

The Connecticut School-Based Diversion Initiative: Reducing Arrests & Enhancing Service Access

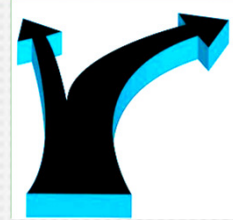
Presentation to School-Based Mental Health Summit
January 25, 2012

Connecticut
Center for
Effective
Practice



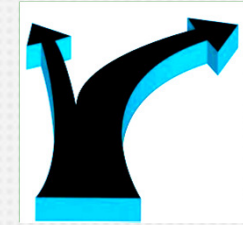
 Child Health and
Development Institute
of Connecticut, Inc.

Background



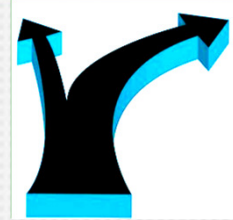
- Lower number of juvenile arrests, rising *proportion of in-school* arrests
 - Higher arrests not due to worsening behavior, rather, to changing *adult responses* to behavior
- Law enforcement presence in schools, “zero tolerance” policies, the “school to prison pipeline”
- Exclusionary disciplinary practices
 - Arrest, expulsion, out of school suspensions
 - Exclusion results in less instruction time, worse academic and socio-emotional outcomes
 - Disproportionately affects students from minority racial/ethnic backgrounds (DMC) and students with special education and behavioral health needs

Background Facts



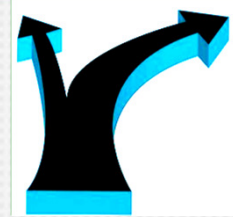
- Youth who are arrested have **unmet mental health needs**, in fact, approximately 65-70% of youth in juvenile detention have a diagnosable behavioral health condition (Council of State Governments Justice Center, 2011; Shufelt & Coccozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).
- Students who are arrested or expelled are **disproportionately likely to be students of color**, particularly African-American and Hispanic males. Even when the behaviors are the same, too often school responses to behaviors are more severe for students of color (Richetelli, Hartstone, Murphy, 2009).

Progress in Connecticut



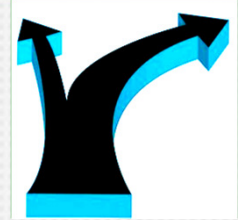
- CT has enacted a comprehensive approach that changes business as usual across systems
- Revising the Juvenile Court Intake procedures
 - Juvenile Probation now has the ability to “send back” non-serious arrests for in-school offenses
 - Involved changes in wording and interpretation of CT Practices Book and CT General Statutes
- Systems coordination, public awareness, and school policy consultation (CT Juvenile Justice Alliance)
- The School Based Diversion Initiative (SBDI) at CHDI is an in-school component of this comprehensive approach
 - Partners: CSSD, DCF, Department of Education, MacArthur Foundation
 - School based health and mental health is part of CHDI’s strategic plan

Goals of the School Based Diversion Initiative



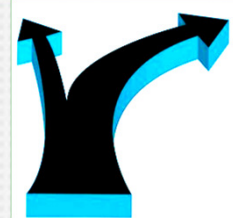
- **Reduce** the number of discretionary arrests in school; reduce expulsions and out-of school suspensions
- **Build** knowledge and skills among teachers, school staff, and school resource officers to recognize and manage behavioral health crises in the school, and access needed community resources
- **Link** youth who are at-risk of arrest, and who have mental health needs, to appropriate community-based services and supports

SBDI Key Activities



- **School Selection**
- **Conduct Multi-Method Needs Assessment**
- **Community Coalition Building/Linking to Community-Based Resources**
- **Develop and Implement Customized Professional Development**
- **School Policy Consultation/Graduated Response Model**
- **Data collection, analysis, evaluation**
- **Manual Development**

Sample Training Menu



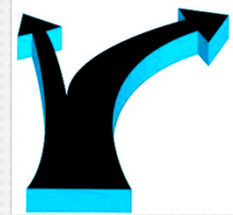
- **Understanding and Increasing Empathy for Families with Mental Health Needs**
- **Effective Classroom Behavior Management Strategies**
- **Distinguishing Normal Adolescent Development and Mental Health Symptoms**
- **Effective Collaboration with EMPS and Care Coordination**
- **Understanding and Partnering with the JJ System**
- **Overview of the CT Behavioral Health System**
- **Parent Engagement and Community Resources**
- **Multicultural Competence in the Schools**
- **School Climate and Connectedness**
- **Introduction to the Graduated Response Model**

Connecticut
Center for
Effective
Practice

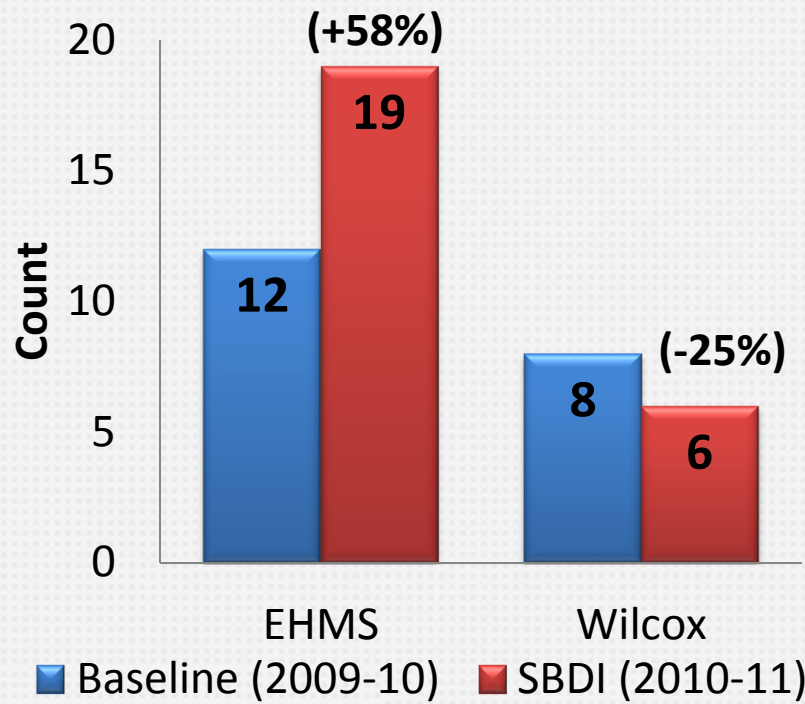


 Child Health and
Development Institute
of Connecticut, Inc.

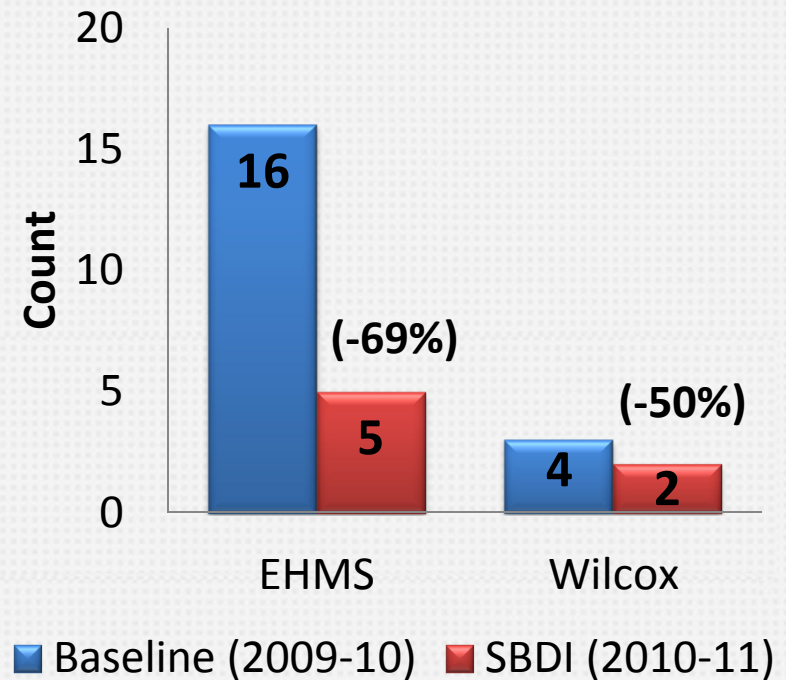
Student-Level Data: School Responses to Student Crises



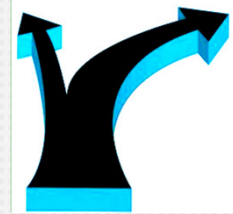
Police Involvement



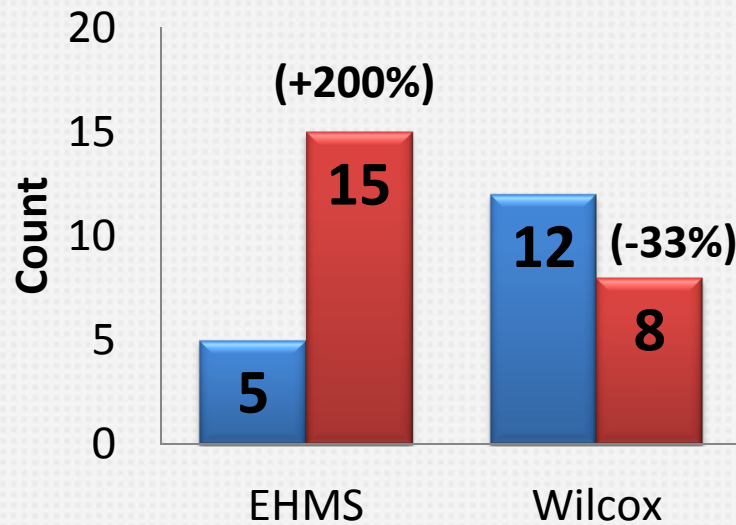
Students Arrested



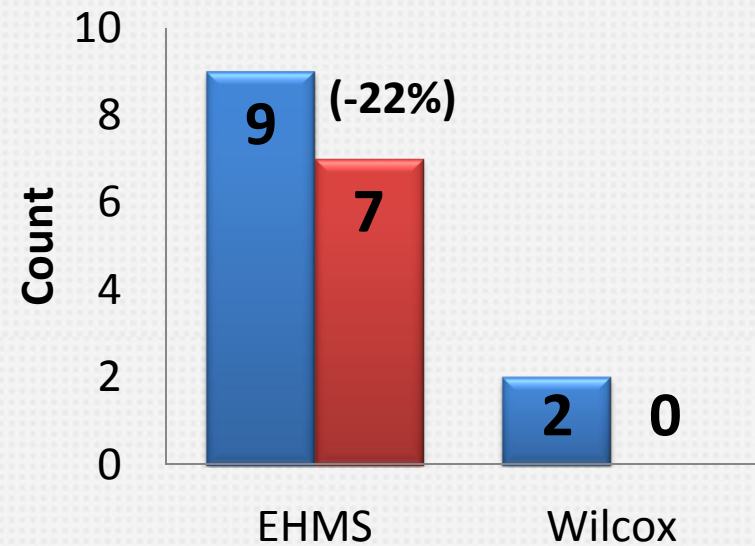
Student-Level Data: School Responses to Student Crises



Called 211-EMPS



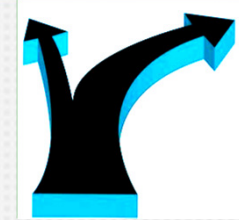
Called Ambulance



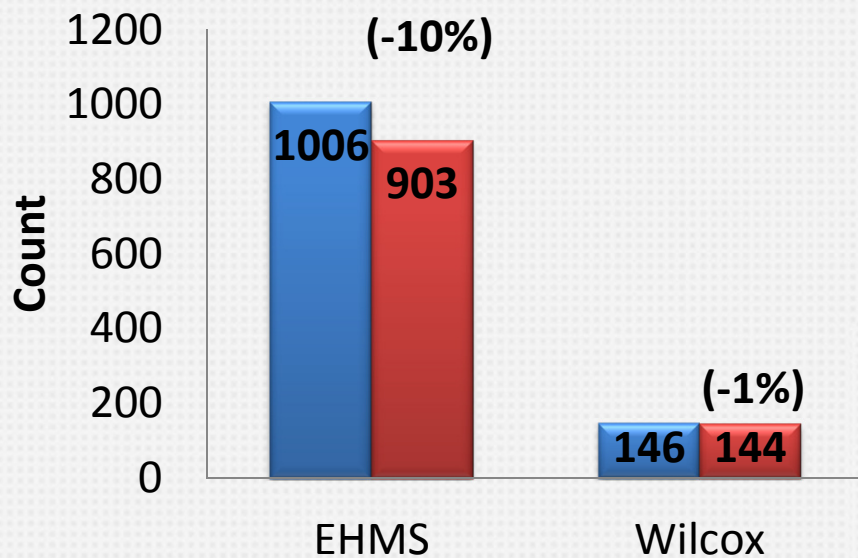
■ Baseline (2009-10) ■ SBDI (2010-11)

■ Baseline (2009-10) ■ SBDI (2010-11)

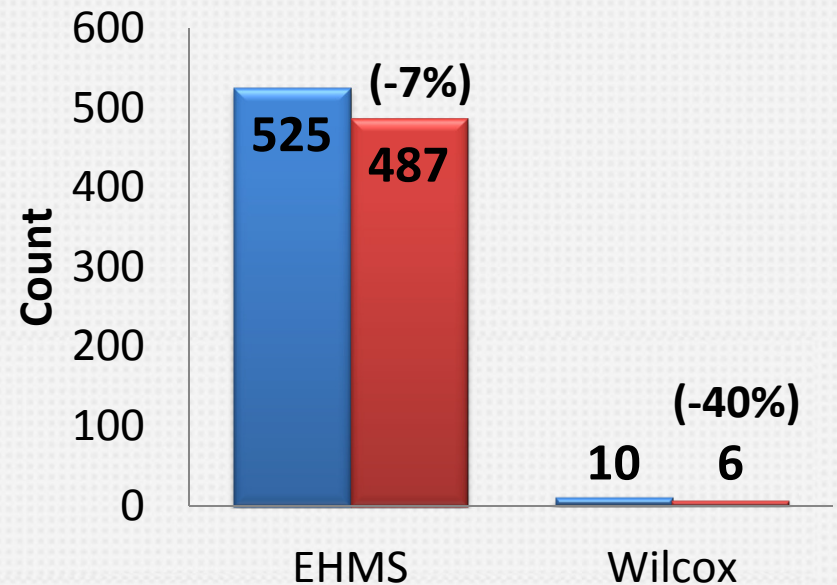
School-Level Data: Administrative Discipline



In-School Suspensions



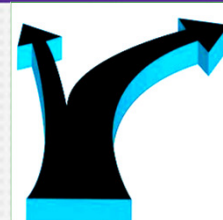
Out-of-School Suspensions



■ Baseline (2009-10) ■ SBDI (2010-11)

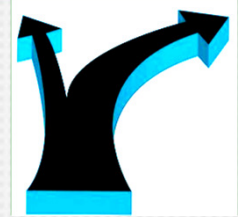
■ Baseline (2009-10) ■ SBDI (2010-11)

Summary of Outcomes



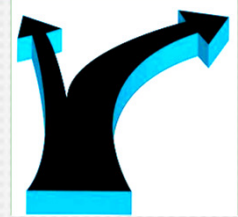
- Arrests are down, re-arrests reduced and delayed
- Suspensions dropping
- School staff have better awareness of community resources, resulting in better referrals for families
- Graduated Response Model is being used to clarify school staff roles and responses to behavioral incidents, including administrators and SROs

Recommendations and Next Steps



- Promote awareness of in-school arrests
- Interagency collaboration to sustain initiatives
- Continued program development to meet needs of local communities and schools
 - Accessing existing resources in the community
- Expand to additional communities and schools
- Cross-system data collection and evaluation

Contact Information



Connecticut Center for Effective Practice,
Child Health and Development Institute

SBDI Coordinators:

Jeana R. Bracey, Ph.D. bracey@uchc.edu

Jeffrey J. Vanderploeg, Ph.D. jvanderploeg@uchc.edu

Mark J. Plourd plourd@uchc.edu

Phone: (860)679-1524

Connecticut
Center for
Effective
Practice



 Child Health and
Development Institute
of Connecticut, Inc.