**Agenda**

Community Violence Task Force Meeting

October 25, 2018, 9-11am

BGS Board Room #410, 133 State Street, Montpelier

Google Drive Link: <https://drive.google.com/drive/folders/1pECvKwIa5KuqmFBNgdf9CBkl2W9SrCdo>

1 - Introductions/September 19 Minutes Review

See sign in sheet. No comments on previous minutes.

2 - Subcommittee Updates

**PREVENTION**

**Shannon** reports - First meeting via phone. Rob shared that VT has been looking at the issue and has teamed with Sigma Threat Management. Discussed data in google drive. DCF is involved as there have been incidents with youths making threats. They needed a place to capture this information and make sure the right people are at the table to address the issues. National Best Practices show that having the right people collaborating leads to more positive outcomes. Can we model something from the existence of the Child Protective Teams that are already in place? Bring in KidSafe? Care component in threat assessment and management – what are the underlying needs/grievances/barriers to resiliency? Make sure in line with HIPAA and FERPA. Make sure to keep DCF at the table and need for MOU to share information.

**Question** – how do we do this without infringing on privacy of adults? This is a community violence TF, not just schools and kids.

**Discussion** – Task Force to look at schools and the whole community. See something/say something – Creating Communities of Care – acknowledge issues and talk about them. In threat assessment, key is to capture leakage where people are seeing progression of behavior and pathway to violence. This is not on one agency or person – need to come together as a team with open communication.

**Danielle** wasn’t notified of the initial meeting but has input. How do we support families and build connections? (ACEs, PLP in schools). Making Prevention a Reality doc on google drive. **TASK**: David to look into meeting invite to ensure subcommittee members are notified. Should all members be notified of all meetings?

**Question** – how do we affect change?

**Bob Walsh** – stakeholders are anyone in the community. Efficiency and effectiveness. Challenge to systemic change – perceived as too much to do/too ugly/just deal with it now.

**Shannon** – just dealing with it and removing the person is counter to developing a community of care.

**Dan** – Many cases can be solved with early intervention but wants the subcommittee to spend some time with prevention at the time of the threat. Also, take a look at the recording of the events. Shannon has recent work with VIC and developed MOU.

**Rebecca** – promotion of safe storage of firearms, Also, child access prevention laws. VT is in the highest ¼ of kid suicide. Community safety – extreme risk protection orders (erpo)

**Rep Grad** – ERPO – right now only the states attorney can go to the court. Should we change it so that a family/community member/involved professionals can go to the court? If there is interest, Rep Grad will bring it to leg.

**Shannon** – Criminal Threatening law. There is room to expand on this.

**Rep Grad** – temp relief from abuse order. Firearms removal is only at final order. Should we consider change to statute, so firearms are removed at temp relief.

**RESPONSE**

**Dan and Bob Pelosi** –So far, subcommittee has focused on Mental Health. First issue is making a scene safe (physical safety) and then bring in mental health. Main goal to prevent PTSD. At Pulse nightclub, 60% didn’t develop signs of PTSD. In VT we don’t have enough MH Councilors, so we need to bring people in. Licensing is a barrier. If out of state clinicians were brought in, 30-day licenses could be granted. In CT, this did not happen, and it was too long until out of state council could help. Also, in-state counselors that have not received their license but are close, could they get temp license?

**Melissa** - Office of Professional Regulation – currently looking at laws – add this to their plate.

**Fox** – mirror from FEMA? – crisis counselling program. WCMH has done some of this training.

**Dan** – In addition to MH, what other experts/people would come in that have the same licensing issue?

**Melissa/Fox** – we need a plan in place that will allow DAs to share resources. Dust off statewide emergency preparedness plan.

**Bob Walsh** – question of reciprocity. He was asked to help in NY incident, but I haven’t been easy to get reciprocity between states. An expedited process would be helpful.

**Dan** – Larger companies have plan for disgruntled employees – councilors on call. What options to smaller companies have?

**Shannon** – Military – national guard – what resources do they have? Shannon to discuss with other threat assessment professional re: incidents on base.

**Dan** – Who is the lead agency? Also, we want to train more trauma in state? Melissa feels that the DAs have done great work on this. Also, private clinicians – would they be interested in being a resource in the case of an event.

**Shannon** – need to count treatment of first responders.

**Dan** – critical incident stress debriefing

**Shannon/Bob Walsh/Fox** - agencies rethinking use. Group process can trigger others. Diffuse within 24, debriefing within 72. Can be dysregulating.

**Dan** – are there best practices?

**Bob** – At time of event, psychological first aid, connection with loved ones, safety, rest, follow-up, referrals. For residual effects, it can be time to get services needed. Doesn’t like debriefing in group format as it doesn’t address individual needs. Value in group gathering in gaining support.

**Melissa** – Employee Assistance Program – What are they doing? Would we make different recommendations?

**Shannon** – more effective to develop internal mechanisms? Develop capacity to respond peer to peer. Outside help isn’t as helpful?

**Fox** – does it depend on qualifications of external resources.

**Catherine** – what happens when internal system is traumatized? We need both internal and external (qualified) options. Support organizations to have internal supports but also have an expectation that external capacity exists.

**Melissa** – WCMH, Harwood kids. How did WCMH deal with this? They brought in other DAs but there was no formal process.

**Melissa** – Funding for DAs to support community needs. They are funded to provide services but no funding for community response. May be a recommendation from this group to be able to provide fiscal resources.

**Dan** – Needs help from Law enforcement on tactical response. Also, medical response - need for UVM to have mass casualty plan

**Heidi** – VT Emergency Management may have a plan. She will look into it. **TASK**

**RECOVERY**

**Melissa** – Recovery subcommittee (see slides) – not only focusing on an event that happens but also ongoing threat of event and drills.

A - Addressing reactions to drills, potential threats or real events. Building Flourishing Communities, ACEs…Mental Health First Aid – spread beyond youth into workplaces. Connection between school violence and suicide.

**Danielle** – NCSS did an assessment of primary care on knowledge of trauma. 70%+ identified need for more education.

B – Communication

C – Develop peer models, youth leadership, and other community leadership. How do we work together? Empowering people to become/embrace ownership of their role as community leader. Opportunities for youth leadership not equitable throughout the state – more resources needed. Governor office talking about state demographics – drop in student enrollment numbers (Essex County) doesn’t mean an area needs less resources – it may mean they need more.

**Fox** – How do we convince people of this? **Catherine** – the story isn’t all about numbers.

D – Develop social capital and connections.

3 - Review NH Report Review – (<https://drive.google.com/file/d/1IB5j1Csjld6-NEmL5J6YorpeicikR2T0/view>)

**Bob Walsh** – Observations of schools – how they reach out, how they are welcoming. What about the ones that are not connecting?

**Melissa** – NPR episode – reaction around what students do with each other. Stay positive culture makes some feel that feeling bad isn’t okay.

**Fox** – training on violence prevention and de-escalation – first step is to validate feelings of upset and anger. How do we deal with that?

**Bob Walsh** – expectation of tasks – “we can’t deal with that now as we have work to do.” Same for schools and workplace. Connections are key – barriers to connections need to be worked out.

**Catherine** – reflection on subcommittee work as informed by NH report. NH doesn’t address social justice issues. How do we respond when certain communities/groups are targeted?

**Dan** – mission creep? Community violence not specific to group. FBI evidence shows that social groups are not the target. **Melissa** – evidence does show link social justice issues with suicide and other risk factors. **Catherine** – impact of assumptions – even if the evidence isn’t there, people make assumptions. There is a responsibility to address the differential. **Danielle** – assumptions as related to stigma – obligation to educate people re: facts.

**Rep Grad** – BTV Chief re: obituary – had it been a different social situation, we don’t pay attention.

4 - Public Comment

None.

5 - Next Steps

| **Action Items Log** | | | |
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| **#** | **Action Item** | **Due Date** | **Responsible** |
| 1 | Check meeting invites | 11/29/18 | David Rubinstein |
| 2 | Look into Vermont Emergency Management Plans | 11/29/18 | Heidi Gortakowski |
| 3 | Subcommittees to meet | 11/29/18 | All Subcommittees |

New timeline and meeting schedule.

Meeting schedule: 11/29, 12/20, 1/31

New timeline:

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| **Task** | **Due** |
| Subcommittees to hold second meeting | November |
| Subcommittees to update TF | 11/29/18 |
| Subcommittees to hold third meeting | December |
| Subcommittees initial findings and recommendation due to TF Chairs | 12/31/18 |
| Review subcommittees findings and recommendations with TF | 1/31/19 |
| **Initial Draft for TF Review** | **2/15/19** |
| **Final Report/Recommendations to Gov Scott** | **3/1/19** |

6 - Adjourn