# NCYOJ's School Responder Model Podcast Series

## THE "R" IN SRM

### INTRODUCTION

This is Crystal Brandow, with Policy Research Associates and the National Center for Youth Opportunity and Justice. As part of our School Responder Model podcast series, this discussion will feature Jeana Bracey and Jeff Vanderploeg from the Child Health and Development Institute in Connecticut, as well as two additional guests from Connecticut, Erika Treannie, with Bristol Public Schools, and Tiffany Hubrins, with Wheeler Clinic. The four will discuss the role of schools as responders in the school responder model, or the R in the SRM.

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**Crystal Brandow:**

There will be conversation about engaging with behavioral health collaborators, and how to respond differently to students with behavioral health needs to help keep them in school and out of the juvenile legal system. They'll talk about the role of mobile crisis in Connecticut, as well as offer recommendations for schools and districts that don't have mobile crisis in their communities, yet are still seeking ways to improve their responses to students with behavioral health conditions.

**Jeff Vanderploeg:**

Welcome everybody. Thanks again to Policy Research Associates for giving us an opportunity to talk about a topic that means a lot to us. I want to start today by introducing myself. My name is Jeff Vanderploeg, I'm the CEO of the Child Health and Development Institute. I also want to introduce you to the guests that we have today, who will be talking about school responder models and collaborations with behavioral health providers. I'll start by asking Erika Treannie to introduce herself to us.

**Erika Treannie:**

Hi. My name is Erika Treannie. I work for Bristol Public Schools. I am the director of climate and culture and family engagement for our district.

**Jeff Vanderploeg:**

Thank you Erika. Tiffany Hubrins, would you introduce yourself too?

**Tiffany Hubrins:**

Hi. My name is Tiffany Hubrins. I work at Wheeler Clinic. I oversee the mobile crisis intervention services. I'm very happy to be here.

**Jeff Vanderploeg:**

Welcome, Tiffany, thanks for being here. Finally, my colleague here at CHDI, Jeana Bracey.

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**Jeana Bracey:**

Hello. My name is Jeana Bracey. I am the associate vice president for school and community initiatives at the Child Health and Development Institute.

**Jeff Vanderploeg:**

Thank you, Jeana. We're really excited about this topic. We've talked about, internally, about putting the responder, putting the R in the school responder model as a topic for this. But to be more specific about what we're going to be discussing today, we're interested in exploring the role of behavioral health collaborations in reducing exclusionary discipline, particularly in the implementation of school responder models. So we're going to, I'm going to start, actually, by telling folks a little bit more about what we mean when we're talking about responders in a school responder model, and the role that behavioral health plays here in Connecticut, and our version of a school responder model, which we call the School Based Diversion Initiative.

Jeana will be telling you all a little bit more about what SBDI is, and how it functions in this state. But I'll start just by telling you a little bit about behavioral health in our model. So we believe in school based diversion, from the time we started 11 years ago, that having an alternative behavioral health response in a school responder model was a very critical element. We were fortunate in our state to have access to a mobile crisis intervention service. Some across the country sometimes refer to these models as mobile response stabilization services, or MRSS.

So in Connecticut, our mobile crisis intervention system is a state-wide program. There are 14 provider sites located throughout the state. Collectively, those 14 provider sites cover every town and city in the state, including every school and school district. So even before or outside of our school responder model, any time there is a behavioral health need or a behavioral health emergency going on, mobile crisis in our state is available to every school who is interested in having them come out. So that's why we have the guests we have on the line today, from a school and from the mobile crisis provider in our state is because it plays a really critical function in our behavioral health system of care, and is a tremendous support to our school responder work as well.

So outside of the providers, there is also, in our state, a call center, so if you need to access mobile crisis in our state, you dial 211. Then you press a couple of buttons, you talk to a triage clinician who takes down some basic information, and then your call is routed to the local mobile crisis provider in the state that covers the town or city where you're located. Usually within 20 to 30 minutes, a mobile crisis provider is at your school, or in your home, or wherever else in the community the need is present, and providing crisis stabilization services to you and your family. So that's another important feature of our work is the state-wide call center.

Finally, the third component of our mobile crisis work is a performance improvement center, which is the piece that CHDI operates, where we're responsible for data analysis reporting and workforce development for the state-wide network of providers. So that's a little overview of how mobile crisis works in our state. I want to turn it over to Jeana to talk a little bit about how we are able to leverage our mobile crisis model here to help develop the school-based version initiative, and she can also tell you a little bit about our history of working with PRA in that respect. So go ahead, Jeana.

**Jeana Bracey:**

Great. Thank you, Jeff. Yes, I'm happy to share with you more about our School Based Diversion Initiative in Connecticut, and how it works, and our relationship with mobile crisis and Policy Research Associates. The school based diversion model in Connecticut was originally funded by a grant from the MacArthur Foundation, Models for Change, Mental Health Juvenile Justice Action Network back in 2009, and have worked really closely with PRA since that time, who has been instrumental in providing technical assistance and support to us in Connecticut, but also for disseminating this work nationally through the school responder model to other states and communities.

Our model, as Jeff had mentioned, really incorporates a focus on mobile crisis as our responder in Connecticut. We have, really, three core components of our model, and that's one primary component is connecting with school and community-based services and supports in a collaborative method that could really help provide that behavioral health service that's necessary to prevent that exclusionary discipline happening in the schools. We also have workforce development

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component, where we're training resource officers, school personnel, teachers, and staff in helping them to recognize trauma and mental health concerns, and how to better utilize services like mobile crisis in their community. Also to use those to really develop internal school policy and capacity building to help implement restorative practices, to help guide a model of discipline intervention that really pulls all of these goals together.

So as Jeff mentioned, the mobile crisis teams in Connecticut really are robust in that we are able to have access to them across all of our schools in our area, and to really respond in that moment when there might be a challenging behavior, or not quite sure what the student needs in order to help get through a difficult situation. So we are very happy to be here today with some of our core partners in this work in Connecticut, who have done a fantastic job in really utilizing these components, and implementing this work in their own area.

I'm actually going to start by bringing in one of our speakers, Erika Treannie, from Bristol Public Schools, and ask her about how schools actually make that decision, in the moment, about responding to challenging behavior. Can you tell us about who might be involved, or what factors help determine if you're calling the police or using other options? How does this work for your school, Erika?

**Erika Treannie:**

Sure. We think it's critical that schools develop the skills and awareness of our teams, as well as the individuals that are responding to the challenging behaviors a purposeful and a planful response is what we aim for. Having a clear and consistent expectations for whether it being the social-emotional support staff, or teachers, or administrators is really critical to our mission with dealing with challenging behaviors. Who is involved, in most of our buildings, we have implemented a graduated response model to deal with our behaviors in the school. Our SBDI schools have already been using that, and we found it to be so helpful that we've implemented it in all of our other schools within the district.

In our response model, we have a plan in place for which behaviors are handled by teachers, support staff, administrators, or police, if necessary. We've worked really hard in our district for the past two years to build strong relationships between staff and students through what we call our crew lessons or advisory circles. Hopefully with that, teachers will be able to respond to the behaviors right there in the classroom. If additional support is needed, they are able to reach out to our support staff. Our support staff will come to the classroom and take some time with the students, using restorative questioning, or impromptu conversations with a goal of keeping the student in the classroom, or getting the student right back into the classroom as soon as possible.

If the students are unable to regulate, they're allowed to take some time with our support staff in a room designed for them to be able to try to regulate themselves. But if the student continues to be dysregulated or in need of outside supports, the admin or support staff will then call 211, which will bring us to our emergency mobile crisis through Wheeler Clinic. Basically, what factors determine that is if the student is able to regulate themselves or not. But if we do know, sometimes, through our emergency mobile crisis, they're able to get services quicker for our families that we might not be able to within the school.

**Jeff Vanderploeg:**

Erika, that's really interesting, thanks for sharing that. One of the things that we talked about in the lead up to this recording, actually, is this notion that when you talk about responders in the school responder model, I think certainly it's critical to have a behavioral health provider, and we're going to hear from Tiffany in how mobile fits that bill here in Connecticut. But it also strikes me that schools and school personnel themselves are responders. So there is the school responder piece, there is the when you need it, there is the community-based behavioral health responder. So I'm wondering if, from your perspective, you feel like that's a new role that school personnel have taken on for themselves, or a new understanding as a result of SBDI and our work with you, that they've thought of themselves as responders differently?

**Erika Treannie:**

I think it has. I think SBDI has brought that in, especially through the training that a lot of our staff have completed in regards to restorative practices. We've trained more people in that that normally that wasn't necessarily their role. But now, through the training and stuff that they have, they absolutely are a responder. If it's some of our paraprofessionals,

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we've trained some of our community providers, cafeteria staff, all of that. We're all using common language. So they're the first line. I look at them as all school responders.

**Jeff Vanderploeg:**

Thank you. I think that's an important lesson for schools who might be listening to this podcast is this shift that can take place when schools are doing an SRM model to think differently about their role in disciplinary process, right? So it can be sometimes that you think of yourself as, okay, what's our disciplinary protocol here? As opposed to saying how do we respond differently? How do we change the way that we respond to disciplinary issues, and instead take on the framework of supporting students as opposed to thinking first about how do we punish, or how do we address disciplinary issues using punitive approaches?

**Erika Treannie:**

Right. Because they're all part of our community. Kids need to realize that. We're invested in them, and we want them to succeed, and we're trying to keep them in our buildings as much as possible. So yeah.

**Jeff Vanderploeg:**

That's wonderful. Let's shift now to talking with Tiffany. As Erika was talking about, Tiffany, there are times when the school really has built a lot of capacity to respond differently to behavioral incidents that take place. But when it exceeds their capacity to respond, Tiffany, I think what we've established here in Connecticut is this access to mobile crisis intervention services, which is where you and your team come in. So the first question I have for you, Tiffany, is how this role of mobile crisis, and the philosophy that they've adopted in mobile crisis, where crisis is defined by caller, impacts your ability to respond to school needs. Can you talk with us a little about that?

**Tiffany Hubrins:**

Thank you, Jeff. Our philosophy in Connecticut for mobile crisis intervention services, also known as MCIS, is if it's a crisis to the caller, it's a crisis to us. Mobile crisis clinicians can respond to many crisis and pre-crisis events like extreme dysregulation, aggression towards others, property destruction, suicidal ideation, problems with focusing, school refusal, homicidal ideation, community crises, like a loss of a peer, and many other presenting concerns. Mobile crisis clinicians will assess the needs of the youth in a micro and macro way, such as it may be that a youth is performing poorly in school, having problems with focusing, and has a lack of interest in things the youth wants to enjoy.

Once mobile crisis is called, and after a youth is assessed by a crisis clinician, it may be found that the youth has had a recent trauma or is adjusting to a change in home or community. The opportunity that mobile crisis provides to schools and the rest of the community is that we see the symptoms which could be, for example, lack of interest and poor performance in school, and then we can assess the youth and connect the youth to community providers, which could prevent further crises in the future, which could subsequently prevent referrals to the juvenile justice systems or trips to the emergency department.

**Jeff Vanderploeg:**

That's great, Tiffany, thanks. As you were talking about the different types of situations that mobile responds to, I'm just wondering what you think about, either from your own experience or from the people who you supervise on the mobile crisis teams, what kinds of behaviors are you seeing in a school that you think about place a student, potentially at risk for being arrested, if mobile crisis wasn't available to respond?

**Tiffany Hubrins:**

So very good question, thank you. Some of those things would be like what I mentioned before, like property destruction. Also, oppositional behavior, kid who often have fights with peers or arguing, and just basically having a whole lot of defiant behaviors that absolutely, I think, would be some of the reasons why the police department would be called.

**Jeff Vanderploeg:**

That's interesting. Do you ever find that you're responding with school resource officers, for example? Where you're jointly or collaboratively working with an SRO to respond to something?

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**Tiffany Hubrins:**

Yes. We definitely do. That's kind of like it's important for us to collaborate and really work with the SROs, because a lot of times we found that a different perspective, and also someone who is more aware of the situation could be really helpful when dealing with a crisis and getting to a positive outcome at the end.

**Jeff Vanderploeg:**

That's great, thanks, Tiffany. Jeana, do you want to ask the next question?

**Jeana Bracey:**

Sure. I was wanting to bring Erika to this conversation also. As there is kind of a broad opportunity to define what crises or what the need is that you need a response to come into the school. Question for you about how does this help to reduce your need for exclusionary discipline or the reliance on exclusionary discipline if you have this option available to you?

**Erika Treannie:**

Right. Simply not every incident requires a clinical response, right? So developmentally, conflict is appropriate. So we're attempting to build the skills and reduce maladaptive responses or behaviors. All non-emergency responses, we're really looking at characterizing by exploring the incident, and identifying the essential components. But looking at, even with our school resource officers and EMPS, our school resource officers, they've been trained in a lot of trauma-informed practices, and they've gone through our restorative practices trainings. We really use them not to deal with classroom behavior such as talking back, or refusing to turn in cell phones, or insubordination.

But we really include our SROs when statutorily we think a law has been broken, and we have the obligation to follow up with the police. But working with EMPS, we just had a situation last week where a child in our school was extremely dysregulated. The school resource officer worked with, I believe EMPS was called, and ultimately the child did have to leave by ambulance. But it was a case where initially, before we explored the situation, we thought possibly we needed the police because this child was so dysregulated. But once we were able to process and work through the situation, the child was able to get the help that they needed. So instead of it ending in an arrest or an out of school suspension, the child was able to get the help that they needed.

**Jeana Bracey:**

Thank you for sharing that. That's a fantastic example. It really goes to show that it's really collaborative approach. So you talked about some of the decision making process, and also multiple factor approach, where this is part of a coordinated response. That includes the discipline policy changes, and restorative practices, where you're implementing a different type of response to really respond to the behavior. That's great. I just want to note, too. I know a couple of times you've mentioned EMPS, and that used to be, that was the name that our mobile crisis program in Connecticut was formerly referred to. I know it still is often referred to that as well.

So I just wanted to clarify for listeners who might have heard that EMPS reference. I also wanted to bring Tiffany back into this conversation, too, because we've talked a lot about Connecticut's model. We do recognize that other states or counties implementing a school responder model may not have a mobile crisis service available to them that functions in the way that ours does in Connecticut, or it may not be as flexible in its ability to respond to such a wide range of calls or situations. So Tiffany, if you could share with us, what would your advice be for districts that don't have a mobile crisis program, but they want to provide a behavioral health or crisis stabilization response and referral process that can reduce the need for police intervention?

**Tiffany Hubrins:**

My advice to districts would be starting off the school year with a trauma screener and suicide risk screener, and administering this screener every three to four months. This will help with identifying youth who will need crisis intervention services in the moment or in the near future. You can also invite ideas from community members and organize collaborative to work towards building relationships with families, schools, community providers, so that they can work together to bridge the gap of the need for crisis response services in schools.

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Also, you could utilize school social workers to provide crisis stabilization, and refer youth to providers in the community. Developing school-based clinics with the clinicians to provide assessments within the school could be a useful tool as well. Having a partnership with care coordination services in your school district could be a great resource, as this could allow for services that are not well known be more accessible so that the youth is successfully connected to the appropriate service.

**Jeana Bracey:**

That's great. I love that you brought up the school family community partnership approach, and gave examples of each of those. I'm wondering, Erika, do you have anything that you would like to share with that as well, in terms of structures that schools could use, or resources that schools could use to help in the responder function?

**Erika Treannie:**

Yeah, definitely using community-based providers. I think that is such an important thing. We need to engage our community, have our families know who the community providers are. But community-based providers in the school is a positive step in the right directions. Right now, almost all of our schools have community-based mental health providers within the school, which is great. If we could have the health clinics that could manage the needs of our students and families, that would definitely be a welcome resource. But centralizing these services within the schools, I think, just makes the most sense. These are where our kids are, and these are when we hear about services that need to happen for our kids. Definitely having it central to the school, I think, is very important.

**Jeana Bracey:**

So Erika, as you were telling us about all the changes that have been made in your district to incorporate the school responder model through the school based diversion initiative, could you tell us a little bit more, was that process different before SBDI versus during, or after SBDI? How did that process work for you?

**Erika Treannie:**

Yeah. It's definitely different since SBDI has come into our schools. Our SBDI schools spent a lot of time creating their graduated response models with the behaviors within the school. Through SBDI, I was able to become a trainer of trainers in restorative practices, which allowed us to train our emotional-support staff in restorative practices and restorative conferences, as well as train our youth service bureaus in restorative conferencing. So they are now able to facilitate conferences as a neutral party.

If students do need to be sent out of school for an out of school suspension, if it was a situation where the staff member was quote, unquote, harmed, we're able to have our youth service bureaus come in as a neutral party to facilitate that conference in order to welcome the child back into our community. Our district's climate and culture committee and central offices, we're able to use restorative conferencing as a ... What do I want to say? As a diversionary from an out of school suspension. Our SROs have used an incident where a summons has been replaced with a restorative conferencing. So instead of an arrest happening, our SROs have utilized restorative conferences instead of showing a summons for a student when they felt it was appropriate. So that's some of the stuff that the school based diversion initiative has helped us reduce our exclusionary practices.

**Jeana Bracey:**

That's such a great explanation of restorative practices and how that really fits that role of what do you do differently when much of this initiative is telling you what not to do. So don't arrest, don't suspend, don't expel, and respond differently. But how do you do that? I know a lot of times with our work, teachers and school staff often ask us, "How do we do this? What is the new things you want us to do? Or how do we approach this differently?" Restorative practices really is that component, and it is a core component of SBDI and school responder models more broadly. So thank you for giving us a really good description of how that is really implemented.

**Erika Treannie:**

Yeah. One other thing, too, it's really made us cognizant of thinking, "Is this something we should be calling mobile crisis for?" So we have been utilizing mobile crisis more than we have in the past in order to get those community's supports or clinical services to our students. So that's something, through the school based diversion initiative, that we've been utilizing mobile crisis more in those situations.

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**Jeff Vanderploeg:**

So Tiffany, having heard all that from Erika and from Jeana, a question for you is how do you go about linking to ongoing services after this crisis moment is over?

**Tiffany Hubrins:**

Following the crisis moment, mobile crisis will complete extensive safety planning, which would involve the youth, guardian, school, and community provider with the guardians' permission. In the meantime, the crisis clinician will provide followup care based on the youth's acuity. Depending on the needs of the youth and/or family, mobile crisis clinicians will decide on an appropriate level of care based off the youth's level of risk and the youth and/or family's need. Mobile crisis will make recommendations for treatment, which could include outpatient therapy, intensive outpatient and partial hospitalization services, in-home services, educational advocacy services, and care coordination.

**Jeff Vanderploeg:**

That's really helpful. I think mobile, in our state, plays a really critical role in making the connection to that next level of care. I want to stop though, and actually acknowledge something that we haven't talked about yet today, which is the issue of equity, particularly racial and ethnic equity. One of the things that I know was very influential for us when we developed or helped develop school based diversion initiative model 11 years ago is the data that so clearly indicated that children, students of color were the most likely to experience exclusionary discipline, including in school arrest.

One thing that I've observed in the data in mobile response or mobile crisis here in our state is that young people of color tend to use mobile crisis at higher rates than you would expect, based on the population. So just as an example, if 15% of the population in Connecticut are African American youth, utilization of mobile crisis, when you look at it by race ethnicity might be 20%, for example. So it tends to be over utilized by students of color. That's something that, I guess, you could think about it a couple of different ways. But I think I'm interested to hear from both of you, Erika and Tiffany, what you think about mobile crisis as a way of reaching students of color in particular?

**Erika Treannie:**

For me, listening to that data, because that's not something that I'm normally made aware of for mobile crisis, but that would make me wonder one of two things. It is disproportionately higher for students of color because they didn't initially have access to mental healthcare and treatment? If that's the case, then maybe they would be utilizing mobile crisis more often in that case. Then that could be used as a tool to bridge them to community supports and services.

**Jeff Vanderploeg:**

Yeah. That's exactly what I was getting at. Tiffany, I'd love to hear your perspective on this as well. Just how, in your experience, how mobile crisis has been useful for reaching very diverse populations across the state.

**Tiffany Hubrins:**

My experience is that a lot of times, and I can't speak for all situations, but there are times, especially remembering when I was a clinician out in the field some years ago, is that there was kind of some level of a taboo for families who were of color when it came to mental health, when it came to externalized, aggressive behaviors. Mobile crisis became like a linkage to some of those families, because they had someone to be there and assess the child, and also then give the family psycho education about what all of this means, and how all the experiences that your child had in its life resulted into these symptoms and these behaviors. So then once the parents understand it, then there is an opportunity where we can kind of discuss what happens next. How can we help this youth? So it really, I think, has been an opportunity to really educate families of color.

**Jeff Vanderploeg:**

That's a fascinating response, really, from both of you. It sounds like, from what I'm hearing, that mobile may play a pretty important role in reducing stigma, that it tends to be more accessible and more, I suppose ... Feasible might not be the right word. But families just tend to latch onto it easier than other parts of the behavioral health system is what I'm hearing. Also, I think, in general, the research tells us that accessing services in schools as opposed to community-based clinics can be also another way to break down barriers that families might feel related to stigma or other barriers that get in the way of them accessing services when they're located in an office.

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**Erika Treannie:**

I would have to agree with that, and thinking, in the past, different cultures are resistant to counseling services. With it being within the school, some of the families have been more open to receiving clinical services if they're not having to go someplace to get it. For whatever reason, with it being within the school, the families have been more open to receiving the services in the building.

**Jeff Vanderploeg:**

Really interesting. It made me think of another thing. I'm making lots of connections here as you both talk, which is good. It's been a really interesting conversation. But one other thing that we think about in our school based diversion, and I'd love to hear your perspectives on it, the difference between when you observe a difficult behavior, a challenging behavior for a student in the school, thinking about it as a behavioral problem as opposed to a behavioral health problem. Does that resonate with either one of you as a useful way of turning the curve, as it were, when it comes to exclusionary discipline?

**Erika Treannie:**

Yeah. Like I was saying before, not every behavioral incident is a clinical response, right? It's normal to have conflicts. Developmentally, what we're trying to do is attempting to build the skills of these students in order to explore identifying the components, and building the skills, and spending time as behavioral teams to look at the behaviors and see what was happening before the behavior incident. What was the student asked to do right before? What was the triggers? To try to find ways to support the students, and help them identify, use the language. I'm feeling this way, and that's why I'm acting this way. So we really are aiming for positive growth to see these situations and opportunities for change, so that way it doesn't become a bigger issue.

**Jeff Vanderploeg:**

Yeah. That's interesting. What I'm hearing you say is part of the work is normalizing behavior, right? That things are going to go wrong sometimes. It doesn't mean that a student needs to be arrested, and it doesn't even necessarily mean that they need a clinical intervention. Sometimes they do. Tiffany, how do you go about sorting that out, as a mobile crisis provider, how do you sort out what represents just normal adolescent behavior that sometimes happens versus a clinical need?

**Tiffany Hubrins:**

Thank you, Jeff. There is no exact equation to sort out the difference between normal adolescent behavior and adolescents how have a clinical need. But there are a few things that you can consider. So the things that you will want to think about is has the adolescent had any noticeable change in their mood, any changes in sleep patterns, poor performance in school that is below the adolescent's baseline, recent events of adjustment to a new situation or environment, or has experienced any recent or past traumatic events?

One thing I think is important to note is that oftentimes the guardian caregiver and/or the parent are the experts of knowing when something is not quite right with adolescents. I also believe that school staff have good insight regarding the adolescents as they spend a number of hours with them. Ultimately, when there is a noticeable change with the adolescent, reach out to a school social worker, to a crisis intervention service, or a mental health professional.

**Jeana Bracey:**

Thank you, Tiffany. That's really helpful in order to ... How you tease that apart and really looking at the individual child in all of this, too. I think the last few minutes of this conversation really points to applicable lessons for all schools or communities that are really implementing this school responder model in terms of the importance of relationships, and really knowing the child and the community that you're working with. Building trust among families, and particularly around ongoing communication for that care process. There are multiple steps in this process. So I'm curious, I'll start with you, Erika, how do you ensure good communication between the behavioral health provider and the school before, during, and after a mobile crisis response?

**Erika Treannie:**

I think it starts with good non-crisis communication. In some instances, a communication plan that identifies the roles and responsibilities before a situation actually occurs. We have found that activities that build respect and trust, as well as commitment to a debrief after critical instances, when a debrief happens, it allows for the opportunity for people to say

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what worked, what didn't work, and that's really what's invaluable. When we're able to share, "That was great when you did this. Next time, can you please do that?" Open lines of communication and being open to improvements are all really important variables. In addition, it eliminates the obstacles, sometimes, if we have shared forms, releases, etc, it makes it easier for families to be able to navigate both systems, the behavioral health as well as the school. So if we can streamline that and make that as easy as possible, I think that's a good form of communication.

**Jeana Bracey:**

Great. I love that. When you talk about a non-crisis communication plan. So it's not just what's happening in that moment, but what happened before and after it, what's all the context, and what worked well and what didn't. Having that debrief process is really important. I'm glad you mentioned both of those things. I'd like to give Tiffany an opportunity to respond as well, in terms of your view in terms of how do you ensure good communication from your perspective in the mobile crisis world, connecting to the school before, during, and after that response?

**Tiffany Hubrins:**

Thank you, Jeana. Mobile crisis in Connecticut is a voluntary service. So it's very important that the crisis clinician get consent for services from the guardian of the youth. To ensure communication with providers, mobile crisis will obtain release of information for each provider, which could include the primary care physician, the therapist, and the school. Mobile crisis will maintain regular communication with the school and community providers with updates as needed. Including but not limited to recommendations made to the youth and family, referrals that were completed, and the level of support the youth needs during the time of the episode of care.

**Jeff Vanderploeg:**

So I just want to wrap up here, and thank both Erika Treannie and also Tiffany Hubrins for joining us on this podcast. For the listeners out there, hopefully this information was helpful for you about how you engage with behavioral health collaborators. I think what we learned a lot today, but we learned a lot about how schools themselves are a part of the responders. Also, that your community behavioral health providers out there can also be helpful in responding to student incidents that take place. So just want to thank again both Erika and Tiffany for joining us today, and also thank Jeana Bracey for being part of this conversation. I'll kick it over to PRA to wrap us up.

**Crystal Brandow:**

Thank you so much, Jeff, and thank you to all four of you, Jeff, Jeana, Erika, and Tiffany, for joining us in this conversation today.

## CONCLUSION

We really hope this was helpful for the schools and communities listening to this podcast series, and seeking to enhance or improve their school responder models, or otherwise learn from some successful models across the country.

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