MEMORANDUM

TO: Governor Phil Scott, State of Vermont
FROM: Mourning Fox, Deputy Commissioner, Department of Mental Health
DATE: May 31st, 2019
SUBJECT: Executive Order No 03-18, Community Violence Prevention Task Force Final Report

Please find attached, the final report of the Community Violence Prevention Task Force, submitted in accordance with requirements of Executive Order No 03-18.
# Contents

Community Violence Prevention Task Force (CVPT) Member List ................................................................. 3
Subcommittee Working Groups .......................................................................................................................... 3
Introduction ...................................................................................................................................................... 4
Executive Summary .................................................................................................................................................. 4
Task Force Structure and Methodology ............................................................................................................... 6
Root Cause ......................................................................................................................................................... 7
Recommendations .................................................................................................................................................... 8
  Preliminary Recommendations .......................................................................................................................... 8
  Final Task Force Recommendations .............................................................................................................. 11
    Priority Recommendations ............................................................................................................................. 11
    Non-Ranked Recommendations ..................................................................................................................... 14
Legal Review ......................................................................................................................................................... 25
Resources ............................................................................................................................................................ 29
Community Violence Prevention Task Force (CVPT) Member List

**Mourning Fox:** Deputy Commissioner, Vermont Department of Mental Health (co-chair)
**Dr. Dan Barkhuff:** Emergency Medicine, UVM Medical Center (co-chair)
**David Baker:** Superintendent, Windsor Southeast Supervisory Union
**Dr. Rebecca Bell:** Pediatric Critical Care, UVM Medical Center
**William Bohynak:** Orange County Sheriff
**Rep. Patrick Brennen:** Vermont Legislature, Chittenden 9-2
**Cara Cookson:** Public Policy Director and Victim Assistance Program Coordinator, VT Center of Crime Victims Services
**Amanda Crispel:** Professor of Game Production Management, Champlain College
**Robert Evans:** Vermont School Safety Liaison
**Maxine Grad:** Chair, Vermont House Judiciary Committee
**Jack Helm:** Retired Colorado police officer, daycare provider
**Victor Hinojosa:** Norwich University student
**Andrew Laing:** Chief Data Officer, Vermont Agency of Digital Services
**Danielle Lindley, LICSW:** Division Director, Children, Youth & Family Services, Northwest Counseling and Support Services
**Shayla Livingston:** Policy Analyst, Vermont Department of Health
**Michael Manley:** Captain, Vermont State Police
**Robert Mello:** Superior Court Judge, State of Vermont
**George Merkel:** Vergennes Police Chief
**Shannon Morton:** Staff Safety Manager, Department for Children and Families - Family Services Division
**Robert Pelosi, LCMHC, BCETS:** Southern Vermont Special Services
**Catherine Simonson, LICSW:** Chief Client Services Officer, Howard Center
**Rory Thibault:** Washington County States Attorney
**Matt Valerio:** Vermont Defender General
**Robert Walsh:** Psychologist, College of St. Joseph Traumatology Institute

**Subcommittee Working Groups**

**The Prevention Subcommittee** was chaired by Rob Evans and included Robert Mello, Rebecca Bell, Amanda Crispel, Shannon Morton, Danielle Lindley, David Baker, Maxine Grad, Patrick Brennan, and Andrew Laing.

**The Response Subcommittee** was chaired by Dan Barkhuff and included Victor Hinojosa, Robert Pelosi, and Rory Thibault.

**The Recovery Subcommittee** was chaired by Mourning Fox and included Heidi Gortakowski/Shayla Livingston, Michael Manley, Catherine Simonson and Robert Walsh.
Introduction

Executive Order No 03-18 was issued on April 19, 2018, to establish Governor Phil Scott’s Community Violence Prevention Task Force (CVPT). The objective of this project is to “identify the primary root causes of behavior that leads to violence against others in schools and communities and lead the State’s response to address these issues by ensuring full interagency and intra-agency coordination among state and local governments and schools. The Task Force will identify strategies and lessons learned, relying on credible research and successful community-based violence prevention programs1”.

Throughout our work, members of the Task Force were reminded of the wide-ranging impacts that random and targeted acts of violence have on our citizens and our communities. Task Force members were constantly reminded of the importance of this initiative when these tragic events continued to unfold while members diligently worked to produce this report.

Executive Summary

Historically, mass violence in Vermont is exceedingly rare and our communities are some of the safest in the nation. However, in August 2006, Vermont felt the impacts of an active shooter incident that took place at the Essex Elementary School that resulted in the death of one teacher and the wounding of another. Mass violence has, in the preceding decades, touched communities across America that prided themselves on safety, community, and inclusiveness. What follows is an attempt to utilize organic expert knowledge across the state in diverse fields of law enforcement, mental health, education, medicine, child welfare, and the legal community in order to make recommendations to prevent mass violence and to mitigate its effects in our state.

Evidence shows that while there is no “profile” of an active shooter, there are certain actions that are common to most perpetrators of mass violence. Many of our recommendations are therefore focused on identifying these actions before they lead to a tragedy. How these actions are identified in a manner that keeps faculty, students, and citizens of our communities safe requires trust in educators, law enforcement and other community partners as well as fostering school environments and communities that are supportive, positive, and adhere to safety best practices.

Childhood and early adolescence are a critical time providing a window of opportunity to influence the trajectory of a child’s life. Early experiences, relationships and environments have a deep and lasting impact on development and lifelong health. When parents or caregivers who experienced adversity in childhood or who are currently facing adversity (e.g., struggling to meet basic needs like food and housing, poverty, domestic

violence, depression, a substance use disorder, or neglect or abuse), their distress can impact their parental responsiveness, attachment, bonding, ability to provide appropriate supervision and discipline, and overall relationship with their child. Growing research shows that children who grow up with prolonged, or toxic, stress face significant health, well-being, and economic challenges as young adolescents and adults. In Vermont, seven out of every ten children have one or more factors that place them at risk for a developmental or behavioral delay (risk factors include maternal depression, parental stress, linguistic and cultural diversity, poverty and rural isolation, etc.). Research shows that there are effective approaches to deal with the effects of adversity and long-term, persistent stress, such as:

- Changing social norms to support parents and positive parenting;
- Supporting parents and caregivers to create a protective home environment; and
- Engaging families in better understanding child and adolescent development, including social and emotional skill development during middle and late childhood.

These evidence-based strategies help:

- Increase family stability,
- Address long-term, persistent stress,
- Enhance child development, and
- Reduce the risk of child abuse and neglect.

Vermont supports programs and communities to build five protective factors that are the foundation of the Strengthening Families Approach:

- **Support Parental Resilience**—Managing stress and functioning well when faced with challenges, adversity, and trauma;
- **Create Social Connections**—Feeling connected with constructive, supportive people, and institutions;
- **Improve Knowledge of Parenting and Child Development**—Understanding parenting best practices and developmentally appropriate child skills and behaviors;
- **Provide Concrete Support in Times of Need**—Identifying, accessing and receiving needed adult, child, and family services; and
- **Increase the Social and Emotional Competence of Children**—Forming secure adult and peer relationships; experiencing, managing, and expressing emotions in healthy ways.

By establishing protective factors within a family, parental stress is often mitigated or lower and, as a result, family stability increases, the likelihood of child abuse and neglect diminishes, and the child’s emotional and physical health is protected. Promotion of protective factors encourages parents and caregivers to support children and adolescent’s learning and the development of social and emotional skills that better prepare children and adolescents for school and lifelong success. Building Flourishing Communities, Help Me Grow Vermont, Early Multi-Tiered Systems of Support (Early MTSS), Positive Behavior Interventions & Support (PBIS), universal high-quality childcare, and screening for social determinants of health and promotion of protective factors in patient centered medical homes are some of Vermont’s strategies to strengthen families and mitigate adversity.
Educators, mental health, and other professionals working with youth and at-risk community members should receive training in what to look for and how to conduct both proper risk and threat assessments. A concerted effort must be made to prevent violent individuals from acquiring the means to commit attacks of this nature. Schools and law enforcement in the community, as well as first responders, should perform drills and exercises for these types of incidents on a regular basis. While every effort must be made to perfect our methods, an imperfect plan drilled perfectly is better than having no plan. All communities in this state should have a plan for responding to such an event and mitigating its impacts, and prevention should always be an ongoing effort.

**Task Force Structure and Methodology**

The CVPT includes diverse representation from 25 members including law enforcement, emergency medicine, mental health and public health professionals, school safety professionals, child welfare, and school administrators. In addition to meeting as a group, the CVPT was broken into three subcommittees to address areas specific to Prevention, Response, and Recovery.

- The Prevention subcommittee explored the strategies to build resiliency and prevent the use of violence, strategies to identify individuals with the potential to resort to violence, and when necessary the evidence-based practices to intervene. They also explored potential signs of concerning behavior and outlined best practice from multiple levels of care and within multiple settings. The committee focused on building training in schools to address and mitigate signs of pre-attack behavior. Finally, in coordination with the response subcommittee, they built concrete proposals for our communities to stop and mitigate violence.

- The Response subcommittee examined case studies of past violence and best practices that resulted with a specific goal of applying these to Vermont communities and recommended concrete steps in our communities to stop and mitigate violence. They discussed steps that schools, communities, law enforcement, mental health, and the medical community can take to be prepared should one of these tragedies occur.

- The Recovery subcommittee focused on post-incident resiliency, reviewed best practices in individual, organizational resiliency and the best response to threats and/or actions related to violence. These included training in schools regarding pre-incident behavior to better prepare for the mental health impacts associated with being involved in a traumatic incident, how to secure settings prior to and post events, and steps to take to better recover.

Per the Executive Order, the CVPT provided a preliminary list of recommendations to the Governor in December 2018. This report, due June 1, 2019, will provide the Governor with details regarding the work performed by the CVPT as well as the resulting recommendations from that work.
Root Cause

Community violence, and especially the mass community violence that has plagued the public consciousness since the Columbine shootings in 1999, remains of uncertain etiology. It is associated with a number of factors, though causality remains elusive to prove, and individual human agency and choice on the part of a shooter may prove the final element that separates the millions of individuals with similar exposures and risk factors as a mass murderer from those who turn to death and destruction as a solution to grievance.

According to recent research on violence, there are many factors accepted as influencing and increasing risk, but there is no consensus as to a single, identifiable root cause. Some of the consistent social factors related to increased risk include, but are not limited to; experiencing bullying, feeling marginalized or lacking a sense of belonging, and/or lack of a positive adult role model. It is important to note, that someone may experience any or all these factors and will not engage in any school or community violence. What seems to influence an individual towards violence (risk factors) is heavily countered by their resilience and protective factors. Are they able to see adversity as a challenge as opposed to derailing event, maintain perspective, have positive self-confidence and have strong, supportive peer and adult relationships? Adverse Childhood Experiences (ACEs) have a significant impact on the development of maladaptive coping skills in youth and adults. The 2016 National Survey of Children’s Health found that behavioral/emotional/mental health conditions and learning disorders are significantly associated with adverse experiences, particularly when there are 3 or more adverse experiences present. The 4 most common types of ACEs among Vermonters younger than 18 were: Family Income Hardship (1 in 4), Divorced/separated parents (1 in 4), Alcohol/drug problems in the home (1 in 8), living with someone with severe depression/mental illness or suicide (1 in 9). The influence and impact of relationships cannot be stressed enough. It is through these relationships that our resilience to the negative aspects of life is significantly mitigated. The loss of a relationship increases one’s risk. The shooter from the Parkland school shooting lost his mother to illness a few months prior to the shooting. One of the shooters from the Columbine school shooting distanced himself from supportive adult and peer relationships in the months prior to the shooting. The recommendations that follow in this report speak to many aspects to identify at-risk youth and how to increase resilience. In addition, this report forwards many suggestions for schools and communities on how to mitigate risks and prepare for and respond to potential acts of violence. As this commission began developing its recommendations, it quickly became apparent that all this work should be done through a trauma-informed lens. We recognized that the preparation and response to acts of violence can be equally traumatizing in their own right, above and beyond the trauma related to any actual act of violence.

Similarly, it is important to note that a small percentage of shooters have had a diagnosable mental illness and an argument can be made that the failure to treat it adequately resulted in the deaths of many. The Aurora, CO movie theater shooting, the national tragedy in Newtown, CT, and the shooting at Virginia Tech all were perpetrated by individuals with psychiatric conditions. In both the Aurora and Newtown shooting, the courts agreed with psychiatrists that even though these individuals had a diagnosable mental illness, they were both sane at the time they committed the shootings and that their mental illness did not cause the events to occur, nor were they unable to change their behavior due to their mental illness. Notably, they did not all suffer from the same condition nor is there evidence linking one particular condition to mass violence. A common thread
amongst all these however is that they were not adequately being treated. In some of these cases, resources were available and accessed (Newtown, Aurora). In some, the perpetrator had not been utilizing mental health services at all and was diagnosed with mental illness after the fact. Regardless, any measured state response to mass violence must hold as a first principle that there are millions of citizens with mental illness in this country, and the number who act violently is infinitesimally small. Vermont, like the rest of the country, is currently facing real challenges in dealing with the mental health needs of its population. In the past, Vermont, again like the rest of the country, has unfortunately seen violent acts committed by individuals with a mental illness who were untreated or undertreated. While individual violence is always difficult to predict and the vast majority of individuals with a mental illness are not violent and are in fact significantly more at risk of being the victim of an assault than perpetrating it, increasing access and availability to mental health treatment and supports can mitigate some risks for individuals.

Many high-profile acts of mass violence have, in recent years, been a direct result of extremist views rooted in deep denial of the humanity of their victims. All violent extremists, be they pledged loyalists of the Islamic State (Orlando, Fl) or swastika adorned homegrown white supremacists (Charleston, SC), share the commonality of deep antipathy towards a group of people for racial, ethnic, or political reasons. Radical ideologies all have, at their core, a basic need to dehumanize other groups. Any response of the state must include community and individual measures to stop the dehumanization of those with whom we disagree. To commit mass murder, denial of humanity is a necessary step. Although Vermont is, in general, a tolerant state, it does, like all parts of the United States, have extremist groups and individuals. The full spectrum of state authority, from robust law enforcement to restorative justice aimed at true rehabilitation of those consumed by hateful ideology, must be brought to bear on violent extremists of any stripe.

Finally, any serious attempt to prevent mass violence in schools and communities is inextricably linked to the primacy of firearms in America life. Undeniable evidence links homicide and suicide rates to the overall number of guns in a population. No honest examination of community violence can separate the ironclad link between firearms and violence. While the proper constitutional balance between individual firearm rights and the need for public safety is beyond the scope of the CVPT and will continue to be debated by lawmakers and the public, the evidence that easy access to firearms leads to the use of firearms in violent acts is irrefutable.

**Recommendations**

**Preliminary Recommendations**

In December 2018, per the Governor’s request, the Task Force Chairs submitted a list of preliminary recommendations for items which may require new legislation to be considered and for items which would require funding in the new legislative session.

**Reciprocity for Health Professionals:** The committee recommends Vermont pass legislation to permit the Office of Professional Regulation and the Board of Medical Licensure to issue, in an emergency and/or mass casualty situation, temporary 30-day licenses to any professionals determined to be needed by incident commanders. This would include but not be limited to physicians, nurses, allied health professionals, mental health
counselors, and social workers from other states who could be needed in an emergency situation. In mass casualty events in the past (Sandy Hook, Orlando) the mental health needs of victims and friends and families of victims quickly outstripped any organic capacity the respective communities had at their disposal for mental health and dozens of trained mental health trauma specialists were needed.

**Child Access:** The committee recommends further study of “Safe Storage Laws” to include means to incentivize safe storage amongst gun owners living with children. While punitive legislation imposing criminal or civil liability on gun owners if their weapons are used by their children in commission of a crime is perhaps not right for Vermont, we recommend incentivizing safe storage through potential tax breaks for gun owners to purchase gun safes and/or trigger locks and, for low income families, a grant program for gun safes. Every year, between three and five Vermont youths commit suicide with firearms owned by their parents. Review of these cases showed the majority had some component of improper storage. Similarly, mass shootings in the past (Sandy Hook) have resulted from theft of firearms from adults in the home. Prevention of such incidents requires us to address the issue of improperly stored weapons.

**Threat Assessment Capacity:** The committee recommends training for all school and community-based threat assessment teams in developing a standardized behavioral health assessment at the supervisory Union/District and community level. Training for assessors is necessary at a community level.

**Social Media Monitoring Software:** The committee recommends that Vermont budget for and implement open source social media monitoring of all students in high school and in middle school at all Vermont schools. The committee recommends that Vermont solicit competing proposals from companies in this space. Vendors of social media monitoring have, in multiple instances, prevented violent acts by making schools aware of “leakage” of events in social media. Recent shootings including Columbine, Virginia Tech, Parkland, and the Pittsburgh synagogue all had instances of “leakage where the eventual perpetrator discussed their plans on social media (or a website in the case of Columbine). For minimal cost Vermont could monitor all public social media posts of students in high schools and middle schools.

**School Infrastructure:** We recommend that all schools be equipped with “Columbine Locks” on all interior doors. We recommend that ballistic glass and doors be present, at a minimum, on the doors of all schools K-12 in Vermont. We recommend the legislature examine the costs of doing so and budget for these upgrades.

**Access for First Responders:** We recommend all schools have electronic “swipe pass” style badges for all exterior doors and recommend all law enforcement in respective communities be equipped with all-access passes.

**Medical Response:** We recommend all school nurses be trained in “Stop the Bleed” and all schools be equipped with at least 15 “Stop the Bleed” medical kits. This is the current recommendation from the American College of Surgeons. Medical kits for mass penetrating trauma need to be mandated for all schools, public and private, in our state.
**Mental Health**: The committee recommends expansion of the current Vermont “Zero Suicide” program which is currently supported by the Vermont department of Health and the Department of Mental Health in communities throughout the state. We recommend Mental Health First Aid training to include law enforcement and first responders while also incorporating MHFA for children within schools.

**Law Enforcement Needs**: The committee recommends all law enforcement officers in the State of Vermont have, in their police cruisers, tactical rifles with appropriate optics for a close quarters battle situation and body armor. In a real-life live shooter scenario, there will be no time to call a tactical (SWAT) team. Almost all of these incidents are over within 10 minutes of the first shot fired. The initial responding officer cannot be outgunned if this happens, and needs, at their immediate disposal, a semi-automatic high-powered rifle. In order to train for these scenarios, we recommend the state purchase multiple simulation kits which local law enforcement can borrow for regularly scheduled simulations in the schools and public spaces in their communities. Active shooter drills must be mandated and LEO’s must, at the local and state level, train live shooter scenarios in the schools they are responsible for protecting.
Final Task Force Recommendations

Priority Recommendations
Recognizing the complexity of the subject, the CVPT felt it beneficial to prioritize the top five recommendations that came from the work done throughout the lifecycle of the project. The remaining recommendations are listed in no particular order.

1. Increase funding for Mental Health First Aid (MHFA) and Zero Suicide. ([https://www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/) and [https://zerosuicide.sprc.org/](https://zerosuicide.sprc.org/)).

Helping all members of the Vermont community to be better able to interact with someone who is struggling will help with early identification of people who may require more support or may be at higher risk. Helping all members of the Vermont community to be better able to interact with someone who is struggling with a mental health challenge will help with early identification of people who may require more supports and may be at higher risk for violence. National data tells us that nearly one in five adolescents will experience a diagnosable mental illness in any given year. There are specific MHFA trainings that are geared towards children and teachers, community members, and law enforcement. Youth MHFA training provides educators and school staff with information on what to do and what to say to a youth who may be struggling with a mental health disorder. Studies have shown that after completing MHFA training participants report feeling more confident in supporting individuals who are struggling, they also have a better understanding of stigma and increased empathy for individuals impacted by mental illness. In the past four years over 1,700 educators and school staff have been trained in MHFA throughout the state of Vermont and the curriculum has been supported by schools and supervisory unions; the Vermont NEA – The Union of Vermont Educators has hosted yearly MHFA trainings and encouraged its membership to take the MHFA training to better meet students’ needs.

Educators and school staff often receive minimal training focused on how to understand and respond to mental health challenges in students. According to the 2017 Youth Risk Behavior Survey (YRBS) twenty five percent of Vermont high school students reported feeling symptoms of depression during the past year. Just over one in ten high school students made a suicide plan and five percent of high school students attempted suicide. Currently Zero Suicide is implemented in three regions in the state with plans to expand to a new cohort with five new regions with limited new funding. Since suicide risk factors crossover into the risk factors for outward violence, strengthening efforts to mitigate suicide risk factors also will mitigate risks for outward violence. Trainings for Umatter, Collaborative Assessment and Management of Suicidality (CAMS) and Counseling on Access to Lethal Means (CALM) have been delivered to providers and schools as part of the Zero Suicide umbrella and current funding has limited in person trainings.

2. Improve school culture by expanding social and emotional learning programs in schools at all levels statewide. Expand programs that focus on creating a positive school climate and atmosphere with structured support for students, such as the Multi-Tiered System for Support and Behavioral Health (MTSS-B) or Positive Behavior Intervention System (PBIS).
Social and emotional learning (SEL) refers to a wide range of skills, attitudes, and behaviors that can affect a student's success in school and life. Critical thinking, managing emotions, working through conflicts, decision making, and teamwork—all of these are the kind of skills that are not necessarily measured by tests but which round out a student’s education and impact their academic success, employability, self-esteem, relationships, as well as civic and community engagement.

The Collaborative for Academic, Social and Emotional Learning (CASEL) identifies five competencies of SEL: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. Other definitions of social and emotional learning focus on career-readiness skills. These skills are learned in a variety of places, including the home, preschool and schools. States set their own definitions of SEL, and determine what, when, where and how SEL works in the classroom. For example, many states have found that SEL is best emphasized in preschool, while a handful of other states have set SEL standards in the later grades as well.

Under the federal Every Student Succeeds Act (ESSA), states may decide to account for the social and emotional learning happening in their schools, and to use that data to make decisions about how best to support schools. For example, many states are considering using social and emotional learning indicators, like school climate or student engagement, in their new state accountability systems. In 2017 legislative session, two states passed measures related to Social Emotional Learning. As of June 2018, 16 bills and resolutions related to SEL have been introduced (http://www.ncsl.org/research/education/social-emotional-learning.aspx.) Vermont has developed SEL competencies and standards for birth to 3rd grade (2015). As a state, Vermonter have the ability to expand upon current standards and impact all students. Research indicates that social and emotional learning can improve academic achievement, make lifelong impact on students.

Developing these core life abilities through SEL is critical to a child’s development, as it directly correlates to success and happiness as an adult. For many children, school is the only place where any deficiencies in these abilities can be addressed before they become active members of society.

Combining these skills with academic development creates high-quality learning experiences and environments that empower students to be more effective contributors in their classrooms today and in their workplaces and communities tomorrow. (Social-Emotional Learning: Why it matters and how to foster it https://www.edsurge.com/research/guides/social-emotional-learning-why-it-matters-and-how-to-foster-it)

The broad purpose of PBIS is to improve the effectiveness, efficiency and equity of schools and other agencies. PBIS improves social, emotional and academic outcomes for all students, including students with disabilities and students from underrepresented groups. MTSS is defined as "the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions" (Batsche et al., 2005). Based on a problem-solving model, the MTSS approach considers environmental factors as they might apply to an individual student's difficulty and provides services/intervention as soon as the student demonstrates a need. Focused primarily on addressing academic problems, MTSS has emerged as the new way to think about both disability identification and early intervention assistance for the "most vulnerable, academically unresponsive children" in schools and school districts (Fuchs & Deshler, 2007, p. 131, emphasis added).
Positive Behavioral Interventions and Supports (PBIS) is based on a problem-solving model and aims to prevent inappropriate behavior through teaching and reinforcing appropriate behaviors (OSEP Technical Assistance Center on Positive Behavioral Interventions & Supports, 2007). Positive Behavioral Interventions and Supports (PBIS) is a process that is consistent with the core principles of MTSS. PBIS offers a range of interventions that are systematically applied to students based on their demonstrated level of need and addresses the role of the environment as it applies to development and improvement of behavior problems.

Both MTSS and PBIS are grounded in differentiated instruction. Each approach delimits critical factors and components to be in place at the universal (Tier 1), targeted group (Tier 2), and individual (Tier 3) levels. Our goal is to describe the shared characteristics of these approaches as a basis for highlighting how best to meet the needs of children experiencing academic and social difficulties in school.

3: **Adopt the DHS Run/Hide/Fight or other pro-active options-based response models to an active shooter and provide schools and communities with the age-appropriate, trauma-informed training programs designed to educate and inform citizens and school communities about these response methodologies.**

In reviewing the data and after-action reviews of many of the past active shooter events, we know that those that are exposed to these incidents need to be trained and become familiar with the variety of response options that can be taken when responding to these incidents. Vermont Emergency Management, in collaboration with other appropriate state agencies, the Vermont School Safety Center, the Vermont School Crisis Planning Team and other school safety partners should work to identify or develop options-based response models that meet the needs of the various communities across Vermont. These models should be in keeping with the tenants of the DHS Run/Hide/Fight initiative.

4. **Local law enforcement should have blueprints for all public buildings and schools in their jurisdiction and should practice responses for each building multiple times a year.**

As schools continue to conduct their emergency preparedness coordination and planning, the CVPT recommends that all schools share their floor plans and evacuation locations and routes to these locations with their local emergency first responders. In addition, working with these same emergency first responders, school leadership teams should identify how and through what means, emergency first responders can gain access to their school or public building during a critical incident.

5. **Develop a multi-disciplined behavioral threat assessment capacity at the Supervisory Union/District, state government, and community level to identify concerning behaviors or actions that may lead to a pathway towards violence.**

The threat assessment process should require the involvement of the appropriate designated mental health agencies that support schools, law enforcement, the Vermont Intelligence Center, Department for Children and Families (DCF), and other community and school safety partners. This process should require the development of a school threat reporting protocol and tracking system to ensure the appropriate intervention strategies are
developed to manage these types of incidents. There should also be a legislative action to enable threat assessment teams to share information to assess and manage threats with the underlying mission of preventing violence and identifying areas of need for individuals demonstrating concerning behavior. In addition, a threat assessment/threat management team within state government to address threats outside of the school systems should be developed. This should be a collaboration of various state agencies (DOC, DCF, DMH, Public Safety among others) and along with this a legislative initiative should be considered to allow information to be shared via Memorandum of Understanding (MOU) regarding these threats and threat management strategies.

Non-Ranked Recommendations

6. School leadership teams should continue to work to ensure their schools are E-911 compliant. In addition, working with their local emergency first responders, school leadership teams should identify communication strategies and associated equipment needed (cell phones, cell phone repeaters, portable radios, etc.) to ensure they can communicate with local emergency responders during a critical incident. When conducting school safety drills and exercises, schools should test and evaluate the effectiveness of the communication strategies identified.

Enterprise Communications Systems, also referred to as multi-line telephone systems, must be capable of sending accurate and specific location information to 911 when a call is placed. This means that when a 9-1-1 call is placed from the school’s phone system, the following data must be sent to the 911 call-taker’s screen:

- the physical address of the building,
- the unique phone number in use;
- the specific location (room number, floor number, etc.) of the caller within the school.

7. Modify the current school safety drill schedule to require an “options-based active shooter response drill” in the fall and spring semesters.

The current safety drill requirements for schools involves a combination of “lockdown” and “evacuation” drills during the fall and spring semesters. In keeping with the state’s intent to encourage schools to develop an options-based response approach to violent intruders, (options beyond the traditional lockdown) we recommend changing the existing drill guidance to replace one of the lockdown drill requirements to an “options-based response drill” during each of the spring and fall semesters.

8. Encourage individual schools and SU’s/Districts to explore opportunities to enhance their involvement with their local designated agency partners. Vermont’s mental health and education communities should continue to pursue federal funding opportunities to help enhance access to mental health services within Vermont’s schools.

The CVPT recognizes the financial challenges many of our schools and communities are experiencing. While the CVPT acknowledges the positive impacts of having an embedded mental health professional in their schools, we
know not every school in Vermont will be able to support a part time or full-time mental health professional at their school or within their Supervisory Union (SU) or School District (SD). We strongly encourage individual schools and SU’s/Districts to explore opportunities to enhance their involvement with their local designated agency partners. Vermont’s mental health and education communities should continue to pursue federal funding opportunities to help enhance access to mental health services within Vermont’s schools. This will provide quick and easy access for self-referrals, as well as for those being referred. This will also aid in the early identification of higher risk youth.

9. Provide age appropriate school safety drill “talking points” to be used by schools to limit the possible trauma associated with conducting these types of drills/exercises.

The Vermont School Safety Center in collaboration with the Vermont School Crisis Team, mental health professionals, educators and other school safety partners should develop age appropriate, trauma-informed guidance that provides instructional tools to educators on how to the reduce the stress and trauma students/faculty/staff may be exposed to when conducting school safety drills.


In effort to prevent community violence and rampage shootings, we highly recommend that the state continue to reinforce the Department of Homeland Security “If You See Something, Say Something” campaign through structured community awareness and training programs. The CVPT recommends continued support for the Governor’s Office/Vermont NEA initiative to involve schools and communities across Vermont in the development of a public service announcement highlighting the “If You See Something, Say Something” campaign. The CVPT also recommends continuing support for the state’s development of the SurviveVermont program which is intended to be shared with communities across Vermont that highlights the following three federal programs (If You See Something, Say Something, Stop the Bleed, and Run/Hide/Fight.)

11. Develop a school safety anonymous tip line to identify and report concerning behaviors or actions that may have a negative impact on our schools.

The CVPT recommends the continued support of the Department of Public Safety’s (DPS) development of an anonymous school safety tip line. DPS recently received a federal grant to fund this initiative and the CVPT recommends DPS work with the Vermont School Safety Center and other school safety partners to develop training and awareness programs to ensure schools are made aware of the mission and role of the tip line, how to access it, and what will be done with the information once it is provided.

In 2018, the Vermont School Safety Center in collaboration with the Vermont School Crisis Planning Team developed the Vermont School Safety Recommended Best Practices and shared them with Vermont’s education community. These best practices were developed in conjunction with the principles of Crime Prevention Through Environmental Design as identified by subject matter experts. The CVPT recommends each school continue to evaluate these best practices and determine a site-specific action plan to implement these recommendations when possible.

13. All school staff and students, including part-time staff, full-time staff, contracted staff and services, coaches, bus drivers, and volunteers should receive training to recognize behavioral warning signs and pre-incident indicators, and alert appropriate stakeholders.

After analyzing the data of past active shooter incidents and after-action reports of many of these incidents, we know that in many of the cases the suspects involved shared their violent intentions with friends, family members or other associates through a variety of social media and communication platforms. The CVPT recommends that the Agency of Human Services (AHS), Department of Public Safety (DPS), Agency of Education (AOE), and other community and school safety partners work to develop training tools to educate and inform schools and communities about behavioral warning signs and pre-incident indicators of a pending potential violent act. This training should include information from national resources and the recent FBI study on active shooter pre-attacks observable behaviors https://www.hSDL.org/c/fbi-active-shooter-study-pre-attack-observable-behaviors/.

14. Increase and promote evidence-based best practice suicide prevention training in schools to provide school staff with the knowledge and skills to recognize individuals at risk and connect that individual with help. All schools should have specific protocols in place for responding to an individual who is suicidal and for responding to a suicide death in a manner which reduces risk and promotes healing for students and the school community.

In moments of crisis, it is important that schools have a formulated crisis response, mechanisms in place to help students cope, and ways to manage social media. Suicide contagion is a real concern that schools often have to manage. This can be supported through pulling in outside help and utilizing the larger community. Lastly, it is very important to have a clear and consistent plan for moving forward which can be addressed through training, education, and collaborations with community and state partners. The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), two of the nation’s leading suicide prevention organizations, have collaborated to produce this toolkit to assist schools in the aftermath of a suicide (or other death) in the school community. The toolkit was created to help schools determine what to do in the event of a tragedy and is intended to be a practical resource to be accessed in moments of crisis (https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/)
15. Provide statewide resources to support increased supports for mental health wellness to support trauma at-risk students before the need for clinical intervention becomes necessary.

Many factors influence a person’s chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed. Applying the Strategic Prevention Framework (SPF) helps prevention professionals identify factors having the greatest impact on their target population.

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events. Risk and protective factors also tend to have a cumulative effect on the development—or reduced development—of behavioral health issues. Young people with multiple risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; young people with multiple protective factors are at a reduced risk.

Universal, Selective, and Indicated Prevention Interventions

Not all people or populations are at the same risk of developing behavioral health problems. Prevention interventions are most effective when they are matched to their target population’s level of risk. Prevention interventions fall into three broad categories:

- Universal preventive interventions take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.
- Selective interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Examples include prevention education for immigrant families with young children or peer support groups for adults with a family history of substance use disorders.
- Indicated preventive interventions target individuals who show signs of being at risk for a substance use disorder. These types of interventions include referral to support services for young adults who violate drug policies or screening and consultation for families of older adults admitted to hospitals with potential alcohol-related injuries.

Integrating frameworks such as Strengthening Families Protective Factors (https://cssp.org/our-work/project/strengthening-families/) and Youth Thrive (https://cssp.org/our-work/project/youth-thrive/) into the education system, home, and community, will work to keep all families strong and on a pathway of healthy development and well-being.

16. Increase available mental health resources (e.g., Community Mental Health Centers or by engaging Public Health Networks) to increase the capacity of services and decrease wait times.
The CVPT continues to be concerned about Vermont’s unmet mental health needs. Mental health community-based services are a crucial component of Vermont’s health care system. Strengthening community-based mental health services are essential in order to support reduced emergency room visits and inpatient admissions, as well as to strengthen patient re-entry into Vermont communities. In order to continue to strive to meet the mental health needs of children and families, increase in funding for designated agencies or other mental health providers should remain a priority in our health care system.

**17. Empower judges to issue a search warrant at the same time as temporary or final order of protection if a defendant indicates refusal to comply, or where voluntary relinquishment is infeasible or insufficient to mitigate risk of harm.**

Provide judges with the statutory authority to order relinquishment of firearms, and if necessary, to issue a search warrant for seizure of such firearms at the same time a temporary or final order of protection is issued under Chapter 21 of Title 15 (Abuse Prevention Orders), Subchapter 2 of Chapter 85 of Title 13 (Extreme Risk Protection Orders), or Chapter 178 of Title 12 (Orders Against Stalking Or Sexual Assault) when there is probable cause to believe a defendant/respondent will refuse to comply, or where voluntary relinquishment is infeasible or insufficient to mitigate risk of harm. Further, to amend Section 4017 of Title 13 to make individuals with an order issued under any of the preceding statutes to be considered a “prohibited person” while subject to an order prohibiting possession of a firearm, such order has been served, and such order remains in effect.

**18. Provide specific funding to schools and early education providers for research-based, universal preventative programs and practices with students who have experienced trauma and have been identified as potential perpetrators of violence or self-harm.**

In addition to impacting behavior, trauma can wreak havoc on a student’s ability to learn. Scientists have found that children who have been subjected repeatedly to trauma suffer from other social, psychological, cognitive, and biological issues, including difficulty regulating their emotions, paying attention, and forming good relationships—all of which make it very difficult for a child to succeed in school (How to Help a Traumatized Child in the classroom, Joyce Darado, Vicki Zakrewski; October 23, 2013). Research indicates that there are a lot of school-based trauma-informed approaches that can be implemented within the community and school environment. The following are some of the school-based interventions currently supported by research to help students get the support they need to recover from trauma and succeed:

- [Cognitive Behavioral Intervention for Trauma in Schools (CBITS)]
- [Positive Behavioral Interventions and Supports (PBIS)]
- [Attachment, Regulation and Competency (ARC)]
- [Support for Students Exposed to Trauma (SSET)]
- [UCSF (University of California San Francisco) Healthy Environments and Response to Trauma in Schools (HEARTS)]
Effective school ACE Response focuses on ways to support students' healthy biopsychosocial development. The Whole School, Whole Community, Whole Child (WSCC) model is a collaborative approach developed by the Centers for Disease Control and Prevention (CDC) and ASCD that holistically addresses the connection between students' learning and health. Restorative Integral Support (RIS) could aid in the implementation of WSCC and other school-based approaches (www.acesresponse.org/).

19. Develop education programs surrounding digital media consumption to be part of the social emotional learning component of violence prevention.

This effort is more effective when it includes the entire family, not just the school community.

20. Limiting access to firearms reduces risk of suicide, domestic violence, unintentional shootings and mass shootings. The practice of storing firearms in a locked container, unloaded, with ammunition stored and locked separately has been shown to reduce the risk of gunshot injury among young people. The link between impulsivity, easy access to firearms, and suicide death risk is well established.

Efforts to promote safe storage of firearms should include public awareness campaigns and training of clinicians and gatekeepers on Counseling on Access to Lethal Means (CALM). Community partnerships should be explored to promote safe storage giveaway events modeled on the program developed by Washington State Firearm Tragedy Prevention Network and Seattle Children’s Hospital. Interested partners may include physician groups, hospitals, law enforcement, schools, the health department, and other injury prevention organizations. Legislative actions such as a waiting period to purchase firearms and a safe storage or child access prevention law can be explored further in consultation with legislative counsel.

21: All schools and public spaces including state and local offices should develop a comprehensive plan for an active shooter and have drills at least yearly that include local law enforcement and emergency first responders.

The CVPT agrees with the Vermont School Safety Center’s recommendation that all schools in Vermont complete scheduled drills including monthly fire drills and at least once a semester, drills specifically aimed at training responses for violence. Much is to be gained by incorporating these drills as frequently as possible but no less than once a year in which local law enforcement participates in school drills. In traumatic and dangerous situations, people will fall back on training they have received and perform at the level they have been trained to.

22: “Stop the Bleed” kits should be located in every school and state office building in Vermont that teachers and staff have access to immediately.

Preventable deaths in trauma situations are almost entirely from exsanguination, in many cases from extremity wounds. These deaths, as opposed to surgically unpreventable injuries to the central nervous system or major intrathoracic organs, are capable of being prevented by any person with even the most basic equipment and
training. Tourniquets, when properly constricted around a bleeding arm or leg, are the simplest and best manner to prevent such deaths. We recommend all nurses and teachers in all Vermont schools be trained in how to apply direct pressure to bleeding wounds and in placement of tourniquets. Similarly, we recommend all schools have tourniquets and commercial “Stop the Bleed” kits as recommended by the American College of Trauma surgeons. These kits are inexpensive and contain tourniquets, bandages, and chemical “quick clot”. Every school should have multiple kits.

23. Following a critical incident at a school, school leadership teams should conduct an after-action review with local emergency responders to determine response strengths and identify opportunities for improvement.

In addition, school leaders should seek to take advantage of the after-action reviews and lessons learned from critical incidents that take place across Vermont that are often provided by the Vermont School Safety Center or during the annual Governor’s School Safety Conferences.

24. All school staff should receive annual school safety training that educates and informs them about their schools Emergency Operations Plan along with their roles and responsibilities when responding to a critical incident.

This training should include communication strategies on how to inform emergency responders and the school community when a critical incident is taking place at the school. This training should include active shooter response, identification of evacuation routes/sites for the school community, communication strategies with emergency first responders and roles/responsibilities of school leaders in managing a critical incident.

25. All school leadership teams should be familiar with the principles of the Incident Command System to assist them in managing a critical incident at their school.

The Incident Command System is a standardized approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders from multiple agencies can be effective. At a minimum, school leadership teams should be trained in ICS100/200 and be proficient in the communication strategies and methodologies to effectively communicate with their school community and the media when managing a critical incident.

26. The CVPT recommends that the state enhance its efforts to provide training, logistical support and equipment to ensure emergency responders can provide critical lifesaving medical care during a mass casualty or active shooter incident. The CVPT recommends the state explore the additional training and equipment needs of Vermont’s EMS community to enhance their ability to deliver “tactical emergency medicine” to the front lines of those impacted by these events.

Warm zone training is different in kind then regular on scene medical care with which EMS is familiar. It requires training in a common lexicon that law enforcement uses and, in some cases, initial training in the use of ballistic
personal protection equipment (helmets and body armor). Vermont needs to explore training EMS in “warm zone” medical operations and explore funding proper ballistic protection for first responders.

27. The CVPT recommends that each local, county and state law enforcement agency continue to develop strong school safety partnerships with the public, private and independent schools in their jurisdictional areas.

The CVPT recognizes the financial challenges many of our schools and communities are experiencing. While the CVPT acknowledges the positive impacts of a high functioning School Resource Officer (SRO) program, we know not every school in Vermont will be able to support a part time or full time SRO at their school or within their Supervisory Union (SU) or School District (SD). We strongly encourage individual schools and SU’s/Districts to explore opportunities to enhance their involvement with their local law enforcement partners while developing their school emergency operations plans (EOP) or when conducting school safety drills and exercises. Vermont’s law enforcement community should continue to pursue federal funding opportunities to help enhance Vermont’s SRO programming efforts. In the absence of a formal SRO program, Vermont’s law enforcement and our educational communities should continue to seek opportunities to bring law enforcement officers into our schools. These opportunities should focus on building positive partnerships between law enforcement and the school community, fostering strong working relationships between school leadership and law enforcement, and work to enhance the school safety partnerships among schools and their local law enforcement community.

28: Install or issue panic buttons or other communication technology in offices of schools to directly notify first responders of an incident.

It is conceivable, especially in a true hostage situation, that administrators will not be able to place a phone call and should be able to, with the press of a button, summon law enforcement.

29: As part of their school safety exercise program, schools should educate and inform their parent community about how they will be notified of a critical incident at their school.

Schools should work to develop a layered communication approach that includes mass notification systems, Facebook pages, webpages, twitter feeds, Instagram posts and other social media platforms to ensure parents are kept informed during a critical incident. Parents should also be informed of how they will be notified if their children are evacuated from their school and the steps that will be taken by the school to connect students with their parents following a critical incident.

30. As recommended as one of the best practices provided by the School Safety Center, schools should be equipped with “Columbine locks” which can be locked from inside all classrooms. In addition, schools should control access through a single point of entry during the school day.


31: The CVPT recommends continued support for the Vermont School Safety Center’s website.
The Vermont School Safety Center’s website provides school safety planning, training, and exercise resources for all superintendents, principles, faculty, staff, and school administrators along with Vermont’s emergency first response community.

32. Vermont should request bids from social media monitoring companies in order to review public posts on social media and screen for leakage of impending incidents and ensure any such services are in compliance with existing legal regulations regarding privacy laws.

It is becoming increasingly clear that protecting the health and welfare of public schools is an obligation of government and increasingly difficult. The use of social media by students is pervasive and it is increasingly being used to voice intentions of harm to students and teachers alike. Moreover, the Committee finds that social media threat assessment tools available to School Districts can prevent harm to all those that attend, work or visit Vermont schools. The monitoring of social media activities is one of many tools that can provide early-detection of possible threats to a student’s health and the safety of the school. Therefore, this Committee recommends that funding be allocated to provide data analytic resources to every school district in Vermont to facilitate the monitoring of (public) social media activities to assist in detecting and preventing school-based violence.

33. Vermont should pass legislation to permit the Office of Professional Regulation and the Board of Medical Licensure to issue, in an emergency and/or mass casualty situation, temporary 30-day licenses to any professionals determined to be needed by incident commanders.

In prior MCI incidents in Florida and Connecticut, the immediate need for mental health counselors quickly outstripped the supply in the local area. Counselors were provided by surrounding states and a fast track licensing agreement was needed in order to circumvent the normal process of medical licensing which can typically take months. In addition, we recommend that, if determined by the Governor, emergency privileges at community hospitals can be granted if it makes sense in a given incident to push trauma-appropriate licensed professionals from one area in the state to another.

34. Vermont’s first response community should examine its equipment and resource needs in order to effectively respond to an active shooter event. This should include a comprehensive examination of past active shooter events and lessons learned from those emergency response agencies that responded to those critical incidents. If needed, funding for both tactical and training equipment should be allocated.

Most active shooter incidents are over in less than 5 minutes. Over half end when police arrive, when the shooter either surrenders, is killed by police, or takes their own life. In almost all situations that ended when police arrived, it was the first responding officers who engaged the perpetrator and ended the threat. Specially trained tactical units (SWAT) will never be able to respond to an incident such as this unless it is very atypical in length. As such, we recommend all Vermont Law Enforcement review their ability to respond to active shooter incidents and critically analyze their own equipment and training to do so. Individual officers need to have at their immediate disposal appropriate armament and ballistic protection to engage active shooters.
35. Schools and communities should develop postvention strategies designed to mitigate the negative impacts individuals may experience as a result of a critical incident. These strategies may include formal stress debriefing, peer to peer supports, or other professional mental health services. Some resources are as follows:

- [http://www.gmcism.org/index.html](http://www.gmcism.org/index.html)
- [https://www.aaets.org/article54.htm](https://www.aaets.org/article54.htm)

36: Utilize the Vermont Agency of Digital Services (ADS) as a resource to assess data across programs and agencies, understand how to access and link disparate sources, and develop legal agreements that enable the secure use of the data.

Programs and agencies in government often exist in silos and their data are not readily shared between them. In addition, there is a lack of clarity surrounding what data can and should be shared between programs and agencies and what is or is not permissible under HIPAA and FERPA protections. ADS is developing several Integrated Data Systems that link program data across multiple agencies. ADS has also been working to establish standard Data Sharing legal agreements that protect the privacy of Vermonters and keep data secure.

37: Further study and examination of shield laws to protect individuals who share information about potential threats.

The CVPT discussed the provision of the Executive Order charging the group with reviewing shield laws. The CVPT understood this provision to refer to laws that protect individuals who report threatening behavior or possible incidents from civil liability, as well as assuring confidentiality. Shield laws may incentivize witnesses to come forward and protect those who do. The CVPT was not able to locate data or helpful case anecdotes on this issue. One of the challenges with assuring confidentiality or anonymity is that if the case is referred to the criminal justice system, witnesses do not necessarily remain anonymous. The CVPT did not locate any statutory language or best practices from federal law or other state jurisdictions.

Vermont law does include shield protections for other types of reporting, such as abuse of vulnerable adults. Because of the legal complexity of the issue and the need for more in-depth review of the behavioral literature, further study of this issue is warranted.

Restorative Justice is a method of conflict resolution and criminal justice focused on reconciliation between offender and victims through voluntary participation, face to face interaction, and communication. Multiple studies of school based restorative justice programs have shown a consistent positive impact with decreases in absenteeism, improved academic outcomes, and decreases in conflict.
Legal Review

Throughout the course of meeting, the CVPT discussed and reviewed various statutes related to school and community safety. A compilation of all statutes pertaining to school and community safety, along with a short summary has been included here for reference. For more details regarding any of these statutes, please reference the Vermont Legislature website at https://legislature.vermont.gov/.

**Criminal Statutes** (Title 13 V.S.A.)

**Section 1703: “Domestic Terrorism”** – making it a felony punishable up to 20 years to engage in or take a substantial step to commit a crime with the intent to cause death or serious bodily injury to multiple persons or threaten any civil population with mass destruction, mass killings, or kidnapping.

**Chapters 31 and 33: “Hate Crimes”** – Chapter 31 provides for the imposition of enhanced sentences for persons who commit, cause to be committed, or attempt to commit any crime, if the person’s conduct is maliciously motivated by the victim’s actual or perceived race, color, religion, national origin, sex, ancestry, age, service in the U.S. Armed Forces, disability, sexual orientation, or gender identity. The chapter also makes cross-burning and similar conduct a crime if done with the intention of terrorizing or harassing others. Chapters 31 and 33 also empower victims of such conduct to sue perpetrators for injunctive relief, orders of protection, compensatory and punitive damages, costs and attorney’s fees.

**Chapter 76: “Weapons of Mass Destruction”** – making it a crime punishable up to 30 years to use, or punishable up to 20 years to knowingly possess, develop, manufacture, produce, transfer, acquire, or stockpile any weapon of mass destruction. This chapter also makes it a crime (misdemeanor for first offense and felony for second or subsequent offenses) to threaten to use a weapon of mass destruction, knowing that the threat is likely to cause evacuation of a building or facility of public transport or cause persons to fear serious bodily injury.

**Section 4021: “Large Capacity Ammunition Feeding Devices”** – making it a crime to manufacture, possess, transfer, offer for sale, purchase, receive or import into Vermont a large capacity ammunition feeding device, unless one of the statute’s exceptions applies.

**Section 4022: “Bump-Fire Stocks; Possession Prohibited”** – making it a crime to possess a bump-fire stock (defined as a “butt stock designed to be attached to a semiautomatic firearm and intended to increase the rate of fire achievable with the firearm to that of a fully automatic firearm by using the energy from the recoil of the firearm to generate a reciprocating action that facilitates the repeated activation of the trigger”).

**Section 4003: “Carrying Dangerous Weapons”** – making it a misdemeanor to carry a dangerous or deadly weapon with the intent to injure another, and a felony punishable up to 10 years if the person intends to injure multiple persons.
Section 4005: “While Committing a Crime” – making it a felony punishable up to 5 years to carry a dangerous or deadly weapon, openly or concealed, while committing a felony.

Section 4017: “Persons Prohibited from Possessing Firearms; Conviction of Violent Crime” – making it a crime for a person who has been convicted of a violent crime to possess a firearm.

Section 4020: “Sale of Firearms to Persons Under 21 Years of Age” – makes it a crime to sell a firearm to a person under 21 years of age, unless the person provides the seller with a certificate of satisfactory completion of a Vermont hunter safety course.

Section 4007: “Furnishing Firearms to Children” – making it a misdemeanor for any person, other than a parent or guardian, to sell or furnish a firearm or other dangerous weapon to a minor under the age of 16 years (does not apply to teachers and instructors who furnish firearms to pupils for instruction or drill).

Section 4008: “Possession of Firearms by Children” – making it an act of juvenile delinquency for a child under the age of 16 years to possess or control a pistol or revolver (other than BB gun or pellet gun) without the consent of his or her parent or guardian.

Section 4004: “Possession of Dangerous of Deadly Weapon in a School bus or School Building or on School Property” – misdemeanor for first offense, felony for second or subsequent offenses.

Section 4016: “Weapons in Court” – making it a misdemeanor for any person other than a law enforcement officer to carry or possess a firearm or other dangerous or deadly weapon while within a courthouse without authorization from the court.

Section 4018: “Drones” – making it a crime to equip a drone with a dangerous or deadly weapon or to fire a projectile from a drone.

Section 4019: “Firearms Transfers; Background Checks” - forbidding the sale, gift or transfer of firearms except by or through licensed dealers, and making it a crime to knowingly make a false statement or exhibit a false identification to a licensed dealer in connection with the safe, gift or transfer of a firearm. The law does not apply to transfers of firearms to law enforcement officers or agencies, or from one immediate family member to another, or to someone at risk of imminent harm.

Section 4006: “Record of Firearm Sales” – requiring pawnbrokers and retail merchants dealing in firearms to keep detailed records for six years of each purchase of secondhand revolvers and pistols, and each sale of new or secondhand revolvers and pistols, and making it a crime to fail to do so. The purchaser or seller of each firearm must also sign the record.
Orders of Protection

13 V.S.A. § 4051, et seq: “Extreme Risk Protection Orders” – empowers Superior Court judges to issue, at the request of states attorneys and law enforcement officers, an “extreme risk protection order” prohibiting a person from purchasing, possessing, or receiving a dangerous weapon or from having such a weapon within his or her custody or control, upon a showing that the person constitutes an extreme risk of harm to himself, herself, or others. Such orders may also require the person to relinquish his or her weapons to law enforcement.

Note: The CVPT reviewed the Extreme Risk Protection Order (ERPO) statute signed into law last year. 13 V.S.A. 4051 et seq. This law allows law enforcement to file for an order prohibiting an individual from owning or possessing a firearm if that individual has demonstrated an elevated risk of harm to themselves or others. The level of risk necessary to obtain an order depends upon whether the state is pursuing an emergency order (expedited process, shorter duration) or a final order (formal court hearing, longer duration). Anecdotal reports suggest that about a dozen of these orders have been issued around the state since becoming law in July 2018.

The CVPT considered whether the ERPO statute should be expanded to allow family or household members to directly file for an order, as opposed to working with law enforcement. The CVPT concluded that the statute is sufficient for now. ERPO or so-called “red flag” laws are relatively new and only have been adopted by a handful of states. Additional implementation efforts, training, and outreach to service providers (including medical providers and mental health professionals) is needed to help those involved utilize the law as currently adopted. Currently, law enforcement officers and states attorneys can work with all parties involved to triage the situation and ensure that the ERPO is the appropriate tool to prevent harm, as opposed to other remedies, such as criminal charges or Title 18 orders. Law enforcement involvement also minimizes the possibility of misuse or harassment by perpetrators or enablers of abuse. Finally, under current law, family or household members who are experiencing stalking or abuse may be able to seek a different kind of protective order with a no-firearm restriction, such as a relief from abuse order.

15 V.S.A. § 1101, et seq: “Abuse Prevention” – empowers judges to issue, at the request of an abused family or household member, a “relief from abuse order” requiring the perpetrator to leave the home and prohibiting the perpetrator from contacting the victim or interfering with the victim’s personal liberty, among other things. In Benson v. Muscari, 172 Vt. 1 (2001) the Vermont Supreme Court held that this statute is broad enough to allow judges to prohibit the perpetrator from possessing firearms, and 20 V.S.A. § 2307 authorizes law enforcement agencies to seize and hold such firearms while such order is in effect.

12 V.S.A. § 5131, et seq: “Orders Against Stalking and Sexual Assault” – empowers judges to issue similar orders of protection to victims of stalking and sexual assault.
Hazing, Harassment and Bullying, etc.

16 V.S.A. § 165, 570-570l and 1161a: Hazing, Harassment and Bullying Forbidden in Schools – requires and empowers schools to maintain “a safe, orderly, civil, and positive learning environment that is free from hazing, harassment, and bullying, and is based on sound instructional and classroom management practices and clear discipline policies that are consistent and effectively enforced.”

16 V.S.A. § 563(5) and 1166: “Possession of a Firearm at School” – empowers and requires school boards to discipline and refer to law enforcement any student who brings a firearm to or possesses a firearm at school.

16 V.S.A. § 255: “Public and Independent School Employees; Contractors” – enables school authorities to perform criminal record checks on persons employed or recommended for employment by schools or “who may have unsupervised contract with school children.”

16 V.S.A. § 1481: “Fire and Emergency Preparedness Drills” – requires school authorities to “drill the students so they are able to leave the school building or perform other procedures described in the school’s emergency preparedness plan ... in the shortest possible time and without panic or confusion.”

Miscellaneous

20 V.S.A. § 1, et seq: “Emergency Management” – creates a state emergency management agency and delineates its responsibilities with respect to natural disasters, health or disease-related emergencies, civil insurrection, terrorist or criminal incidents, and other significant events.

18 V.S.A. § 7617a: “Reporting; National Instant Criminal Background Check System” – requiring the Court Administrator to report to the National Instant Criminal Background Check System all hospitalization and non-hospitalization orders issued by Vermont courts, in accordance with the Brady Handgun Violence Prevention Act of 1993. Such reports are confidential and exempt from public inspection. Those mentally ill individuals, who have been issued hospitalization or non-hospitalization orders, are not permitted to possess a firearm.

In addition to current statute, S. 169, if passed, would add a new statute (13 V.S.A. 4019a) imposing a waiting period on all transfers of handguns that require a background check under state (13 V.S.A. 4019) or federal (18 U.S.C. 922(t)) law. If a background check is required, then the transfer may not take place until 24 hours after the completion of the background check. Anyone violating the law would be subject to imprisonment for up to a year. S. 169 would also add a provision allowing a health care provider to notify a law enforcement officer of any patient who the provider in good faith reasonably believes “poses an extreme risk of causing harm to himself or herself or another person by purchasing, possessing, or receiving a dangerous weapon or by having a dangerous weapon within his or her custody or control.”
Resources

CDC Technical Reports on Violence Prevention


Crime Data


FBI Documents (US Dept of Justice: Federal Bureau of Investigation)


**Games and Digital Literacy**

*Digital Media Education Narrative* – Amanda Crispel

*A Pedagogical Response to the Aurora Shootings: 10 Critical Questions about Fictional Representations of Violence* — Henry Jenkins

*Metaanalysis of the relationship between violent video game play and physical aggression over time* — Anna T. Prescotta, James D. Sargent and Jay G. Hulla

*Essential Facts about the Computer and Video Game Industry 2018* – The Entertainment Software Association

*Guns and Games: The Relationship between Violent Video Games and Gun Crimes in America* – Glynn J


*Reality Bytes: Eight Myths About Video Games Debunked* – Henry Jenkins

*Learning, Attentional Control, and Action Review Video Games* – C.S. Green and D. Bavelier

*No priming in video games* – David Zendle, Paul Cairns, Daniel Kudenko


*The effect of violent video games on aggression: Is it more than just the violence?* – Paul J.C. Adachi, Teena Willoughby


*Edutopia - A cutting edge resource site for K-12 educators and parents.* [https://www.edutopia.org/topic/social-media](https://www.edutopia.org/topic/social-media)

**School Safety**


**School Resource Officers.** (2017, February). Retrieved from Vermont Department of Mental Health


Vermont School Safety Center’s website: http://schoolsafety.vermont.gov/


**Threat Assessment**


H. R. 6664: A bill to develop a national strategy to prevent targeted violence through threat assessment and management, and for other purposes. Retrieved from https://babin.house.gov/uploadedfiles/bills-115hr6664ih.pdf


**Miscellaneous**


Alice McNeish to Governor Scott. (2018, September 17). [Email provided to CVPT]

About Cheri Love?


Jeannie MacLeod. *CJC & Restorative Best Practices.* (2019, April 2). [Email Provided to CVPT]
