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STRENGTHENING SCHOOL-FAMILY- COMMUNITY PARTNERSHIPS THROUGH THE SCHOOL RESPONDER MODEL

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Introduction to the School Responder Model and School Mental Health

The School Responder Model (SRM) aims to reduce punitive and exclusionary school discipline outcomes for youth with behavioral health conditions through a process that emphasizes identifying and responding to the underlying causes of student behavior. The SRM is composed of four primary components: cross-systems collaboration, family and youth engagement, behavioral health response and implementation, and the creation of policies and formal structures.

Through coordinated planning, consistent communication, and collaborative care, key stakeholders in the school and community can partner with families to align their shared goals with available resources and supports. These stakeholders include youth and their families, behavioral health service providers, law enforcement and juvenile court system partners, and others in the local community who have a role in supporting the planning and delivery of care. Ultimately, the SRM serves to reduce discretionary decision-making along the school-justice pathway to promote processes and outcomes that are more appropriate for, and supportive of, youth.



For more information on school-family-community partnerships, stream the podcast featuring CHDI's Drs. Jeffrey Vanderploeg and Jeana Bracey; and NCYOJ's Dr. Crystal Brandow on [SoundCloud](#).

Value of School-Family-Community Partnerships in a School Responder Model

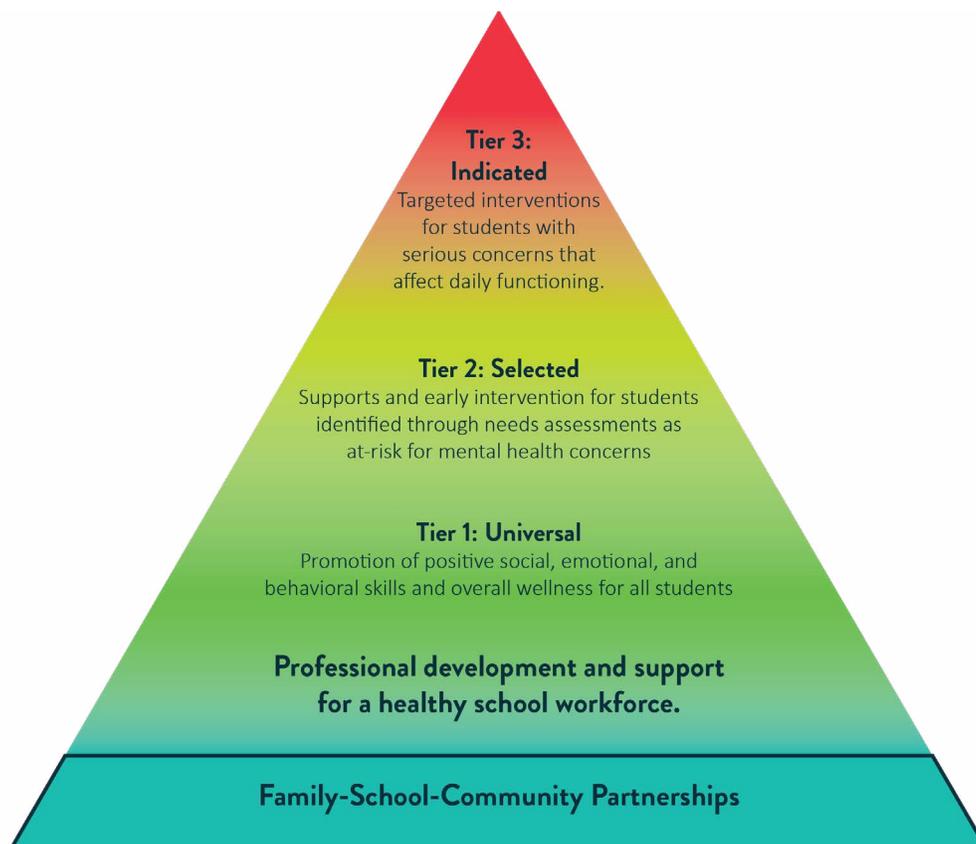
Establishing a school-family-community partnership early in the SRM process has several benefits for SRM and other school-based initiatives.

- At the systems level, collaborative partnerships among education, behavioral health, law enforcement, and juvenile court systems help to drive integrated cross-system policy that supports diversion and treatment rather than punitive discipline. These partnerships also promote buy-in and engagement to ensure effective use of services and resources.
- At the individual level, strong cross-systems partnerships and planning between schools and providers ensure students can benefit from interventions that produce positive outcomes for youth and their families.

School-family-community partnerships provide a foundation for comprehensive trauma-informed school mental health systems to meet the needs of all children, youth, and families across a multi-tiered system of services and supports from health promotion and prevention efforts to identification and early intervention, and through more intensive and individualized targeted supports when needed.

The Child Health and Development Institute of Connecticut (CHDI), together with the National Center for School Mental Health at the University of Maryland, developed a framework for policymakers and school district leaders interested in improving outcomes by addressing the mental health and trauma needs of students. This trauma-informed framework provides an overarching structure for a coordinated approach to guide development, implementation, and sustainability of school-and-community-based mental health services to expand schools' capacity to improve student outcomes.¹ Utilizing this approach lends additional support and guidance for implementation of key features of the SRM as a component of the larger, integrated framework to support student behavioral health.

TRAUMA-INFORMED MULTI-TIERED SYSTEM OF SUPPORTS FOR SCHOOL MENTAL HEALTH



Core Components of the School Responder Model

The four core components of an SRM can be operationalized and framed as key features for supporting the needs of youth with behavioral health conditions.



Cross-systems collaboration



Family and youth engagement



Behavioral health response and implementation



Creation of policies and formal structures

A core component of SRMs is **cross-systems collaboration**, which incorporates school-family-community partnerships. As described above, a critical element in the short- and long-term success of SRMs are the collaborative efforts of a multi-disciplinary team, rallying around the issue of arrest reduction and access to effective alternative services and supports for youth, and particularly those youth with behavioral health conditions. This **school-family-community partnership** can drive shared buy-in and accountability across partners.

Family and youth engagement as the core component of SRMs acknowledges families and caregivers¹ as a critical link for true school-family-community partnerships. Effective engagement and full partnership with families leads to improved communication and coordination of services and improved behavioral health and academic student outcomes. In addition to caregivers and parents, family partners may include family advocates with expertise in special education or legal matters to support families in navigating service systems.

As noted above, the SRM framework is grounded in the belief that adult responses to students' behaviors, as much as the behaviors themselves, contribute significantly to inappropriate and unnecessary referrals to police and juvenile courts.

Behavioral health response and implementation, as the third core component of SRMs, involves both developing a rapid-response alternatives to police involvement and a consistent approach to screening, assessment, and referral to student mental health services and supports. In reducing the reliance on police intervention for school disciplinary and behavior incidents, schools need to identify the rapid response alternative(s) that will replace them. A team of school-based social workers or psychologists (school-employed or community-based providers co-located in the school) with knowledge of crisis stabilization strategies can serve as immediate responders to critical incidents. Mobile response and stabilization services (MRSS) are one effective option for responding relatively quickly to a school and serving as an alternative to arrest. MRSS programs that are co-located within schools or who have a Memorandum of Agreement (MOA) to promote collaboration can often respond even more quickly.ⁱⁱ

Consistent screening, assessment, and referral systems are also important for implementing a behavioral health response. School- or community-based behavioral health providers are frequently identified as the most appropriate alternative to police and the juvenile court system. These professionals are frequently trained in the use of standardized clinical screening and assessment measures and strategies to identify underlying needs. They work to connect students to culturally and developmentally appropriate services and supports that address those underlying needs. NCYOJ encourages schools to use validated screening tools that can be completed by non-clinical staff. A student who flags on the screening tool should then be referred to in-school or community-based clinical staff for further assessment and subsequent referral. The initial screening does not require clinical expertise.

Finally, the fourth core component of the SRM framework is the **creation of policies and formal structures**, which includes formalizing changes to disciplinary policies and practices. Most schools have a student code of conduct or a similar set of disciplinary policies and procedures. School districts can formally capture and sustain SRMs by revising disciplinary policies and procedures to include information on staff training, implementation of a graduated response model, reduced reliance on police response, use of restorative practices, improved processes for accessing behavioral health services, and others.

Steps For Building Capacity Through Collaborative Partnerships



Identify key stakeholders



Build buy-in across partners



Develop strategies that build on strengths



Address perceived barriers



Develop a clear action plan and communication strategy



Create a culture of accountability

While a fully developed SRM must include a behavioral health component, that alone is not sufficient for building and sustaining the capacity of this model to effectively respond to systems-level needs. SRMs inherently, and must, involve multiple child-serving sectors (i.e., education, courts, behavioral health), creating the potential for a broad base of collaborators and supporters. There are clear benefits to collaborating with additional community partners and families, such as an expanded ability to share resources, continuity of care to support the student beyond the school setting, and promotion of a whole school/whole child approach.ⁱⁱⁱ It is important to note, however, that not all potential collaborators are natural supporters of SRMs. While many school and community leaders support progressive disciplinary approaches, others may advocate strongly for “tough on crime” approaches. Whenever possible, engaging with a diverse group of potential supporters, listening to ideas and concerns, and addressing misconceptions can be an important part of building initial support for SRMs. Direct involvement in the development and ongoing implementation and monitoring of the outcomes of an SRM increases partners' buy-in and investment in the success of the initiative.

1. For more information about the value of family engagement, see [Fostering Family Engagement in the School Responder Model](#)

There are several key steps to engaging cross-systems and community partners. First, **identify key stakeholders**.

In the **educational** arena, individual teachers, principals, and superintendents are frequently important champions of SRMs, and can help to facilitate support from their local or national trade associations. Identification of a school “champion” helps to coordinate activities, facilitate implementation of the SRM, foster communication among partners, and monitor progress and outcomes. Parent-teacher associations can also be critical partners, as can legal, anti-racism, and social justice advocates.

Community partners include families and caregivers, health, and behavioral health providers and their trade associations (e.g., social work, psychology, pediatrics), care coordinators/community health workers, children’s hospitals, community-based organizations (e.g., youth services bureaus, YMCAs, Boys & Girls Clubs, after-school programs), academic partners, state and local government leaders, clergy and faith-based leaders, and public/private philanthropic organizations.

In the **juvenile court system**, potential partners in SRM implementation include police, juvenile court judges, probation officers, and participants in alternative discipline models and initiatives (e.g., juvenile review boards, youth courts, peer intervention models). For example, a 2018 report from the International Association of Chiefs of Police made a number of recommendations to police for strengthening youth-police engagement, many of which directly related to school interactions and to SRMs.^{iv} Examples include:

- Create opportunities in schools for positive non-law enforcement activities
- Participate in joint police-youth training
- Create or promote alternatives to exclusionary discipline (e.g., conflict resolution, restorative practices, diversion, counseling, youth courts, peer interventions)
- Help to develop or reform school disciplinary policies
- Implement a continuum of proportional consequences for youth with escalating behaviors

Second, **build buy-in across partners** to align efforts toward a common goal. Communicating a clear message about the goals and values of the SRM helps identify champions for supporting the work and ensures understanding of the expected outcomes. Executing a memorandum of agreement (MOA) between partners serves to communicate expectations and responsibilities of partners and to document agreement with the collaborative process. Connecticut’s SBDI includes MOAs between schools and police, and between schools and community service providers, examples of which are publicly available on the SRM Virtual Toolbox.^v It is important to note that an MOA is only effective when it is fully implemented, regularly reviewed, and updated to ensure its relevance for promoting the success of the SRM.

Third, **develop strategies that build on strengths**. There are a number of ways to engage community partners in SRMs that directly builds on their unique resources for implementing this model, including but not limited to:

- Invitations to participate in SRM coalition meetings, including asking them to convene or host
- Direct participation in goal and strategy development
- Monitoring SRM implementation and outcomes
- Helping partners communicate SRM activities and outcomes within their networks
- Developing or delivering training
- Establishing MOAs that clearly articulate roles and responsibilities

Fourth, **engage in training and professional development** to contribute to meaningful changes in attitudes, beliefs, and behaviors. Youth arrests are triggered by adult responses to challenging student behaviors. In many instances, alternative decisions to arrest may be available to adults, but are not utilized. Professional development among adult decision-makers can help develop new knowledge, attitudes, and skills so school personnel can disrupt patterns of over-use of police and the juvenile court system, and fully utilize the alternatives available to them. An understanding of the domains and markers of normal adolescent development, including the impact of factors such as family and community trauma, can dramatically reduce exclusionary discipline while building positive school climate and connectedness.^{vi} This is particularly effective when paired with training on the implementation of a full suite of restorative practices, such as mediation and restorative circles, and effective classroom behavior management skills. Finally, school personnel with the most direct involvement in deciding how to respond to challenging behaviors (e.g., school administrators and support staff) should receive training in the continuum of community-based resources that serve as alternatives to arrest.

Then, **address perceived barriers**. Identifying and distinguishing logistical barriers (e.g., meeting time, locations, availability, buy-in) from systemic barriers (e.g., mental health stigma, institutional racism, law and policy, other social determinants of health) is a critical step in moving towards sustainable change. This step involves establishing solutions that address the specific identified problems and creating accountability among the responsible parties who are able to make decisions that remove these barriers.

Next, **develop a clear action plan and communication strategy**. A strategic plan for implementing the SRM that identifies roles and responsibilities for collaborative partners often takes the form of a multi-level matrix or decision-making flowchart with a feedback loop for communicating efforts and outcomes across each step in the process. Examples of these plans are available from NCYIJ's SRM Virtual Toolbox.^{vii}

Finally, **create a culture of accountability**. Regular cross-systems team meetings can be held to track the workflow and decision-making process at the community level, and school-based implementation team meetings can be held to monitor the supports and interventions delivered at the individual student level. To further drive sustainability of the SRM, ongoing review and reporting of discipline and service referral data disaggregated by race, ethnicity, sex, and age; and data-driven decision-making are important components of addressing and eliminating disparities in this process.

Conclusions

The SRM is built on a foundation of school-family-community partnerships that drive practice and policy change through a collaborative, cross-systems approach. Positive outcomes for youth can be realized by building the capacity of schools to respond to behavioral challenges proactively and restoratively through community collaborations, strengths-based and strategic approaches, and shared accountability.

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Endnotes

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