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Introduction to Report

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Purpose

School safety, as a process, seeks to create an environment in which education can occur without disruption, harm, or danger (Reeves, Kanan, & Plog, 2010). A comprehensive school safety program goes beyond enhancing physical safety in the school building and addresses the broader needs of students and faculty relating to physical and psychological safety and well-being, both in the school context and the greater community (Cowan, Vaillancourt, Rossen, & Pollitt, 2013). Paramount to developing an environment that is safe, supportive and conducive to learning, are the identification and treatment of behavioral health needs experienced by students.

Too often, when students display disruptive behaviors, school officials respond punitively rather than seeking to address the underlying cause of the behavior. This leads to many students with behavioral health needs experiencing suspensions, expulsions, and even arrests (also known as exclusionary discipline). Zero tolerance policies have led to a pattern of referrals from schools to the juvenile justice system. Unnecessary contact with the juvenile justice system is associated with school-related problems, including negative academic and behavioral outcomes, leading to greater entrenchment of school difficulties for youth who are labeled as delinquent (Dishion, McCord, & Poulin, 1999; Fowler et al, 2007).

Creating school climates that are safe, supportive, and conducive to learning for all students has necessitated the development of effective methods for responding to students with behavioral health needs. The *School Responder Model* (SRM) and *Adolescent Mental Health Training for School Resource Officers and Educators* (AMHT) are two such approaches. These models have been used to reduce school reliance on punitive responses by identifying and treating factors to contribute to undesirable student behavior. The purpose of this study was to expand the evidence base on approaches to improve school safety based on the SRM and AMHT programs through a more robust test of these complimentary approaches to support enhanced outcomes for students; in particular, those with behavioral health needs. This study was supported by an Advisory Committee made up of national and local experts in schools, justice, and mental health response models. Study oversight was provided by Policy Research Associates' Institutional Review Board.

Project Structure and Roles

A research team, consisting of senior researchers from the NCYOJ and LSU Health Sciences Center's, developed the study methodology, facilitated data collection, and worked in close partnership with a program implementation team and participating schools to collect data and interpret results from the analysis. A program implementation team, made up of staff from NCYOJ and the Child Health Development Institute of Connecticut (CHDI), provided leadership and worked with the high schools implementing the SRM. The National Association of School Resource Officers (NASRO) provided the AMHT training to high schools implementing the AMHT.

This study was implemented in partnership with 16 high schools, eight in a south-eastern state [State 1] and eight in a mid-western state [State 2]. The 16 high schools participating in this study were divided into four Groups: (1) those implementing both the SRM [Group A]; (2) those implementing the SRM only [Group B]; (3) those implementing the AMHT only [Group C]; and those engaged in practice as usual [Group D]. Each Group consisted of two high schools in each state, for a total of four schools in each Groups (see Appendix, Table 1).

Each state has a unique political and social policy context including differences in approaches to public education and robustness of the mental health services and delivery infrastructure. However, in both states there was an active charter school presence and school choice policies that facilitated – among other things – a high rate of mobility among students. For schools, especially those located in the inner ring suburbs of urban centers, this has resulted in significant demographic shifts in the types of students served and the number of students served. For example, in one school [Group A, State 2], the student population grew 17 percent between 2013-14 and 2017-18, while the number of Black students increased by 94 percent, Hispanic students by 50 percent, and White students decreased by 31 percent.

All the schools were located within suburban or urban settings and nearly all of the participating schools serve a significant population of economically disadvantaged students. Expenditures per pupil

(based on personnel and non-personnel expenses) are comparable. The design, structure and curriculum varied across the schools including alternative high school programs, charter schools, and traditional public high schools. Two of the schools followed an alternative curriculum and model that is completely computer-based and designed to help student recover credits and graduate. These schools are alternative settings and while staffed by teachers who provide tutoring and assistance, most of the instruction occurs on the computer.

Though data were not consistently available nor systematically collected by many schools, leaders and educators in many of the school communities reported high rates of teacher turnover. For example, some school leaders reported entering the academic year with teacher turnover as high as 50 percent (Group A and B schools, State 2). Leaders described starting the academic year without classroom teacher positions filled, often losing out to neighboring schools that are able offer more competitive pay and benefits, and for teachers to depart mid-year with as little of 6 months experience in the building.

The Interventions

School Responder Model

The SRM is a school-based, behavioral health response model that seeks to disrupt unnecessary suspension, expulsion, and arrest for students, particularly those with unidentified, unmet, or undermet behavioral health needs (Cocozza, Keator, Skowyra, & Greene, 2016). The SRM includes four core components: 1) cross-systems collaboration, 2) family and youth engagement, 3) behavioral health response and implementation, and 4) policies and formal structures.

Implementation support was provided to Group A and B schools across three years of the study. In the first year, each school developed a strategic plan for building their SRM that was grounded in plans to operationalize the four core components leveraging existing, local resources. TA was provided to support the cross systems, collaborative teams planning SRMs in the schools including: two site visits; a one-and-a-half-day virtual implementation academy for intensive learning and planning; ongoing content support (e.g., resources on screening instruments); and, facilitated strategic planning sessions. TA guided each school team through a process to develop an overall vision and structure for their SRM, initiating new conversations between education and behavioral health leaders to braid together existing structures into intentional pathways to identify and address student behavioral health needs. The PIT worked with the schools to finalize flowcharts of their new SRM process, develop formal structures necessary for implementation (e.g., MOUs), and train project teams and additional school personnel on issues critical to the connection between mental health and disruptive behavior. In addition, the PIT prioritized three areas for collective TA (e.g., in-person seminars, webinar series, peer-to-peer calls): family engagement, behavioral health screening, and staff burnout.

Adolescent Mental Health Training for School Resource Officers and Educators

The AMHT is a 1.5-day training course designed to help SROs better identify and respond to students who are suspected of having a mental health need. School administrators and teachers may also participate in the training to ensure that all team members receive consistent information and can jointly discuss issues related to school-based policies and procedures that are likely to arise during the training. The eight-unit AMHT curriculum addresses the following topics: understanding adolescent development and mental health conditions in youth, crisis intervention and de-escalation, the role of SROs, the role of families, and service options available to youth. Implementation support was provided to Group A and C schools, primarily at the conclusion of the first school year during the study period. The first year focused on developing stakeholder relationships and educating stakeholders on the rationale behind the AMHT approach. The initial AMHT training was provided during the summer months to maximize access for SROs and educators. Subsequent trainings were provided, as needed due to staff turnover.

Project Design and Methods

Study Design

This study employed a quasi-experimental, multiphase mixed-methods research design (MMMD) to measure the program effect on systems-level indicators. A MMMD is a research approach the draws on quantitative and qualitative data and analysis methods to provide "multiple ways of making sense of the social world" (Greene, 2007, p.20). In addition to descriptive and statistical analysis of each phase of the

intervention, the voices of multiple stakeholders provided the socio-cultural context to gain an understanding of the lived experiences of educational professionals working within participating school systems.

A central focus of the study was a process evaluation to support a better understanding of those factors, or facilitators, that contributed to community readiness to implement a collaborative, cross-systems approach to improving school safety. This included measures of dosage of training and technical assistance, satisfaction, reach, recruitment, and fidelity.

Measurement Strategy and Data Collection

An ecological frame was used to guide creation of the measurement strategy (see Appendix, Figure 1). For the purposes of this study, which sought to measure systems level change and the effect on individual outcomes, emphasis was placed on understanding interactions at and between the mesosystems and micro systems levels. Ultimately, seeking to examine how interactions at these levels effect the process of change and the effect of any changes at the student (or individual) level. The research team worked to collect all data identified in the measures table (see Appendix, Table 2), regardless of research group (intervention or control), unless otherwise specified.

Data Analysis

Qualitative data collection (interviews and focus groups) occurred at two points: baseline and during the final implementation year. At baseline, both interviews and focus groups were conducted. Some of the interviews were conducted in person while others were conducted over the phone. At post-implementation, only interviews were conducted and all over the phone. All interviews and focus groups were recorded and transcribed verbatim by a transcription service. Additionally, the qualitative software program NVivo was utilized at both points to organize and code data and generate code reports.

At baseline, data analysis occurred across two phases. Individual case studies were developed for each school. Multiple schools within a district were grouped together into a single case study given shared governance structures and other common characteristics. A priori codes were developed based on the theoretical framework and review of the literature focused on school climate, partnership/collaboration, and program implementation. The code categories included organizational climate and culture, readiness for change, collaborative practices and structures, and community context. All transcripts were coded by one member of the research team. In the second phase of coding, data was analyzed across the cases to identify convergent and divergent patterns. Matrices and qualitative comparative analysis methods (QCA) assisted with identifying salient practices characteristics of each district (Miles et al., 2013; Rihoux & Ragin, 2008). Salience was assessed on a scale ranging from not salient (assigned 0) to evident (assigned 1.0). Interviews and focus groups were conducted with a range of sources of varying roles within the school and in community-based groups for the purposes of triangulation (Maxwell, 2013).

During the final implementation year, key members of the program implementation team in the intervention schools was invited to participate. Data analysis occurred in one cross-case phase. a priori codes were developed based on a review of the literature focused on partnership/collaboration and program implementation. The codes included the barriers and facilitators to implementation with emphasis on the actors and institutional attributes and practices. A member of the research team coded all the transcripts. QCA assisted with identifying salient facilitators and barriers across the schools.

Findings

The study centered on examining the overarching research questions by way of eight (8) study objectives. One study objective focused on data collection and will not be discussed here. (The data were collected and will be archived.) The three (3) study objectives that focused on program effect will not be discussed in detail because of disruptions associated with the COVID-19 pandemic during the final year of the study and other finding associated with the challenges associated with schools implementing collaborative change efforts. Highlights of the study results are presented below.

Study objective 1: To document current school discipline procedures and school climate.

School Climate

The Comprehensive School Climate Inventory (CSCI), an empirically validated school climate tool, was administered at the mid-point of the baseline school year. The CSCI measures thirteen essential

dimensions of a healthy school climate in five broad categories: Safety, Teaching and Learning, Interpersonal Relationships, Social Media, Institutional Environment, and two distinct dimensions for personnel only (cite). Overall, there was relative consistency across schools both within group and across groups on the five dimensions (see Appendix, Table 3). Of note, the lowest rated dimension across all Groups was "Social Media" which measures perceptions of students' sense of safety from physical harm, verbal abuse, gossip and exclusion when online or engaging through electronic devices.

School Discipline Policy and Procedures

A comprehensive review of state laws and regulations governing school discipline was conducted along with a thorough review of each schools' codes of conduct as written during the baseline year. A matrix was created cross walking all offenses specifically indicated by state law or noted in at least one schools' code of conduct with prescribed disciplinary outcomes. There were sixty-two (62) unique offenses captured across the codes of conduct, with 26 recognized across all schools. State law and regulations create the structure in which local districts consider alternatives to discipline through a behavioral health lens. In State A, state law and regulations require codes of conduct to specify seven (7) offenses as cause for expulsion, twenty-five (25) as cause for suspension, and three (3) as recommended for expulsion. In State B, state law and regulations require codes of conduct to specify seven (7) offenses as cause for expulsion and five (5) as cause for suspension. Of note, State B requires 10 behaviors to be included as eligible for restorative practices or alternatives to suspension and expulsion.

School Discipline Practice

Finding 1: Educators Link Social and Economic Disadvantage to Student Behavior

Leaders and educators from participating schools commonly identified trauma and social and economic and disadvantages as key factors impacting student behavior. According to this perspective, students exhibit disruptive or troubling behaviors in school because of traumatic experiences and a lack of resources and opportunities in their family, neighborhoods, and communities. A study of state level discipline data in State B during the 2017-2018 school year found that economic disadvantage and homelessness were key factors related to rates of exclusionary discipline (Erb-Downward, et al., 2021). Economically disadvantaged and housing insecure students accounted for 11 and 16 percent of suspensions and expulsions (respectively). Students who previously experienced homelessness represented 18 percent of incidents in State B ended with exclusionary discipline that same year.

Leaders and educators highlighted the fact that students had a difficult time trusting others, which also contributes to the need to test adults to determine if they are genuinely on their side. In a study of 190 eighth grade students, Amemiya, et al., (2020) found that following a disciplinary referral, adolescent trust and engagement with institutions and teachers are important for improving future behavior. Other leaders and educators linked trauma and social and economic disadvantage to students being "reactionary" and act out in impulsive ways at school. As described elsewhere, constant staff turnover created an environment in which developing trusting relationships was a challenge.

The concept of trauma at a community-level was particularly salient in schools located in State A, which experienced multiple natural disasters. Among schools located in this state, leaders, educators and community providers identified the continued impact of extensive flooding in 2016, when the local community received up to 2 feet of rain within a day, and the legacy of Hurricane Katrina. This theme aligns with studies of displaced and non-displaced students post-Katrina which revealed differences in instructional and disciplinary outcomes for students who faced the trauma caused by housing instability (Payne et al., 2006; Ward, et al., 2008).

Aside from natural disasters, racialized community-level trauma was also identified by leaders and educators. Educators report it is an issue that continues to be discussed by students within the schools. Additionally, leaders and educators also pointed to the trauma associated with violence that youth are experiencing in their neighborhoods and communities. One school leader (Group B, State A) identified their mission as related to untreated trauma. The leader said, the "reaction to that trauma is not being addressed in a school setting, at all," which unfortunately means that many students are not successful in traditional school settings across the community."

Finding 2: Emphasis on Youth-Centered Disciplinary Practices

Among the participating schools, a range of perspectives and approaches were presented by leaders and educators regarding disciplinary practices, though the most salient were those informed by youth development and, consequently, were youth centered practices. Leaders and educators emphasized that school can and should adapt to the needs of the students rather than expecting or demanding that students can and should adapt to schools. For example, at a Group C school (State B), a leader described the disruption caused by cell phones but said they recognized that cell phones are "lifelines" for students and that it was not reasonable to expect students to go "74 minutes without looking at their cell phone." The school recognized that rather than continue to battle students and generate referrals and infractions, the policy could be shifted so there was a compromise between needing students to focus on classwork but recognizing what else is important to them. Although parents are supportive of cellphone policies in schools, technology violations result in a wide range of disciplinary outcomes (Obringer, et al., 2007). At one school (Group A, State B) technology violations represented the largest percentage (20 percent) of incidents recorded in the Student Information System (SWIS) during the baseline year. Although 87 percent of these incidents were resolved using non-punitive actions, **eight percent of technology confrontations escalated into an out-of-school suspensions**.

Finding 3: Conflicted Perspectives on Disciplinary Approaches

Though the youth-centered perspective on discipline across those interviewed from participating schools, leaders and educators communicated considerable conflict perspectives on these approaches both within and between schools. The most salient point of divergence is represented by embrace of zero tolerance discipline policies. For example, a Group D school (State B) implemented zero tolerance policies in 2012 for fighting, physical aggression, and similar types of infractions. This involves having law enforcement respond to these situations (prior to this policy, law enforcement would not get involved). Most other instances of issues at the school are handled by the school first with others brought in as needed. Leaders and educators from this school indicated their perspective that these policies were effective and key to reducing infractions. However, at schools where leaders and educators where those interviewed communicated a youth-centered perspective, alternative perspectives also emerged suggesting a conflicted reality. This conflict was best exemplified in one school (Group A, State B) where leaders and educators sought – in the years preceding the current project – to implement a restorative justice approach. This move brought out conflicting perspectives as many wished to move away from a consequence-based approach, which was gaining considerable policy traction at the state level, while others emphasized a desire to retain traditional approaches to discipline. A school leader said that the counter reaction rested on the "perception that there was nothing being done and that we were just letting these disruptive, terrible kids take over our schools. Because teachers did not understand the whole transition to restorative practices and the piece of building relationships and approaching how we interact with kids differently could have a positive impact." There was considerable resistance among many educators in the district, and even among parents in the community.

The "Problem" of Outsiders

"When I first started it was a community and all the kids walked. Their parents went here, their grandparents went to [this] school. Now it's very different. The kids are all driven to school. They don't have a sense of community." Teacher

This educator added that the school and broader community have been predominately White with characteristics and values consistent with rural communities. Significant racial tensions emerged in discussion with leaders, educators and staff members in one district (two Group A, State B). A leader at the high school commented that there is a "...strong sense of community ethic and what it means to be member of this school. This leader added that navigating the changes in demographics has been "a little tricky for some of our staff members who have been here for, you know, ten years or more. Or if they themselves [went to this school]." The idea of what it means to be a member of the school community also surfaced in discussions with educators. In these conversations, educators identified the fact that the percentage of Black students increased in the school alongside comments such as the following,

> *"They are not from [our community]. They take two, three buses to get home. They hang out until parents pick them up at six, seven o'clock because they have nowhere else to go. And then the other thing I was going to say is in the 22 and ½ years I've been there, last year we had more incidences of marijuana in our building than all my other years combined. We had dealers. Known dealers in the building. The kids." - Teacher*

The interpreted message of statements such as these was to communicate that "these students" were outsiders and troublemakers, noting they are students of color. However, not all participants across the schools expressed such concerns. In another school (Group C, State B), for example, school choice or open enrollment policies was not identified as an issue. Educators did acknowledge that the school is somewhat unique because students do come from surrounding neighborhoods to their school. Educators described absorbing students that formally attended a dissolved school district as a significant population in the school. However, unlike other participating schools that identified new population of students requiring significant adjustment by staff, teachers at this school reported that the student population blended well; a perspective that reflected the administration narrative of this shift.

Study objective 2: To document the process by which schools implement policies and programs to improve school safety and school climate.

> *"... one of the battles we fought was consistency...we are such a large district. We have 89 schools...to train 40,000 people every year, and then how many times to do we get a new teacher, new personnel, somebody new on the campus? We required every school to send a group of people to suicide training, but...that was last school year. Now this school year comes around, nobody knows about it." - Administrator*

Constant turnover was part of a potentially reinforcing cycle of burnout and departures according to respondents, which also impacted the culture and climate of the school. Demands of the job and the constant cycle of new staff further stressed those who remained according to participants. The result was, as one participant said, "short-term thinking" where it was about making it through the day with the limited staffing resources without ever being able to better respond to long-term demands that made the job difficult. This resulted in staff describing feeling trapped in a "cycle at times" where staff rush to respond to the short-term needs and crises that emerge day-to-day or what was described as, "rolling from situation to situation." One staff member noted, "I'm always seeing the long-term. This is a crisis today. But what is this going to look like in 10 years from now? You have unmanaged mental illness. Right now, mental illness is managing us."

Study objective 3: To initiate adoption of SRM and AMHT in intervention schools using strategic and targeted technical assistance.

Case Study: SRM

An SRM core components rating system was developed to determine how successful schools were in implementing the SRM. This rating system allowed us to quantify each school's implementation of the SRM overall and for each individual core component of the SRM (Cross System Collaboration, Family and Youth Engagement, Behavioral Health Response, and Creation of Formal Structures). By examining the core component and global SRM ratings, we were able to establish where schools excelled and where they struggled in implementing the SRM. Further, these scores provided important context when examining school satisfaction with trainings, student outcomes, school outcomes, or school climate ratings. The total score was calculated based on the ratings for each of the core component subsections and excluded the ratings for the guiding principles. (See Appendix, Table 4 for a few examples of items included under each of the core component subsections). The higher a school's score on the SRM core components rating system, the more successful that school was at implementing the SRM.

We collected a range of data to monitor the process of implementing the SRM at each school. These data were primarily collected via surveys administered to relevant parties at each school. Surveys were administered following the Implementation Academy and at the end of the implementation year to assess schools' satisfaction with the implementation process. Surveys were also administered throughout the implementation process to monitor schools' satisfaction with the ongoing TA and training they were receiving. Additionally, the Project Implementation Team (PIT) tracked schools' progress toward

implementation goals throughout the process and recorded each instance of TA that was provided to schools. Together, these data provide information on the process of implementing the SRM at each school involved in this project. The project implementation team provided a range of TA in different formats throughout the course of program implementation (see Appendix, Table 5). Phone calls were the most common type of TA provided followed by virtual meetings, in person meetings, and emails.

Overall, by the conclusion of the second year of TTA, the SRM schools collectively rated a 4.7 of 16 (or 29 percent) on the Cross Systems Collaboration scale, a 2.7 of 14 (or 19 percent) on the Family Engagement scale, a 6.3 of 12 (or 52 percent) on the Behavioral Health Response scale, and 10.1 of 28 (or 36 percent) on the Formal Structures scale. These ratings suggest that the Group A and B schools had largely developed pathways to behavioral health services for students, however, formal structures and collaborations to sustain these efforts were in an early phase of development. Family engagement, a critical component of this model, was the most challenging for all schools. Given challenges with implementation, attributable to staff turnover and a crisis mentality in schools (described above) and disruptions related to the COVID-19 pandemic, student-level outcome data are not discussed.

Case Study: AMHT

Pre-training Questionnaire: Six weeks prior to the AMHT training target audience (SROs, security guards, and security liaisons) were surveyed to understand their attitudes and beliefs about behavioral and mental health issues in their assigned roles. Nine surveys were submitted for analysis. To assess the extent to which security staff's attitudes and beliefs, descriptive statistics were used to describe participant responses. Chi square analysis was performed to determine if any state level response differences were present.

The first fifteen questions of the questionnaire asked participants to rate the relevance of a list of activities to their role. The items were coded to reflect the relevance of the activities from least to greatest: 0 (not applicable/do not know), 1 (irrelevant), 2 (a little relevant), 3 (somewhat relevant), 4 (very relevant), and 5 (extremely relevant). Seven surveys were completed by State A security staff and 2 were completed by State B security staff. In the first set of responses, mean scores for duties aligned with law enforcement and school safety ranged from 3.3 to 4.8 by security staff in both states (see Appendix, Table 6). Keeping schools safe, patrolling to ensure safety, removing student threats, serving as a role model/mentor, coordinating with law enforcement, and referring students to police were all thought of as very relevant to their current role with small standard deviations from the mean (S.D.=[.4-1.4]) on individual responses. Mean scores for duties aligned with handling school discipline, educating students, and managing behavioral and mental health ranged from 1.9 to 2.78 with wider response variations (S.D.= [1.5-1.9]). Duties with little to some relevance to their role were determining a mental/behavioral issue, teaching anger management/problem solving skills, assessing risk factors, and coordinating/referring students to mental health.

Average participant confidence ratings on the second set of survey items ranged from 6.0 (Standard deviation=2.9) for determining delinquency risk to 9.6 (Standard deviation=0.8) for knowing when law enforcement should intervene (see Appendix, Table 7). Like the responses from the first set of questions, participants were less confident in their abilities regarding delinquency and mental health; however, means for each item did not fall below 5 (moderately confident). No categorical differences were found between security staff in State A and State B.

AMHT Training Observations: AMHT-sessions were delivered between June and August of 2018. Each AMHT Training session was observed by two research staff to support fidelity assessment with which the units of instruction were delivered. A total of sixty educational professionals from three State A schools and four State B schools participated in one of the training session (see Appendix, Table 8). To measure the fidelity with which the topics and activities within each unit were delivered, the observations for each unit were combined into single unit averages. Unit averages ranged from 56 percent (SROs) to 83 percent (Understanding Adolescent Development) with a combined AMHT completion rate of 70 percent. Descriptive statistics were used to understand the level of student engagement and the fidelity with which the AMHT was able to provide stakeholders in multiple roles a deeper understanding of adolescent behavioral and mental health.

As a measure of engagement with the instructors and the topics covered, each unit averaged between one and seven questions observed. Unit 3 (Adolescent Mental Health Conditions and Treatments) and Unit 7 (Connecting to Community Resources) generated the highest level of audience inquiry with an average of 6.7 and 7.3 questions asked, respectively. Unit 4 (Crisis Intervention and De-escalation) and Unit 6 (The Family Experience) generated the least number of participant questions with an average of 1.1 and .857 questions asked, respectively.

AMHT Training Satisfaction: At the end of each training session, participants were asked to complete a satisfaction survey printed on paper. The objective of the survey was to gather feedback about the usefulness, appropriateness and quality of the training and resources provided by trainers and guest presenters of the AMHT. Participants were asked to rate six aspects of the training using the following Likert style response scale which were assigned numeric values upon analysis using Stata 15. (1=poor, 2=fair, 3=good, 4=excellent). On the last two items of the survey trainees were asked to rate the likelihood that their own individual practices and the practices of their home institution would change due to the training they received (1=very unlikely, 2=somewhat unlikely, 3=somewhat likely, 4=very likely). Descriptive statistics and chi squared analysis were used to measure response differences between states and between groups.

A comparison of group means (see Appendix, Table 9) shows that Administrators gave the training higher scores than security personnel and school level staff in every category except for the likelihood that either individually or collectively, schools would make changes based on information in the training they received. Chi-square tests for independence (using the Fisher's exact test), show that differences by role and state were not statistically different from zero.

AMHT Encounter Forms: The objective of the AMHT encounter form was to obtain data about (1) the nature of the encounters that SROs and school security staff have with students, (2) the outcomes of those encounters, (3) the extent to which security staff recognize mental health/trauma, and (4) the tactics that may have been used to impact the outcomes of these encounters. Security officers were asked to complete an encounter form each time the offer intervened in situations where a student felt unsafe, was causing a disruption, or violated the law. The security/SRO encounter forms contain five sections. In section one officers were asked to (1) describe the encounter, (2) record the number of students and staff involved in the incident (not including the student), and (3) record the number of injuries occurring because of the incident. Section two through five provided researchers the opportunity to understand students' emotions, various tactics used by the officer, individuals involved in incident management, and any actions taken because of the incident.

Security officers in six schools completed at least one or more encounter forms between April and December of 2018. To establish the normative patterns by which security officers encountered students in their assigned schools, security staff were instructed to begin documenting encounters three months before the AMHT trainings began in June of 2018. All Group A and C schools received an initial AMHT training on or before August 14, 2018. Eight six percent of the encounter forms returned were received by schools in the same State B school district (the only study schools that did not experience school security turn-over between school years).

Finding 1: The Importance of SRO/Administrator Collaboration

Quantitative encounter form data indicate that SROs and administrators work in tandem to resolve student-SRO encounters. Administrators were involved in 86 percent of all encounters prior to the AMHT and 80 percent of encounters after the intervention. This is an indication that in the study schools, SROs support rather than replace administrative involvement in student confrontations. Previous studies highlight the discretionary decision-making authority of SROs (Theriot, 2009; Merkwe, 2015). These results indicate that while security staff in the study may or may not be exclusively accountable to school level administrators, their discretionary decisions were not carried out in isolation. SROs reported involving parents in encounters more often than involving teachers, community police, and mental health professionals. Although parental involvement is encouraging, the opportunity to involve mental health professionals with students represents an area for improvement.

Finding 2: No Clear Path to Improved SRO Tactics

After the AMHT training was completed, SROs did not report using any physical tactics to manage problem behaviors. Although these results are encouraging, the use of verbal tactics (active listening, humor, problem solving, etc.) and other non-violent tactics also decreased after the intervention. These results are consistent with the SRO responses on the post-training survey which showed them less likely to believe that practices at the individual and school level would change. The notable change in the outcomes could be a result of the change in student population. From one year to the next, a new cohort of first-year students and a graduating class of seniors means that half the student population has changed. The changing nature of student populations from year to year presents a challenge for training interventions that must be responsive to evolving mental health needs in students.

Finding 3: Fewer Juvenile Justice Outcomes Amid Disciplinary Declines in Schools

SRO reports of juvenile justice outcomes (arrests, citations, and diversion program referrals) decreased from 27 percent (of pre-intervention encounters) to 6 percent (of post-intervention encounters). Although a 77 percent decrease in juvenile justice systems involvement favors the effectiveness of the intervention, outcomes were not mutually exclusive and therefore a counterfactual condition could not be statistically estimated.

Study objective 7: To identify potential moderators of SRM and AMHT program outcomes associated with variations in local behavioral health service resources

Finding 1: Disparate Availability of School- and Community-Based Behavioral Health Services

The availability of school-based and community-based behavioral health services varied across participating school communities, though the majority reported that available services were inadequate to meet demand. In State A, the majority of participating high schools had counselors in school who provide education counseling rather than mental health services (though some counselors had certification in the area of mental health, this was not their role within the school). Therefore, there were no professionals on staff at the school serving at mental health function. While other schools had professionals on staff serving a mental health function, primarily social workers, staff hours were largely devoted to serving the student population with mandated counseling services as part of a formal education plan (IEP/504).

Aside from a range of existing school-based resources, a lack of community-based services was also noted by participants. Certain communities, especially in State A, noted limited services of varying quality. Many resources were inaccessible due to capacity issues and transportation. Community providers who participated in the interviews also described having very little direct communication with school leaders and educators. Some school-based personnel indicated issues with insurance coverage, which limited services youth were able to access, and access to transportation to services.

Finding 2: Existing School-Community Partnerships Supported Implementation

Aside from the availability of services, a second key factor, for which there was considerable variation across participating schools, was the level of existing collaboration or partnership between schools and community-based providers. As noted above, some schools worked with a local community provider to establish school-based clinics. In State B, multiple schools had school-based health clinics that offered physical and behavioral health care to address a range of issues. One educator described it as a "godsend because of high asthma and mental health issues." Other schools partnered with a community-based provider to offer services on certain days during the week. About half of participating schools across both states had an established school-based clinic or existing partnership with a community-based provider to offer services within the school. Schools with an established partnership had a significant advantage with implementing the intervention over those schools establishing new connections.

Implications for Practice

Implications for practice can be synthesized into three overarching themes. First, lack of shared, multi-disciplinary record-keeping and information sharing across stakeholders – schools, law enforcement and behavioral health – who share a daily responsibility for supporting students is limiting. None of the schools participating in this study captured SRO encounters or behavioral health referrals as outcomes in any of their discipline data or record-keeping. School-based discipline data were limited to school official interactions with students. We were able to merge school discipline data with SRO encounter form data to support a more complete picture of student discipline encounters, and each dataset provided a unique

picture of student behavior, disciplinary measures, and supports engaged. It is incredibly difficult as an administrator or change agent to understand the true nature of the problem and key decision points when information is silo'd and inaccessible. Additionally, structures to support information sharing in the simplest of forms is lacking. Even in schools with both SROs and health centers, the majority of stakeholders (administrators, SROs, and health center staff) were unable to articulate change efforts underway by other professionals in schools or describe roles, responsibilities, and resources available to each profession. These are individuals all working in a single school setting, alongside one another, on a daily basis. The lack of basic understanding of each stakeholder's role, function, and resources is limiting.

Second, ready access to appropriate and effective behavioral health services is critical to supporting alternative pathways for students engaged in disruptive behaviors. Schools that had school-based health centers were better equipped to implement alternative response models. Both at a practical level and at a workforce development level. School-based health centers were more widely recognized by teachers and administrators, compared to schools with co-located mental health staff or no school-based services, and thus used more as a support for students. Additionally, schools with health centers and co-located services did not experience the same challenges as schools without these resources related to service referrals for students. For example, State A schools understood federal law and state regulations related to service referrals to mean that (1) schools would be required to pay for services if they made the referral (not accurate and (2) individually tailored referrals could not be made because it would reflect provider preference (school-based health centers and co-located service providers had a similar understanding of the state law but had developed workarounds). As such, schools would provide families with an extensive packet detailing all local service options. As evidenced by the policy analysis, there are still challenges related to required and/or encouraged discipline practices and a lack of restorative approaches detailed in codes of conduct. The one state that had restorative practices in regulation, created an intentional pathway for local school districts to consider alternative approaches to student behavior. In both the behavioral health and school discipline policy domains, there is significant misinformation that limits local school practice to traditional, and more punitive, approaches to student misbehavior.

Finally, all schools, regardless of intervention groups, struggled with implementation because of incredibly high turnover. Nationally, recruiting and retaining SROs is difficult in large, high-needs urban schools (Finn, et.al, 2005). Across the project schools, only two schools retained stable school security staffing structures across multiple school years. These schools, from a single district, submitted the most encounter form data which is likely attributable to staffing stability and buy-in to the project. Many of the high schools, by design, had SROs rotate in and out of school-based work from week to week (one district, five schools, State A) and year to year (two schools, State B), or utilized private security firms that had nearly 100 percent staff turnover year to year. This approach contributes to instability in an environment that is already always in a state of constant change. Similarly, school administration and educational staff turnover was high, with one high school (State B) having three school leaders during the 4-year study period, and nearly 50 percent staff turn-over year to year. All other study schools experienced incredible staff turnover (both administrative and classroom) and staff reassignment (administrative only). The result of this constantly changing organizational structure was that schools were largely unable to make significant progress with intervention implementation from year to year. Incoming staff required a few months of TTA to gain basic knowledge of the project, expectations, and status of the work before they could move forward with strategic planning and implementation. The schools that made the most progress were those in which project leadership was assigned to school-based community workers (e.g., Community in Schools). There were still challenges to this model with incoming school leadership wanting to imprint their values and approach onto the model, but the project slowdown was less than in other schools. Additionally, these challenges suggests that initiatives with training requirements should follow a train-the-trainer approach or some other localized method for developing capacity to continually train incoming staff. Lastly, trainings on roles and responsibilities should be a regular component of school-based professional development and include all school staff, school security staff (e.g., SROs if present), and behavioral health (e.g., health center staff, co-located providers).

Appendix

Table 1: Participating School Profiles, 2018-19 School Year

School	Student Population	Grades	Graduation Rate	Student Diversity	Economic Disadvantage	Per Pupil Expenditures
Group A: AMHT & SRM						
State 1 – School 1	514	8-12	64percent	Black: 96percent Hispanic: 3percent White: 1percent	87.35percent	$16,194
State 1 – School 2	965	9-12	49percent	Black: 77percent Hispanic: 15percent White: 5percent	84.66percent	13518
State 2 – School 1	762	9-12	75percent	Black: 45percent Hispanic: 2percent White: 50percent	61.81percent	9883
State 2 – School 2	63	9-12	7.14percent (5yr)	Black: 83percent Hispanic: 2percent White: 15percent	70percent	8679
Group B: SRM Only						
State 1 – School 3	141	8-12	12.9percent	Black: 45percent Hispanic: 17percent White: 32percent	86.52percent	15509
State 1 – School 4	230	9-12	30percent	Black: 90percent Hispanic: 9percent White: 1percent	93.48percent	11851
State 2 – School 3	1,027	9-12	74percent	Black: 49percent Hispanic: 40percent White: 5percent	76.83percent	14319
State 2 – School 4	154	9-12	N/A	Black: 16percent Hispanic: 6percent White: 77percent	41.56percent	8979
Group C: AMHT Only						
State 1 – School 5	1,151	9-12	64percent	Black: 85percent Hispanic: 9percent White: 5percent	77.24percent	13941
State 1 – School 6	1,430	9-12	86percent	Black: 31percent Hispanic: 5percent White: 60percent	50.77percent	13778
State 2 – School 5	1,002	9-12	82percent	Black: 87percent Hispanic: 7percent White: 3percent	73.15percent	10648
State 2 – School 6	762	9-12	81percent	Black: 77percent Hispanic: 4percent White: 17percent	72.7percent	12786
Group D: Control Group						
State 1 – School 7	751	9-12	61percent	Black: 82percent Hispanic: 13percent White: 3percent	87.48percent	15334
State 1 – School 8	1,081	9-12	58percent	Black: 69percent Hispanic: 20percent White: 6percent	85.29percent	11865
State 2 – School 7	1,034	9-12	89percent	Black: 7percent Hispanic: 5percent	50.77percent	12410

				White: 85percent		
State 2 – School 8	356	9-12	92percent	Black: 84percent Hispanic: 2percent White: 13percent	76.4percent	13735

Figure 1: Ecological Model Framework
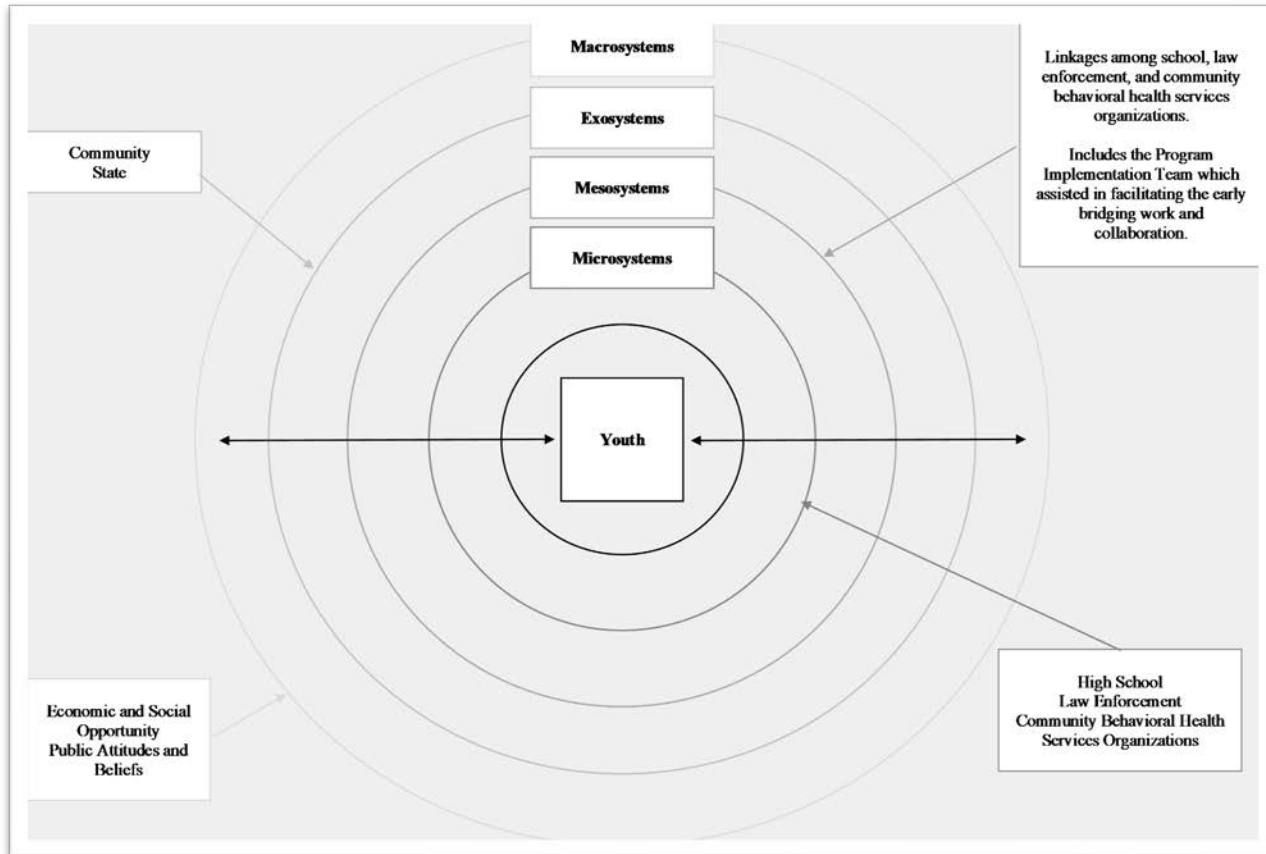
Table 2: Study Measures and Descriptions

Measure	Brief Description	School Year(s)
Groups A, B, C, D		
Comprehensive School Climate Inventory	Empirically validated school climate measure, developed and administered by the National School Climate Center.	2017-18
School Policies and Procedures	Annual school codes of conduct.	2014-20
Faculty and Staff Rosters	Annual school rosters of all personnel.	2014-20
Student Data (Administrative)	Academic and demographic data on all students.	2014-20
School Discipline Data	Academic records of student behavioral incidents and outcomes.	2014-20
Behavioral Health Data	Referrals to behavioral health services and screening results.	2014-20
Justice Data	Referrals to law enforcement.	2014-20
Key Informant Interview	Interviews with school administrators and support personnel, sworn law enforcement, and community behavioral health providers to capture perceptions of current practice.	2017-18
Focus Groups	Interviews with school administrators and support personnel, sworn law enforcement, and community behavioral health providers to capture perceptions of current practice.	2017-18
Groups A, B		

Key Informant Interview	Interviews with school administrators and support personnel, sworn law enforcement, and community behavioral health providers to capture perceptions of the SRM implementation process and outcomes.	2019-20
PIT Progress Towards Goals	PIT Team bi-monthly ratings of school team performance towards implementing the SRM.	2017-18
PIT TA Provided	Structured capture of all interactions between PIT team members and school implementation team members.	2017-19
Questionnaire: What is an SRM?	Qualitative survey of school implementation team staff at the conclusion of the first planning year, asking team members to describe an SRM and their SRM.	2018
SRM Implementation Academy Satisfaction	Survey administered to all school implementation team staff at the conclusion of the implementation academy to capture satisfaction with the event and preparedness to move towards implementation.	2017
SRM Training Satisfaction	Survey administered to all participants attending each training event to capture satisfaction with the event and perceptions of how the information informed SRM development.	2017-19
TA Satisfaction Survey	Survey administered to all participants at each TA event to capture satisfaction with the event and perceptions of how the information informed SRM development.	2017-19
Groups A, C		
Key Informant Interviews	Interviews with school administration, support personnel, sworn law enforcement, and school security to capture attitudes and beliefs about school safety.	2017-18
SRO Baseline	Survey administered to all sworn law enforcement and school security staff prior to participation in the AMHT to capture attitudes, beliefs, and knowledge of adolescent development, mental health, roles and responsibilities, and crisis response techniques.	2017-18
AMHT Participant Satisfaction	Survey administered upon completion of the AMHT training to measure satisfaction with the training and to capture perceptions of readiness to implement an alternative response approach.	2017-18
Training Observations	Structured observation of the AMHT training(s) to measure fidelity to the curriculum (trainers) and engagement volume and types (participants).	2017-18
AMHT Encounter Forms	Single page form designed to capture utilization of skills by SROs – completed for each encounter with a student related to a behavioral incident.	2017-20
School Safety Staff	Survey capturing design of school survey staff structure within each school building.	2017-18

Table 3. Comprehensive School Climate Inventory - Mean Ratings for Each Group

	Group A (AMHT + SRM) N=236		Group B (SRM Only) N=121		Group C (AMHT only) N=300		Group D (Control) N=194	
	M(SD)	*n*	*M(SD)*	*n*	*M(SD)*	*n*	*M(SD)*	*n*
Social Media Dimension	3.17 (0.88)	186	2.96 (0.94)	101	2.89 (0.89)	219	3.03 (0.90)	180
Safety Rules & Norms Dimension	4.02 (0.79)	179	3.93 (1.02)	99	3.84 (0.93)	214	3.98 (0.80)	177
Physical Surroundings Dimension	3.54 (0.87)	170	3.60 (0.81)	89	3.13 (0.93)	207	3.21 (0.92)	171
Leadership Dimension	3.76 (0.91)	186	3.56 (1.05)	102	3.37 (1.12)	219	3.74 (0.88)	181
Professional Relationships Dimension	3.86 (0.78)	186	3.79 (0.87)	102	3.86 (0.94)	219	3.81 (0.75)	181
Sense of Physical Security Dimension	3.18 (0.84)	181	3.30 (0.92)	99	3.12 (0.87)	216	3.14 (0.83)	177
Sense of Social Emotional Security Dimension	2.84 (0.78)	181	2.77 (1.00)	99	2.68 (0.89)	216	2.79 (0.86)	177
Support for Learning Dimension	4.05 (0.71)	186	3.91 (0.83)	102	3.98 (0.83)	219	3.95 (0.58)	180
Social and Civic Learning Dimension	3.79 (0.73)	186	3.60 (0.91)	102	3.62 (0.84)	219	3.69 (0.78)	181
Respect for Diversity Dimension	3.77 (0.75)	185	3.64 (0.87)	102	3.57 (0.84)	219	3.68 (0.77)	181
Social Support - Adults Dimension	3.99 (0.58)	186	3.91 (0.72)	102	3.92 (0.78)	219	3.88 (0.58)	180
Social Support - Students Dimension	3.88 (0.63)	180	3.80 (0.75)	99	3.74 (0.68)	216	3.78 (0.60)	176
School Connectedness / Engagement Dimension	3.98 (0.72)	186	3.71 (1.09)	102	3.84 (0.85)	219	4.00 (0.66)	181

Notes. Items within each dimension were rated on a scale of 1 (strongly disagree) to 5 (strongly agree). N represents the number of respondents from each Group who responded to each item rating. If a respondent only answered some items for a dimension, their average rating correctly accounts for the number of items they answered and they are included in the overall dimension average.

Table 4. Sample Items Included in the SRM Key Components Rating System

Cross System Collaboration
Did law enforcement collaborate on developing the SRM?
Did families collaborate on developing the SRM?
Did community behavioral health providers participate in SRM training(s)?
Family and Youth Engagement
Were youth present at initial program planning?
Is there a requirement, as part of the SRM, that youth have voice at the individual, case level interactions?
Were family/peer community organizations engaged?
Behavioral Health Response
Was a target population for the SRM clearly defined?
Was a (validated and reliable) behavioral health screening tool implemented?
Is there a clearly defined decision-making process (post-screening)?
Creation of Formal Structures
Were all school staff trained on adolescent development?
Are there written policies and procedures for administering the mental health screening?
Is the SRM manualized?

Table 5: SRM Core Component Ratings and TTA Contacts

	SRM Core Component Rating (0-70)	Total TA Contacts	Routine Contacts	Emergency Contacts
Glen Oaks High School	21	18	12	3
Hazel Park High School & Alternative	29	56	48	4
JFCA Alternative High School	27	31	25	6
Pontiac	22	25	22	3
Oakland Opportunity	21	23	22	1
ReNEW Accelerated High School	26	27	24	3
Tara High School	21	33	29	3

Note. When routine and emergency contacts do not add up to total contacts, some types of contact were unclassified.

Table 6: Pre-Training Questionnaire Part 1 (Attitudes and Beliefs about Participant Roles)

Variable	Obs	Mean	Std. Dev.	Min	Max
Keep school safe	9	4.778	0.441	4	5
Role model	9	4.222	1.394	1	5
Determine mental or behavior issue *	8	2.625	1.923	0	5
Remove student threats	9	4.667	0.500	4	5
Teach anger management	9	2.667	1.732	0	5
Assess risk factors	8	2.625	1.996	0	5
Decide to refer to police	9	3.333	2.062	0	5
Help students calm down	9	3.778	1.302	2	5
Patrol to ensure safety	9	4.778	0.441	4	5
Decide to refer to mental health	9	1.889	1.537	0	5
Teaching problem solving skills	9	2.778	1.787	0	5
Enforcer of rules	9	3.000	1.732	1	5
Coord. w/law enforcement	9	4.222	1.394	1	5
Mentor students	9	3.778	1.302	2	5

Coord. w/mental health service	9	2.000	1.871	0	5

Note: 1 participant did not respond to this item

AMHT Table 7 Pre-Training Questionnaire Part 2 (Participant Confidence)

Variable	Obs	Mean	Std. Dev.	Min	Max
I can tell if students benefit from MH service	7	6.714	3.352	1	10
I can tell if law enforcement should intervene	7	9.571	0.787	8	10
I can identify signs of emotional disturbance	7	7.429	3.207	2	10
I can identify signs of behavioral disturbance	7	8.286	1.976	5	10
I can determine delinquency risk	7	6.000	2.944	1	10
I can prevent early warning	7	8.000	1.732	5	10
I can verbally deescalate a crisis	7	8.000	1.732	5	10

Note: 2 participants from State A skipped all seven questions in this section.

Table 8: AMHT Participants by Role and State

Participant's Role	State A	State B	Total
School Administrators	13	9	**22**
Law Enforcement	6	4	**10**
School Staff	2	26	**28**
Total	21	39	**60**

Note Administrators are comprised of Superintendents, Principals, and Assistant Principals. Law Enforcement participants are comprised of SROs and school security staff. School Staff are comprised of teachers and student support staff, and all other unidentified attendees.

AMHT Table 9: Post-Training Satisfaction Surveys

	Mean	Std.Error	Min	Max
Overall quality of the training program.				
Administrators	3.714	0.122	2	4
Security	3.500	0.167	2	4
Staff	3.308	0.144	2	4
Organization of the training program.				
Administrators	3.619	0.146	2	4
Security	3.500	0.167	2	4
Staff	3.423	0.138	2	4
Amount of new information you learned.				
Administrators	3.667	0.126	2	4
Security	3.300	0.153	2	4
Staff	3.269	0.152	1	4
Clarity of information presented.				
Administrators	3.761	0.118	2	4
Security	3.400	0.163	2	4
Staff	3.423	0.158	1	4
Usefulness to your work.				
Administrators	3.810	0.112	2	4
Security	3.500	0.167	2	4
Staff	3.346	0.165	1	4
Knowledge of trainer(s).				

Administrators	3.810	0.088	2	4
Security	3.700	0.153	2	4
Staff	3.577	0.126	2	4

How likely are you to make changes to the way you work as a result of the training?

Administrators	3.619	0.201	1	4
Security	3.600	0.221	2	4
Staff	3.731	0.089	2	4

How likely is your school/organization/agency to make changes as a result of the training?

Administrators	3.571	0.148	2	4
Security	3.400	0.267	1	3
Staff	3.769	0.084	1	3

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