Connecticut School-Based Diversion Initiative (SBDI)

The SBDI Toolkit: A Community Resource for Reducing School-Based Arrests

SBDI: An interagency Partnership (Court Support Services Division of the Judicial Branch, Department of Children and Families, State Department of Education, Child Health and Development Institute)

Reducing School-Based Arrests

The Connecticut School-Based Diversion Initiative (SBDI) is an interagency partnership supported by the Court Support Services Division of the Connecticut Judicial Branch, the Connecticut Department of Children and Families, and the Connecticut State Department of Education. The SBDI was developed as part of the Front End Diversion Workgroup of the Models for Change Mental Health/Juvenile Justice Action Network. The Mental Health/Juvenile Justice Action Network was created through support from John D. and Catherine T. MacArthur Foundation and was coordinated by the National Center for Mental Health and Juvenile Justice. This publication was developed with additional support from the Connecticut Department of Children and Families. It was prepared by the Center for Effective Practice of the Child Health and Development Institute of Connecticut (CHDI):

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For additional copies of this toolkit, call 860-679-1524 or visit www.ctsbdi.org or www.chdi.org.

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MacArthur Foundation Models for Change Mental Health/Juvenile Justice Action Network

Models for Change is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states, with core support from the John D. and Catherine T. MacArthur Foundation. Models for Change seeks to accelerate progress toward a more effective, fair and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances and manages the risk they pose to themselves and to the public. This initiative is underway in Illinois, Pennsylvania, Louisiana and Washington and through Action Networks focusing on key issues. The Mental Health/Juvenile Justice Action Network is a partnership of states working together to develop and implement new models and strategies for improving the response to youth with mental health needs involved with the juvenile justice system. The Mental Health/Juvenile Justice Action Network includes Colorado, **Connecticut,** Illinois, Louisiana, Ohio, Pennsylvania, Texas and Washington. For additional information about Models for Change or the Mental Health/Juvenile Justice Action Network visit: www.modelsforchange.net

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INTRODUCTION

Mission Statement

The mission of the **Connecticut School-Based Diversion Initiative (SBDI)** is to reduce rates of in-school arrests, expulsions, and out-of-school suspensions. By doing this, SBDI helps keep kids in school, improves student outcomes, and ensures that students receive fair and equitable in-school discipline regardless of mental health, special education needs or demographic characteristics such as race or ethnicity.

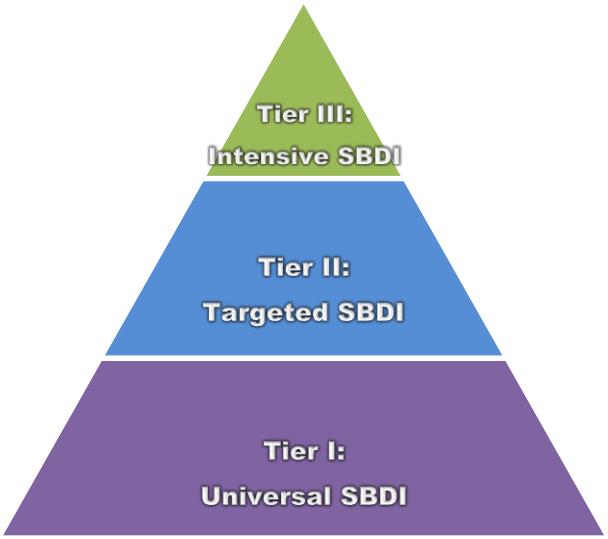
Purpose of this Toolkit

This best-practices toolkit was developed to disseminate the values and core elements of SBDI more widely across the state. Currently the full SBDI intervention is offered only to districts that demonstrate the highest levels of need, as indicated by:

- High rates of in-school arrest
- High rates of expulsions and out-of-school suspensions
- Underutilization of mental health and crisis intervention services

SBDI participation is limited to a few schools each year, however, there are many more schools that may benefit from the core elements of this initiative. This toolkit was developed based on the ongoing work in these schools and is designed to enable other educators to begin addressing these issues independently. This toolkit includes:

- Description of the core features of the SBDI model
- Checklist of immediate action steps
- Outlines of SBDI professional development modules
- Sample memoranda of agreement (MOA) that your school can use to link with local providers and police departments
- Additional resources designed to assist you in developing staff skills, strengthening community partnerships, and reducing arrests.



The design of this free toolkit was influenced by the three-tiered public health model for prevention and is consistent with Connecticut's complementary three-tiered framework for child health services[1]. Any school leaders concerned about the number of in-school arrests in their buildings or districts have access

to the toolkit (*universal prevention*). After reviewing this toolkit and taking steps to reduce the number of in-school arrests, some schools may require targeted intervention in the form of additional consultation and support (*targeted prevention*) provided by SBDI coordinators. In addition, a few schools with the highest level needs may wish to participate in the full SBDI model (*intensive prevention*) as provided by SBDI coordinators. This allows SBDI to operate as a comprehensive, multi-level school intervention.

This toolkit was developed by SBDI Coordinators at the Center for Effective Practice of the Child Health and Development Institute (CHDI) with collaboration and financial support from partners at the Court Support Services Division of the Judicial Branch (CSSD), the Department of Children and Families (DCF), and the State Department of Education (SDE).

How to Use the Toolkit

This toolkit provides a step-by-step guide for implementing some of the core principles and activities of the full SBDI initiative. A simple-to-use checklist is included to guide you through implementation of key SBDI elements. There are self-assessment questions listed at the beginning of each section of the toolkit to determine your school's level of need and your readiness to review disciplinary procedures such as the use of in-school arrests.

The toolkit is divided into two sections. *Section 1* provides a description of Tier I Universal SBDI and lists prevention strategies and **four immediate action steps** that your school can implement right away. These activities are designed to help prepare your school to effectively prevent and manage emotional-behavioral crises among students. *Section II* describes additional steps included in Tiers II and III of the comprehensive intervention for schools seeking more intensive interventions.

If, after following these steps, your school continues to struggle with high numbers of arrests, difficulties addressing behavior problems that place students at risk for arrest, or unmet behavioral health needs, you are encouraged to connect with SBDI Coordinators at the Child Health and Development Institute to seek further consultation or to discuss more intensive approaches to addressing these issues.

SECTION 1

BACKGROUND OF SBDI

CONNECTICUT'S CHALLENGE

Mental Health, Schools, and Juvenile Justice

- **Do you see** significant overlap between the students in your school who are at risk for juvenile justice involvement and those students who have mental health challenges?
- **Are you interested** in evidence-based models for improving school capacity to manage challenging behaviors?

In the U.S., about 4,000,000 school-aged children suffer from a serious mental disorder that causes significant functional impairments at home, at school and with peers. Among children aged 9 to 17, 21% have a diagnosable mental health or substance abuse disorder that causes at least minimal impairment, **representing about 110,000 school-aged children in Connecticut**[2].

Often, 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**[3,4]. Students with mental health challenges and juvenile justice involvement are at greatest risk of school failure. Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school[5]. This is the highest dropout rate of any disability group. Further, students who are arrested in school are twice as likely not to graduate compared to non-arrested peers, and those who are processed in court are four times as likely not to graduate[6].

The State of Connecticut's Court Support Services Division (CSSD) first began tracking statewide data on school-based arrests resulting in juvenile court referrals for the 2011-12 school year. During that year, **1,668 school-based court referrals** were made, representing about 19% of all juvenile delinquency court referrals. Of the students referred to court, over half (55%) of those students had prior involvement in the court system. **Students were most often referred to court for relatively minor offenses** such as breach of peace (34%), assault 3rd (19%), disorderly conduct (6%), and threatening (6%).

- There were **1,668** Connecticut school-based court referrals in the 2011-2012 school year.
- Males represented **66%** of all school-based arrests.
- Breach of peace (2nd degree) and assault (3rd degree) accounted for **34%** and **19%** of arrests, respectively.
- About **two-thirds** of all youth in residential juvenile detention facilities have a diagnosable mental health problem.
- Approximately **80,000** school-aged children with diagnosable mental illness in Connecticut do not access the services they need.

Development of the SBDI Model

The Connecticut School-Based Diversion Initiative was initially developed in 2008 with funding awarded to the Court Support Services Division of the Connecticut Judicial Branch (CSSD) from the John D. and Catherine T. MacArthur Foundation as a component of the Models for Change Mental Health/Juvenile Justice Action Network (described on p. 3). CSSD partnered with the Department of Children and Families (DCF) to jointly fund and oversee SBDI and selected the Center for Effective Practice of the Child Health and Development Institute (CHDI) to coordinate and implement SBDI through this public/private partnership. To sustain SBDI beyond the MacArthur grant funding, a unique funding partnership among three state agencies was developed as the State Department of Education (SDE) became a joint funder along with CSSD and DCF for the 2012-13 school year. This collaborative funding system has supported the expansion of the SBDI model, which has served 17 schools across 9 Connecticut communities as of the 2012-13 school year.

The Connecticut School-Based Diversion Initiative (SBDI) is a model school-level initiative that incorporates the statewide juvenile justice reforms and school mental health concepts and was developed to address Connecticut's challenges described above. SBDI promotes positive outcomes for youth at risk of arrest due to emotional or behavioral health challenges through **three primary goals**:

- **Reduce the frequency** of expulsions, out-of-school suspensions, and discretionary school-based arrests.
- **Link youth** who are at risk of arrest to appropriate school- and community-based services and supports.
- **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 services.

As a school-wide initiative, SBDI provides training, consultation, and support for school professionals and increases the likelihood that students are appropriately linked to existing networks of services and supports in both the school and the surrounding community. SBDI promotes fair and equitable in-school discipline regardless of individual student characteristics such as mental health or special education needs, race, or ethnicity. Together, these efforts work towards building capacity for enhanced school mental health services and supports, improving school connectedness, and promoting positive student outcomes.

Overview of SBDI Model

Tier III : Intensive SBDI

Focus on Staff Development, Building Community Partnerships, and School Policy Consultation

- Multi-method Needs Assessment
- Consultation with school leadership and support staff
- School/Community Coalition Building (Workgroup sessions w/EMPS, DCF, Care Coordination, JJ, LIST; MOA development, Learning Community)
- Full Staff Professional Development Series (Topics: Classroom Behavior Management, Adolescent Development, School Climate, Family Engagement)
- School Disciplinary Policy Consultation (Graduated Response Model development; Restorative Justice)
- Data collection, analysis, evaluation

Tier II : Targeted SBDI

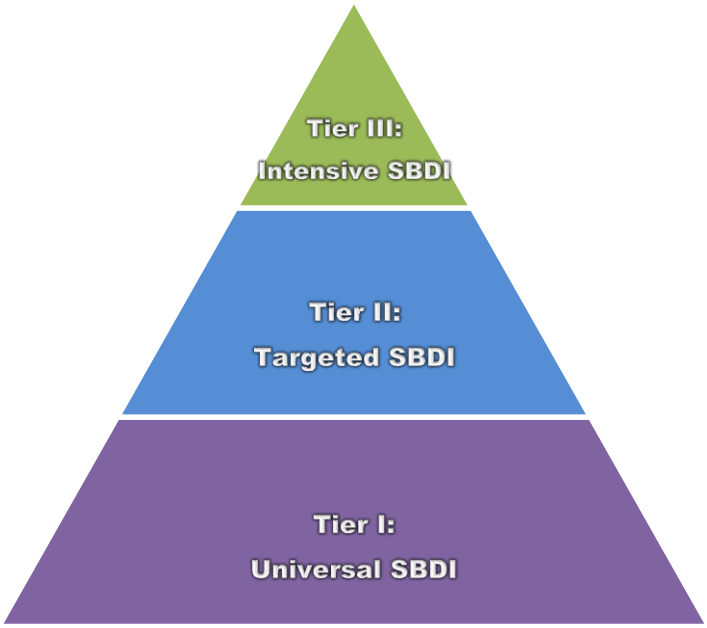
Emphasis on Intensive School Policy Consultation and Maintaining Effective Community Collaborations

- Multi-method Needs Assessment
- Consultation with school leadership and support staff
- School/Community Coalition Building (Workgroup sessions w/EMPS, DCF, Care Coordination, JJ, LIST; MOA development, Learning Community)
- School Disciplinary Policy Consultation (Graduated Response Model development, Restorative Justice)
- Data collection, analysis, evaluation

Tier I: Universal SBDI

SBDI Toolkit

- Access to print or electronic toolkit for implementing basic principles and activities of SBDI, download at www.chdi.org
- Connection to available resources including EMPS and local community collaboratives
- Implementation support provided through community outreach and Learning Community.



FREQUENTLY **ASKED** QUESTIONS

Q: **How many school-aged children in Connecticut struggle with diagnosable and treatable mental health problems?**

A: About 110,000 students, or 20% of all school-aged children have a diagnosable and treatable emotional-behavioral problem.

Q: **How many Connecticut students with mental health needs cannot access the supports and services they desperately need?**

A: About 80,000 students, or 75% of school-aged children with emotional-behavioral problems cannot access the care that they need.

Q: **What proportion of the residential juvenile justice population has a diagnosable and treatable mental health problem?**

A: About 2/3 of all youth in residential facilities have a diagnosable and treatable emotional-behavioral problem.

Q: **How many school-based arrests were referred to juvenile court in Connecticut from September 2011 to June 2012?**

A: There were 1,668 school-based court referrals, or 20% of the total number of court delinquency referrals.

Q: **What percentage of students with mental illness who are age 14 and older eventually drop out of high school?**

A: About 50% of them drop out of high school, representing the highest dropout rate of any disability group.

Q: **In Connecticut, students in what demographic were most likely to be suspended in 2009/2010?**

A: Overall, Black/African American children with disabilities were 26% more likely to be suspended than their Caucasian peers. In one urban district, Black children with disabilities were as much as 57% more likely to be suspended than their White peers[7].

Did you know about Connecticut's progress?

- **CSSD Changes Policies**
  The Juvenile Court Intake process now allows Juvenile Probation Supervisors to send back referrals for non-serious offenses by youth that do not have a criminal record. A new data collection practice has been established to track juvenile court referrals for school-based arrests.

- **Raise The Age**
  As of July 1, 2012, youth 17 years and younger are under juvenile court jurisdiction, rather than adult criminal prosecution (with the exception of serious felony offenses).

- **Systems Coordination, Public Awareness, and School Policy Consultation**
  Currently the Office of Policy and Management's Juvenile Justice Advisory Committee helps develop MOA's between schools and police departments for working together in school discipline matters. The Connecticut Juvenile Justice Alliance conducts forums and builds collaboratives around mental health and juvenile justice issues for Connecticut youth. Also, Connecticut Voices for Children collects school disciplinary data for partners to analyze.

- **School-Based Diversion Initiative (SBDI) at CHDI**
  With partners from CSSD, DCF, SDE, and the MacArthur Foundation, the School-Based Diversion Initiative is currently active in many communities throughout the state of Connecticut where school-based arrests are of concern.

- **Responding to Children of Arrested Caregivers Together (REACT)**
  This collaborative response model for law enforcement officers, mobile crisis clinicians, and child welfare staff in Connecticut minimizes traumatic stress to children following a caregiver's arrest.

- **Connecticut's Comprehensive Approach to Reducing In-school Arrests**
  To learn more about policy reforms, changes to systems coordination, and SBDI's role in changing school practices, read our manuscript presented at the National Leadership Summit on School-Justice Partnerships: Keeping Kids in School and Out of Court (2012)[8], available for download at: http://school-justicesummit.org

SECTION 2

UNIVERSAL SBDI:

Prevention strategies your school can implement now (Tier 1)

Immediate Action Steps for Your School

- ✓ **First, monitor your data.** Find out how many in-school arrests occurred at your school last year by reviewing your discipline data (e.g., ED166 forms, SWIS database, Power School, CSSD arrest records) and speaking with your school resource officer (if applicable) or your Local Interagency Service Team (LIST). Discipline data reported by the State Department of Education may also be accessed on the website of Connecticut Voices for Children, www.ctvoices.org. Knowing the most frequent offenses and characteristics of arrested students will help you plan the most appropriate interventions.

- ✓ **Next, meet with your EMPS provider.** Contact the supervisor of your local Emergency Mobile Psychiatric Services--Crisis Intervention Service (EMPS) team to come to your school for an outreach presentation to key staff involved in discipline and referrals (e.g., administrators, social workers, counselors, psychologists, school climate coordinator, SROs). **Even if you have used EMPS in the past or are familiar with their services, you may be surprised at the array of services they have to offer your school.** Having an in-person conversation with your EMPS provider will also allow you to clarify any questions about the referral process, set expectations for referrals and follow-up, and establish a better working relationship between EMPS and your school to aid in crisis stabilization and arrest diversion. Additionally, **EMPS clinicians are skilled at linking youth with ongoing services** once their own intervention has been completed. Many EMPS providers are housed in agencies with a comprehensive array of mental health services and supports. To find your local EMPS provider, visit the EMPS website: www.empsct.org.

- ✓ **Then, connect with your local Community Collaborative and LIST.** Your local mental health system of care community collaborative is an excellent resource for accessing community-based services and supports for youth and their families. The **Community Collaborative** is a group of local service providers, family members, and community representatives that generally meet on a monthly basis to share information about local services, activities, and events with the goal of improving care for youth and families. To find your local community collaborative, contact FAVOR, Inc. (www.favor-ct.org) or WrapCT (www.wrapct.org). The LIST or **Local Interagency Service Teams** are collaborative community-based groups comprised of parents and local and regional leaders representing juvenile probation, detention, and parole; law enforcement; local school districts; juvenile justice and education advocates; and behavioral health providers. LISTs are designed to promote systems reforms through activities such as sharing and reporting information and data relevant to juvenile justice, promoting interagency collaboration and workforce development, and improving access to services and service coordination for juvenile-justice involved youth and families. To connect with your local LIST, visit the Connecticut Juvenile Justice Alliance's website for contact information: www.ctjja.org.

- ✓ **Finally, develop a school-police MOA.** A memorandum of agreement (MOA) between your local school district and police department should be developed to provide a structured approach for collaboration to address school arrests. A school-police MOA addresses behavioral incidents through strategies that encourage and support diversion from the juvenile justice system without compromising school safety. The Juvenile Justice Advisory Committee (JJAC) of Connecticut's Office of Policy and Management (OPM) has created a model MOA template to facilitate this process (see Appendix B). The template helps clarify roles and responsibilities of law enforcement and school personnel in managing behavioral incidents and school safety concerns. The MOA also identifies a framework for clear, consistent, and equitable responses to behavioral incidents in schools through a graduated response model of discipline intervention (see Appendix B). For additional information on training and funding to support MOA development, visit the website of the JJAC's Just.Start Program (www.ctjuststart.org).

GETTING STARTED

Assessing Your Needs and Resources

- **Do you have** students in your school with behaviors that leave you no choice but to call the police?
- **Do you have** administrators, teachers, support staff, and/or school resource officers who are committed to reducing behavior problems among students and increasing school safety?
- **Are you able** to devote professional development and staff meeting time to work towards improving school disciplinary policies and practices?

If you answered "yes" to any of these questions, the SBDI components presented in this toolkit offer a range of options that are available to help you and your staff to prevent and manage behaviors that may otherwise lead to suspensions, expulsions or arrests. If you are interested in a more intensive intervention, instructions for pursuing further SBDI involvement are provided at the end of this document (see Appendix D).

The **Connecticut School-Based Diversion Initiative**, or SBDI, is designed to prevent in-school arrests and reduce out-of-school suspensions and expulsions by increasing access for children and families to school- and community-based mental health prevention and treatment services and supports. SBDI is a *strategy* for your school—it is **not** a *program* that directly serves at-risk youth. SBDI engages school administrators, support staff such as school social workers and counselors, and school resource officers through consultation and coordination, expert training, and capacity building activities.

Our focus is to help school professionals better support students with mental health needs who are at risk of arrest, resulting in better behavioral and academic outcomes. Direct services are not provided to students through SBDI; however, the initiative can help increase the likelihood that students are appropriately linked to *existing networks* of services and supports both in the school and the surrounding community. The following sections outline the roles and responsibilities for school professionals, community partners, and students in implementing SBDI values and principles.

SBDI Aims to…

1. **Reduce the frequency** of expulsions, out-of-school suspensions, and discretionary school-based arrests.
2. **Link youth** who are at risk of arrest to appropriate school- and community-based services and supports.
3. **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 services.

SBDI Participation: Schools, School Professionals, and Community Stakeholders

SCHOOLS:

Any school that wants to reduce disciplinary problems and referrals, improve access to student mental health services, and increase community connections and supports is encouraged to utilize this toolkit. There are no specific eligibility requirements for using this toolkit and schools are encouraged to use and apply the principles and key components of the SBDI model.

To date, the full SBDI model has been implemented in schools serving students across the K-12 continuum both in urban and suburban districts. Schools with very low arrest rates typically are not eligible for the full SBDI model; therefore, this toolkit is a way to strengthen prevention and treatment services. This toolkit also helps improve diversion efforts in the school, reduce numbers of suspensions and expulsions, and build a better support network for students with mental health needs and their families. While rural school districts are not excluded, geography (i.e., urban, suburban, rural) becomes important as SBDI seeks to enhance connections to existing community-based services and supports. For example, in Connecticut, urban and suburban school districts tend to have better access to a wider range of services and supports than rural school districts.

SCHOOL PROFESSIONALS:

All school personnel have a role to play in implementing the steps outlined in this toolkit. Key school-based participants identified for targeted responsibilities in SBDI generally include:

- School administrators (e.g., superintendents, building principals, directors of pupil services)
- Teachers (e.g., special education and general classroom teachers, learning specialists)
- Safe school climate specialists/coordinators
- Guidance and counseling staff (e.g., guidance departments, counselors, school social workers, school psychologists, paraprofessionals)
- In-school law enforcement personnel (e.g., School Resource Officers, security)
- School-based health center or medical staff (e.g., school nurse, school-based health clinician)
- Any other school professionals interested in mental health and juvenile justice issues in the school setting

At least one contact person at each school should be designated to serve as an in-school coordinator and primary contact for in-school activities and community relationship-building, referred to as the **SBDI "Champion."** This individual helps to build motivation and track progress towards achieving goals and objectives. The school champion is ideally someone who is knowledgeable about issues of mental health,

juvenile justice, diversion programs, special education, and school-based special services. Successful SBDI Champions have included lead School Social Workers, School Psychologists, Guidance Counselors, Special Education Directors, or School Administrators.

COMMUNITY STAKEHOLDERS

Community collaborators and resources for SBDI may include the following:

- Parents and family members
- Law enforcement
- Juvenile court judges
- Juvenile probation officers or supervisors
- Juvenile justice and educational advocates
- Representatives from Youth Service Bureaus, Juvenile Review Boards, Local Interagency Service Teams, and system of care community collaboratives
- Community mental health providers (e.g., EMPS, care coordination, outpatient services, private practitioners)
- Other community members interested in mental health and juvenile justice issues in schools

SBDI Participation: Students

As previously described, SBDI is generally appropriate for schools that recognize a need for reducing arrests and for better serving students who have mental health needs. Therefore, student criteria are primarily assessed at the level of the general school population, and not based on characteristics of individual students. SBDI is intended to impact the long-term functioning of students who are enrolled at the participating school as a result in changes in discipline and intervention policies and practices at the school level. In particular, **SBDI is intended to impact students who have**:

- Current behavioral health needs or crisis that places them at-risk for a first-time arrest
- A history of prior arrests or involvement in the juvenile justice system and are in need of services to prevent further involvement
- Higher risk of arrest due to race/ethnicity as impacted by Disproportionate Minority Contact (DMC). DMC refers to documented racial disparities in the juvenile justice system indicating that minority youth are overrepresented in the system and often receive harsher sanctions in comparison to white youth. For more information on DMC in Connecticut, a CPTV documentary entitled “Color of Justice” is available on YouTube (http://youtu.be/ArPuTG_X4dg).

FREQUENTLY **ASKED** QUESTIONS

Q: Does SBDI provide direct services to at-risk students?
A: No. SBDI represents a strategy designed to increase the likelihood that at-risk youth will be appropriately linked to existing school- and community-based supports and services.

Q: Is SBDI the same from school to school?
A: No. SBDI describes an approach to accessing community services to support youth who are at-risk for entering the juvenile justice system. Every school has a different level of readiness, need, and capacity to implement SBDI.

Q: What are the different levels of SBDI and how can I access them?
A: There are three tiers of SBDI. This toolkit represents Tier I, a universal prevention approach, that is accessible to any school in Connecticut. Tier II is a targeted approach that emphasizes school disciplinary policy consultation and revision, together with the development and maintenance of community collaborations. Tier III, the most intensive version of SBDI is implemented in schools identified by the interagency collaborative that funds and oversees SBDI, based on criteria outlined above.

Q: Who is an ideal "champion" of SBDI in your school?
A: It's up to you, but the most successful "champion" for SBDI is someone who understands how students best interact with the various school- and community-based supports, including mental health, juvenile justice, restorative justice, special education, and pupil personnel services. Typically in the school, our champions are those who have a good understanding of mental health issues, knows the student population of their building well, and are able to effectively communicate among the various partners and stakeholders in the school and community. Most commonly a lead social worker, a school psychologist, guidance department head, or assistant principal, have proven to be the fit for this responsibility.

Q: What existing groups/teams in my community can be contacted to help my school reduce school-based arrests and expulsions by meeting the needs of at-risk students?
A: LIST (local interagency service teams) and Community (systems of care) Collaboratives.

Q: Who are the local stakeholders that can be included in the SBDI approach to reducing school-based arrests?
A: This list is not exhaustive: parents and family members, local law enforcement officials, juvenile court judges, juvenile probation officers or supervisors, juvenile justice and educational advocates, representatives from Youth Service Bureaus or Juvenile Review Boards, mental health providers, local EMPS team.

DATA-INFORMED DECISION MAKING

Leveraging Data to Improve Outcomes

- **Do you know** where your school ranks in numbers of in-school arrests compared to other Connecticut schools?
- **Are you interested** in finding solutions to the discipline challenges in your school?
- **Do you want** to build a long-term strategy for effective behavioral health intervention?

SBDI engages schools in collecting data on school-level baseline and outcome indicators to track and assess rates of arrest, disciplinary referrals and outcomes, student characteristics, and community-based service referrals. Establishing a baseline rate on these key indicators is critical to monitoring successful SBDI implementation over the course of the year and determining the need for additional or more intensive school-level interventions. **Data collection is an ongoing key activity of SBDI throughout the school year** and should be tracked on a monthly basis.

Key indicators include:

- Total number of in-school arrests
- Total number of diverted arrests
- Demographic characteristics (e.g., age, grade, gender, race/ethnicity, special education status) of arrested and diverted youth
- Total number of in-school suspensions
- Total number of out-of-school suspensions
- Total number of expulsions
- Referrals to in-school services and supports
- Referrals to EMPS and other community-based mental health services and supports
- Quality of relationships with community-based providers as evidenced by MOA development

Most of this data is systematically collected by your school and can be easily accessed through school databases (e.g., ED166 data reported to SDE, SWIS data for PBIS schools, Power School database). **School discipline data** reported by the State Department of Education may also be available on the Connecticut Voices for Children website at www.ctvoices.org. **Arrest data** may be available by request from your school resource officer, local juvenile probation supervisor, or through your local LIST. **Service referral data** is often available from your school social worker, guidance department, special education department, or school-based health center (if applicable).

Because SBDI seeks to influence decision-making at the point of a crisis event, it is crucial to collect information as these events occur to avoid later inaccuracies in documentation.

Tracking and managing data will allow you to discover patterns, highlight positive changes, address challenges, and plan for sustaining positive changes over the long-term. It will also assist in determining your school's need for more intensive intervention and help to establish eligibility for participation in the full SBDI model. Schools who successfully implement the SBDI model will likely see decreases in arrests and suspensions, increases in EMPS utilization, improved school climate and connectedness, and improved collaboration and communication regarding referrals and interventions.

FREQUENTLY **ASKED** QUESTIONS

Q: How often should data be reviewed?
A: Data collection and analysis should be an ongoing activity throughout the initiative and should be reviewed on a monthly basis.

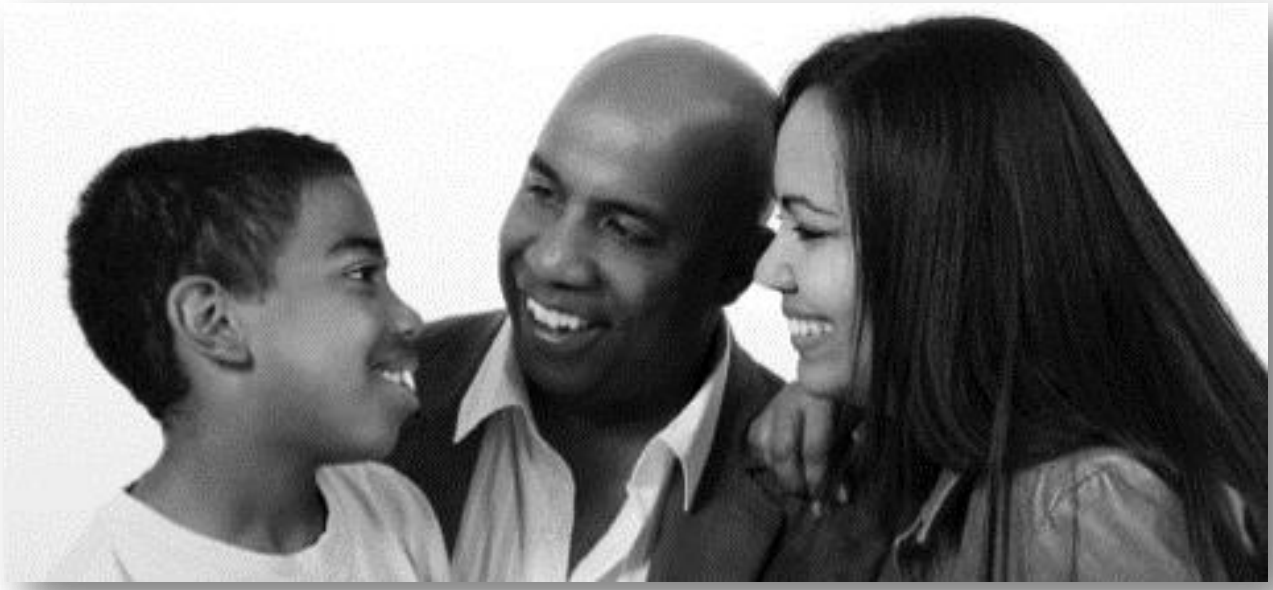
Q: What are the three key data indicators for tracking progress in SBDI?
A: Numbers of arrests, diversions, suspensions, expulsions, referrals; student demographic data for arrested and diverted youth; MOAs developed.

Q: How can school arrest data be obtained?
A: School arrest data may be obtained from your school database, school resource officer (if applicable), juvenile probation supervisor, LIST, or on the Connecticut Voices for Children website.

REFERRAL AND SERVICE COORDINATION

Engaging Community Partners

- **Do you** want to communicate and coordinate more effectively with community-based service providers?
- **Do you** want better follow-up between the school and community-based providers after making a referral for services?
- **Could you** benefit from access to trained mental health professionals to come into your school to de-escalate crises and consult with you about intervention planning?



It is important to reiterate that SBDI is a *strategy* for schools, and is not itself a direct service or "program" for at-risk youth. The **goals of SBDI** are to: 1) Reduce the frequency of discretionary in-school arrests, out-of-school suspensions, and expulsions, 2) Link youth who are at-risk of arrest to appropriate school- and community-based services and supports, and 3) Build knowledge and skills among school administrators, teachers, support staff, and school resource officers to recognize and manage behavioral health crises in the school.

SBDI seeks to enhance the capacity of your school to better identify and respond to behaviors among your students and to access the appropriate services and supports within your community to meet their needs. Students who are disconnected from school, experiencing emotional or behavioral challenges and exclusion from school through suspension, expulsion, or arrest are at greater risk of school failure or

dropout. With prevention and early intervention efforts to divert these youth from arrest, schools may help ensure access to needed services and supports and promote improved social, emotional, and academic outcomes. As such, **any student who is at-risk for arrest and/or has unmet mental health needs can benefit from improvements that come with enhancing your school's community-based referrals and coordination processes.** Students may be referred to various services and supports, each of which will have different referral policies and procedures. Even without the full SBDI initiative, there are things that you can do in the area of Referrals and Coordination to begin making progress in your school.

Utilization of EMPS and Other Community Supports and Services

SBDI can facilitate access to a number of community-based services and supports, each of which may have its own procedures for screening, assessing, and measuring outcomes. In most cases, professionals will gather additional information about the presenting problem, develop a care plan, and identify and work toward established outcomes. **Accessing existing service networks is a critical factor for promoting positive behavioral and academic student outcomes.** In Connecticut, this is accomplished first through building stronger collaborative partnerships with EMPS Crisis Intervention Services.

In this toolkit, **EMPS is referenced because it is a key resource for schools seeking to divert students from arrest and expulsion**. EMPS is available statewide by calling 2-1-1 and provides a rapid, in-person response (usually in 30 minutes or less) by trained clinicians at the location of a crisis, including schools, homes, emergency departments, and other community settings. EMPS provides crisis stabilization, screening and assessment, brief treatment, referral, and linkage to ongoing services and supports (as needed). EMPS is available by phone 24 hours a day, 7 days a week and provides mobile responses during designated hours daily. **EMPS Crisis Intervention Services are provided free of charge to all Connecticut children**, regardless of insurance status. Because of the connection between SBDI and EMPS, we will review core elements of the EMPS referral, screening, and service coordination process.

Through the standardized intake process, EMPS generally will obtain the following information from the student and/or caregiver:

- Identifying Information
- Presenting Crisis
- Brief Crisis History
- Treatment History
- Current Medical Provider/Medical Home
- Brief Medical History
- Relevant Family History
- Strengths and Needs Discovery
- Mental Status
- Risk Factor Screen
- Diagnostic Information
- Clinical Formulation/Diagnostic Impressions
- Summary Recommendations and Disposition

EMPS

- Call 2-1-1 anywhere in Connecticut
- Free for all CT children
- Phone support 24 hours a day/7 days a week
- Mobile hours Mon-Fri 8am-10pm
- Weekends/Holidays 1pm-10pm
- Website: www.empsct.org

In addition, EMPS may also complete the Uniform Crisis Plan and additional screening or assessment tools. The primary standardized outcome measure for EMPS is the Ohio Scales, which includes subscales on Problem Behaviors, Functioning, and Parent Satisfaction[9]. The Ohio Scales generally are completed at intake and often at discharge as well. From the initial assessment, **EMPS will work with students and their families to develop a care plan**.

Developing a Care Plan

- What are the student's ***needs***?
- Is there a need for ***specialized treatment***, such as eating disorders or sexualized behaviors?
- Are there relevant ***medication*** issues?
- What are the ***parents'/ caregivers'*** concerns and needs?
- What level of ***service*** *or* ***support*** is appropriate to meet the identified needs?
- Can the appropriate services or supports be obtained in your ***school*** or in the ***community*** surrounding your school?
- Given the presenting behaviors, what is the appropriate response within the ***graduated response*** **framework**?
- How will EMPS, the school, and the family handle ***communication*** of relevant educational and treatment information?

School Collaboration with EMPS and Other Community Providers

Working with all community collaborators requires cooperation from school professionals. Because EMPS will respond on school grounds, there are certain special considerations to keep in mind:

- Although Connecticut General Statutes authorize EMPS to provide treatment in a crisis situation without parental consent, school staff should attempt to contact parents simultaneous to contacting EMPS in order to obtain consent for services before EMPS arrives.
- If parents are not available immediately, EMPS is able to continue with crisis stabilization services and will contact parents as soon as possible after treatment has begun.
- If parents refuse EMPS services for their child, clinicians may still respond to the school to discuss and debrief the crisis situation with school staff.
- At least one school professional should be present while an EMPS clinician conducts an evaluation to support the process and follow-up; occasionally, monitoring from school professionals may be needed.
- School professionals are expected to respect students' privacy and maintain confidentiality when it comes to health-protected information gathered during an evaluation.
- Clinicians will require sufficient time to conduct their evaluation and private space to meet with the student and the parent.
- Once the EMPS team arrives at a school, they will request that school professionals, parents, and students work together to divert from arrest or hospitalization when possible, and identify the most appropriate care plan.
- School professionals will provide information on the student's history of emotional, behavioral, and legal concerns as well as the circumstances around the current incident.
- Clinicians will require security and other supports in escalated or potentially dangerous situations.
- Clinicians will require support from school professionals if an ambulance needs to be called.

SBDI helps facilitate the process of establishing formal agreements with your EMPS provider, other local community-based mental health providers, Youth Service Bureaus, law enforcement agencies, and other appropriate community entities to clearly outline roles and responsibilities for community collaboration. Collaboration is accomplished primarily through Memoranda of Agreement (i.e., MOA; see Appendix A). Establishing an MOA between the school and local law enforcement agency is also a key component of developing a graduated response model of discipline intervention (described in Section 3 and Appendix B). A graduated response model is a structured approach to responding to in-school behavior incidents using a tiered model based on intensity and frequency of problem behaviors. The Juvenile Justice Advisory Committee (JJAC) of the Connecticut Office of Policy and Management provides funding to assist communities in developing a school/police MOA (see www.ct.gov/opm/SchoolPolice) and the Connecticut Juvenile Justice Alliance (www.ctjja.org) has also provided support for MOA development. A resource list of additional community partners is provided at the end of this document for your convenience.

Parent and student engagement is valued at all levels of the model to ensure that families are active participants throughout the process. Schools are encouraged to pursue youth and family engagement as the standard of care.

FREQUENTLY **ASKED** QUESTIONS

Q: What is EMPS?
A: EMPS Crisis Intervention Services is a mobile crisis intervention that can rapidly respond to schools during a behavioral health need or crisis. EMPS should receive the first call in the event that a student is experiencing an emotional-behavioral crisis in the school, including those that may result in arrest. Exceptions to this include situations requiring immediate medical treatment or safety matters requiring immediate police intervention, in which case 9-1-1 should be called. EMPS is available 24 hours a day, 7 days a week by dialing 2-1-1, and deploys teams of trained clinicians to schools, homes, and other settings for crisis stabilization, brief intervention, and linkage to ongoing care.

Q: What are the steps to making a referral to EMPS?
A: First, dial 2-1-1 and choose option 1 for crisis. Next, you are connected to a Crisis Specialist who will collect some basic information about the student and incident for which you are concerned. Based on the information you provide, you will be triaged to one of three options: 1) information and referral for additional services, 2) 9-1-1 for emergency response, or 3) referral to your local EMPS provider for a mobile response. If you are referred to EMPS, the 2-1-1 operator will "warm transfer" your call directly to a live EMPS clinician. The EMPS clinician will have direct access to the information you provided and may ask for additional information before being dispatched to your location. The maximum response time should be no longer than 45 minutes between the hours of 8am and 10pm.

Q: What can a school expect to happen when the EMPS team arrives at the school?
A: The EMPS team will ask for a private place to meet with the student and family and may request for school personnel to remain nearby or to be accessible for additional information (e.g., current concerns, history of behavioral challenges in school). The EMPS team will meet with the student and parent/guardian (if available) to conduct a comprehensive crisis assessment. A safety plan will be developed based on the assessment and the EMPS team will determine whether it is safe for the child to go home from school. The EMPS team will communicate with relevant school staff about findings and recommendations (with parental consent) and will follow-up with the child at home and/or school.

Q: Should school staff interact with an EMPS team when it arrives at the school?
A: Yes. A school staff member (generally the social worker, psychologist, or administrator) should be available to meet the EMPS provider and to debrief after the student has been assessed. Coordination with the EMPS team is key to delivering the most effective crisis intervention.

Q: Does EMPS provide services beyond the stabilization of the initial emotional-behavioral crisis?
A: Yes. EMPS clinicians may open a case, develop a treatment plan, and provide in-home services for up to 45 days, or until the youth has been connected with a community-based provider.

Q: Is parental consent required to obtain EMPS services?
A: In general, consent of a parent/guardian is required before services can be provided to a minor child. One exception is during a behavioral crisis. The EMPS provider will make every effort to contact the child's legal guardian during the time of crisis. If treatment is provided without consent, the parent will be contacted as soon as possible. After the initial crisis has been stabilized, ongoing services will generally require parental consent.

SECTION 3

INTRODUCTION TO TARGETED AND INTENSIVE SBDI (Tiers II and III):

Strategies for supported school-level interventions

BUILDING CAPACITY

Shifting to a Proactive Approach

- **Are you interested** in finding solutions to the discipline challenges in your school?
- **Do you want** to build a long-term strategy for effective behavioral health intervention?
- **Do you need** an initiative customized to your school's needs and strengths?

Key components described in this section of the toolkit include the activities from the full model that can most readily be implemented by your school, in collaboration with community partners, to build your school's capacity to manage and sustain changes to discipline policies and service referral practices. Participants in Tiers II and III of the SBDI model receive consultation and support to help successfully implement these activities. These include:

1. Discipline Policy Revisions and Graduated Response Consultation
2. Training and Professional Development

Discipline Policy Revisions and Graduated Response Consultation

SBDI assists schools in developing a graduated response model of discipline intervention. A **graduated response model is a structured approach to responding to in-school behavior incidents using a tiered model** based on intensity and frequency of problem behaviors and incorporates restorative justice and diversion principles. School staff are encouraged to address minor policy violations and non-violent behaviors at the classroom level; administrative interventions are reserved for more serious or repetitive offenses; referrals for school- and community-based services and supports are made as preventative and early interventions; and formal interventions by law enforcement/School Resource Officers (SROs) are used only as a last resort. The following table provides a brief example of general target behaviors and some specific strategies within each level of intervention. While schools generally spend several months developing a customized graduated response model that works for their unique population and available local resources, the information presented in this section will allow you to begin this process.

Sample Graduated Response Model

Level of Intervention	Target Behaviors	Strategies
CLASSROOM INTERVENTION		
• Teacher assumes primary leadership role • Involves a range of behavior management strategies • Non-serious behaviors	• Dress code violations • Non-serious policy violations • Excessive talking • Verbal altercation with another	• Verbal de-escalation • Re-direction • Reinforcement of positive behaviors
SCHOOL ADMINISTRATION INTERVENTION		
• School administrators are engaged as decision-makers • Often requires higher level of documentation and intervention • Serious behaviors or repetitive non-serious incidents	• Pattern of non-serious behaviors not benefitting from classroom intervention • Truancy • Threatening	• Parent conference • Loss of privilege • Peer mediation or restorative action
ASSESSMENT AND SERVICE PROVISION		
• Engages administration and student support teams (e.g., social worker, psychologist, counselor) • Initiates assessment process to determine needs and make appropriate service referrals • Suspected or confirmed mental health or developmental needs	• Risk of harm to self or others • Escalating pattern of inappropriate behaviors or crises • Ongoing defiance of school rules • Repetitive truancy	• May be used in conjunction with classroom and administrative interventions or other restorative practice • Referral for psychiatric evaluation or special education determination • Call 2-1-1 for EMPS Crisis Intervention
LAW ENFORCEMENT INTERVENTION		
• Involvement of school resource officer or local law enforcement • Lower level interventions have been exhausted or unsuccessful • Situation is deemed an emergency	• Must be violations of criminal law • Imminent harm to self or others • Violation of state drug and weapon statutes as indicated by the State Department of Education	• Verbal de-escalation • Verbal or written warning • Referral to Juvenile Review Board or other local diversion program

Adapted from the Model Memorandum of Agreement of the Juvenile Justice Advisory Committee (JJAC)

For behavioral incidents that exceed a level that can be managed in the classroom and are referred for administrative intervention, school administrators must determine quickly whether the incident is of a serious or non-serious nature. Intervention strategies identified in the Graduated Response Model may be distinguished according to the level of seriousness. Schools are encouraged to identify a range of typical school-based behavior problems ahead of time and categorize them into serious and non-serious incident categories. In this process, **schools are strongly encouraged to consider that arrest diversion often requires key school personnel to commit to responding differently to non-serious student behaviors that may have led to arrests in the past**. For example, some schools have a history of immediate police intervention and arrest when students are found to be in violation of school policies or rules, even when these incidents may be considered minor. **In committing to diversion, some schools have agreed to divert these incidents by linking to treatment and enacting in-school accountability for this behavior, in the form of restorative practices.** Examples of behaviors within each category are provided below in order to provide guidance on how some schools have categorized behavior. Each stakeholder group implementing a diversion model must create and agree on their own list of behaviors and categorizations. Student and parent input can be very helpful in this process.

SERIOUS INCIDENTS: Any incident in which a student is at imminent risk of harm to self or others; assaults involving a weapon; assault resulting in serious injury; any incident that may result in a felony charge. Serious incidents generally require immediate law enforcement intervention or ambulance.

NON-SERIOUS INCIDENTS: Examples include threatening; bullying; fighting (not involving weapons and not resulting in serious injuries); disrespect; disruptions; violation of various school rules; smoking; substance use; damaging school property; trespassing; any other incidents that would typically result in a non-felony charge.

SBDI coordinators have enhanced the full SBDI model by providing consultation to schools to incorporate alternative accountability measures driven by restorative justice principles. This component promotes effective and equitable accountability for behavior while allowing students to avoid school exclusion (arrest, suspension, and expulsion) when possible. Restorative practices seek to reduce conflict by repairing harm and building relationships. **Examples of restorative practices** that can be incorporated into discipline policy and practice revisions include peer or adult mediation, peer juries, discussion circles, mentoring, restitution, and collaborative models of problem-solving.

Training and Professional Development

The process for discovering your school's strengths and needs involves reviewing your discipline and referral data, initiating contact to establish relationships with your local community providers, and considering modifications to discipline policies and referral practices with your students. As you engage in this process, you may discover a need for consultation or professional development to help guide you and your staff through these steps. **Staff development, in the form of trainings and informal workgroups, are a key component of the SBDI model.**

SBDI provides a comprehensive list of training and workgroup modules to assist your school staff in understanding key mental health and juvenile justice competencies pertinent to this intervention. Your school can conduct a brief survey or interview key staff to determine your training and professional development needs and assist you in setting and prioritizing training goals according to your schedule.

Training modules, listed below, are meant to provide your entire staff (teachers, administrators, paraprofessionals, support services staff and SROs) with an increased knowledge base around a specific topic. Training modules are typically brief, interactive, incorporate student and family situations or activities, and may be conducted with multiple follow-up sessions over the course of the school year in order to build upon content knowledge and to practice skill development. Schools generally aim to complete 5-8 modules per year.

Schools are encouraged to contact local community-based service providers who have expertise and experience in the areas of children's behavioral health, juvenile justice, youth development and youth services, and/or education to facilitate these modules for your school. You can create a professional development series for your school using the outlines provided in this toolkit with minimal time and resources (see Appendix C). SBDI training content is not standardized across schools; rather it is customized by your local presenters to be relevant to your particular needs, and **trainings are most often provided to your school upon request at no cost**, as part of the provider's outreach and community awareness efforts to promote their services. For schools formally participating in Tiers II and III of SBDI, training costs are covered by state and/or grant funding. This approach of selecting trainers from the community in which your school is located serves multiple purposes:

- Trainers/mental health providers become more familiar with their area school personnel
- School personnel develop contacts and resources in the area of children's mental health and juvenile justice
- Local service providers may conduct trainings at minimal to no cost for local schools
- The initiative's long-term goal of sustainability and systemic change are facilitated

Trainings

- Crisis De-escalation and Effective Classroom Behavior Management Strategies*
- Understanding Adolescent Development and Recognizing Child Trauma*
- Introduction to the Graduated Response Model*
- Understanding and Increasing Empathy for Families with Mental Health Needs
- Promoting Positive School Climate and Connectedness
- Multicultural Competence in the Schools

Workgroups

- Effective Collaboration with EMPS and Care Coordination*
- Implementing the Graduated Response Model*
- Restorative Justice Practices as Alternatives to Arrest*
- School Climate and Connectedness
- Understanding and Partnering with the Juvenile Justice System
- Overview of the CT Behavioral Health System

** Core modules within the SBDI framework. Other modules are considered elective modules, offered to schools based on interest and need.*

Workgroups typically involve a smaller group of key individuals (5-8 staff) directly involved in revising and implementing discipline policies, referring students for interventions and supports, and interacting with community-based agencies. SBDI "champions" are those staff who are directly involved in behavior management, discipline policy and management, and service referrals. They often include social workers, guidance counselors, school psychologists, special education teachers, paraprofessionals, 504 coordinators, safe school climate specialists/coordinators, administrators, and school resource officers/security. Meetings generally take place during regularly scheduled professional development times or department meetings. They are formatted as consultation sessions around issues of juvenile justice diversion, behavioral health intervention, and school policy development. These workgroups allow staff to problem-solve, brainstorm, discuss, and interact with topic experts and local providers. Workgroup participation increases staff ability to manage behavioral health crises in schools, improves access and support for families, and facilitates the service referral and follow-up process, resulting in better outcomes for students.

Schools participating in Tiers II or III of the full SBDI model complete a needs assessment survey and focus group process with SBDI coordinators to customize the training schedule to their interests and capacity. SBDI coordinators work with the SBDI Champion at each school to schedule and plan all trainings around your professional development and staff meeting schedules. All professional development activities are provided at no cost to participating schools in the grant-funded initiative.

FREQUENTLY **ASKED** QUESTIONS

Q: What is the "graduated response model"?
A: A graduated response model describes a tiered approach to working with at-risk youth based on the urgency and intensity of immediate needs. School disciplinary policies are reviewed and revised to incorporate a multi-level graduated response model of discipline intervention that includes restorative justice and diversion principles. Staff are trained to address minor policy violations and non-violent behavior at the classroom level; administrative responses are used for repetitive or more serious offenses; referrals for school- and community-based services and supports are made as preventative and early interventions; and formal interventions by law enforcement/SROs are used only as a last resort.

Q: What are the four levels that make up the "graduated response model"?
A: Classroom intervention, school administration intervention, assessment and service provision, and law enforcement intervention.

Q: How can trainers be contacted to provide professional development for school staff?
A: Training requests can be made by contacting your local community-based service providers who have expertise and experience in the areas of children's behavioral health, juvenile justice, youth development and youth services, and/or education settings. Providers will often present to schools free of charge or at minimal cost to promote knowledge and awareness about their services and programs.

Q: What is one benefit to partnering with local providers for professional development on mental health and juvenile justice competencies?
A: There are at least four benefits to partnering with local providers for staff professional development, including: trainers become more familiar with their local school staff, school personnel develop contacts and resources, service providers may conduct trainings for free to local schools, and it supports sustainability and systemic change for long-term goals.

NEXT STEPS

Pursuing Intensive Intervention

- **Have you tried** the four initial steps described in this toolkit?
- **Do you feel** your school could benefit from a more intensive intervention?
- **Do you want** to know more about participating in the full SBDI model?

If you have tried the steps described in this toolkit to: 1) Monitor your data, 2) Meet with your EMPS provider, 3) Connect with your local Community Collaborative and LIST, , and 4) Develop a School-Police MOA and feel your school could benefit from a more intensive intervention, you are encouraged to pursue participation in the full Tier-I SBDI model.

Currently, the full SBDI model is provided to selected participating schools at no cost due to a shared funding structure between three state agencies—the Court Support Services Division of the Judicial Branch (CSSD), the Department of Children and Families (DCF), and the State Department of Education (SDE). This toolkit presented the key components of the model that can be implemented in your school on your own, with little to no cost by utilizing the existing resources in your community. For schools/districts wishing to expand upon these components to the full model without the benefit of state or grant funding, the estimated cost per school year is $40,000 per district, which includes 2-3 schools. An application form is provided in Appendix D for schools interested in applying for participation in the full sponsored model.

To determine whether SBDI is right for your school, three primary factors should be considered.

INTEREST: The term "interest" refers to whether your school has a genuine interest in participating in SBDI and working toward its goals of reducing arrests, expulsions, and suspensions. Schools with support from building and/or district administrators and buy-in across multiple levels of staff tend to have highest rates of success with the initiative.

NEED: In the context of SBDI, "need" refers to the extent to which your school experiences high rates of arrest, expulsion, and suspension; a range of unmet mental health needs among students; and fragmented relationships with community-based mental health providers and related stakeholders in the community. These needs often are higher than similar or nearby schools. Schools that do not have high needs may be willing and enthusiastic participants, but ultimately, the effects of SBDI will be difficult to demonstrate.

CAPACITY: "Capacity" refers to the extent to which your school is able to meet the demands of the initiative, especially in terms of committing personnel to the work, coordinating required data collection, and identifying consistent times for meetings and training. Schools that are interested and have a high level of need may not ultimately be successful if key school staff members are not available or if they are unable

or unwilling to meet the logistical needs of SBDI. In addition, schools that have a number of additional initiatives may not be able to take on SBDI while they are working to address additional and possibly more pressing concerns.

Although having a number of active initiatives can be a barrier to engaging in SBDI, schools that have an existing infrastructure for school mental health or behavioral intervention typically find it easier to incorporate SBDI. In Connecticut, recent participants in Positive Behavioral Interventions and Supports (PBIS), the Wraparound Initiative, Crisis Prevention Institute (CPI) training, school climate initiatives, and other related programs have found that SBDI complements and builds on existing strengths and prior work.

Phases of Implementation

Comprehensive Tier III SBDI is implemented in three phases across the school year.

PHASE ONE of SBDI includes the **advanced planning** that helps ensure SBDI is a success in the full school year of participation. There are several advantages to accomplishing as much planning as possible in the prior school year. First, newly participating schools must be selected in the spring (April to June) prior to the beginning of the school year because very little can be accomplished during the summer vacation months. Second, once your school is selected, some advanced planning can help all parties involved "hit the ground running" at the beginning of the new school year. A needs assessment survey and focus group are conducted with participating staff to determine areas of strength and greatest need and to prioritize professional development activities for the year, and a school "champion" is selected to serve as a primary contact person. Your champion will work closely with the SBDI coordinators to plan and implement SBDI. Finally, professional development days that can be used for SBDI training are often scheduled months in advance. Identifying your school's unique needs and goals with respect to SBDI early on helps facilitate the scheduling process. While the full SBDI model is typically implemented at the school level or with multiple schools per district, you may find that you want to focus on a particular grade level or program within your school, such as the Freshman Academy or grades 7-8 in a K-8 school, for example, rather than the entire school. Planning for this in advance will help structure the intervention throughout the year.

PHASE TWO is the time during which most of the **"active ingredients" of SBDI** described in this toolkit are introduced. This phase builds on the planning and needs assessment process that occurred during Phase One. Key activities during this time include conducting expert trainings; establishing formal agreements with community partners; initiating data collection; completing the disciplinary policy revisions and graduated response model; and ad hoc consultation. Phase Two occurs throughout the school year, wrapping up in May in order to leave enough time to review final results before the end of the school year.

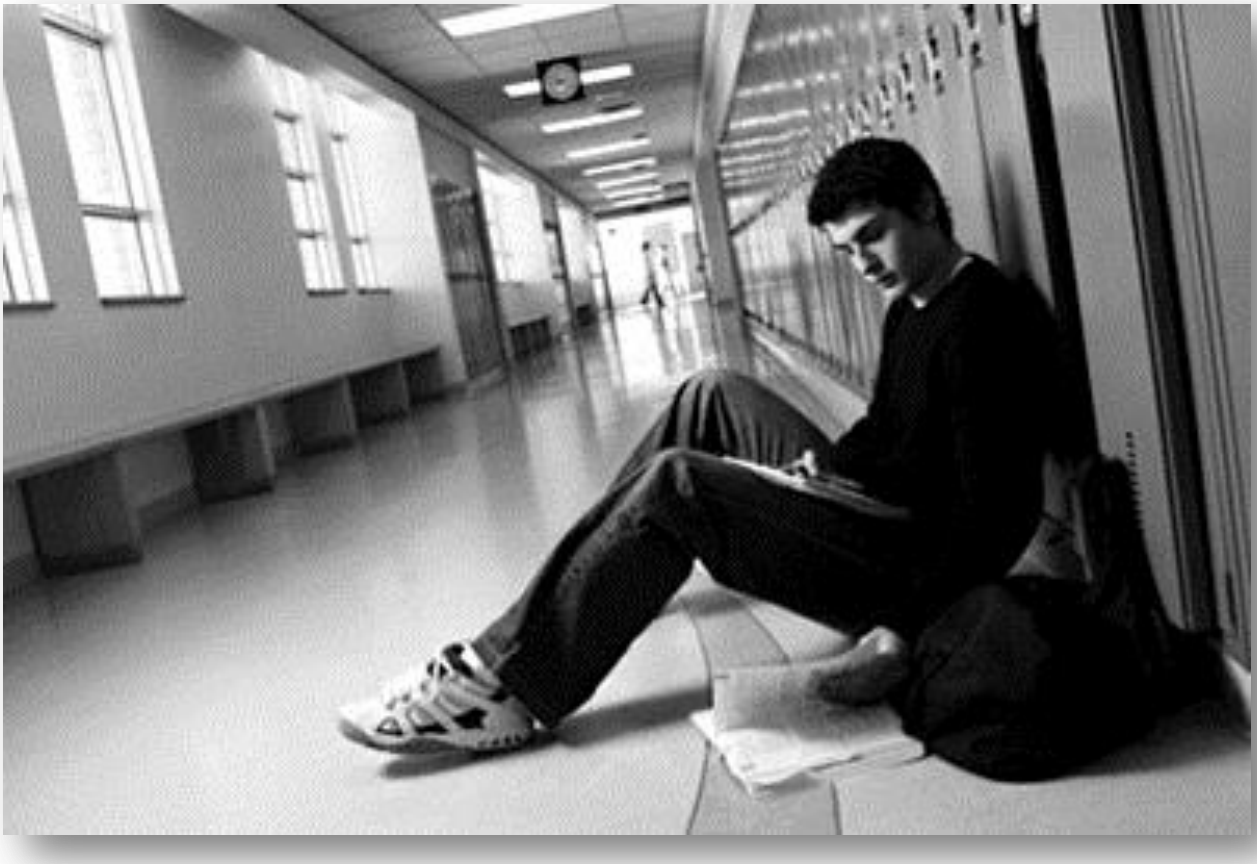
PHASE THREE involves **final data analysis and sustainability planning** to maintain progress accomplished during the year and to set goals for continued success. While data collection and sustainability planning are ongoing activities that occur throughout SBDI implementation, this phase offers an opportunity to discover patterns in the data, promote positive changes, address challenges, and plan for long-term sustainability. For schools participating in Tiers II and III of the SBDI intervention, support and technical assistance around data collection and analysis are directly provided by SBDI Coordinators in collaboration with our funding partners, evaluation partners at Yale University and Connecticut Voices for Children, and local law enforcement agencies.

FREQUENTLY **ASKED** QUESTIONS

Q: When should school leadership begin planning for SBDI participation?
A: Schools interested in participating in SBDI should begin planning and preparing between April and June of the school year preceding active implementation.

Q: Schools are selected based on assessed interest, need, and capacity of the participating school. Define "need" in terms of SBDI.
A: "Need" is based on the rates of school-based arrests, expulsions, suspensions, and unmet mental health needs among students.

Q: How can a school apply to participate in the full SBDI model?
A: Interested schools can begin by completing the application form provided in this toolkit (see Appendix D) and submitting it to SBDI coordinators at CHDI.



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APPENDICES

APPENDIX A:
CONNECTICUT SCHOOL-BASED DIVERSION INITIATIVE
EMPS MEMORANDUM OF AGREEMENT

Overview

This document serves as a Memorandum of Agreement ("MOA") between [EMPS Provider] and [School/District] and has been developed in order to specify roles and expectations between these parties for meeting the behavioral health needs of [School/District] students. The MOA has been developed for the following purposes:

- To promote earlier identification of students with behavioral health needs and support timely linkage to appropriate supports and services;
- To develop a uniform process to identify and refer students who have behavioral health and psychiatric needs to community-based services including the [Community Provider] Emergency Mobile Psychiatric Services team ("EMPS") and [Community Provider] Care Coordination services;
- To reduce unnecessary arrests, suspensions, expulsions, police contact and other juvenile justice involvement among students with behavioral health concerns;
- To promote alternatives to psychiatric emergency department visits among students with behavioral health concerns, and;
- To enhance communication and coordination among [Community Provider]'s EMPS and care coordination teams and [School/District] regarding students experiencing mental health concerns.

The aim of the EMPS program is to provide a community-based crisis stabilization service to children and families in the least restrictive setting possible, and support their transition to ongoing treatment services, as appropriate.

[EMPS Provider] agrees to the following:

- Have mobile EMPS available to respond in person to crisis calls from [School/District] during EMPS mobile hours (Monday through Friday, 8:00 a.m. to 10:00 p.m.);
- Respond by offering telephone support Monday through Friday 10:00 p.m. to 9:00 a.m. through the EMPS 24 hour centralized access number (211);
- Respond to all requests for service by [School/District] within 45 minutes;
- Offer [School/District] students brief in-school crisis stabilization services with appropriate follow-up services;
- Develop a student-specific crisis plan within the episode of care and share that plan with the family, school staff, treatment providers, and other relevant parties upon execution of a proper release from the parent or guardian;
- Provide case management service linkages to students referred by [School/District], and their families; and
- Collaborate and maintain close communication with the appropriate educational staff to develop an effective plan of care for each student referred for EMPS services.

[School/District] agrees to:

- Contact EMPS at 211 (at menu, press "1" for crisis) when a student is determined to be experiencing a psychiatric or behavioral health crisis and can benefit from in-person crisis stabilization services;
- Collaborate with EMPS staff as needed to develop community-based plans for students receiving EMPS services;
- Provide space for [EMPS PROVIDER] EMPS clinician(s) to meet with the student and provide educational staff support to the EMPS clinician(s) as needed; and
- Collaborate with [EMPS PROVIDER] to adopt and implement new practices in crisis assessment and referral; adhere to recommendations on the effective utilization of EMPS services; and maintain consistent working relationships with [EMPS PROVIDER] staff.

Both parties agree to:

- Designate a person(s) from each agency to participate in quality review as it relates to the terms of this agreement; and
- Collaborate to develop shared crisis safety planning processes and procedures.

This Memorandum of Agreement will remain in effect unless one or both parties wish to terminate or modify the agreement, or the EMPS program is no longer in operation. Both parties agree to provide 30 days notice in advance of terminating or modifying this agreement.

_____	_____
Name Date	Name Date
Executive Director	Superintendent
[EMPS Provider]	[School District]

ADDENDUM TO MEMORANDUM OF AGREEMENT

THE CONNECTICUT SCHOOL-BASED DIVERSION INITIATIVE

Overview

This addendum to the MOA pertains specifically to roles and expectations of the Connecticut School-Based Diversion Initiative (SBDI). The Connecticut School-Based Diversion Initiative was developed as a component of the John D. and Catherine T. MacArthur Foundation Models for Change Mental Health/Juvenile Justice Action Network and is currently funded and overseen by the Judicial Branch Court Support Services Division, the Department of Children and Families, and the State Department of Education. The Center for Effective Practice of the Child Health and Development Institute (CHDI) coordinates SBDI.

The primary goal of the initiative is to reduce the number of students with mental health needs who are referred by schools to the juvenile justice system. A summary of the initiative deliverables includes:

- Ensure school participation
- Integrate youth, family, law enforcement, and community participation
- Provide training to school staff
- Provide data collection, quality assurance, and formal evaluation of projects goals and outcomes

[School/District] has been selected as the demonstration site in the [city/town] area. The EMPS program at [Community Provider] provides coverage to the town of [city/town], including [School/District]. The [Community Provider] care coordination team will provide care coordination services, as needed. Although this agreement specifies an agreement for utilization of [Community Provider] services, [School/District] may continue to refer to any other services and supports as they deem appropriate.

Client Eligibility

- Any student from 0 to 18 years of age, and any student over the age of 18 who is still in school;
- Student must have a behavioral health need; and
- Student must be attending [School(s)].

[EMPS Provider] agrees to:

- Identify a lead representative to participate in project coordination and work with the Child Health and Development Institute (CHDI) and [School/District] to accomplish project deliverables.
- Provide training to identified educational staff members in [School/District] on crisis assessment and management, crisis safety planning, identifying and referring students with behavioral health needs for assessment and treatment, and effective utilization of EMPS and care coordination services.
- Collaborate with officers from [City/Town] Police Department who are assigned to cover [School/District] on responding to students' behavioral health needs.
- Work with CHDI to design and ensure data collection to assess the impact of the School-Based Diversion Initiative for students from [School/District]. Specific data elements include:
    - Number of referrals from [School/District] to EMPS and care coordination

- Demographic characteristics of referred youth (e.g., age, gender, race/ethnicity, history of juvenile justice involvement, etc.)
- Number/proportion of [School/District] referrals accepted into EMPS and care coordination programs
- Description of EMPS and care coordination services received (e.g., number of mobile and office-based visits, location of visits, type of intervention(s) provided)
- Number and type of EMPS and care coordination referrals and linkages to other programs or services (e.g., home-based services, outpatient services, hospital inpatient, juvenile justice, etc.)
- Documentation of recommended services that were received by the referred child and/or family
- Satisfaction with implementation of the School-Based Diversion Initiative and its effects on student outcomes

[SCHOOL/DISTRICT] agrees to:

- Identify a lead representative to participate in project coordination and work with CHDI and [EMPS PROVIDER] to accomplish project deliverables;
- Work with CHDI to ensure participation of all appropriate school personnel in training and project coordination activities; and
- Work with CHDI and [EMPS PROVIDER] to design and ensure data collection to assess the impact of the School-Based Diversion Initiative. The following data will be collected to evaluate activities and outcomes of the initiative:
  - Number and type of behavioral health crisis incidents in the school.
  - Number/proportion of behavioral health crises resulting in calls/referrals to law enforcement or juvenile justice.
  - Number/proportion of behavioral health crises resulting in calls/referrals to EMPS and care coordination.
  - Demographic characteristics of referred students (e.g., age, gender, race/ethnicity, socioeconomic indicators).
  - Information about the behavioral health concerns leading to the referral.
  - Satisfaction with implementation of the School-Based Diversion Initiative and its effects on student outcomes.

Time Frame of Addendum

The agreements reached in this addendum are intended to remain in effect until the end of the funded initiative, approximately June 30, [year].

APPENDIX B:
CONNECTICUT SCHOOL-BASED DIVERSION INITIATIVE GRADUATED RESPONSE MODEL APPROACH AND MOA

Integration of a Graduated Response Model to SBDI

The Juvenile Justice Advisory Committee of the Connecticut Office of Policy and Management (OPM) and the Connecticut Juvenile Justice Alliance (CTJJA) have been instrumental in promoting the use of graduated response in the state beginning in 2010. The Graduated Response Model is a structured approach to disciplinary action for children at risk for juvenile justice involvement designed to reduce in-school arrests and court referrals. It essentially raises the threshold among school personnel for calling police, making arrests, and initiating contact with the Juvenile Justice system. The model was developed in Connecticut in consultation with juvenile court judges Steven Teske of Clayton County, Georgia, and Brian Huff of Jefferson County, Alabama. Judges Teske and Huff successfully implemented this work in their jurisdictions by convening the courts together with schools, police departments, and community providers to develop protocols to address relatively minor and common adolescent behaviors in the schools and communities as an alternative to arrest and court involvement. The JJAC template for creating a Graduated Response Model is available as a component of their Model Memorandum of Agreement for schools and police on their website (www.ct.gov/opm) and are intended to be modified to meet local needs.

SBDI has adapted the Graduated Response Model into SBDI as a key component when working with schools. As indicated below, for children with mental health concerns, there is the option of "Assessment and Service Provision" which is where EMPS and other community-based services come into play. However, SBDI coordinators stress the importance of referring to in-school or community-based services as supports as soon as a concern arises—it is certainly not restricted to the third level of intervention. The Graduated Response Model can also provide a framework for SBDI training as a way to structure the SBDI curriculum around the four levels of response. SBDI coordinators meet with each school and their community partners to develop the Graduated Response Model for their schools and add it to their existing policies and procedures.

The SBDI approach includes the following:

1. MOU development with EMPS with the goal of increased utilization of their services
2. Development of a graduated response model with each participating school/district, developed in partnership with community agencies, and focused on reducing court referrals, suspensions, expulsions, and ultimately, dropout by incorporating restorative practices
3. A training curriculum that includes the essential modules, and is guided by the four levels of the graduated response framework

Office of Policy and Management 450 Capitol Avenue, Hartford, CT 06106-1379
www.ctjjac.org

Juvenile Justice Advisory Committee
School/Police **Just.***Start* Program

Memorandum of Agreement

By and Between

_____ Public Schools
and

_____ Police Department

I. Introduction

Schools and law enforcement share responsibility for school safety and must work together with complimentary policies and procedures to ensure a safe learning environment for students. This document expresses the agreement of the parties for responding to non-emergency school disruptions. It strives to ensure a consistent response to incidents of student misbehavior, clarify the role of law enforcement in school disciplinary matters, and reduce involvement of police and court agencies for misconduct at school and school-related events.

The parties agree to the following principles upon which this agreement is founded.

A. The vast majority of student misconduct can be best addressed through classroom and in-school strategies and maintaining a positive climate within schools rather than by involvement of the justice community.

B. The response to school disruptions should be reasonable, consistent and fair with appropriate consideration of relevant factors such as the age of the student and the nature and severity of the incident.

C. Students should be held accountable for their actions through a graduated response to misconduct that provides a continuum of services and increasingly more severe sanctions for continued misbehavior.

D. Disruptive students should receive appropriate redirection and support from in-school and community resources prior to the consideration of suspension, expulsion, involvement of the police, or referral to court.

E. Clarifying the responsibilities of school and police personnel with regard to non-emergency disruptive behavior at school and school-related events promotes the best interests of the student, the school system, law enforcement and the community at large.

II. Purpose of Agreement

The purpose of this agreement is to encourage a more consistent response to school incidents and to reduce the number of referrals of students to court by establishing guidelines for the handling of non-emergency disruptive behavior at school and school-related events by school and police personnel.

III. Terms of the Agreement

A. Summary of Key Points

The parties agree to:

1. Convene a School/Police Collaboration Team
2. Share this agreement with a copy to all school and police personnel;
3. Provide necessary and regular staff training on implementation of the agreement
4. Put into practice a graduated response to student misbehavior
5. Monitor implementation of the agreement
6. Collect data and assess the effectiveness of the agreement
7. Modify the agreement as appropriate

B. Key Factors in Making Disciplinary Decisions

The parties agree that when determining consequences for students' disruptive behavior the following factors shall be considered, if information on the factors is available.

1. Age, health, and disability or special education status of the student
2. Prior conduct and record of behavior of the student
3. Previous interventions with the student
4. Student's willingness to repair the harm
5. Parents' willingness to address any identified issues
6. Seriousness of the incident and degree of harm caused

The parties agree that when determining consequences for student's disruptive behavior the following factors shall <u>not</u> be considered:

1. Race/ethnicity, gender, gender identity, sexual orientation, religion and national origin of the student and family
2. Economic status of the student and family

C. Graduated Response Model

Classroom Intervention - The classroom teacher plays a prominent role in guiding, developing and reinforcing appropriate student conduct and is acknowledged as the first line in implementing the school discipline code. As such, this model begins with a range of classroom management techniques that must be implemented prior to any other sanctions or interventions. Classroom intervention is managed by the teacher for behaviors that are passive and non-threatening such as dress code violations, and violations of classroom rules. School Resource Officers (SROs) should not be involved at this level. More than three incidents of the same behavior, if not in the same day, could lead to School Administrator Intervention. Classroom intervention options might include redirection, reteaching, school climate initiatives, moving seats; and the teacher should initiate parental contact.

School Administration Intervention - Classroom interventions must be supported by school administrators who address more serious or repetitive behaviors and behaviors in school but outside of the classroom. Examples of behaviors at this level include repetitive patterns, defacing school property, truancy, threatening and behaviors in hallways, bathrooms, courtyards and school buses. Administration intervention options might include time in the office, after school detention, loss of privilege, reparation, and/or parent conference.

Assessment and Service Provision - When the behavior and needs of the student warrant, an assessment process and intervention with the use of school and community services is appropriate. This intervention is managed by the school administrator or a student assistance team (SAT). Repetitive truancy or defiance of school rules, and behaviors that interfere with others such as vandalism or harassment belong at this level as well as misbehaving students who would benefit from service provision. Assessment and service intervention options should include any Classroom or School Administration interventions and might include referral to a juvenile review board (JRB) or community service or program, suspension, explusion or referral to court. Truant behavior should not lead to an out-of-school option. Police can be involved in their role on SATs and JRBs.

Law Enforcement Intervention - Only when classroom, school and community options have been found ineffective (or in an emergency) should the school involve the police, including the SRO. Involvement of the police does not necessarily mean arrest and referral to court. This intervention is managed by the police. Behaviors at this level must be violations of criminal law, but only after Classroom, School Administration and Assessment and Service interventions have been tried. Law enforcement options may include verbal warning; conference with the student, parents, teachers and/or others; referral to a JRB and/or community agencies; and referral to court.

Graduated Response Model Chart
for

_____

Revised as of **_____**

	Types of Behavior	Intervention Options
Classroom Interventions		
School Administration Interventions		
Assessment and Service Provision		
Law Enforcement Interventions		

D. Police Activity at Schools

The parties agree that police need to follow certain protocols when on school grounds in non-emergency circumstances as follows.

1. Police will act through school administrators whenever they plan any activity on school grounds.
2. Officers entering school grounds will be aware of the potential disruption of the educational process that police presence may cause.
3. Prior to entering a school to conduct an investigation, arrest or search, officers will consider the necessity of such action based on:
    a. The potential danger to persons;
    b. The likelihood of destruction of evidence or other property;
    c. The ability to conduct the investigation, arrest or search elsewhere.
4. When taking a student into custody:
    a. Officers should make reasonable efforts to avoid making arrests or taking students into custody on the school premises.
    b. Whenever possible, students should be taken into custody out of sight and sound of other students.
5. For communities with School Resource Officers, the SRO will not be responsible for student discipline or enforcement of school rules, although the SRO may provide assistance to school personnel. The SRO will work collaboratively with the school administrator to determine the goals and priorities for the SRO program and the parameters for SRO involvement in school disciplinary matters.

IV. Data Collection and Monitoring

The parties agree that they will provide baseline data for comparison purposes and regularly collect, share, monitor and report data resulting from the implementation of this agreement.

Data Collection – on a quarterly basis, the following information will be collected.

School - number and types of disciplinary actions, numbers and demographics of students involved, referrals to police

Police - number and types of school incidents for which police incident reports are written, police actions on incidents

For comparison purposes, the parties agree to retrieve the above data for a year prior to the signing of the agreement and quarterly after the signing of the agreement.

Monitoring and Oversight – on a regular basis and at least quarterly, parties acknowledge and agree that the School/Police Collaboration Team composed of at least two members from each party will meet to provide oversight of the agreement and review relevant data and analysis. At least annually, the Team will prepare a report of activities and make recommendations for improvements to the agreement and/or its implementation.

V. Duration and Modification of Agreement

This agreement shall become effective **Month, Day, Year** and shall remain in full force and effect until such time as the agreement is modified by the consent of the parties. The agreement may be modified at any time by amendment to the agreement.

In witness whereof, the parties hereto, intending to cooperate with one another, have set their signatures to this document on this day.

_____ _____
Superintendent of Schools Date

_____
Printed Name

Sworn and subscribed before me on this _____ day of _____, 20____.

_____ _____
Commissioner of the Superior Court/ Commission Expiration Date
Notary Public

_____ _____
Chief of Police/Resident State Trooper Date

_____
Printed Name

Sworn and subscribed before me on this _____ day of _____, 20____.

_____ _____
Commissioner of the Superior Court/ Commission Expiration Date
Notary Public

Core Training Modules

Crisis De-escalation and Effective Classroom Behavior Management Strategies
This training focuses on equipping school personnel with pragmatic means of managing classroom behaviors effectively and de-escalating crises. The trainer provides tips for prevention, verbal intervention, and improving classroom and school climate in the context of difficult youth behaviors.

- Increase overall knowledge of classroom behavior management techniques, particularly with youth with mental health needs
- Increase skills in crisis de-escalation techniques
- Broaden knowledge of principles and applications of graduated response frameworks for students with behavior challenges

Understanding Adolescent Development and Recognizing Child Trauma
Provides critical information related to distinguishing normal adolescent development from symptoms of mental health through latest research on brain development and basic diagnostic criteria. Also presents the effects of trauma exposure for youth, its impact for school behavior, and implications for school policies and practices regarding discipline and referrals.

- Learn potential causes of mental health problems
- Discuss typical adolescent development and brain functioning
- Recognize signs of trauma among youth

Introduction to the Graduated Response Model
This module introduces the concept of the Graduated Response Model to key school staff and initiates discussion on customizing the model to fit each school. An SBDI coordinator, representative from the Connecticut Juvenile Justice Alliance or local LIST, or school personnel familiar with the model may be contacted to assist you with this module.

- Describe the scope of the juvenile arrest problem and the challenge of "exclusionary" discipline practices
- Describe the Graduated Response Framework of behavioral intervention in schools
- Discuss customization and application of this model to the specific school

Understanding and Increasing Empathy for Families with Mental Health Needs
Focuses on specific, age-related symptoms of mental illness among youth and is presented by a panel of parents and teachers with personal experiences of mental illness themselves or with their children. This NAMI-CT program, titled "Parents and Teachers as Allies" is intended to provide an educational tool for mainstream teachers and for advancing mutual understanding and communication between families and school professionals through personal stories and presentations of current facts and figures. Contact NAMI-CT for more information (Email: familyeducation@namict.org; Website: www.namict.org).

- Recognize signs of early-onset mental illnesses in children and adolescents as seen at home and at school
- Understand the role of the educator as a trained classroom observer and the benefits of early intervention and treatment
- Understand family reactions to mental illnesses and build skills for engaging families

Promoting Positive School Climate and School Connectedness
This module focuses on developing and maintaining a safe and positive school climate for staff, students, and families in the context of state and local guidelines. Methods for assessing and monitoring school climate and connectedness are also addressed.

- Review state and local laws and guidelines about school climate and bullying
- Gain awareness of methods for assessing school climate and connectedness
- Practice skills to create a safe, positive, and culturally affirming school environment for all staff, students, and families

Multicultural Competence in the Schools
This training focuses on increasing the multicultural awareness, knowledge, and skill of school-based professionals, with particular emphasis on working effectively with students with mental health needs and their families.

- Promote awareness of one's own culture, biases, and beliefs
- Expand knowledge of major constructs of multiculturalism
- Gain strategies for creating a culturally affirming school environment

Workgroups

Effective Collaboration with EMPS Crisis Intervention Services and Care Coordination
The purpose of this module is to increase school personnel's understanding of the role of EMPS and Care Coordination services, including the referral process, what constitutes a crisis, appropriate ways to utilize the services, and steps for building a collaborative working relationship between the school and providers. Provides an opportunity for face-to-face discussion and Q&A with local providers.

- Increase overall knowledge of the mission and purpose of EMPS and Care Coordination
- Expand knowledge of referral process
- Improve decision making ability related to using the system

Implementing the Graduated Response Model
This module focuses on revising school disciplinary codes and practices to incorporate the concept of the Graduated Response Model by customizing the model to fit each SBDI school.

- Define problem behaviors and categorize into serious and non-serious incidents
- Outline protocol for responding to behavior problems in the school
- Identify community partners (particularly law enforcement) for collaboration in implementing the model

Restorative Justice Practices as Alternatives to Arrest
This module introduces the values and concepts of restorative justice as practical alternatives to arrest, suspension, and expulsion. Examples include peer or adult mediation, juvenile review boards, peer juries, restorative circles, and restitution. These practices are intended to be incorporated into the Graduated Response Model as specific strategies for intervention and diversion.

- Define restorative principles and practices
- Outline framework for responding to behavior problems in the school
- Identify community partners (particularly law enforcement) for collaboration in implementing these practices into disciplinary models

Promoting Positive School Climate and School Connectedness
This module supplements the training module on school climate with practical skills and strategies for implementation in the school designed to promote a safe and positive school climate for staff, students, and families and may be presented by a member of your safe school climate team.

- Assess application of state and local laws and guidelines about school climate and bullying
- Review school policies and practices for promoting school climate and connectedness, with an eye toward inclusion of mental health/justice-involved youth and their families

- Refine skills related to creating a safe, positive, and culturally affirming school environment for all staff, students, and families

Understanding and Partnering with the Juvenile Justice System

A representative from the Connecticut Judicial Branch, Court Support Services Division (typically from the school's local Juvenile Probation department) delivers training on the Connecticut juvenile justice system to help school personnel become more familiar with appropriate utilization of court services and programs, updates to law and policy, and the implications of youth involvement.

- Promote understanding of the types of cases the court handles and services available for youth to access
- Increase knowledge of current practices and available programs
- Identify the role of schools in the diversion process

Overview of the Connecticut Behavioral Health System for Children

A representative from the Connecticut Department of Children and Families presents an overview of the state behavioral health network as it relates to youth and families with mental health needs.

- Inform staff of the current status of behavioral health service array in the state
- Promote understanding of levels of service in the state
- Highlight major statewide initiatives and service availability with respect to school referrals

APPENDIX D:
CONNECTICUT SCHOOL-BASED DIVERSION INITIATIVE
APPLICATION FORM 2013-2014

CONTACT PERSON	
SCHOOL/AGENCY	
MAILING ADDRESS (STREET)	
CITY, STATE, ZIP	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

Please describe the **demographics** of your school/community:

Student Enrollment _____ Total # Male_____% Female _____%

Hispanic/Latino	_____%	Asian	_____%
Caucasian/White	_____%	Hawaiian/Pacific Islander	_____%
African American/Black	_____%	Biracial/Multiracial	_____%
American Indian/Alaskan Native	_____%	Other Race	_____%

List the number of in-school **arrests**, out-of-school **suspensions**, and **expulsions** for your school:

	Previous Year	Current Year
In-School Arrests		
Out-of-School Suspensions		
Expulsions		

Briefly describe your **interest** in the School-Based Diversion Initiative and how you think it may help your school/district/community:

Has this Initiative been discussed with the Superintendent, school administrators, School Resource Officer(s), and/or other key staff members? Does your school have **buy-in** from these key staff members?

Briefly describe the **capacity** of your school/district to implement this Initiative (e.g., professional development time, space for trainings, ability to collect and share data).

Additional comments about your school/district that would be helpful in the school selection process.

RETURN COMPLETED APPLICATION FORMS VIA E-MAIL, FAX, OR POSTAL MAIL TO:

Jeana Bracey, Ph.D.
Child Health and Development Institute of CT, Inc. (CHDI)
270 Farmington Avenue, Suite 367
Farmington, CT 06032

Office: 860-679-1524
Fax: 860-679-1521
Email: bracey@uchc.edu

RESOURCES

Partners

Child Health and Development Institute
http://www.chdi.org
CT Department of Children and Families
http://www.ct.gov/dcf
CT Judicial Branch, Court Support Services Division (CSSD)
http://www.jud.ct.gov/cssd/
CT Juvenile Justice Alliance (CTJJA)
http://www.ctjja.org
CT State Department of Education
http://www.sde.ct.gov
Juvenile Justice Advisory Committee (JJAC) to the Office of Policy and Management
http://www.ct.gov/opm
United Way of Connecticut
http://www.211ct.org

Family Support Resources

African Caribbean American Parents of Children with Disabilities (AFCAMP)
http://www.afcamp.org
Kids Mental Health Info
http://www.kidsmentalhealthinfo.com
FAVOR Inc.
http://www.favor-ct.org
National Alliance on Mental Illness (NAMI)
http://www.nami.org

EMPS Providers

Child and Family Guidance Center
http://www.cfguidance.org
Clifford Beers Clinic
http://www.cliffordbeers.org
Community Health Resources
http://www.chrhealth.org
United Community and Family Services
http://www.ucfs.org
Wellmore Inc.
http://www.wellmore.org
Wheeler Clinic Inc.
http://www.wheelerclinic.org

Community Collaboratives

FAVOR, Inc.
http://www.favor-ct.org/collabs.cfm
WrapCT (CT's Wraparound Initiative)
http://www.wrapct.org

Care Coordination Providers

Bridges
http://www.bridgesmilford.org
Child and Family Guidance Center
http://www.cfguidance.org
Child Guidance Center of Central CT
http://www.childguidancect.org
Clifford Beers Clinic
http://www.cliffordbeers.org
Community Health Resources
http://www.chrhealth.org
Rushford Center
http://www.rushford.org
United Community and Family Services
http://www.ucfs.org
Wellmore Inc.
http://www.wellmore.org
Wheeler Clinic Inc.
http://www.wheelerclinic.org

School Mental Health

Center for School Mental Health
http://www.csmh.umaryland.edu
School Mental Health
http://www.schoolmentalhealth.org
UCLA Center for Mental Health in Schools
http://www.smhp.psych.ucla.edu

Restorative Practices

Restorative Works Learning Network
http://www.restorativeworks.net/schools