Innovation Brief

Schools Turn to Treatment, Not Punishment, for Children with Mental Health Needs

In 2008, the new Mental Health/Juvenile Justice Action Network selected "early diversion" as its first area of focus. Its goal was to create opportunities for youth with mental health needs to be diverted as early as possible from involvement with the juvenile justice system, and to direct them instead to appropriate community-based treatment. Two of the eight states in the MHJJ Action Network, Ohio and Connecticut, developed and were able to sustain school-based diversion models: programs that identify students with a suspected mental health disorder who are at risk of referral to juvenile court or probation, and connect them and their families with needed services. Using a prototype pioneered by WrapAround Milwaukee, Ohio and Connecticut created school-based programs that successfully make those connections and reduce unnecessary arrests and referrals to juvenile court. The programs were seeded with funding from Models for Change, caught on and expanded quickly, and are continuing with new sources of revenue.

The Issue

Children with untreated mental illness sometimes act out in ways that are disruptive, unsafe, and illegal. All too often society tries to control these behaviors by punishing the child rather than addressing the underlying problem. The result: close to 70 percent of children and youth involved with the juvenile justice system have a diagnosable mental health disorder—two to three times the rate found in the community at large. Once in the system, these children are unlikely to get the services they need.

The school-to-prison pipeline

In the 1990s, when public fear of youth violence was at its peak, schools across the U.S. began adopting "zero tolerance" policies that imposed strict punishment for breaking a rule, regardless of extenuating circumstances. While these policies were originally designed to handle the most serious offenses, they gradually broadened in scope; disruptive behaviors that in the past would have been handled by school staff became criminalized, and unruly children were sent to the police or juvenile court. Schools soon became a major source of referrals to the juvenile justice system—a practice so widespread it was nicknamed "the school-to-prison pipeline."

Not surprisingly, the pipeline captures a large number of children who have underlying—often undiagnosed and untreated—mental health and substance abuse disorders. Some of these children also have developmental or education-related disabilities, are marginally literate or illiterate, and have frequently failed in school, repeated grades, and been suspended or expelled. Their disruptive behaviors are often related to these problems as well as to their mental illness.

Punishment or treatment?

Many schools lack the resources and trained personnel to deal with these children, are not well linked to mental health resources, and find it easier to refer disruptive children to the juvenile courts. But the juvenile justice system also is ill-prepared to help them, and many get worse, not better, in confinement.

Mental health experts have long contended that it is best to treat children and youth with emotional problems in community settings, outside of the correctional system. It is also essential that these children remain in school, with all necessary academic supports to keep them engaged and working at grade level. What is needed are programs that identify children at risk of becoming involved with the juvenile justice system, and that divert them to appropriate services and treatment in the community.

Innovations

With seed money from the John D. and Catherine T. MacArthur Foundation, and working under the leadership of the National Center for Mental Health and Juvenile Justice, Connecticut and Ohio created school-based programs to stem the flow of children with mental disorders into the juvenile justice system. While the models developed in the two states have somewhat different designs, they share important goals: linking children (and families) to needed treatment and services, keeping students in school, and reducing involvement with the juvenile justice system.

Both programs are based on WrapAround Milwaukee's Mobile Urgent Treatment Team, which uses mental health clinicians to respond to school-based problems involving children with a suspected mental health problem. The Connecticut and Ohio programs specifically address youngsters—mainly in middle school, grades 5 through 8—who have come to the attention of school disciplinary staff. 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 lateness or truancy.

The "responders" work with school personnel to help them identify potential mental health problems in students, and with referred children and their families to link them to treatment and case management services. Community-based services may include not only mental health care but substance abuse treatment, mentoring, tutoring, and a range of social services the family might need. Carefully nurtured relationships between the schools and the mental health system, along with training and support for school staff, create a strong but flexible program for responding to children in need.

The programs are designed to link children and families to treatment and services, keep students in school, and reduce involvement with the juvenile justice system.

Connecticut: School-Based Diversion Initiative (SBDI)

SBDI implementation is overseen by the Connecticut Child Health and Development Institute. Responders are local treatment teams provided through Emergency Mobile Psychiatric Service (EMPS), a statewide mobile intervention service for children and adolescents. (The use of EMPS in the participating schools was made possible by state and local policy changes initiated by the program.) Responders provide crisis stabilization in the school and follow-up case management services.

SBDI offers school personnel a high level of training, both in adolescent mental health and behavior and in understanding and accessing local resources. The program also works with the schools to help them develop more effective disciplinary policies. To support these efforts, SBDI has developed a comprehensive school training curriculum.

Summit County, Ohio: Responder Program

Summit County responders are case managers who work out of the Family Resource Center of the Juvenile Court. They use a team approach that brings in relevant school staff and any providers already serving the child. Working

with the team, responders provide in-school intervention services and case management. They conduct mental health screens, arrange for full assessments when needed, and work with families to develop a service plan and link them to community resources. The Responder Program also works with Mental Health America to provide parent peers who support and advocate for families referred to the program.

To help ensure the success of the program, school personnel receive training in how the program works, the types of behaviors that might indicate mental health issues in children, and how to make referrals to the Responder Program.

Results and Lessons

The school-based diversion programs have been very well received in both Connecticut and Ohio, across a variety of urban, suburban, and rural communities. These programs were begun with a relatively small amount of seed money, and over a short period of time—about three years—both states have shown they can sustain and grow their programs and find independent sources of funding.

Although it is too soon to say precisely how school-based diversion is changing the long-term outlook for children and families, we can make some general statements about the value of the programs:

- They have reduced juvenile arrests and court involvement, while increasing mental health and related services for children and families.
- They have created good working partnerships among hard-to-reach schools, community providers, and the juvenile justice system.
- They have demonstrated success in introducing school staff to the model and helping them feel comfortable with it.
- They have shown that professionals and the public see value in collaboration and early intervention and will support these efforts.

Connecticut

Connecticut first implemented its responder program in two suburban middle schools and one urban K-8 school. To sustain it beyond the initial grant funding, SBDI then developed a partnership among three state agencies: the Department of Education, the Department of Children and Families, and the Court Support Services Division of the state's judicial branch. This funding partnership supported the program's expansion into 17 schools in 9 communities by the 2012-13 school year, and four more schools in two districts in 2013-14.

SBDI has been collecting data that will allow them to assess changes in rates of arrest, suspension, expulsion, and referral to EMPS. Among the preliminary findings:

- School arrests are down and suspensions are dropping in schools with the program.
- EMPS use by the sites has increased, while ambulance calls have decreased.
- School-based court referrals are down 19 to 92 percent, depending on the school, and children served by EMPS have fewer subsequent court referrals.
- School staff have a better understanding of adolescent mental health and community resources, resulting in better referrals for families.

Both states have shown they can sustain and grow their programs and find independent sources of funding.

Ohio

In Summit County, feedback from schools, parents, and the juvenile court has been overwhelmingly positive, and the Responder Program has expanded steadily. First implemented in two middle schools in Akron in 2009, the program now reaches 18 middle schools and four elementary schools, and the number of responders has grown from one to four. Following the initial grant, the program has been sustained by a combination of state and local funding, including TANF and, to an even greater extent, the Family Resource Center of the Juvenile Court.

The county has seen strengthening relationships between schools and responders, with the result that referrals now begin earlier in the school year as school staff become more familiar and comfortable with the program. The program

tracks each referred student, recording the reasons for referral, services received, and indicators of progress, such as compliance and changes in behavior. To date, more than three-fourths of the cases have been closed as successful.

The program's influence has grown beyond Summit County. It has been replicated in rural Jackson County, Ohio, as Teen Talk, which provides responders for grades 6-12. Teen Talk now reaches every school in the county. Its success led one of the few mental health providers in the county to expand its small satellite clinic into a full-scale behavioral health clinic. This clinic is now the official responder for Teen Talk and is committed to supporting and expanding the program.

Looking Forward

Both states plan to continue collecting data, evaluating, and expanding their school-based diversion programs.

Connecticut

The SBDI has developed a detailed program manual and school training curriculum to support dissemination of the program to schools with the highest level of need—that is, high rates of in-school arrests and low use of mental health and crisis intervention services. For schools seeking less intensive prevention strategies, the program has also developed a step-by-step guide that allows schools to implement the core elements of the program on their own. SBDI is also considering expanding access to the model through videos, webinars, and video-conferencing.

The model is proving to be replicable beyond Connecticut as well. Working through the National Center for Mental Health and Juvenile Justice, staff from the Connecticut Child Health and Development Institute helped their counterparts in Minnesota develop a similar program in Hennepin County.

Ohio

The Summit County program has engaged the Education Center for Innovative Practice, part of the Begun Center for Violence Prevention Research at Case Western Reserve University, to conduct an in-depth evaluation of the program and its effects on referrals to juvenile court.

They hope to add new schools as funding allows, and have developed a program manual to help replicate the model across the state.

Resources

Connecticut

Information on the SBDI program:
http://www.kidsmentalhealthinfo.com/mental-health-in-schools-about.php

The SBDI Toolkit: A Community Resource for Reducing School-Based Arrests: www.chdi.org/SchoolToolkit

Ohio

Family Resource Center: https://juvenilecourt.summitoh.net/index.php/home/family-resource-center

The Responder Program (PowerPoint video): http://www.youtube.com/watch?v=36j9hgfocCM&feature=youtu.be

Responder Program Development Manual:
http://cfc.ncmhjj.com/wp-content/uploads/2013/11/Ohio-Responder-Manual-FINAL.pdf

Juvenile Diversion Strategies and Models

The Mental Health and Juvenile Justice Collaborative for Change: A Training, Technical Assistance and Education Center http://cfc.ncmhjj.com

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This brief is one in a series describing new knowledge and innovations emerging from *Models for Change*, a multi-state juvenile justice reform initiative. *Models for Change* is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.