SCHOOL BASED DIVERSION INITIATIVE

The School-Based Diversion Initiative (SBDI) promotes positive outcomes for both schools and students. Instead of arresting and suspending children with behavior problems, SBDI schools support students and connect them to community-based behavioral health services.

KNOW THE FACTS!

- Exclusionary discipline practices (e.g., class removal, zero tolerance) result in higher in-school and out-of-school suspensions and reduced time spent in classroom instruction.
- Exclusionary discipline results in more arrests, leading to academic failure and eventually to students dropping out of school.
- Many children who are arrested in schools have unmet behavioral health needs. In fact, approximately 65-70% of youth in juvenile detention have a diagnosable behavioral health condition.

REDUCE
the number of youth who come into contact with law enforcement and juvenile justice

BUILD
knowledge and skills among school staff to recognize and manage behavioral health crises in schools

LINK
youth at-risk for juvenile justice involvement to appropriate community-based services and supports

Learn more at: **ctsbdi.org**

Free SBDI Toolkit available for schools at www.chdi.org/sbditoolkit and additional information is on our website.

Core Components of SBDI

1 Workforce Development

SBDI has **trained 150+ school resource officers/police officers** and **5500+ teachers and staff** to recognize trauma and mental health concerns and manage behavioral health crises in schools.

2 School Policy Development and Capacity Building

SBDI has helped schools implement **restorative practices** and develop a **Graduated Response Model of discipline** intervention; **Memorandum of Agreement** between schools, local providers, and police; and other efforts including family engagement.

3 Collaboration

SBDI has facilitated **collaboration with law enforcement and community mental health providers** so schools call **Mobile Crisis (2-1-1)** instead of police/school resource officers (9-1-1) to manage a behavioral health incident.

ELIGIBILITY REQUIREMENTS

Interest

Does this initiative sound like it would benefit your school or district? Does your school have buy-in from the superintendent, school administrators, school resource officer and key staff members?

Need

Does your school have youth who exhibit behaviors that leave you no option but to call the police? Have too many students with unmet behavioral health needs? Do you desire more effective community collaboration?

Capacity

Do you have the time (professional development days), space, and the ability to share key data elements with project coordinators?

OUTCOMES

SBDI has been implemented in 76 schools across 25 Connecticut school districts. On average from 2010-2024, participating schools have **reduced court referrals by 25%** and have **increased mobile crisis intervention service (2-1-1) referrals by 24%**. Many schools have sustained or even further improved these outcomes over time.

PARTNERS

SBDI was developed as a component of the John D. and Catherine T. MacArthur Foundation Models for Change Mental Health/Juvenile Justice Action Network. The Connecticut State Department of Education (CSDE), the Judicial Branch Court Support Services Division (CSSD), and the Department of Mental Health and Addiction Services (DMHAS) currently fund SBDI and participate on the advisory committee. The Department of Children and Families (DCF) also serves on the advisory committee. CHDI is the Coordinating Center for SBDI.