TOW YOUTH JUSTICE INSTITUTE
University of New Haven

ISSUE BRIEF

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A Leader in Reform

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Introduction

This Issue Brief is an abbreviated version of the "Development of a School-Based Diversion System in Connecticut" report presented to the Juvenile Justice Policy and Oversight Committee on January 18, 2018. The information in this brief are excerpts from the full report. Links are provided at the end of the publication for additional information.

Background

Legislation in 2016 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 Diversion workgroup of the Juvenile Justice Policy and Oversight Council (JJPOC) completed a report titled, "Development of a School-Based Diversion System in Connecticut." The report outlines the need for a system of school-based diversion supports to 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 system is linked to the larger Community-Based Diversion System Plan, which the JJPOC Diversion Workgroup submitted on January 10, 2017. The community-based 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 plan, as described in this report.

Together, the School-Based Diversion System and the Community-Based Diversion System will create a seamless array of early identification, screening, and intervention practices. Those systems would 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.

Why Diversion at School?

Nationally and in Connecticut, juvenile arrests are declining, but the proportion of arrests resulting from school-based incidents remains higher than desired--approximately 20% of all juvenile court referrals stem from school-based incidents. In addition, suspensions and expulsions (often precursors to arrest) continue to be higher than desired. 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. Students who are suspended or expelled from school are about three times as likely as their peers to enter the juvenile justice system within the next year. 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. It is

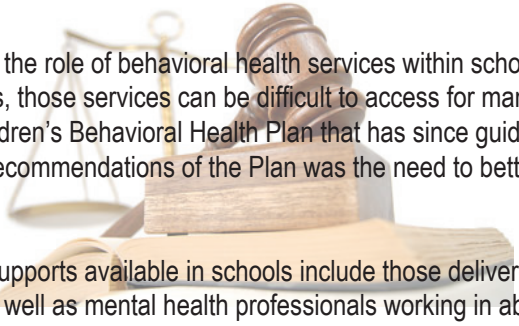
alarming, then, that school arrests, suspension and expulsion tend to disproportionately impact youth from racial and ethnic minority groups and children with disabilities, including behavioral health conditions. In the 2016-17 school year, the overall suspension/expulsion rate for children during that school year was 6.7%; however, the rate for black children was 15.2% and the rate for Hispanic children was 9.7%. 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. 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.

Many school referrals to the juvenile justice system are for relatively minor and non-violent offenses. 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 that 40 to 80 percent of youth involved with the juvenile justice system have mental health and/or substance use conditions, suggesting that many of these youth may be better served by the behavioral health, rather than the juvenile justice, system. Arrested youth 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.

It is important to identify youth who may be at risk for arrest, in order to ensure they are linked to services and supports that can prevent contact with the juvenile justice system. For example, truancy and chronic absenteeism are 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. 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.

Legislation Supporting the School Diversion System

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.



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. Among the key findings and recommendations of the Plan was the need to better integrate behavioral health services within schools.

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. 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. 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.

Highlights of the School-Based Diversion System

The following key principles can help guide efforts for the implementation of school-based initiatives to divert children with behavioral health needs from the juvenile justice system. These principles can be adopted by any schools, though schools often require extensive support to

implement coordinated approaches to discipline reform and for enhancing school mental health.

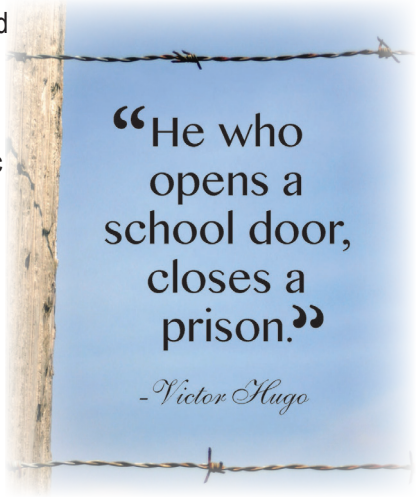
Priority Strategies for School-Based Diversion:

- Incorporate early identification strategies
- Implement district-wide, developmentally appropriate interventions
- Integrate with existing school-based initiatives
- Focus on disparities related to race, ethnicity, and disability status
- Fully engage children, families, schools, and community partners to support implementation
- Address school disciplinary policies that may directly or indirectly increase the likelihood of juvenile justice involvement
- Provide professional development opportunities for school personnel in behavioral health and juvenile justice diversion
- Ensure access to rapid behavioral response and crisis stabilization
- Provide linkages to screening and assessment
- Ensure schools have strong linkages to school- and community-based treatment options
- Offer schools options for non-punitive methods of accountability

Some schools demonstrate very high rates of arrest, expulsion, and suspension and require intensive levels of support to address these issues. The Connecticut School-Based Diversion Initiative (SBDI) was developed in response to this need, and is informed by the high prevalence of behavioral health conditions and disabilities among students who are arrested. 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. Since 2010, SBDI has been financially supported and overseen by four Connecticut state agencies. 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.

Conclusion and Next Steps

Disciplinary reforms and school-based prevention, early intervention, and diversion efforts are needed to address the approximately 20% of all juvenile court referrals in Connecticut that occur because of in-school incidents, and to address the 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.



At the January 18, 2018 meeting of the Juvenile Justice Policy and Oversight Committee (JJPOC), a set of recommendations outlined 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. The third set of recommendations targets schools with the highest rates of arrest and juvenile court referrals, with a specific emphasis on the continued implementation of the SBDI for these schools. The JJPOC approved the recommendations which will now become legislation considered in the upcoming legislative session.

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