

8/31/2020

RE: Reforming Law Enforcement

To: Vermont House Judiciary and Government Operations Committees; I would like to thank you for taking on the issue of police reform in Vermont via Senate bills 119 and 124 and House bills 464 and 808 as well as conducting public hearings via Zoom on proposed changes to law enforcement in Vermont and soliciting written comments subsequently.

I myself have been a member of the Act 80 Committee, Chief Justice Task Force, Emergency Involuntary Procedures (EIP) Review Committee, VPCH patient representative, and VPS Northern patient/ resident representative.

When the Act 80 Committee was active it was a frequent refrain for some law enforcement entities not to have received Act 80 training because of funding or staffing situations. I also believe in the not to distance past as part of taser legislation a law enforcement officer has to have Act. 80 training to be CEW certified. I would like to reiterate that every law enforcement officer should have had Act 80 training to be certified in Vermont.

I do not know the current components of 30 hours of Level III law enforcement officers in-service training each year, but suffice it to say that it should include an Act.80 refresher course or equivalent such as Team 2 training module as well as trainings on implicit bias, being trauma informed, and domestic violence training. Those components should be a required annual training for every level of law enforcement certification.

There is always the question as to whether law enforcement should be expanded or have a more limited involvement in society. That question becomes even more poignant when society gains a general mistrust in law enforcement. Law enforcement should be fully funded to operate within its constraints; that is required trainings, staffing, etc. should be fully funded so that the nuance of the job can be achieved.

As the patient representative at VPCH I often heard from patients of the unnecessary use of law enforcement or of the heavy handed behavior of law enforcement; particularly in regards to welfare checks; i. e. police just breaking into apartments and dragging individuals off to a hospital with no conversation. I don't think that police should be required to nor have all the skills to solve all social ills . They should get that assistance from those trained to do so; whether it be by embedded social/ crisis workers or designated agencies taking on a greater roll in diverting situations from law enforcement. To reiterate a previous testimony "with additional funding, HCRS (designated agencies) could explore other creative options to support individuals in crisis including the use of peer support services for suicide prevention and crisis response, allowing the agency to further decrease our (their) reliance on law enforcement for well person and mental health crisis responses."

As a VPS resident representative I was able to establish a rapport with individuals in the community with psychiatric issues; even greater than one that could be achieved by clinical personal as I was not bound by boundary issues; in other words I was a liaison that often assisted individuals in the community with their needs, grievance, etc., as well as being a friend. It makes a big difference to an individual sometimes whether the help is coming from a friend or professional clinician. Also as a patient representative you have to learn to how to communicate as well as de-escalate.

During my work as patient representative and as a member of the (EIP) Procedures Review Committee, I was introduced to the SAMSHA Six Core Strategies for Reducing the Use of Restraint and Seclusion. These strategies include : **Leadership Towards Organizational Change** - emphasizing that efforts to create a violence free environment are most successful when facility executives provide guidance, direction, participation and ongoing review of the project, beginning with assuring that the facility's mission, philosophy of care and guiding values are congruent with this initiative. **Using Data to Inform Practice** - monitoring performance and sharing data. **Workforce Development** - reshaping hiring, training and job performance practices to promote trauma informed, recovery-oriented, non-coercive care.

Use of Seclusion/Restraint Reduction Tools - including trauma assessment, primary prevention and de-escalation strategies, and calming environments. Includes the use of:

Consumer Roles in Inpatient Settings - providing full and formal inclusion of consumers and family members in a variety of decision-making roles in the organization.

Debriefing Strategies - analyzing restraint/seclusion events to mitigate further trauma and to gain knowledge that informs policy, procedures and practices.

I point the Six Core Strategies out not only because they transfer to the current situation of reforming law enforcement, but to illustrate that the overall system needs to buy into reform. I was hired as the patient representative at VSH as part of the effort to change the institutional work culture at the old hospital. Training individuals only goes so far and then you have to think of other ways of changing the culture; in part though hiring and firing practices.

Because of the lack of public trust in the law enforcement and citizenship feeling that there is no public oversight or venue; I wonder if there would be any credence to placing law enforcement certification under the purview of the Office of Professional Regulation.

In addition, I concur with previous testimony to include the organizations VCIL, DRVT, and ACLU in the Vermont Criminal Justice Training Council; these organizations were instrumental in the development of the Act 80 trainings; also a person of color should be on the training council.

Expand H.464, etc. to include data and policies on police interactions with persons who experience a mental health crisis.

Please find attached additional comments from Laura Ziegler of Plainfield, VT

Sincerely,

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