



Office of the Child Advocate Investigation: Calls Made by Waterbury Public Schools to Local Police Regarding Students Attending Elementary and PreK through Grade 8 Schools During the 2018-19 School Year

Office of the Child Advocate Report, Released September 1, 2020- Summary

During the 2018-19 school year, the Office of the Child Advocate (OCA) received multiple concerns related to Waterbury Public Schools' (WPS) involvement of local law enforcement to address the behavior of young students with disabilities. Due to the serious nature of the allegations, OCA determined that conducting a broader investigation was warranted. OCA is an independent state oversight agency tasked by state statute to investigate and publicly report on the efficacy of child-serving systems, review complaints of persons or entities concerning the actions of any state or municipal agency providing services to children, and issue reports and recommendations to the public.

OCA reviewed records pertaining to all calls made to the Waterbury Police Department by Waterbury Elementary Schools regarding student behavioral concerns between September 2018 and March 2019. OCA also reviewed records maintained by the Department of Children and Families (DCF) and Child Health and Development Institute of Connecticut (CHDI)¹ regarding the state's Mobile Crisis Intervention Services, formerly known as Emergency Mobile Psychiatric Services (EMPS) program, juvenile court referrals for children age 12 and under, and state discipline data maintained by the State Department of Education. OCA reviewed data and findings from this review with the school district, local police department, SDE and other state and local agencies.

OCA's investigation found that in the six month period of September 2018 through March 2019, there were approximately 200 calls to police made by Waterbury elementary and Pre-K through Grade 8 schools as a result of a child's behavior, typically either a behavioral health crisis or an act of physical aggression by a child or multiple children, with children as young as 4 and 5 the subject of calls to police. OCA found that more than half of the schools called police to respond to children more often than they called Emergency Mobile Crisis intervention teams. No elementary schools had dedicated clinical supports in-house.

A review of police records revealed that 18 percent (n= 36) of police calls resulted in a student arrest, typically associated with a child's act of physical aggression or threats, including nine (9) children age eleven and under.² All 36 arrests were for misdemeanor charges. When children are arrested, they are typically handcuffed and brought to the police station to process the arrest.

Research has long shown that the vast majority of youth referred to the juvenile justice system have witnessed traumatic events, experienced significant deprivation, have mental health treatment needs or suffered individual victimization.³ Trauma has been shown to actually change the structure and functioning of a young

¹ CHDI, under contract with DCF, operates the Mobile Crisis Performance Improvement Center, and coordinates all data analysis, quality improvement, and training activities for the statewide network of Mobile Crisis providers.

² Students attended the Waterbury PreK-8 and K-5 schools who were arrested ranged in age from 9 to 16 years old and the median age of arrested students was 12.

³ Julian D. Ford, John F. Chapman, Josephine Hawke, and David Albert, *Trauma Among Youth in the Juvenile Justice System*, The National Center for Mental Health and Juvenile Justice Program Brief (June 2007). Found on the web at: https://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf

child's brain through activation of the "flight or fight" response,⁴ leaving a child to live in a constant state of emergency.

More than forty of the police reports reviewed by OCA documented children, many as young as seven, eight and nine years old, banging their heads, tying things around their neck and expressing that they wanted to die. When police were called by the schools to respond, some of these children were handcuffed, per the police reports, for their own safety and the safety of others. Other police reports documented children threatening to harm others, hitting, punching and kicking students or school staff.

Often police reports described children as having disabilities or "special needs." A few children were the subject of several reports, and these children were all described as students with disabilities. The children with the most reports were identified in police records as children with Autism.

Use of law enforcement as a behavioral health first response system is problematic and does not increase the likelihood of a child and their caregiver becoming well connected to necessary supports.⁵ While police are obligated to respond as called and OCA found police reports to be professionally completed, the Police Department acknowledged to OCA that law enforcement officers generally are not trained in children's behavioral health or how to work with children who have disabilities, and they are not responding to schools with support from or as part of a coordinated community mental health response.

OCA's investigation found that the elementary and Pre-K through Grade 8 schools in Waterbury that had the highest number of police calls also had the highest number of student suspensions.⁶ Two schools that purport to have specialized resources for children with behavioral health treatment needs⁷ accounted for a combined 370 school suspensions and police calls in the 2018-19 school year alone, further evidence of a lack of effective support structure, including adequate special education services, in place for students and educators.⁸

Today a national conversation is taking place regarding the role of police in schools and how reliance on law enforcement in our schools to provide security and behavior management has overtaken investment in children's mental health, mentorship, support for teachers and other educators, and investment in human services. This lack of investment most harshly impacts children and communities of color, often children with disabilities. It will be essential to reverse this trend to further the public health goals of supporting children's wellbeing and combatting the impact of systemic racism on vulnerable children. OCA's report contains numerous recommendations to increase transparency and accountability for vulnerable children and increase strategic and cost-effective supports for students and teachers. Waterbury Public Schools leadership acknowledged historical concerns identified in this report and is committed to transformative change.

⁴ Bellis, M., Zisk, A., *The Biological Effects of Childhood Trauma*, Child Adolesc. Psychiatr. Clin. N. Am., Apr. 23 2014.

⁵ United States Substance Abuse and Mental Health Services Administration, *National guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*, pg. 33. Found on the web at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

⁶ State Department of Education discipline data, broken down by district and school, maintained on Ed Site. Available on the web at: <http://edsight.ct.gov/SASPortal/main.do>.

⁷ Two of the schools that were part of OCA's review have embedded Behavioral Disorder Learning Centers (BDLC). <https://www.waterbury.k12.ct.us/Content2/248>.

⁸ In one school, police reports noted that the complainant was often the special education staff.