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Good morning Chairman Allen and members of the Committee on the Judiciary and Public Safety. My name is Judith Sandalow. I am the Executive Director at Children's Law Center¹ and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Virtually all of the children and youth we represent are Black and Brown, and many of them routinely interact with the Metropolitan Police Department (MPD) in school, at home, and in their communities. We hope through this testimony to share some of the experiences that our young clients have had when interacting with MPD. Our goal is to help the Committee understand why investing in police when so many critical programs like school based mental health, emergency rental assistance, and others are underfunded is the wrong priority. Further, now is the time to examine and reform the role the police play in our communities and in our schools, child welfare system and behavioral health system. Councilmember Allen we appreciated your work and the work of your colleagues to pass the Comprehensive Policing and Justice Reform Act last week.² As was acknowledged during that debate, the Act is a beginning and not the end to this much needed work.

All of the children that our attorneys work with experience the trauma of racism on a regular basis – from express racism, to implicit bias, to the structural and historic racism that permeates every system and agency in the city. For children, racism is a core determinant of childhood health.³ They also experience trauma from violence in their communities and sometimes their homes, as well as the traumatic impact of living in poverty, such as food insecurity, housing insecurity and homelessness, to name just a few.

For many years, we have testified in support of programs and policies that mitigate the damage caused by structural and historic racism and to overturn policies that are explicitly or implicitly biased. This has led us to support trauma-sensitive schools that put the experiences of students of color at the center of learning and to reduce exclusionary discipline in schools that feeds the school to prison pipeline. We have supported programs to keep children at home with birth parents and laws that make it easier for children to live with extended family rather than entering foster care. And we have worked to improve mental health supports for children, their caregivers, and the community.

We know there are deep flaws with our current policing practices. DC has one of the largest disproportionate rates of incarcerated Black people -- 89% of incarcerated DC residents are Black, though Black people only comprise 46% of the DC population.⁴ If DC were a state, it would have the highest incarceration rate in the country.⁵ We know

the vast majority of stops made by MPD, over 70%, were of Black residents.⁶ It is thus not surprising that the families we work with view the police with suspicion and fear. Police are present almost everywhere our children go – on the street, in their schools, when they interact with the child welfare system, in homeless shelters, and sometimes in their homes. And their interactions are more often than not negative. In fact, as part of our work with youth in foster care our attorneys routinely counsel children and youth on how to best manage these inevitable high stakes contacts with the police because we fear for their short and long-term physical safety, their freedom, and their emotional and psychological health.

Continuing to increase the MPD budget is the wrong way to use scarce resources to improve the safety of our community. We need to shift funding to other programs like violence interruption⁷, school based mental health⁸, emergency rental assistance⁹, and other programs that invest in an equitable recovery for DC kids. Of course, we must also continue the reforms that have just begun. We know that the SRO program is not successful in creating safe schools. We urge the Council to involve students, parents and teachers to create new solutions that keep students safe.

Schools Need More Mental Health Professionals – Not More Police Officers

Schools should be a safe space where students can learn and grow in a trauma informed environment that supports their educational and socio-emotional learning

goals. Instead, some of the work schools have done to advance these goals is undercut when our clients are routinely traumatized by their interactions with MPD officers and SROs during the school day. These are just a few examples of the types of problematic interactions with police at school that our young Black and Brown clients have shared with us:

- A nine-year-old client handcuffed because they were emotionally dysregulated.
- An 11-year-old client who refused to get on the school bus and the response was for the DCPS school to call the police.
- A five-year-old client visited by a uniformed MPD officer, not a social worker, and taken away alone to be interviewed about abuse allegations.
- A fifth-grade student who left the school building but remained on campus. The elementary school called MPD who responded by escalating the situation to the point of putting the child into restraints.

For some students, the mere presence of police officers at school can be enough to trigger fear and past trauma. In incidents of physical or behavioral dysregulation, even when officers do not engage in brutality, their posturing and presence may trigger and/or traumatize children and families. For example, a Children's Law Center lawyer witnessed a child client withdraw and recoil into their sweatshirt after walking into a room at school with police present even though the police officers were not interacting

directly with the client. For that child and for many other students, the regular presence of police in schools does not create a safe and secure learning environment but a scary and hostile one.

We are dismayed to see that the Mayor's FY21 proposed budget includes an increase for SROs of over \$2.5 million dollars, while critical programs like school based mental health are underfunded.¹⁰ Now more than ever, students need access to mental and behavioral health supports in the school building to succeed. Even before the pandemic, DC's children were experiencing high levels of emotional stress and trauma. Now, students will be coming back into their school buildings carrying the weight of the pandemic including drastic changes to their routines, disconnection from trusted teachers and friends, stressors at home including food insecurity, parental job loss, and more. Ensuring that the FY21 budget includes targeted investments which expand our school based mental health programming, reduce over-policing of children and youth, and support the trauma informed interventions that focus on safety and de-escalation in the school building should be a top priority.

Students with Disabilities and Mental Health Conditions Should Not Be Criminalized

Police are too often called when students are having behavioral difficulties. Children often have behavioral outbursts because of trauma they are experiencing outside of school and struggles with keeping up in school. Children who have become

emotionally dysregulated should be helped – not arrested. The response from adults should be to ask “why is this child acting out and how can we address the underlying concern?” – rather than call the police. Black and Brown children are disproportionately affected by this practice. Students with disabilities are also dramatically affected. National trends show that students with disabilities are nearly three times more likely to be arrested than their general education peers.¹¹ When disability and race intersect the impact is compounded. SRO interaction with students with disabilities can be especially problematic. Because SROs are not school employees, they do not have access to our client’s Individualized Education Plans (IEP) and Behavior Intervention Plans (BIP). This leads to police officers – not mental health professionals – responding to a mental health crisis with little or no information about the child’s special needs, triggers, or preferred de-escalation strategies. Our clients with disabilities have shared stories that illustrate the devastating consequences of what happens when police are called during an episode of emotional or behavioral dysregulation. These are just a few examples of what our clients with disabilities who have interacted with police have shared with us:

- A nine-year-old client who was experiencing a mental health emergency was handcuffed and accompanied by uniformed officers while he was in the ER waiting to see a psychiatrist for assessment.

- A 12-year-old client was threatened by staff at their group home that the police would be called when he was having a mental health crisis.
- An 11-year-old student was handcuffed at a DCPS school for running through the halls and then was transported by an SRO in handcuffs to Children's National Hospital for a psychiatric evaluation when a parent couldn't be reached. The hospital didn't evaluate the child because they said it was clear there was no psychiatric need.

By redirecting the proposed increase in MPD's FY21 budget and shifting those funds to critical programs like school based mental health, we have an opportunity to prevent these harms from happening to more students with disabilities, and schools can create an environment where students with disabilities are supported and not criminalized.

Children And Youth Navigate Negative Experiences With Police In Their Communities

Children and youth also regularly experience negative interactions with police in the community, experiences which can have long lasting impacts. The most recent wave of police violence against Black people including the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery are easily accessible via social media and extremely traumatizing, especially for young people.¹² Many children and youth, however, witness police violence not just through their phones and on the news but also in their communities. In April of 2019, video of a 10-year old child being

handcuffed at Union Station surfaced.¹³ That child, who ‘talked back’ to an officer was placed in restraints and was so terrified he wet his pants.¹⁴ In November of 2019, a 15-year-old girl and her 10-year-old brother were handcuffed on a Columbia Heights sidewalk for selling food without a permit.¹⁵ These are just a couple of stories that have been recently covered by the media. How many other children have been subject to similar interactions with police simply for behaving like children? Negative interactions like these are highly traumatic and can impact a child’s academic future and interferes with their ability to feel safe and secure in their communities. We do not need to increase resources that will continue the over-policing of young Black and Brown people in our communities. Apart from what has been reported in the media, our client has shared the following recent story of a negative interaction with the police in their own community:

- An 18-year old client was arrested when MPD was called to her home during a domestic disturbance with her stepfather. The officers responding said that the “police had to take someone in to diffuse the situation.” Our client was taken to the Youth Services Center in the midst of the COVID-19 pandemic.

Conclusion

The murders of George Floyd, Breonna Taylor, and Ahmaud Arbery in recent weeks has again thrust our collective attention to the work required to address institutional racism, white supremacy, police brutality, and the role of police in our communities. The peaceful protests and uprisings we see across the country are contrasted against the painful backdrop of the ongoing COVID-19 pandemic. This public health emergency has disproportionately economically impacted low income Black and Brown communities and laid bare pre-existing racial health disparities.¹⁶ The Mayor's proposed FY21 budget gives the District the opportunity to prioritize investments in our communities to ensure we can all access an equitable recovery while also addressing our community's concerns about policing. That's why Children's Law Center is asking the Committee to redirect the \$17.5-million-dollar increase in MPD's budget to programs that keep children safe, learning, and together with their families.¹⁷

Thank you for the opportunity to testify.

¹ Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² See B23-0775 Comprehensive Policing and Justice Reform Emergency Amendment Act, (Jun. 8, 2020), Available at: <https://lims.dccouncil.us/Legislation/B23-0774>.

³ Trent, M., Dooley, D., and Dougé, J., *The Impact of Racism on Child and Adolescent Health*, (Aug. 2019), *The Section on Adolescent Health, Council on Community Pediatrics and Committee on Adolescence Statement*, Vol. 144(2), Available at: <https://pediatrics.aappublications.org/content/144/2/e20191765>.

⁴ ACLU DC, *ACLU Racial Disparities in D.C. Policing*, (Jul. 31, 2019), Available at <https://www.acludc.org/en/racial-disparities-dc-policing-descriptive-evidence-2013-2017>.

⁵ Allen, C. and Racine, K. *No, D.C.'s criminal justice reform efforts don't go too far*, (Aug. 16, 2019), The Washington Post, Available at: https://www.washingtonpost.com/opinions/local-opinions/no-dcs-criminal-justice-reform-efforts-dont-go-too-far/2019/08/16/907807c2-bea6-11e9-9b73-fd3c65ef8f9c_story.html.

⁶ Nearly three-quarters of the police stops conducted between July 22, 2019 and December 31, 2019, 72 percent, were of black people even though black residents currently make up only 46 percent of D.C.'s population. See Williams, E.C., *New Stop-And-Frisk Data Still Shows Wide Racial Disparities In D.C.*, (Mar. 5, 2020), Available at: <https://dcist.com/story/20/03/05/new-stop-and-frisk-data-still-shows-wide-racial-disparities-in-d-c/>.

⁷ We support Councilmember Allen's interest in ensuring that the violence interrupter programs, which take a public health approach to addressing violence in our communities, are adequately funded into FY21.

⁸ DBH's school-based mental health expansion program takes a public health approach to providing mental health services to children in their schools and communities. Through this program, DBH partners with community-based organizations (CBOs) to bring mental health services to all public schools – both traditional and charter – in the District of Columbia. The goal of this reform is for all public schools to have Tier 1, Tier 2, and Tier 3 behavioral health supports, consisting of a variety of programs and services that individual schools can tailor to meet the needs of their students and community. Tier 1 refers to mental health promotion and prevention for all students, including increased parent awareness of mental health resources, student-centered learning and wellness events, and teacher-centered professional development on trauma informed care and mental health. Tier 2 is focused group and individual intervention for students at-risk of mental health challenges and includes clarifying referral process and improving support structures for referred students, student group sessions and trauma-related professional development for staff. Tier 3 is intensive support and interventions for individual students and includes: community-based organization clinician to facilitate support group, referral process to refer individual students or families for additional support, develop school policies and protocols for mental health crises, and provide in-school clinical service for families and individual students.

⁹ Funding for the Emergency Rental Assistance Program (ERAP) in DHS's proposed FY21 budget is flat. We are seriously concerned that once the public health emergency ends and the eviction moratorium is lifted, that thousands of our neighbors will be facing eviction. Ensuring our city has enough local dollars invested in ERAP will be key to preventing families from sliding into our homelessness system. We are advocating to increase ERAP funding to at least \$12.9 million in local dollars. The Errata letter adds an additional 1.1 local million dollars of one time funding into ERAP. That brings ERAP total FY21 budget up to \$7.858 million. The FY20 ERAP budget was \$7.873 million. See FY21 Proposed Budget and Financial Plan, Vol. 4 Agency Budget Chapters – Part III, JA0-4, 5014, (May 18, 2020), Available at: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/ja_dhs_chapter_2021m.pdf. Also See Mayor Bowser, *Errata letter to Chairman Mendelson*, (Jun. 1, 2020).

¹⁰ The MPD budget for the School Safety Division's shows an increase of \$2.55 million dollars and 17 new full time employees. See FY21 Proposed Budget and Financial Plan, Vol. 4 Agency Budget Chapters – Part III, FA0-4, 2300, (May 18, 2020). In contrast, although the Mayor's initial budget presentation said there would be an increase of \$1.1 million in funding for school based mental health, we have been able to

determine that those are federal dollars supplanting local dollars. There is no increase. *See* Mayor's April 18 Presentation at 21; DBH, Budget Briefing for the Coordinating Council on School Behavioral Health (May 28, 2020).

¹¹ *See* ACLU, *Cops and No Counselors, How the Lack of School Mental Health Staff is Harming Students*, Available at: <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/cops-and-no-counselors>.

¹² Tynes, B.M, Willis, H.A, Stewart, A.M, et. al., *Race Related Traumatic Events Online and Mental Health Among Adolescents of Color*, (Sept. 2019), *Journal of Adolescent Health*. Vol. 65,3, 371-377, Available at: <https://www.sciencedirect.com/science/article/pii/S1054139X19301648>.

¹³ Seagraves, M., *DC Police to Stop Handcuffing Kids Age 12 and Younger*, (Jan. 28, 2020), Available at: <https://www.nbcwashington.com/news/local/dc-police-to-stop-handcuffing-kids-age-12-and-younger/2205018/>.

¹⁴ *Id.*

¹⁵ *See* Wainman, L. and Henry, J., *Video shows incident between DC police and crying teenage girl*, (Nov. 20, 2019), Available at: <https://www.wusa9.com/article/news/local/video-shows-incident-between-dc-police-and-teenage-girl/65-7ef43af6-6a1f-4b64-a876-330fd9640bc9>. In response to these incidents, MPD announced their new policy that children under the age of 12 would no longer be handcuffed, based on an understanding of national best practices and theories of child development.

¹⁶ More than three-quarters of Washington's 440 covid-19 victims have been black., *See* Trent, S., *Two Black Men Died of Covid-19 Five Days Apart This Is What Was Lost.*, (May 26, 2020), *The Washington Post*, Available at: https://www.washingtonpost.com/local/two-black-men-died-of-covid-19-five-days-apart-this-is-what-was-lost/2020/05/25/cde4f99e-945c-11ea-9f5e-56d8239bf9ad_story.html.

¹⁷ We understand that the \$17.5 million dollar increase is the local dollar increase for FY21.