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TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE
TO THE JUDICIARY COMMITTEE
WITH COMMENTS ON
DRAFT LCO #3471 AN ACT CONCERNING POLICE ACCOUNTABILITY
JULY 17, 2020

Good morning Senator Winfield, Representative Stafstrom, and members of Judiciary Committee. The Office of the Child Advocate is an independent state agency charged with responding to citizen concerns, investigating systems that serve children and providing the public with critical information and recommendations as to how we can improve publicly funded services for vulnerable children. OCA is submitting this testimony to recommend that you include language in the bill addressing concerns about the presence of police officers in schools and the need for a robust Mental Health Community Reinvestment Strategy.

The presence of law enforcement officials in schools does not lead to positive public safety outcomes, uses precious resources that could and should be dedicated to human service delivery and positive behavioral supports, and disproportionately harms children of color. A 2019 report from CT Voices for Children examining the impact of school resource officers in Connecticut, *Policing Connecticut's Hallways: The Prevalence and Impact of School Resource Officers in Connecticut* (April 2019)[1] found that the presence of police officers in Connecticut schools did not improve public safety, but did lead to greater risk of student suspension and arrest for Latino students. In fact, CT Voices found that "the average arrest rate of Latino students at schools with an SRO was six times greater than the average arrest rate of Latino students without an SRO," while schools with SROS also reported "higher levels of school policy violations, such as skipping class, insubordination, or using profanity."[2] Connecticut data persistently and shamefully shows that school discipline, specifically school suspensions, are disproportionately meted out to Black and Hispanic students.

OCA is writing to express particular concern about the use of law enforcement to respond to children's mental health crises in schools. OCA is currently completing an investigation into one urban school district's utilization of police in response to the crisis behavior of children attending Kindergarten through 5 and PreK through Grade 8 schools. OCA found that children as young as 7,

[1] https://ctvoices.org/publication/policing-connecticuts-hallways-the-prevalence-and-impact-of-school-resource-officers-in-connecticut/.
[2] Id.

8, and 9 years old were subject to a police response after exhibiting dysregulated and suicidal or self-harming behavior, with some children even handcuffed during these encounters.[3]

Overwhelmed, under-resourced or unsupported school administrators may resort to calling police to respond to these crises and see police intervention as a rapid way to address a child's escalating crisis or even as an effective strategy to access hospitalization and mental health support for a child. Indeed, OCA has found certain schools in the district under investigation that continue to call police more often than they called 211, the referral number for community-based emergency mobile crisis services. Police calls often result in an ambulance call and trip to the local emergency room while mobile crisis calls often result in diversion and a child remaining in their school or community. Police, who have no choice but to respond to emergencies in their environment or that they are called to, are not equipped to manage the mental health crises and behavioral health needs of children, particularly children who are trauma-exposed or who have a disability. We cannot ask police to do the work that systems of care should be doing, and we cannot subject children to the harms created by having law enforcement replace the continuum of services and curriculum that should be available to students and their teachers.

Use of law enforcement also does not increase the likelihood of a child and their caregiver becoming well connected to needed supports.[4] And ample research shows that early involvement with the justice system is strongly correlated to student arrest, student disengagement with school and dropping out. As stated in the U.S. Substance Abuse and Mental Health Services Division (SAMHSA) *National Guidelines for Behavioral Health Crisis*.

> In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the de facto mental health mobile crisis system. This is unacceptable and unsafe… [While] the role of local law enforcement in addressing emergent public safety risk is essential and important. … Unfortunately, well-intentioned law enforcement responders to a crisis call often escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.[5]

SAMHSA notes that good mental health crisis services and teams must be in place, and where public safety requires, the crisis team can then collaborate with law enforcement, if needed.[6]

Today a national conversation is taking place regarding the role of police in schools, and how reliance on law enforcement in our schools has overtaken investment in children's mental health, mentorship, support for teachers and other educators, and investment in human services, all to the detriment of children, school communities, and particularly students and communities of color. Investment in families, children and teachers is more effective and often less costly than relying on law enforcement and local emergency departments to address the needs of children. Connecticut is fortunate to have many innovative and evidence-based models of intervention and support for children as well as robust

[3] OCA is completing this investigation and anticipates issuing a public report later this summer.
[4] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
[5] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
[6] Id. at 33.

SEL curricula. These programs and curricula, along with human service and basic need supports, require investment as part of a strategic effort to build a true system of care for children and families.

Implementing a multi-tiered system of support for a school community takes a durable commitment and often several years of work. Social emotional learning curriculum is fundamental to being an educator, never more so than in the COVID-19 era. Schools must have the resources, training and evaluation frameworks in place to support implementation of a school-wide behavioral support system. Teachers who are working daily with high-need, often trauma-exposed children, also cannot be pressure-cooked by current evaluation criteria, singularly weighted towards student academics rather than student's healthy development.

Moreover, leaving children's behavioral health treatment needs unmet creates significant harms including increasing youth's risk for suicide. Untreated behavioral health needs is a leading cause of suicidal risk and ideation. In Connecticut, the age of children engaging in suicidal behavior and even dying by suicide has trended younger and younger, with four children age 12 and younger (one 11 year old) dying by suicide between 2017 and 2020. Children of color are also increasingly represented in suicide attempt data around the country and in this state.

Even the best state or local mental health systems around the country estimate that they meet the needs of only **half** of children with behavioral health treatment needs. As children's needs go up and resources stay scarce, the implications for children's mental health are dire. As the State moves through the COVID-19 pandemic, the support needs for children, families and educators is higher than ever. State and local government must make a meaningful commitment to good health and mental health for children and families. Teachers and other educators must be supported with training and self-care. Families must be engaged and listened to as well. No child can receive supports they need if we don't first support their families and teachers. Resources cannot continue to be invested in a law enforcement response to a mental health crisis.

In addition to receiving supports, districts must be accountable for their utilization of law enforcement and exclusionary discipline practices and the State should require reporting not only on suspensions and expulsions, by school, but on *calls* to police, and what resources each school has dedicated to Social Emotional Learning (SEL).

We further recommend consideration of the following:

1. TRANSPARENCY AND ACCOUNTABILITY FOR SCHOOL DISTRICTS' UTILIZATION OF POLICE
    - The State should require data reports to the State Department of Education (SDE) and the Connecticut Legislature regarding districts' utilization of 911, 211/Emergency Mobile Psychiatric Services, exclusionary discipline and student arrests. Given the racial justice issues implicated by the school-to-prison pipeline, the data must be disaggregated by age, grade, race, and disability status and include information regarding where students were arrested and the type of officer conducting the arrest. The data measures should be built into state measures of districts' annual progress.

- Reports from schools must also include a description of SEL curriculum and associated resources utilized by the school, including dates of applicable in-service trainings for staff and students.
- State statute should require that any police that are identified to respond to school-based emergencies must receive training regarding child development, childhood trauma, mental health crisis management, and engagement with students who have disabilities.
- State statute should require that local districts and local police departments have memorandum of agreement with emergency mobile crisis service providers (EMPS) that include specific protocols for managing school-based behavioral health crises and collective review of data regarding EMPS calls, police calls, percentage of youth stabilized and returned to the community, connections to ongoing care, and school based arrests.

2. DISCIPLINE AND SOCIAL EMOTIONAL REFORMS NEEDED FOR YOUNG CHILDREN

- Consistent with the recommendations of the state's Juvenile Justice Policy and Oversight Committee, the Legislature should raise the minimum age of arrest to 12.
- Given the sharp and persistent racial disparities in school discipline, and the disproportionate number of children of color who are suspended from school, the legislature should amend state law, Conn. Gen. Stat. §10-233c, to ban of out-of-school suspensions for young children and instead add the option of, and provide resources to support, "therapeutic and temporary classroom removals" with targeted supports to take place in the school building.

3. MENTAL HEALTH REINVESTMENT REQUIRED

- The legislature should require all school districts/local Boards of Education to create and submit to the SDE a Mental Health Reinvestment Plan that will outline how resources will be allocated away from law enforcement contracts and personnel and towards professional and therapeutic supports for students, teachers and classrooms.
- The legislature must expressly require and fund adequate support staffing: counselors, social workers, behaviorists, and mentors, and create minimum staffing requirements based on national best practices and informed by student population, including the percentage of children in a district who are low-income and the percentage of children with special education needs. Funding should also support districts' capacity to consult with community-based providers regarding disciplinary policies, instructional strategies, and restorative practices.

- The legislature should require and fund districts' utilization of specific evidence/research-based behavioral health and SEL interventions, such as mental health consultation, CBITS, restorative practices, and mindfulness.

4. PUBLIC-PRIVATE PARTNERSHIPS NEEDED

- Community Providers can and do successfully assist districts in Connecticut with individual service delivery, case management and care coordination for high need children and their families, student/family engagement, and professional development for school personnel. The costs associated with these partnerships are low compared to the cost of law enforcement intervention and a trip to the local emergency department. The State should review current public-private partnerships between school districts and community-based providers, the cost-benefit data regarding such partnerships, and make recommendations to the legislature that will help bring successful innovations to scale with sustainable funding and reimbursement strategies.[7]

  For example:

  Clifford Beers Clinic in New Haven runs a comprehensive, whole-school "system of care" funded by DCF and the Dalio Foundation, that connects students to mental health services and creates an interdisciplinary collaboration between mental health providers and educators. The Clifford Beers partnership consists of identifying high-need students through screenings and assessments, providing personalized treatment, linking students and their families to community services, coordinating care management, and professional development for school and community around impact of trauma, and offering early intervention and prevention services.

  The outcomes of this intervention has included significant reduction of chronic absenteeism, suspensions, and clinical symptoms of Post-Traumatic Stress Disorder, as well as an increase in student grades and test scores. The cost of a 12 month child/family intervention is approximately $9.00 per day.

- The State should fund an expansion of the State's Early Childhood Consultation Partnership Program (ECCP) into Elementary Schools. ECCP is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to five in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support,

education, and consultation to caregivers and educators in order to promote positive outcomes for young children.[8]

Respectfully submitted,

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[8] ECCP is evidence-based and has undergone three random control trial evaluations with demonstrated effectiveness—after one month of participating in the ECCP service, 99% of young children at risk of suspension or expulsion in early childhood education settings were not suspended or expelled. The state should fund expansion of this model to elementary school age children. A pilot is already underway in Hartford.