website at <http://www.njjn.org/about-us/about-us>
- ^{xix} Connecticut State Department of Education, *Topical Brief 3: SRBI, Connecticut's Framework to Response to Intervention: Addressing the needs of the Whole Child: Social, Emotional, Behavioral, and Physical Health, as well as Academic Achievement, in Connecticut's SRBI Process*, September 2011. http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/calitopical_brief_3.pdf
- ^{xx} Conn. Gen. Stat. § 10-233m
- ^{xxi} O'Connell, M. (2011). Connecticut's School-Based Diversion Initiative Key Findings. Evaluation report to CSSD.
- ^{xxii} National Center for Mental Health and Juvenile Justice. Building a School Responder Model: Guidance from Existing Diversion Initiatives for Youth with Behavioral Health Needs. <https://www.ncmhjj.com/srm/>
- ^{xxiii} <http://edsight.ct.gov/SASPortal/main.do>
- ^{xxiv} State of Connecticut General Assembly Public Act 15-96, An Act Concerning Out-of-School Suspensions and Expulsions for Students in Preschool and Grades Kindergarten to Two.