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2 SANDY HOOK ADVISORY COMMISSION

3 MARCH 22, 2013

4 9:30 AM

5 Legislative Office Building

6 Hartford, CT

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8

9 SCOTT JACKSON, Committee Chair
ADRIENNE BENTMAN

10 ROBERT DUCIBELLA
TERRY EDELSTEIN

11 KATHLEEN FLAHERTY
ALICE FORRESTER

12 EZRA GRIFFITH
PATRICIA KEANEY-MARUCA

13 DENIS McCARTHY
BARBARA O'CONNOR

14 BERNARD SULLIVAN

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1 AGENDA

2 I. Call to Order

3 II. Behavioral Health - Increasing Public Awareness & Decreasing Discrimination
4 Kim Pernerewski, National Alliance of Mental Illness - CT
5 Louise Pyers, Executive Director - Connecticut Alliance to Benefit Law
6 Enforcement (CABLE, Inc.)
Deron Drumm, Executive Director - Advocacy
7 Unlimited
Bryan V. Gibb, Director of Public Education -
8 National Council for Community Behavioral Healthcare (Mental Health First Aid)
9
III. Access to Mental Health Care
10 Deputy Commissioner Anne Melissa Dowling, State Department of Insurance
11 Vickie Veltri, Connecticut Healthcare Advocate
12
IV. Assessment and Management of Risk
13 Marisa Randazzo, Managing Partner - SIGMA Threat Management Associates
14
V. Other Business
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VI. Discussion
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VII. Adjournment
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1 ANNE MELISSA DOWLING: But let me leave
2 that for the moment and say one of the things we do
3 have at our disposal is a contract with University
4 of Connecticut Health Center on questions of medical
5 necessities and denials.
6 If we see enough of a trend or even a
7 request coming in, you can see, up on the slide, you
8 know, eleven times, since 2008, we've, in fact, gone
9 in and said, "We need to review this."
10 So, for example, we saw a trend of a
11 particular type of treatment being denied because it
12 was experimental.
13 Well, the last time it was defined as
14 experimental was several years back; it had now
15 become mainstream.
16 So we needed to have an outside medical
17 authority help us redefine that and say, "No. You
18 now need to start paying that because, in fact, it
19 is mainstream."
20 I'm trying to make this in very simple
21 terms, so I apologize if I'm oversimplifying it and
22 sort of making it a little cruder but . . .
23 And then also each year, or most years, we
24 are asked to then go review anything that's
25 legislated as a state mandate so that an insurance

1 policy has to pay for X service now. It's required
2 by law; it's not a choice.
3 And so we tend to ask UConn, under its
4 contract with us, to look at that, help us define
5 the cost of it to the state, all of that.
6 And we have most recently used them, just
7 this year, to help us review a carrier's mental
8 health protocols.
9 That, again, is something that we're in
10 the middle of. When that's completed, it will be
11 public knowledge.
12 But I need to assure you that one of the
13 things that frustrates our agency is we do a lot,
14 but there is a time lag before you get to see it.
15 So it's under way; we just, you know, by
16 practice, need to protect them until they're -- it's
17 all complete.
18 So here's something -- you know, Vickie's
19 mentioned some very large, broad issues.
20 From our agency's, you know, scope,
21 there's only a few things that -- a few observations
22 we've made, a few things we're going to try to do.
23 We can come to the table on a lot of
24 things, but so far, we can only operate within the
25 laws that, you know, we have authority over.

1 So while we may have very similar opinions
2 and thoughts and perspectives, you know, we're
3 limited by, you know, what our tools are.
4 So one of the things we see as an enormous
5 trend, and I'm not quite sure how to do -- handle
6 this so we can talk through some of this, because
7 earlier today you heard on the provider side about
8 reimbursements being so minuscule based on relative
9 to the charges.
10 We see an awful lot of the challenges that
11 come out of it because most -- many of our
12 complaints come -- in the behavioral health area,
13 come because the providers are out of network.
14 For all good reasons: They don't want to
15 be part of the system; they -- you know, they want
16 to be paid fully, you know. Whatever the reasons
17 are, there's no value judgment there.
18 But what it says is, is that the client,
19 the patient, has to pay upfront and then be left
20 with all the points you were making.
21 And I agree with you. I said the same
22 thing this morning; it can only worsen your
23 condition with the stress of having to go through
24 the process.
25 And you have no clue; you have no idea

1 what you're supposed to ask for.
2 And as somebody in our office said this
3 morning, you know, "If you had to have a kidney
4 transplant, would you know what to ask for? Would
5 you know how to fill out your forms?"
6 No.
7 But somebody can -- it's something that
8 we're worried about.
9 So there's no contractual arrangement with
10 a private payer for a rate, any of that.
11 So what happens is -- similarly, there's
12 another risk to the family, is that they're not
13 protected by a prenegotiated rate.
14 So then, you know, if, in fact, they get
15 some reimbursement from a carrier after they've gone
16 through the stress of the process, there's no
17 protection for them for balance billing or for
18 billing the difference to the client or the patient
19 because they're not protected by any contracts.
20 So one of the points -- and this is, you
21 know -- I hope it's not an inflammatory statement.
22 But one of the things we're concerned
23 about is that a lot of these denials do not happen,
24 in our mind, because of violation of the mental
25 health parody.

1 They happen because the family --
2 Or, by the way, the provider, who is
3 allowed to do this on behalf of the family or
4 patient if it wishes.
5 -- is just so ill-equipped with the
6 paperwork it needs to get the reimbursement; it
7 doesn't know what to ask for.
8 That's often why it goes through three or
9 four reviews, because these families learn along the
10 way, oftentimes with working with Vickie's office or
11 our department, because it's iterative; they don't
12 know what to ask for.
13 So it's a major burden on a family to
14 assemble medical documents for reimbursement in a
15 field it knows nothing about. And it's probably not
16 at its best anyway because it's so stressed with the
17 severity of the issue.
18 Sometimes it's physical; sometimes the
19 kids should be -- or the family, the patient should
20 be in another place.
21 So they just don't have the wherewithal,
22 emotionally or, often, financially.
23 And some of the terrible things we've seen
24 families have to do in order to qualify for plans or
25 to get coverage is just only adding to the stress.

1 We see this happening at facilities and
2 emergency rooms where we've already talked about the
3 workforce issue. Vickie's mentioned, there are not
4 enough of these practitioners in the state.
5 So one of the things you might do, and
6 it's out of our wheelhouse but it's something we see
7 all the time, is we need to find models to keep more
8 students when they graduate from primary health care
9 and behavioral health staying in the state.
10 They're just -- you know, we're educating
11 a lot of people who are then leaving.
12 And we've got to figure out what to do
13 with that, because that gets into some of the things
14 that, you know, deal with network adequacy.
15 You can only do what you can do. If the
16 doctors don't exist in the state, what are you going
17 to do?
18 I mean, a carrier might be contracted with
19 everybody in the state and there still aren't enough
20 of them. And there aren't enough for adolescents or
21 for subspecialties and all that.
22 So it's heartbreaking.
23 And then you see some of these terrific
24 practitioners taken off the line, so to speak, in an
25 emergency room in a hospital because they're on the

1 phone with someone for two or three hours just
2 trying to get paperwork and coverage and placement.
3 So one of the -- a couple of things we're
4 going to try to do -- and what I don't like to do is
5 just come and lay all the problems at you.
6 There is a few things we might be able to
7 do in the very short-term, and then we can talk
8 somewhat about the longer term.
9 We're going to do some very
10 straightforward things.
11 We have a claims appeals guide. It's sort
12 of a how do you do it, making it much more user
13 friendly. It's probably a little bit too technical.
14 We can take it a little bit further, so we're going
15 to do that.
16 We're going to expand our outreach and
17 education. We'll work together with Vickie's
18 office, do what we can there as well.
19 We are going much deeper with all the
20 carriers to review their claims processes this year.
21 We started it last year, and we're going
22 much deeper this year. So that will be where our
23 spotlight is, on the carriers, on health care
24 carriers, this year.
25 Continued collaboration, as we've talked

1 about with the legislature, with our agencies, with
2 all of you, if we can be of service.
3 Working on -- we didn't even talk about
4 this, but the state innovation model, we've gotten
5 some funding for that.
6 My pet, you know, dream there is the
7 provider shortage. That's the one that I'm most
8 worried about because we're trying to smoosh so much
9 onto a very small group of people who are doing so
10 much.
11 There just aren't enough of them that --
12 part of it is a supply and demand issue.
13 So not only the residential treatment
14 facilities, but just purely, you know, the primary
15 care providers, the pediatricians, people who can do
16 the initial screening and then move it on.
17 So that's a concern for us.
18 One of the things we are just about to
19 launch, we're working with The University of
20 Connecticut Health Center again on something that we
21 just kind of worked through and will begin in
22 probably in the next week, which is asking them, on
23 our behalf, to develop a template for families so
24 that -- or families or, I should say, providers.
25 Mind you, a provider, even though paid

1 upfront, can help, you know, a family navigate the
2 reimbursement.
3 It's hard because they may or may not be
4 terribly motivated to do so.
5 They've been paid and this is a
6 reimbursement issue. And they're trying to move on
7 and continue their practice, so we have a little bit
8 of a disconnect there as well.
9 A template that says "Family, this is what
10 you need. This is what you need to get," but some
11 of that is defining the nonquantitative.
12 That's going to be very difficult, and we
13 need your help and others, and will be convening the
14 carriers, providers, the professional medical
15 societies.
16 And UConn will be doing this on our behalf
17 so that we -- and we said to the carriers, "When we
18 define this, while you'll be at the table, this is
19 what we're going to need you to do. No matter what
20 happens, you're going to have to respond and help
21 families by using this template and working through
22 it so that they can get reimbursed, or maybe even
23 know in the first authorization what it is they need
24 to bring to the table."
25 There's some little template they can just

1 take and use and not struggle through the stress of
2 this.
3 So we'll be convening that group very
4 shortly.
5 The issue we have with this -- and some of
6 you who are the medical professionals, maybe we'd
7 even like to invite you to the table on this.
8 We struggle because if you are going to
9 give a family the deep medical records in order to
10 get the reimbursement -- and I'm not just talking
11 about a summary, but perhaps, you know, the
12 detailed, each visit, there are cases we're fully
13 aware of where it is -- the family is the problem.
14 But they're the ones -- you know, so how
15 do we deal with that?
16 And we need you to help us find, you
17 know -- think that through a little bit. And this
18 group will be doing it, but if any of you are
19 interested.
20 You know, yes, we want to arm them with
21 all these papers that you always help them gather,
22 but what do we do if the parent is the problem?
23 So we've got to figure something out.
24 You know, you don't have to do that with a
25 heart attack or with a broken bone, you know. You

1 just push in your code and you can see it; you've
2 got an X ray and all that.
3 So we're struggling with this a bit.
4 And so while we've got all the best of
5 intentions, we're not quite sure how to get this
6 achieved.
7 And I think that's -- I mean, that's where
8 we are right now. That's what we have to offer.
9 We are struggling with you because we see
10 the themes that you do. We see the themes that
11 Vickie does and, you know, as I say, would welcome
12 any input you have for us as well.
13 KATHLEEN FLAHERTY: I really appreciate
14 both and you Vickie coming here today.
15 And I just -- it is a very complicated
16 situation, especially -- I mean, I am somebody who's
17 always had private insurance or insurance through
18 school or insurance through my parents, but dealing
19 with the insurance companies as myself has always
20 been an interesting situation because I've had the
21 situation where my provider has spent the two hours
22 on the phone fighting with them over a prior
23 authorization, getting nowhere, but suddenly,
24 magically, when I write a letter, even as myself as
25 an individual, but I just put the ESQ after my name,

1 and then suddenly the whole problem went away.
2 And there is something just really wrong
3 about that.
4 ANNE MELISSA DOWLING: Right. That's why
5 we're hoping to create something that says "This is
6 it."
7 KATHLEEN FLAHERTY: Right.
8 But I just think -- there just seems to be
9 some way, hopefully that you can get all the correct
10 stakeholders around the table, that it shouldn't be
11 as complicated.
12 Because I think, like Hank said before, if
13 somebody is in cardiac rehab, you're not going to
14 have the amount of denials --
15 ANNE MELISSA DOWLING: Absolutely right.
16 KATHLEEN FLAHERTY: -- somebody just needs
17 it.
18 And if we need something, it shouldn't be
19 that endless fight to get it and families having to
20 provide endless documentation, because I'm sure
21 you've heard stories at that hearing where people
22 provided piles and piles of papers that needed to be
23 completed, and they still don't get the coverage.
24 ANNE MELISSA DOWLING: Right.
25 And those are challenging issues because

1 at some of those hearings one of the challenges was
2 that almost all of them were not commercially
3 insured; they were self-funded plans.
4 It doesn't matter. It's the same problem,
5 but it's a slightly different path to navigate, yes.
6 VICTORIA VELTRI: I would say -- a couple
7 issues with that.
8 Yeah. I mean, it's true.
9 There is somewhat of an art to our doing
10 an appeal. In our office, we have medical staff.
11 We have RNs and we have LCSWs. And they have -- you
12 know, the nurses come with a certain bent about
13 their case management model. And they understand
14 how to, you know, look for certain things, to
15 document certain things.
16 And the LCSWs, obviously, they're
17 practitioners; they understand what's needed to
18 buttress a claim.
19 I think there are two factors, to me.
20 Sometimes it's -- our experience has been
21 a lot of times there is a documentation problem.
22 So the medical records may not actually
23 reflect what is actually being told to us. And that
24 does sometimes happen; not all the time, but
25 sometimes.

1 So there's that issue.
2 Then there's -- then there's a separate
3 issue, I think, that does come up in mental health
4 and substance abuse, which goes back to the X ray
5 issue, which is, you know, if somebody is going for
6 an ACL treatment, you know, you can look at the MRI;
7 you kind of know the course of treatment.
8 We had a case here last year -- and,
9 again, it was not a state -- it was not a fully
10 insured case, but ten denials for a young girl, and
11 we overturned all of them on external appeal.
12 But we had to get to external appeal, and
13 we had to put together a package that didn't just
14 talk about the medical records but the life story,
15 you know, all the things that contribute when it
16 comes to mental health and substance use. It's just
17 not looking at an MRI or looking at an X ray.
18 It's just so complicated.
19 And that's where I think the expertise in
20 the office really comes -- you know, is brought to
21 bear on these cases.
22 But you're right. It shouldn't have to
23 take a lawyer's signature to make it happen.
24 EZRA GRIFFITH: I listened attentively to
25 what both of you had to say, but I still find it

1 difficult to extrapolate to a sort of spiritual
2 problem that I feel.
3 And it has to do with this incredible gap
4 that I can palpate that exists between, certainly,
5 insurance and the psychiatrists in this state.
6 They feel they have no connection at all
7 to you.
8 And I'm not being -- no, no, no.
9 I understand that.
10 And so it may have to do partly with the
11 fantastical images that physicians feel that, you
12 know, the functions you should be serving or
13 something. I don't know.
14 But in any event, they feel, I think,
15 substantively disempowered and distant from you.
16 And a perfect example is the -- is the
17 recent one of the CPT code changes where they feel
18 the insurance companies have essentially -- and I
19 paraphrase now. I'm not a part of the fight, so I'm
20 just paraphrasing.
21 They feel that the insurance companies are
22 simply ignoring a national change that had nothing
23 to do with the physicians in a sense.
24 And it's -- they are doing as they like.
25 They try to talk about it to the insurance

1 department. I don't know if it is true or not, but
2 they feel they aren't listened to.
3 They feel the insurance companies are
4 intent, for example, on eliminating things such as
5 medical psychotherapy. This is a firm belief;
6 again, whether it's true or not, I don't know.
7 They also feel that the insurance company
8 in the state of Connecticut won't listen to them
9 unless they go national. So they have to bring in
10 the national psychiatry group as opposed to the
11 state of Connecticut psychiatry group for you all to
12 pay attention.
13 Now, I just put that to you. I don't know
14 what your response would be, but I'm really
15 conveying to you how they feel about this whole
16 thing.
17 And, therefore, it leads to a solution
18 that I found really strange, but I have found it
19 through my own natural experience of watching
20 friends', and so on, response.
21 So these friends have insurance. They try
22 to get a psychiatrist, and they can't get a
23 psychiatrist. The psychiatrists are either all
24 booked up or the ones that they would like to get
25 have all decided they're not dealing with the

1 insurance companies.
2 Or they -- and these physicians who are
3 not dealing with the insurance companies have
4 actually found interesting niche and boutique
5 practices because they've found groups of people who
6 will pay their fees without the bother of the
7 insurance companies.
8 And so it's a peculiar state of affairs in
9 this state.
10 Now, I spend much or almost of all my time
11 dealing with the public sector, so it's a different
12 thing, but I am fascinated with the sense of
13 alienation among psychiatrists in this state with
14 regard to the insurance companies and certainly with
15 regard also to the insurance department.
16 ANNE MELISSA DOWLING: Yes. Thank you. I
17 really appreciate your saying that.
18 And one of the things we're so grateful to
19 be invited here for is so we can put a face to the
20 department so we can start having more of this
21 conversation.
22 Perfectly timed, we had two psychiatrists
23 in our office today for over an hour whom we
24 spent -- covered a lot of issues, but this
25 was -- this took up a good chunk of that time. And

1 we talked about the specificity of the code issue.
2 We have already spoken to one carrier. It
3 is in the process of responding and correcting some
4 of those things. And we are on that.
5 That's part of what we're starting to look
6 at.
7 So -- but we need to know about these
8 things.
9 But I do want to say, when I said we are
10 not the industry, we are the body that regulates the
11 industry. But oftentimes people, you know, sew the
12 two together. And I need to keep reminding you that
13 our job is to make sure these things don't happen.
14 So we are on this particular issue right
15 now and will be -- and I don't know if -- ah, yes.
16 So Kurt, the young man right here with me,
17 is -- runs the market conduct area, and that is
18 something we're right on at the moment.
19 So . . .
20 But the alienation is a problem because we
21 need to do a better job saying "You can come to us
22 if you're a provider and talk to us about your
23 experience."
24 And we're hoping that this template work
25 and the convening that we're doing there will avail

1 us of a lot more of this input and we make it more
2 natural and less friction.
3 Because we're here, you know -- we're
4 protecting every citizen in Connecticut, not just a
5 policy owner or, you know, helping a company stay
6 solvent.
7 If you're having a struggle, we need to
8 know about it. And this has actually brought a good
9 deal of this to our attention because we heard that
10 emotion you just expressed this morning as well,
11 that alienation and the feeling of misunderstanding
12 and the frustration that good care couldn't be given
13 because we were wrapping around trying to do
14 diagnostic codes and negotiating codes and all these
15 things that are just inappropriate.
16 So I'd like to hear more and more of that
17 so we have something that you can get at.
18 VICTORIA VELTRI: Can I just add something
19 to that, which is OHA did a survey, and so did the
20 child advocate, around the participation of
21 psychiatrists.
22 Specifically, the child advocate did a
23 specific survey around child psychiatrists; we've
24 taken a broader one.
25 And the number one reason that people

1 weren't participating wasn't the reimbursement rate;
2 it was the administrative burden.
3 So it was the administrative burden
4 followed by --
5 And we had a couple people testify in our
6 hearing that the reimbursement rate issue is an
7 issue for some practitioners, and that there hasn't
8 been a lot of adjustment in the rate schedules over
9 time.
10 So for what that's worth.
11 HOWARD SCHWARTZ: Can I just add to that.
12 The administrative burden and the
13 reimbursement rate are really the same issue.
14 The administrative burden takes time. So
15 if the 50-minute session takes an hour and a half,
16 then we're really talking about the same thing.
17 ALICE FORRESTER: I just wanted to say
18 that I could spend the whole day complaining, so I'm
19 not going to because, unfortunately . . .
20 But I want to remind us why we're here,
21 certainly, from the Sandy Hook Commission and why we
22 thought, on the committee, this was such a critical
23 and important conversation, certainly, you know, the
24 information around how many of our kids and families
25 who are not able to access a system, to use

1 Dr. Schwartz's quotes, you know, in the private
2 provider insurance companies.
3 You know, I run a child guidance clinic,
4 and we are 98 percent Husky now delivering services
5 because of the way the ECC's requirements, the
6 Enhanced Care Clinic requirements, have had that we
7 have to get children in within 14 days.
8 And there have been no increases in any of
9 our grants.
10 So, you know, we see 1,600 kids a year.
11 We have to answer the phone and serve all of the
12 Husky children.
13 Then any child with private insurance has
14 to find a private provider.
15 And I know Yale Child Study Center is
16 similar and Hill and, you know, any of the clinical
17 systems of care, now really primarily Husky, which I
18 think is a terrible problem and I think what your
19 report has brought up, and hopefully will get some
20 attention.
21 I think also the reason why we're talking
22 about this is that we, you know -- the questions are
23 about prevention. What could have prevented this?
24 You know, and I know that -- Connecticut
25 has passed some insurance coverage for kids.

1 And, again, I do not know anything about
2 the shooter's history.
3 You know, but if, hypothetically, a child
4 had autism or on the spectrum, right now, I think up
5 until 15, there's a small amount of coverage in
6 terms of behavioral resources, but after that,
7 there's none.
8 You know, having a child with special
9 needs and complicated needs beyond what the
10 diagnosis is, is very, very difficult.
11 And if you're a private provider, you
12 cannot -- you know, if you had private insurance, it
13 would be incredibly difficult for you to receive
14 services.
15 And then I think about all of the kids
16 now.
17 You know, there's a lot of attention.
18 There's a lot of services available now, you know.
19 Clifford Beers is out of our region over in Newton.
20 But I'm telling you, three years from now,
21 you know, what are the resources going to be
22 available? Will their insurances cover, you know,
23 the services they might need through their
24 developmental life span.
25 And I think we're at a critical, critical

1 question here; it's very important, and perhaps the
2 commission could help frame that conversation in a
3 more outward public way.
4 VICTORIA VELTRI: I would say that you're
5 absolutely right, Alice. I feel exactly the same
6 way.
7 And one of the things that the child
8 advocate has really focused in on is the Birth to
9 Three system. I mean, we could be broader.
10 So we have a very narrow focus on our
11 Birth to Three right now. It's pretty much confined
12 to developmental delays.
13 It could be broadened to social and
14 emotional issues, and we could address a lot more
15 needs early on with Birth to Three coverage, which
16 is also mandated coverage under the insurance
17 statutes but would be covered in a public system.
18 And in terms of your point about the kids
19 going to Husky, just to give you an example, we had
20 a case here, actually, that Maureen Smith in our
21 office, who has been there -- the only person on our
22 staff who has been there since the beginning.
23 She advocated for a child for four years
24 with one of the carriers here and was able to flex
25 the benefits for a child who had -- who was trached;

1 was a premie, went home trached.
2 The only reason she was living at home is,
3 frankly, that Maureen was able to get
4 around-the-clock coverage by the carrier. The
5 carrier agreed to flex the benefit.
6 But at a certain point, her employer
7 switched plans, and the employer no longer wanted to
8 cover that benefit.
9 The child ended up actually on the DDS
10 waiver.
11 So she ended up on state -- you know, a
12 state benefit because -- I mean, it's not a
13 traditional insurance -- it's not a traditional
14 service covered by insurance plans, but it's just a
15 point on what's covered, what's not covered, and
16 what we can do to address things early on.
17 ALICE FORRESTER: I just want to point out
18 that a child -- I have adopted a child through the
19 state, and he was through Birth to Three. And at
20 the end of three, it was "Thank you. He's three.
21 Talk to us when he goes to school."
22 You know, and so the services that are
23 available in that category really end at three, and
24 then you have to look to the school.
25 And then the school system, if the child

1 is educatable, then there's no reason for us to
2 really offer any specific services.
3 So it's a -- you know, it's sort of like
4 hot potato handoff. And I think that the one system
5 is something very critical.
6 ANNE MELISSA DOWLING: I agree. And I
7 think there's, you know -- but I would be then
8 taking off the hat that I have to comment on that,
9 so I'm not going to dare do that this afternoon.
10 But one of the things, I am sure -- stop
11 me if you know this, but the way, you know -- we
12 don't necessarily regulate what's in a plan unless
13 state law mandates it.
14 So we cannot go to an insurance carrier
15 and say "The insurance department says you need to
16 cover this."
17 That needs to be put in legislation.
18 Also, what you probably are aware of now,
19 but just in case, I just want to point out to you
20 that the Affordable Care Act stipulates that any
21 state mandate that comes after, you know,
22 12-31-2011, becomes a burden financially of the
23 state.
24 It's not part of the care that will be
25 subsidized federally as we go into the enactment of

1 the Act.

2 So part of the challenge was -- that's
3 part of why you don't see a lot of new mandates,
4 because of the state's financial condition, or any
5 states, it's probably the same thing, because it
6 would be a financial cost to the state.

7 So we've got some challenges there, which,
8 if we pull this way back, our whole issue is
9 outcomes-based where we need to get to a no fee for
10 service.

11 So we can't disagree with you; we just
12 can't impose coverage right now from our venue. But
13 if it were mandated into law, then we could.

14 MR. CHAIRMAN: Our next guest is also
15 ridgedly timed, so we have time for one more.

16 Dr. Griffith.

17 EZRA GRIFFITH: Given my colleague's
18 comment, I just want to sharpen what I was trying to
19 explain to you so the commission understands it.

20 Because given what happened in this
21 particular incident, there are a lot of us who feel
22 that a fundamental point or a fundamental
23 relationship would be that between a patient and the
24 psychiatrist, and the psychiatrist decides to do,
25 let's say, a particular form of psychotherapy.

1 So I want everybody to understand, this is
2 an example.
3 So then the psychiatrist -- this is what
4 they're claiming.
5 The psychiatrist then seeks reimbursement
6 for that using particular CPT codes. The insurance
7 company is saying "No. We're not going to pay for
8 that. We're not interested in paying for that," and
9 they give X example or explanation A, B, or C.
10 So the point I wish to make then is that
11 the insurance company engages in a redefinition of
12 the practice of psychiatry in ways that are
13 certainly interesting, if not peculiar.
14 So it really is important for the
15 commission to understand the power and the influence
16 of the insurance company in the thinking of
17 the -- the entire development of psychiatric
18 services, particularly in the private sector.
19 Because they can say, "We do not intend to
20 pay for this particular professional activity," that
21 a group of physicians is carrying out. "We just
22 aren't going to do it."
23 And the point is then that we may think
24 that we've done something by either pushing a
25 particular model or saying that we wish -- I don't

1 know.

2 -- advocate for money to be spent in that

3 way, but the insurance company steps in and says,

4 "We don't agree. And we will set how -- we,

5 essentially, will set the policy for practice."

6 So I just want everybody to understand

7 that was really the point I was trying to make.

8 And I hope you feel -- that you hear what

9 I've said at least in translating the irritability

10 and, in some cases, the intense anger of the

11 professionals who are trying to practice

12 independently and within the context of defining

13 what the profession decides is useful.

14 ANNE MELISSA DOWLING: I do. I feel it.

15 I feel frustrated by it because we don't

16 have definitions to enforce on the field's behalf

17 because the nonquantitatives are not defined for us

18 to go in and enforce. So -- and they're not defined

19 federally.

20 So if we -- as I mentioned earlier, if

21 there's any way that the profession can do

22 something, even at a state level, to help us define

23 it, at least we can enforce it through our agency at

24 the state level.

25 VICTORIA VELTRI: Can I just make one

1 request?

2 I know you're going to go into your next

3 speaker, but if the commission does one thing

4 additionally is to please make sure we're talking

5 about everybody.

6 Because the one thing that I worry about

7 sometimes is we're focusing -- we need to focus on

8 adults, too, is my point.

9 They're the parents; they're the teachers.

10 And there's a lot of focus on children, which is

11 rightly so, and adolescents, but I also think we

12 need to focus on adults.

13 So that's my request.

14 MR. CHAIRMAN: Thank you. That's an

15 excellent point.

16 To that point, I know that there's a lot

17 of collaborative dialogue going on right now between

18 agencies of the state, so what I would ask is, as

19 other suggestions come up in your individual

20 conversations or collaborative efforts, if you can

21 forward to us any series of recommendations that you

22 see fit, we would certainly accept them.

23 Thank you.

24 Next on our agenda we have Dr. Marisa

25 Randazzo, who is going to speak to us on threat

1 assessment, targeted violence, and violence
2 prevention.
3 Thank you for joining us, Dr. Randazzo.
4 We are certainly happy to have you here
5 today.
6 If you want to introduce yourself and tell
7 us a little bit about what you think makes sense for
8 us in evaluating mental health services and making
9 our schools safer spaces.
10 MARISA RANDAZZO: Sure.
11 Actually, I'm happy to be talking with you
12 all today.
13 My name is Marisa Randazzo. I serve a
14 couple different capacities right now. I'm the
15 director of threat assessment for Georgetown
16 University, and I'm also managing partner of a
17 consulting firm called SIGMA Threat Management
18 Associates.
19 I used to serve as the chief resource
20 psychologist with the U.S. Secret Service and, in
21 that capacity, was one of the co-directors of the
22 state Safe School Initiative, which is still today
23 the largest federal study of shooters across the
24 United States.
25 From research that we did in the Secret

1 Service, we developed a model for school threat
2 assessment, behavioral threat assessment, which is
3 really a systemic process to gather information on
4 someone that's concerned about a student and see if
5 there really is a basis for concern, a basis for
6 determining whether that person might be thinking
7 about or planning to do harm at a school or
8 elsewhere...and then often that intervention would
9 involve...services or suggestions.
10 So what I'd like to do is, if we still
11 have about the amount of time that -- or around an
12 hour and a half or so, I've got some information I
13 can walk you through in terms of why we think
14 prevention is...a lot of school of violence is...and
15 what the process looks like.
16 I know that you all referred a lot to
17 physical security and...the terms throughout threat
18 assessment has been used.
19 I want to talk about a different approach,
20 about evaluating behavior using an objective,
21 fact-based, deductive process when a student or a
22 former student has raised some concern through their
23 behavior to figure out what else is -- what might be
24 done from a prevention standpoint.
25 So do you all have the handouts, the

1 PowerPoint slides?
2 Okay.
3 MR. CHAIRMAN: We do.
4 MARISA RANDAZZO: Let me start with that.
5 I'm sorry. Let me just get some stuff off
6 my screen.
7 Okay. So in terms of -- this is a talk
8 that...since we first did this research for the U.S.
9 Secret Service.
10 My goal is to kind of walk you through
11 what we studied, what we learned, why we believe
12 that a lot of these types of school shootings can be
13 prevented, and how we go about doing that.
14 And let me apologize for a moment. Let me
15 just shut my door. I'm home. My daughter has been
16 sick all week. So I'm going to shut my door since
17 this is not content that she usually hears.
18 I just want to make sure she's out of
19 earshot.
20 Just give me one minute.
21 Thank you for your patience. I appreciate
22 that.
23 So let me begin by just giving you a sense
24 of what I want to cover.
25 And I'm happy to take questions, if we can

1 do this by Skype, at any point in the presentation,
2 but it might be easier to hold questions to the end.
3 If you have a question and I'm in the
4 middle of talking, just interrupt me and I'll be
5 quiet and listen.
6 I want to cover, as I mentioned before,
7 what we really know about school shootings, targeted
8 violence in school, and about where prevention is
9 possible.
10 So I think actually we can start on the
11 second page of the PowerPoint handouts that you
12 have. There are documents that I sent along to
13 Terry...and Allison...to April that you may have as
14 well, and that is a couple of reports that I can
15 show you.
16 The first, which is what we're going to
17 cover first, is called "The Final Report and
18 Findings of the Safe School Initiative." You should
19 have a link to the pdf version of that file.
20 I'll go through the details of that when I
21 talk about the predecessor or... individual school
22 level, that's what we...got threats in school...that
23 I sent along as well.
24 And then I have another handout that I
25 sent along, which is our translation of the school

1 threat assessment model to higher education.
2 We actually have a couple books on this.
3 The one I have in pdf form I sent along as well. It
4 was setting up the behavioral threat assessment
5 process for Virginia Tech after their shootings in
6 2007.
7 So that's also available as a pdf, and you
8 should have that as well.
9 So let me go back to the background on the
10 Safe School Initiative so you understand what we're
11 studying, how we got our information, what our major
12 findings are.
13 So we're now on the second page of the
14 handouts; it will be slide 4.
15 The safe school initiative came about
16 after the shootings at Columbine High School in
17 1999, and at that time the Secret Service had
18 recently completed the research on a different type
19 of targeted violence, on threat attempts on the
20 president and other public figures.
21 And from that...research, really were able
22 to enhance and revamp how they were assessing
23 threats to president and other people they protect.
24 After the shootings at Columbine High
25 School, the Secret Service reached out to the U.S.

1 Department of Education and offered to collaborate
2 on a similar type of study on school shootings in
3 the U.S.
4 So together these two agencies who had
5 never collaborated previously worked jointly to
6 study all of the nonschool shootings in the U.S. at
7 that time.
8 I was one of the co-directors of the
9 study. All told, we examined 37 incidents of
10 targeted violence in school that involved 41
11 attackers.
12 And what I mean by "targeted violence in
13 school" is really any act of violence where the
14 school is chosen on purpose as the place where the
15 student or the former student wanted to do some
16 harm.
17 It was not just a site of opportunity; it
18 was not a random act of violence.
19 This is...targeted violence as we define
20 it...or the perpetrator identifies the target in
21 advance.
22 So there's some thought beforehand...the
23 situation and time in space as to when a target is
24 selected before harm actually occurs.
25 It's different from most of the violence

1 we see in society, which is really impulsive
2 violence, that's also referred to sometimes as
3 emotional violence or affect violence, and it's
4 really a matter of an escalation in an interaction
5 that becomes physically violent.
6 So if you have a verbal discussion that
7 becomes a verbal argument and then someone can't
8 maintain their decorum, they can't check their
9 temper, that's impulsive violence.
10 We know a lot about impulsive violence.
11 There are good predictive models for impulsive
12 violence.
13 When you hear people talking about
14 predicting violence, they're talking about this
15 impulsive, emotional violence. They're not talking
16 about predatory violence or targeted violence, which
17 is what I'm going to be talking about going forward
18 here, is predatory violence and targeted violence.
19 The focus on our study was really to
20 develop what we considered to be operational, useful
21 information, information that people in the field,
22 in a school, in a local law enforcement agency,
23 could reasonably obtain and that would give them
24 some better sense of whether this person might, in
25 fact, engage in targeted violence.

1 So we didn't do a deep...into these school
2 shooters' early histories, for example.
3 I don't know how they were raised as
4 children; I don't know about exposure that they had
5 with things in the early, early years.
6 We're looking at what these school
7 shooters were really doing and saying in the days,
8 weeks, months before they engaged in their attack to
9 see what information, if any, might give us some
10 clues that this was in the works.
11 The way we studied these events is we
12 really tried to dissect them. So we started at the
13 attack itself and then we worked backward in time to
14 look at what these students were doing and saying
15 beforehand and to see what behaviors and whether
16 there was any planning that they engaged in before
17 launching their attacks.
18 Our major question that we were trying to
19 answer was whether or not these were impulse acts,
20 the other type of impulsive violence that we see.
21 Because we often hear after the fact that
22 no one could have seen this coming, that these
23 people just snapped.
24 And we thought if that is, in fact, the
25 case, if that's what our data tells us, then there

1 really is not much we can do from a prevention
2 standpoint.
3 So the first question we really tried to
4 answer was whether or not these are impulsive.
5 As you go down to slide 5...these are
6 rarely the case. As we studied these 37 attacks and
7 41 attackers over that 25-year period, what we saw
8 was that instead of being impulsive, these events
9 are typically thought out in advance and planned out
10 in advance.
11 Now, for some of them, the making of a
12 plan is only a matter of days or weeks before they
13 actually carry out the attack. For some of them,
14 the planning is extensive.
15 We now know several years hence that the
16 planning for the attack at Columbine High School
17 went on for well over a year, close to two years.
18 And that often this planning behavior is
19 not invisible. The planning behavior is observed by
20 other people. It's detected or it's potentially
21 detectable.
22 So as we move down to slide 6, instead of
23 these targeted shootings in school being
24 the -- being impulsive or random, we, my colleagues
25 and I, have seen them instead as the end result of

1 an understandable and discernable process of
2 thinking and behavior.
3 Put another way, they're the end result of
4 a logical progression of behavior and one that is
5 potentially detectable.
6 We refer to it as the pathway to violence,
7 and we really -- the graphic we use here is an
8 increasing set of steps.
9 So that the person who may be thinking
10 about engaging in violence in school, or any act of
11 targeted violence, first comes up with the idea to
12 do harm, and then they move that idea forward.
13 They develop a plan for how they want to
14 carry out that idea.
15 Sometimes the initial idea and the plan
16 look quite similar; sometimes they look quite
17 different.
18 And I'll share with you a case in a
19 moment.
20 Then they move on to a acquiring a lethal
21 means, either they have access to a weapon already
22 or they know how to get access to a weapon or they
23 seek some assistance from other people in getting
24 access to a weapon, typically a firearm, but we've
25 seen other materials used as well, pipe bombs,

1 napalm in one case.

2 And then after the...their plan of

3 carrying out the attack.

4 As we talk about threat assessment,

5 behavioral threat assessment, essentially what we'd

6 be looking at in a threat assessment case is trying

7 to figure out whether the student or the former

8 student that we're worried about is on this pathway

9 to violence.

10 What information do we have...about her or

11 about him? What information can we gather from

12 multiple sources?

13 And the question we're trying to answer

14 is, Based on this information, do we think they're

15 on the pathway to violence? Do they have an idea to

16 do harm? And, if so, are they taking steps to carry

17 it out.

18 Let me share with you a brief example of

19 one of the school shooters that we talked with in

20 prison.

21 And it actually gets back to how we

22 gathered the information we did for this study, just

23 briefly, because more details were available in one

24 of the pdf's I sent you.

25 We looked primarily at case investigations

1 as the primary source of material.
2 So we looked at law enforcement
3 investigations on how these incidents were carried
4 out, what information was available about the
5 student beforehand from student records, where we
6 could...some records, which was almost never, if
7 there was information there, anything in the
8 criminal justice records, any trials that happened
9 about these incidents.
10 But we also had the chance to talk to ten
11 of the shooters we studied and, in the course of
12 talking to them, got to hear from them directly
13 about what they had been thinking about, what they
14 had been planning to do, what they were trying to
15 accomplish, why they felt motivated to engage in
16 violence, or why they felt they resorted to
17 violence.
18 And the information that we got from those
19 interviews we then corroborated against primary
20 materials we could gather. And where the
21 information was consistent, we included that
22 information in our findings as well.
23 So one school shooter that we talked to up
24 in Bethel, Alaska, is a great example of this
25 pathway to violence.

1 He had been experiencing a fair amount of
2 bullying for several years in his particular school.
3 And he went to his adopted mother for help. And he
4 was...very troubled family background; he had lived
5 with a healthy adoptive home for several years and
6 had been doing fine in school, doing well in some
7 courses, not great in others, but doing fine, never
8 really a disciplinary concern.
9 But one...thing that his school experience
10 was pervasive bullying for him.
11 And he would go to school every day and
12 they would throw rocks at his head, they would put
13 notes on his back. They would jam up his locker.
14 They would steal things from him and hide books from
15 him and the like.
16 And he finally got to the point where he
17 went to his adoptive mother, who happened to be the
18 superintendent of schools.
19 And she said, "Go to the principal in your
20 school. I know the assistant principal. Go talk to
21 him to help you solve this problem."
22 And he did that. And they initially
23 addressed the three students who had been the most
24 aggressive in bullying this young man, and the
25 behavior stopped.

1 And, in fact, the week of that...on
2 student...that this young man was commended for his
3 grades improving, for having no disciplinary
4 problems with the front office at all, that the
5 assistant principal took him aside and said, "We see
6 you're doing very well. Good work."
7 The bullying resumed shortly after that,
8 and this young man went back to the principal and
9 said, "Whatever you did before worked, but now it's
10 back and it feels even worse."
11 And the response at the time was "Just try
12 to ignore it."
13 And as we talked to him in prison, what he
14 told us was he felt he had gone through all the
15 appropriate channels...through the parents to his
16 school administrator, and then finally the message
17 he was given was, "Ignore it or just try to solve
18 the problem on your own."
19 And he felt he could solve the problem
20 himself.
21 His solution to that problem was to take
22 the rifle that -- rather the shotgun that was in his
23 house that he had never used. A young -- as a teen
24 in Alaska, it was actually uncommon for him to have
25 no experience with firearms, but he didn't have any

1 experience with firearms.
2 And he -- his plan was he would bring the
3 shotgun to school and make sure these kids saw him
4 with it so that he would look tough and they would
5 back off.
6 What he did at that point was he shared
7 these ideas with two other students, friends of his,
8 and said, "This is what I'm thinking of doing."
9 The response he got back at that point
10 really changed that trajectory for him, changed from
11 his initial idea to a very different plan that he
12 put in place thinking about that pathway to
13 violence.
14 They said, "That's not going to do it. If
15 you just show up with the weapon, lots of people
16 have weapons; they use them all the time for
17 hunting. That's not going to get them to back off.
18 If you really want to make a statement in school and
19 get these kids to stop harassing, stop bullying you,
20 you should fire the weapon in school and you really
21 should fire at people."
22 Now, in addition to the three students
23 that had really been making this young man's life
24 very difficult, he said while -- the two friends
25 said, "While you're there, there are eleven other

1 people that we don't like very much. So if you
2 happen to see them, we'd appreciate you trying to
3 shoot them as well."
4 So the target list at that point went from
5 three to 14. And not only were they encouraging of
6 the idea, they were really starting to add to the
7 plan as well.
8 So they helped him not only think about
9 who else to add to the list, but they also gave him
10 tactical advice.
11 He had never used a weapon. He had never
12 loaded a weapon. They showed him how to do that.
13 And then they encouraged him to borrow his brother's
14 baggy jeans to hide the shotgun down his pants to
15 get the shotgun into the school without being seen
16 on the day he planned to do this.
17 When he actually was going to carry out
18 the attack, the night before, he wanted to keep a
19 couple of his other friends out of harm's way.
20 So he called them and said, "Tomorrow at
21 school, don't meet me in the lobby. Meet me on the
22 mezzanine that overlooks the lobby," where almost no
23 kids would hang out before school; it's where the
24 library was; maybe two or three on any given day
25 would be up there.

1 Most people congregate in the lobby in
2 different areas where groups of friends would hang
3 out.
4 And one of his female friends actually
5 said, "What are you going to do," and guessed, "Are
6 you going to do something harmful? Are you going to
7 bring a gun?"
8 And he told her, yes, he was.
9 And she spent a lot of time that evening
10 on the phone with him trying to convince him, "This
11 is a bad idea. Don't do it. You'll go to jail for
12 life if you do it."
13 What he told us in prison, and then when
14 we talked and looked at other sources after that,
15 was that he spent a lot of time trying to convince
16 her he was not going to go through with this.
17 But, in fact, she did not go to school the
18 next day. We did not have a chance to talk with her
19 directly. But at least her behavior, possibly
20 coincidently, possibly because of the conversation,
21 led her to stay home that next day.
22 The word about what he was planning to do
23 spread so much that on the morning that he came into
24 school with his shotgun, there were 24 students on
25 that mezzanine overlooking the lobby.

1 Normally, on a given day, two or three;
2 that morning, 24.
3 All assumed something big was about to
4 happen; some of them knew exactly what was planned.
5 In fact, there was one student who brought
6 a camera because he wanted to take pictures of it
7 once it started, and in the witness statements after
8 the fact said he didn't take the pictures because he
9 was so excited when it actually started happening,
10 he couldn't believe it was really happening, he
11 forgot to take pictures of the event.
12 As the man came into the school and pulled
13 out the shotgun that he had hidden down his
14 brother's baggy pants, the first thing he did was he
15 told the kids in the lobby, "You better run."
16 He waved the shotgun around and said, "You
17 better run."
18 And most kids saw him, heard what he said,
19 and did just that; they scattered.
20 A couple of kids stayed put. Whether they
21 didn't believe him or didn't know what was going on,
22 they didn't hear him, and those were the kids that
23 he fired on.
24 He then went through the school firing
25 almost entirely into the ceiling creating a noise

1 and in a sort of disruptive event but not shooting
2 at people and yelling at the students, "You better
3 run."
4 He exited out a set of doors -- came in
5 the main set of doors for the school and at that
6 point he saw the principal, and he remembered,
7 "That's right. My friends added the principal onto
8 the list," and so he shot and killed the principal
9 at that point.
10 As all of this was going on in the very
11 short time it took, in the very few minutes that he
12 was actually shooting, there was one student, a
13 female student, who started to run up the stairs
14 toward the mezzanine, getting out of the lobby,
15 getting upstairs to the safety of the mezzanine.
16 And the response from the kids on that
17 mezzanine was, "Oh, no. Get back. You don't belong
18 up here. You're on the list. You belong back
19 downstairs. We don't want you anywhere near us."
20 So not only had there been some hints about
21 what he was going to do, there was a lot of detailed
22 information about what he was thinking and planning
23 to do. It had spread very far and wide within that
24 school on the morning that he actually carried out
25 the shooting.

1 And that goes to the next finding that we
2 say, if you go to slide 7, that prior to most of
3 these attacks, not all of them but prior to most of
4 them, other people knew about the attacker's idea
5 and plan.
6 Now, in some cases, they had piecemeal
7 information, and in some cases they had exactly the
8 level of detail that I just described in that
9 particular situation.
10 But something that we can take away from
11 these first few findings is very much that we
12 believe strongly that prevention is possible.
13 From the first...because these are not
14 impulsive, spur of the moment, random events,
15 instead they're usually thought out and planned out,
16 there is a chance that we can detect that planning
17 before harm happens.
18 The implication from the second finding
19 that other people usually knew -- one point of
20 clarification is that the others who usually knew
21 about these ideas beforehand and the plans
22 beforehand were peers of the attacker. They were
23 other students, they were friends, they were
24 siblings or family members of a similar age.
25 So we can take away from this finding that

1 prevention is possible. And students can often play
2 a very important role in making that prevention
3 possible.
4 Because it may be other students, whether
5 it's students in the school, whether it's on-line
6 friends, whether it's people who have never met that
7 person but interact with them in some Internet sort
8 of way who may hear about these plans beforehand,
9 because the shooters that have engaged in this
10 typically don't stay silent.
11 They float their ideas out to other people,
12 possibly to get a reaction, possibly as a cry for
13 help, possibly to get some tactical assistance. In
14 some cases, we saw that to be the case.
15 So for whatever reason why they're floating
16 out their ideas, they usually do float out their
17 ideas in some manner, shape, or form.
18 There were a -- there was an incident a
19 couple years ago, I'm blanking on the year, but
20 there was a group of students who were planning a
21 school shooting in St. Louis. And there was one
22 young boy who was part of this group who had
23 befriended a girl via Facebook or My Space who
24 didn't live anywhere near; they had mutual friends,
25 but they had never actually met.

1 She lived in Atlanta.
2 And he started to tell her what they were
3 thinking about planning to do. And so she went to
4 her parents, told them what she was hearing through
5 these Internet exchanges.
6 They talked with police in Atlanta, who
7 talked to police in St. Louis and, within a matter
8 of hours, had enough information to do search
9 warrants and look at these kids' computers and look
10 in their lockers and found out that it was exactly
11 the way they had been planning, a very large scale
12 attack for their school in St. Louis.
13 So this information may come to people who
14 have never actually met the shooters that we're
15 talking about or the people thinking about and
16 planning this attack but who are interacting with
17 them in some way.
18 There was another incident that occurred --
19 there was a shooting at a culinary college, I
20 believe it was in the Netherlands, somewhere in
21 Europe.
22 And after police investigated that
23 shooting, they found out that that shooter had been
24 in communication through YouTube, through posting
25 videos and on-line conversations with a high school

1 student in Pennsylvania, and the two of them were
2 encouraging each other; again, having never met,
3 there were encouraging each other to plan out
4 attacks of their respective educational
5 institutions.
6 The one in Pennsylvania was stopped because
7 investigators in Europe uncovered this information
8 and were able to alert them to the fact that there
9 was a similar event being planned at a high school
10 in Pennsylvania.
11 So we know that students who are peers can
12 often be critical and may be the first ones to know
13 about...
14 So one thing that we do in a school threat
15 assessment program is really try to build in a
16 culture and a climate of sharing concerns and
17 telling other people it's not tattling, but telling
18 other people and telling adults when they are
19 concerned about the potential for harm or for
20 someone's safety.
21 Going on to the third finding, slide 8, one
22 point of clarification as well about the information
23 that other people had beforehand about these
24 shootings is that very few of these shooters
25 actually directed threats to their targets

1 beforehand. This is a bit of a nuance.
2 So while they typically told lots of other
3 people what they were thinking about planning to do,
4 rarely did they actually direct the threat to the
5 people they wanted to harm, to their targets.
6 The reason why this distinction is
7 important is that we can't build a prevention
8 program that's just based on threatening language,
9 because a lot of people threaten but may never carry
10 something out. And then we have those people who
11 are planning to carry out harm but don't threaten
12 beforehand.
13 So we need to have a process that can be
14 broader not just looking at or starting when there's
15 some threatening language.
16 And I'll explain in a minute the other
17 types of things that could prompt this process to
18 start.
19 As we go on to the next finding, finding 4
20 on slide 9, one thing that we saw as we looked
21 across these school shootings is that we really saw
22 no active or useful profile of the school shooter.
23 We often have heard about profiles. There have been
24 different agencies, organizations, and private
25 entities that have created and circulated profiles

1 of school shooters, of terrorists, of workplace
2 shooters, of rampage shooters.
3 What we have seen in the data that we have
4 from our study on school shooters was that these
5 students and former students differ from each other
6 far more so than they were...
7 The other common factor was that we saw
8 that they were -- in our setting, they were all boys
9 and young men. But shortly after completing our --
10 and wrapping up our data collection, there was a
11 shooting by a young girl named Elizabeth Bush in
12 Williamsburg, Pennsylvania, at a parochial school.
13 So one thing that we have seen in looking
14 at the...characteristics --
15 and by profiling I mean the common,
16 observable, demographic, outward characteristics of
17 a school shooter.
18 -- is nothing that is common enough that
19 gives us any helpful information.
20 There had been a profile being circulated
21 when we saw the rash of school shootings in the
22 1990s, and that profile was for the shootings of
23 1997, '98, before Columbine.
24 And the profile being circulated by a law
25 enforcement agency said that school shooters were

1 young men -- young white males between the ages of
2 14 and 17 who were angry a fair amount of the time,
3 wear black sometimes, and liked to listen to loud
4 music.
5 Now, from an operationally useful
6 standpoint, I would argue that that information
7 doesn't really tell us much.
8 I would argue that we probably all know at
9 least one person who fits that profile. And it
10 helps to show the lack of that view of a profiling
11 approach, that profiling actually can fail us on
12 both sides of the equation.
13 So not only do we not see a useful profile
14 here, but using a profile like that is going to
15 identify far more people than would ever actually
16 engage in harm.
17 And I think, even more importantly, if
18 we're focusing on a profile like that, we miss
19 someone whose behavior suggests real concern but who
20 doesn't match the demographics that we think we
21 should be looking for.
22 So while that profile was being circulated,
23 Elizabeth Bush in Williamsburg, Pennsylvania, was 13
24 years old. She was lower than the age range.
25 She was a female student, so she didn't

1 match the gender.
2 She was Caucasian, so she matched...
3 She didn't wear black; her parents didn't
4 allow her to have any black clothes, and she wore
5 her parochial school uniform every day. She wasn't
6 angry; she was very depressed and had a hard time
7 getting out of bed in the mornings and cried a lot,
8 but she wasn't angry.
9 And she was not allowed to listen to music
10 loudly; she wasn't allowed to have music in her
11 room.
12 So she didn't match, except on the race
13 part of the profile that was being circulated.
14 But for months she had been talking with
15 her few close friends about the fact that there were
16 a couple classmates who had really been making her
17 life very difficult and targeting her, again similar
18 to the case I talked about before with a lot of
19 bullying and harassment, and that the problem kept
20 getting worse.
21 And she knew that her dad kept a gun locked
22 in a gun case in his bedroom and that she was going
23 to take it one day and come into school and shoot
24 the students that had been harassing her so much.
25 And that's exactly what she did.

1 Moving on to -- well, actually, let me just
2 take an implication from our finding for the
3 fact...profile.
4 So we know we can't tell anything by
5 looking at a student or a former student, whether
6 you have the greater reason to be concerned or not.
7 All of our jobs would be easier if we
8 could, but there is nothing we can fully take away
9 from that.
10 What we can look at, though, is behavior.
11 As we move on to finding number 5, slide
12 10, we found that nearly all of the school shooters
13 that we studied had engaged in seriously concerning
14 or alarming behavior, known to others, observed by
15 others, prior to their attack.
16 Now, sometimes this behavior was more
17 closely related to their attack planning, so they
18 knew that -- other people knew that these attackers
19 were developing a hit list and trying to get access
20 to weapons and formulating a plan, but sometimes
21 they were vague.
22 So we have seen in one case a student who,
23 for an entire semester, was handing in homework
24 assignments of poems and essays in his creative
25 writing class that all shared a common theme of

1 whether suicide or homicide was the better solution
2 to his problems.
3 He was handing his homework assignments in
4 on time, they were complete, they were done as the
5 teacher had instructed him to do, but the content of
6 them was very disturbing.
7 And in this particular case, she brought
8 this matter to her school principal. He was also
9 very concerned. They talked to the school board.
10 And in this case, the school board asked if
11 the student was having any academic problems or were
12 his grades falling, and they said, "No.
13 Academically, he's quite strong."
14 "Was he a disciplinary problem? Was he
15 often in trouble with the front office?"
16 And they said he was not.
17 So they said, "This is really not a school
18 matter; this is just a family matter," and did not
19 do anything more beyond that.
20 In this particular case, this young man had
21 decided that suicide was the better solution to his
22 problems. So he tried to kill himself one night,
23 and he failed to do so.
24 And when we talked to him in prison after
25 he carried out a school shooting, what he said to us

1 is, "You can't imagine the level of desperation I
2 felt at that point. My life was...going nowhere. I
3 wasn't going to amount to anything. Things were
4 just going to continue to get worse," as he thought.
5 "And so I thought I'd kill myself, and I
6 couldn't even get that right. I was such a loser, I
7 couldn't even do that right. And so I thought,
8 Well, in my state, if I kill these people, I'm
9 supposed to get the death penalty."
10 So in his case, it was a -- his rationale
11 was along the lines of a suicide by cop situation,
12 but even more removed than that. He thought if he
13 wasn't killed in the process of an attack at school,
14 that the criminal justice system in his state would
15 kill him through the death penalty.
16 So this is the type of behavior that raises
17 alarm in nearly every case.
18 So the takeaway point from this is as we
19 looked at these school shooters and what they were
20 doing and saying in the days and weeks and months
21 before their attack, these were not...students.
22 These were not students that had been functioning,
23 by outward appearances, in a...verbal and
24 nonconcerning way.
25 These were students that were raising a lot

1 of...among a lot of people.
2 And one thing that we saw was nearly all
3 the people, 93 percent, had concerned at least one
4 adult; over three-quarters, 78 percent, had
5 concerned three or more different adults.
6 So that there were often multiple people in
7 the student's life who were significantly concerned
8 about how the student was doing, but what was absent
9 there was any mechanisms to bring all that concern
10 together, to talk with people who were in a position
11 of knowing and interacting and teaching the student
12 and find out what they knew and find out if they
13 were concerned.
14 As we talk about this school threat
15 assessment process in a little while, that's really
16 what we're trying to build in schools and what we
17 have it built in schools...is a place where people
18 could bring concerns, but also a team that can reach
19 out and talk with people who know the student and
20 see if they have any concerns, whether or not they
21 have got the skill to pass them along to someone.
22 They may not have known where to take them.
23 They oftentimes don't know whether they should
24 report because they don't want to get a person into
25 trouble.

1 And a threat assessment process, when it's
2 done right, is not a punitive process; it's very
3 much a prevention-focused and helping-focused,
4 resource-focused effort.
5 So it's about getting help to someone who
6 may need it but doesn't yet have access to it.
7 Let me go on to finding 6, which is that
8 most of these attackers, at the time of their attack
9 and shortly beforehand, were facing significant
10 difficulties with losses and failures.
11 Now, for some of them these were losses
12 that any of us would say were overwhelming, the loss
13 of a parent. There was one student whose parents
14 went through a contentious divorce, and his mother
15 was suicidal and confided in him often that all she
16 wanted to do was kill herself in front of her
17 ex-husband.
18 But some of the problems that just
19 felt...adolescent mind.
20 So the breakup of someone's first romance
21 that had lasted six weeks that, for us, as adults,
22 seems easy to get over, but for these kids really
23 overwhelmed their ability to cope.
24 What we saw was that most of these
25 attackers were suicidal at the time of their

1 shooting. They were at a point of desperation, that
2 they were actually suicidal at the time of their
3 shooting or -- and some of them had included suicide
4 as part of their planning.
5 They knew they would kill themselves at the
6 end or thought they'd be shot down by law
7 enforcement in the course of their attacks.
8 And that, for some of them, they had, like
9 the student I talked about beforehand, thought about
10 suicide for a while, maybe even attempted suicide
11 and were not successful, but they included suicide
12 in the course of their planning.
13 The reason why this finding, I believe, is
14 so important is that we know a lot and have a lot of
15 effective tools that can help someone who is at that
16 point of desperation.
17 So if you have...who is at a point of
18 desperation or is suicidal, we have legal tools that
19 we can use to get them to an emergency psychiatric
20 evaluation, against their will if they won't go
21 voluntarily, and have them observed and have them
22 treated.
23 We have very successful medications. We
24 have very successful therapies that can be used to
25 help address someone who is at the point of

1 desperation and/or may, in fact, be suicidal.
2 When we look at a threat assessment case,
3 we always ask the question of whether this person is
4 at a point of desperation, A, because it may tell us
5 a lot of what we can do very quickly to address the
6 situation; B, we also know that people who are at
7 that point of desperation may have very few dis...to
8 engage in harm to others at the same time.
9 There are some school shooters who thought
10 about, in terms of why they wanted to carry out
11 these attacks, "Well, I didn't want to live anymore.
12 I don't care what happens to me. And I also want to
13 be famous."
14 We know that students like this like a lot
15 of media coverage. So some school shooters actually
16 thought "I can became famous in the process" or "I
17 can finally get revenge on the people who have been
18 making my life miserable for so long," and violence
19 is a good way to do that. Or they're at the point
20 they feel like violence is the only way they have to
21 address the problems they've been trying to address
22 with other means for a while.
23 Moving on to the seventh finding, as I
24 mentioned in several of the examples I've given,
25 many of the school shooters, but not all of them,

1 many of them felt...or prior to their attack.
2 Now, I want to be clear about this; there's
3 some caveats I want to put on here.
4 Most of these -- most of these school
5 shooters felt bullied and were the victims of
6 bullying, but some of them actually were bullies
7 themselves, and some of them were neither a victim
8 nor bully.
9 What we did hear, in the two-thirds or so
10 cases where there have been a fair amount of
11 bullying and we were able to corroborate that these
12 students had, in fact, been bullied, was that in
13 several of the cases, they were really -- it was
14 bullying that was extensive, that was chronic, that
15 was pervasive, and that really dominated these
16 students' experience in school.
17 It's behavior that, if we had taken it out
18 of the school setting and put it into a workplace
19 setting between two employees as opposed between two
20 students, would actually be grounds for some legal
21 action, for...basis for a criminal...of harassment.
22 For some of these students that...behavior
23 that we would really characterize as torment and
24 that, for them, having to go to school every day,
25 not having an option of quitting school, not having

1 an option of -- that we, as adults, have of leaving
2 a job, leaving a relationship, moving away, of not
3 having any ability to have some power over that
4 situation, had to face it day in and day out and
5 seek help where they could, or, in some cases,
6 didn't seek help at all.
7 While this was not common to all the school
8 shooters that we studied, the finding, I think, is
9 very important and really adds...school's efforts to
10 take a look at what their climate is like, and look
11 at where bullying may be encouraged and take some
12 active steps to address bullying, because we know
13 schools do have bullying and we have things to...low
14 level from escalating to greater concern for all
15 that's involved.
16 Moving on to the next page of the handouts,
17 in our finding number 8, what we saw was most of the
18 school shooters had fairly easy access to weapons.
19 A lot of them had experience using weapons before,
20 in a hunting capacity, going to the shooting range,
21 but not all of them had.
22 But most of them had access to the weapons
23 that -- most of them got the weapons from their own
24 home or from a relative's home.
25 And this is true even in the case where the

1 firearms had been stored safely, had been locked
2 with a gun lock or in locked cases with a trigger
3 lock. Again, these kids knew how to access them.
4 There was one case in California, a
5 student, again, who had been experiencing a lot of
6 bullying, when we went through the witness
7 statements for this California case, this student
8 was a student that, reading through 500 witness
9 statements from this shooting, said, "Oh, yes. He
10 was the student that everyone felt it was okay to
11 bully. Everyone bullied him."
12 He was physically smaller than a lot of the
13 students. They would lock him in the lockers.
14 And the teachers knew this to the extent
15 that when they knew he was in school and had been
16 there for roll call but didn't show up for a
17 particular class, they would have someone search the
18 lockers, and they'd find him in one of the lockers.
19 He eventually had enough and decided to
20 fight back and knew that his father had a weapon in
21 a locked gun safe under his bed.
22 And so one -- the day before he went to
23 carry out this shooting, he went into his parents'
24 bedroom, he unlocked the locked gun case, he loaded
25 the weapon. He put the weapon back in the gun case

1 in case his father looked for it that night, locked
2 the case back up.
3 And then the next morning, as he was
4 getting in the car to go to school and his father
5 was in the car waiting to drive him to school, he
6 pretended as if he had forgotten a textbook.
7 So he ran back in with his backpack into
8 his parents' room, unlocked the gun case, took out
9 the loaded weapon, put it in his backpack, got back
10 in the car, and his father drove him to school
11 before he carried out the shooting an hour or so
12 later.
13 So one thing that we had seen is, for these
14 shooters, getting access to lethal means to do harm,
15 to carry out their plan, was not very difficult.
16 The cases where they didn't get access to
17 weapons through their own home or a relative's home,
18 they often had friends who were of age, 18 years or
19 older, who could buy weapons for them.
20 In the case of Kip Kinkel out in Oregon,
21 Kip was -- Kip was actually expelled from school
22 because he had purchased a weapon from another
23 student and had it in his locker at school. And his
24 father came to pick him up, and he was expelled.
25 And it was later that night -- he'd been planning a

1 school attack for months.
2 It was later that night that he killed both
3 his parents and then the following morning went into
4 school and carried out the shooting there.
5 So access to weapons for these students was
6 not difficult.
7 Now, one thing we looked at in the threat
8 assessment is really that combination of whether
9 someone has an idea to do harm and access to the
10 means to carry out that lethal idea.
11 So there are parts of the country where
12 access to weapons and experience in the use of
13 weapons are quite common.
14 We don't look at that as a diagnostic of an
15 immediate concern. We look at the combination of an
16 idea to do harm, perhaps a level of desperation
17 where they feel they've got no other ways to solve
18 their problems and access to weapons at that point,
19 or at that point are they starting to seek out how
20 they might access weapons.
21 So when we do a school threat assessment
22 investigation, when we handle a school threat
23 assessment case, that's one of the major questions
24 we look at. Not only are they thinking about "I'm
25 planning to attack," but do they have easy access to

1 lethal capacity to do harm or are they now trying to
2 get that, are they seeking out that access.
3 In finding 9 on the next line, what we saw
4 was that while most of these shootings -- while
5 most of shootings were carried out by one shooter
6 acting alone, they actually had help behind the
7 scenes in thinking about it, planning for their
8 attacks.
9 So in many of the cases, there were other
10 students involved in the tactical assistance, like
11 we saw with the Alaska case that I mentioned in the
12 beginning, in helping the students...and develop a
13 target list, to get access to weapons, the really
14 sort of behind-the-scenes planning.
15 The reason why this is important is that we
16 often have an impression that people who carry out
17 these rampage shootings are always loners. And what
18 we saw in looking at the school shooters is that
19 that was not case.
20 These are students who had some friends,
21 some had many friends, some were considered among of
22 the most popular kids in school, some of them only
23 had a few friends but they were connected in some
24 way.
25 And when we think of someone from a

1 prevention standpoint, that's actually good news.
2 There are people who may know the shooter that we
3 can seek out information from or we can look at --
4 Sorry. I'm getting an update on my
5 daughter's health status.
6 -- we can look at who might have
7 information, who might be telling other people what
8 they may have in terms of what the shooter might be
9 thinking about doing.
10 We saw this -- we saw prevention happen
11 recently at a school in Florida, Timber Creek High
12 School, a couple weeks ago, where exactly this
13 happened.
14 There had been a couple of students
15 planning a school shooting together and had sworn
16 each other to secrecy, "We're not going to tell
17 anyone."
18 And one of them decided not to uphold that
19 secret, and he told a good friend what they were
20 thinking about planning to do.
21 But this one -- so there was one student
22 who was planning the shooting, but these other two
23 helped him. And it was one of the other two who
24 broke the silence and told a friend, you know, "This
25 is what we're thinking about doing."

1 She was very concerned when she got this
2 information by text, went immediately and asked her
3 mother for help. And she and her mother went to
4 talk to the school and then talked to local law
5 enforcement about what they knew.
6 And they -- they stopped what looked to be
7 a very comprehensive, potentially quite tragic, case
8 that was planning, was in the works.
9 So we often know this information is going
10 to be out there in multiple sources, and when we can
11 encourage students or anyone who has concerns to
12 push that information forward, that's when
13 prevention is really possible for us.
14 Going on to the last of the major findings
15 that we have, one thing that we saw was that even
16 though law enforcement responded very quickly to
17 these shootings, most of them were stopped by other
18 means, typically because they were very
19 brief...lasting only a couple of minutes.
20 The impression that people often have from
21 Columbine, for example, and then from Virginia Tech,
22 is that these incidents go on for hours at a time
23 and there is a lengthy time between when it first
24 happens and when the situation is cleared and we
25 know there's no longer a threat posed there.

1 Most of...shootings...most of them occurred
2 in less than five minutes from start to finish in
3 terms of when the shooter actually stopped shooting
4 and was apprehend or stopped...
5 And the reason we emphasize that they were
6 stopped for other means is because there's some
7 schools and some communities that still think "If we
8 just have good rapid law enforcement response, if we
9 have a good crisis plan in place, that's going to be
10 our best way to stem harm if there should be
11 something violent that starts."
12 And what we saw from the data from our
13 analysis is that there's a tremendous amount of harm
14 that can be done in a very short period of time.
15 And, clearly, we saw this in Newtown as well.
16 In the initial period of time, a tremendous
17 amount of tragedy occurred and even with very, very
18 rapid law enforcement response, even with good
19 crisis management planning and good emergency plans
20 in place.
21 So rather than just focusing on these law
22 enforcement response if something bad starts
23 happening, we think having local law enforcement and
24 school resource officers work with schools in
25 setting up a behavioral threat assessment team can

1 be the best way to take a proactive approach and get
2 ahead of these behavioral concerns and be able to
3 put pieces together and figure out if there is a
4 basis for concern, if someone is thinking about and
5 possibly planning for violence at school or violence
6 towards others is on that pathway to violence.
7 So I've talked largely already about the
8 implications for prevention, but let me go through
9 them briefly and I'll stop and see if there are any
10 questions.
11 From all this information, the major
12 findings that we saw, we believe strongly that many
13 school attacks can be prevented. I will never go so
14 far as to say that all of them can.
15 I feel strongly when we use these
16 procedures that I'll go through shortly, these
17 threat assessment procedures, who work through cases
18 every day to help institutions...higher ed,
19 corporations, to help them address behavioral
20 concerns and threats if there really is a basis for
21 something, if someone is planning for harm.
22 So because these are thought out in
23 advance, because the attacker usually shares their
24 ideas with other people, whether it's in person or
25 on-line, there are other people helping them, we

1 believe that they follow a process that's
2 potentially detectable.
3 And with other people knowing about these
4 ideas and plans, those are the people that can
5 raise -- tell someone they're concerned, tell
6 someone they're worried; even if they do it
7 anonymously, it allows for us to detect whether
8 someone is on that pathway.
9 And also the fact that these are not
10 students who -- and former students who are
11 invisible.
12 These are students who are already raising
13 concern and were worrying, typically, multiple
14 people around them. Those types of worries and
15 concerns start exactly this type of process as well.
16 As we dissected the attacks -- I just
17 mentioned in the beginning that we dissected the
18 attack and worked from the attack backwards from the
19 original idea or plan.
20 As we dissected the attack, we found a lot
21 of different people who knew the student or former
22 student had some piece of the puzzle beforehand
23 about and were concerned, had a piece of the
24 planning, had observed things that were disturbing
25 to them, but didn't report the information. And

1 there was no mechanism to pull all that information
2 together.
3 When we build a threat assessment program
4 in a school district, we're building that mechanism;
5 we're building a place where they can report
6 concerns and they can...information, figure out, Who
7 teaches the student? Who coaches the student? Who
8 is in a position to observe the student? Who is
9 friendly with them? What families know them? What
10 information can we gather in a discreet and
11 respectful way that gives us a sense of whether this
12 person will be at a point of desperation, whether
13 they feel they may have to resort to violence,
14 whether they feel...good solution to problems that
15 they're having.
16 And as a team, a threat assessment team
17 would pull this information together, see if there
18 is that concern, if they're on a pathway to
19 violence, and then figure out what interventions,
20 usually, often times...services, but what
21 interventions can help...from possibly planning
22 violence.
23 When we practice -- just moving on to
24 slide...when we practice threat assessment and when
25 it's done well, it is not an adversarial process.

1 In the 17, 18 years that I've been working
2 on threat cases for a whole host of agencies and
3 institutions, there are times when I have -- and
4 teams I've been working with who have encountered
5 people who are very hostile, a student or an
6 employee or someone who is very hostile and may not
7 want to talk initially.
8 But with the right approach and the right
9 caring approach, we can very often, usually in most
10 cases, work to develop some...with...person who
11 is...in the first place, really work a partnership
12 with them to find out what their underlying problems
13 are and get them connected to the right help to
14 solve those underlying problems.
15 When we connect those people, students,
16 former students, or others to the right resources to
17 help solve those problems, their thoughts and plans
18 of violence typically go away.
19 So let me stop with that and just see if
20 there are questions before I move on to the nuts and
21 bolts of what a threat assessment program looks
22 like.
23 MR. CHAIRMAN: No questions on that,
24 although we will probably come back after we see the
25 next part of the presentation.

1 MARISA RANDAZZO: Okay. That sounds
2 great.
3 So moving on to -- I've been alluding to
4 the threat assessment. I want to share what it
5 looks like. And all the information, as I mentioned
6 before, comes from the second pdf you have you
7 called "Threat Assessment in Schools."
8 This was jointly published by the U.S.
9 Secret Service and the U.S. Department of Education
10 in 2002.
11 And it's really -- it lays out the nuts and
12 bolts of how to set up a threat assessment program
13 at a school level or the district level and then
14 kind of work a case.
15 So if you have a teacher who's worried
16 about a student because of what they've done in a
17 homework assignment or if you have someone who chews
18 their Pop-Tart into something that looks like the
19 shape of a gun and holds it up to another student,
20 as we saw a couple weeks ago in a case locally, then
21 that's the type of behavior that can properly
22 brought to a threat assessment team, or whatever you
23 may want to call it, a trained team, that they can
24 look at and see, Is there any other basis for
25 concern?

1 Threat assessment really offers a good
2 power point through the movement we saw quite a
3 while ago after the Columbine shootings where a lot
4 of schools implemented zero tolerance policies and
5 said, "If anyone issues a threat, if anyone brings a
6 weapon, toy or otherwise, to school, they're
7 immediately suspended or expelled."
8 The challenges that those -- and the
9 concern about those policies is that they often
10 leave the school very few options to follow that
11 strict guidance.
12 And if you've got a student who is at a
13 point of desperation because of some problems
14 they're facing and maybe they start confiding in a
15 friend that "Wouldn't it be cool if we had a
16 shooting like that at our school. Wouldn't it be
17 cool to shoot those people who are harassing me day
18 in and day out," the challenge then is you then
19 leave that student, if they're automatically
20 suspended or expelled, you leave them home alone,
21 typically, or away from school...that school is a
22 building to...wonder...with yet another loss that
23 might increase their desperation, and now, with a
24 grievance, focuses on the school being the reason
25 for the loss.

1 So a school threat assessment program can
2 offer good counterbalance. There may well be
3 situations where you have to suspend or expel.
4 We're not saying that doesn't happen. But what we
5 actually see in most cases is schools providing good
6 work grounds with parents getting connected with
7 local community resources where the student doesn't
8 have be suspended or expelled or automatically sent
9 to an alternative school.
10 Now, some great data coming out of
11 Virginia, from the University of Virginia, Dewey
12 Cornell and his colleagues have done some awesome
13 studies on Virginia's experience implementing the
14 Virginia threat assessment guidelines over the past
15 few years.
16 The research on controlled studies of
17 threat assessment are few and far between, but Dewey
18 has got some very good research on this that shows
19 that in cases that previously would have been an
20 automatic expulsion or suspension, I think they
21 looked at 188 cases that would have been an
22 automatic suspension or expulsion, when they
23 actually used the school threat assessment
24 guidelines, only three of them required some
25 separation of the student from the school because

1 there was a real basis for concern.
2 The others were much more readily managed
3 by intervention, by getting the students in
4 counseling, by working closely with the parents, and
5 often using something we call a behavioral contract,
6 which I'll explain a little bit more.
7 It's behavioral parameters going forward
8 about what the student must do and but the school
9 can also do to help support the student.
10 So let me talk a little bit about what
11 threat assessment is, whether in schools or
12 workplace or evaluating threats to public officials
13 is a four-part process.
14 First about identifying, in this case,
15 students who raise some concern, or former students.
16 When they have raised some concerns from
17 that essay, from the Pop-Tart that's shaped like a
18 gun, from, you know, saying, "Bang, bang, you're
19 dead" on the playground, from telling people they're
20 thinking about carrying out an attack...puts someone
21 on the radar screen...gather more information. And
22 we gather information from multiple sources. As I
23 mentioned, what we saw from these attacks, a lot of
24 people had a piece of the puzzle. So we think, Who
25 might have a piece, and how can we seek that

1 information and pull it all together to see
2 what....is.
3 Once we gather the information, we then
4 assess whether the student possess a threat.
5 Now, I use the terminology of "possess a
6 threat," and I'll explain that a little bit more,
7 but it really is about whether they are on that
8 pathway to violence.
9 And we do it using some analytic questions
10 that have been used in the threat assessment field
11 for decades and that have been tailored for a K to
12 12 setting.
13 And then if we believe the student does
14 pose a threat on this pathway to violence, then this
15 team would look to see what could work to intervene
16 with this student.
17 Based on the information we gathered in
18 step 2, what do we think is going to help solve the
19 underlying problems that is leading the student to
20 consider violence as a good option or perhaps the
21 only option they have left at this point.
22 So moving on to slide 20, we'll talk about
23 threat assessment. It differs from a lot of other
24 assessment approaches we hear about, like profiling,
25 because it's deductive; it's not inductive.

1 We're looking just at what facts were about
2 this student, about...how they may be...other people
3 or not, what they're doing and saying is either
4 worrying people or not worrying people; and then
5 from those facts, what conclusions can we draw
6 whether they're on this pathway to violence.
7 And if they are on it, we're going to
8 develop intervention strategies based on the
9 fact....
10 What makes the most sense for this
11 particular case.
12 ...the student who looks like others who
13 have engaged in rampage shootings before or not.
14 What were they doing and saying; what does
15 their behavior tell us.
16 And if we really think there's a basis for
17 concern, what strategies would work best for this
18 particular student in their particular situation.
19 So as we go on to operating a threat
20 assessment program, there are a couple things that
21 we think make for a very effective programs if the
22 school or district is looking to set up a program.
23 And one is to have this multidisciplinary team.
24 I've been using the term "threat assessment
25 team" in the entirety of my presentation here today

1 because that's the terminology that the field has
2 used for decades, the model that first came out of
3 the U.S. Secret Service to evaluate threats to the
4 president.
5 I will tell you that I think this
6 terminology is unfortunate, and I think it's a term
7 that often scares people. So you can create a
8 multidisciplinary team and then train them in these
9 threat assessment procedures, but they never have to
10 have that name.
11 So you can have a team that's called, you
12 know, a Care and Intervention Team, or a Behavioral
13 Assessment Team, BAT team, some institutions have
14 named them.
15 So we can use different terminology as long
16 as the people in the school and in the community
17 know that if they have a concern about someone's
18 behavior, this is the place to bring that
19 information.
20 So a multidisciplinary team is very
21 important to have, so having at least someone from
22 school administration or from the administration
23 from that school represented, school resource
24 officers, if you have one, or a liaison from the
25 local law enforcement; if not, maybe one of the

1 teachers or coaches on the team. And if there's a
2 guidance counselor in the school, they're a good
3 addition to the team.
4 Or you can often get people in the
5 community who are -- who have an expertise in mental
6 health, a psychologist or a licensed clinical social
7 worker, to agree to sit on the team and help provide
8 some guidance about what is a behavior-based threat
9 or what might be going on with this particular
10 student.
11 So to have that multidisciplinary team to
12 gather the information and make the assessments and
13 recommend interventions.
14 It's also very important to have support
15 from the administration, whether it's at the school
16 board or the district level or hierarchy within the
17 school because, if you see, some teams have been set
18 up for people around the table, but with a very
19 mixed message from the school or district leadership
20 about whether it's an important asset for the
21 district to have.
22 So having buy-in from school leadership and
23 having that communication -- having that
24 communicated to the school is a very important
25 addition to making the program work very well.

1 A team -- a program really needs some very
2 basic procedures.
3 I'm going to walk you briefly through the
4 best practices....for a threat assessment case, so
5 having procedures to say when someone comes forward,
6 these are the things that we do, and these are the
7 questions we ask to make an assessment.
8 Those procedures...but the team needs to be
9 aware, "These are our operating guidelines. This is
10 what we do in each case," to make sure they have
11 training in threat assessment.
12 There are a lot of teams -- we've seen
13 this...since Virginia Tech, since the shootings in
14 2007, there was such tremendous consensus that
15 colleges and universities around the country should
16 have some threat assessment capacity, that a lot of
17 institutions set up teams but without the ability to
18 provide training, without knowing how important
19 training is.
20 If you do nothing else, making sure some
21 people who are in the school are trained in threat
22 assessment can put a school far ahead of the curve
23 and make prevention much more possible, makes....
24 problems...easier than without that training.
25 To get some input from legal counsel on

1 when and where information can be shared and how.
2 There are a lot of concerns, rightfully so,
3 about educational...and FERPA and relations that
4 protect the privacy of educational records, but
5 there are also some very clear exceptions to those
6 regulations that allow information sharing under
7 certain conditions, and those conditions are often
8 met when a matter comes before a threat assessment
9 type of team.
10 And then having access to mental health
11 resources. So much of what we have seen in studying
12 these school shootings were people who were at a
13 point of desperation, whether because of
14 overwhelming life circumstances that just....their
15 ability to cope, we see a lot of inability to cope,
16 or because they had an emerging, not yet diagnosed
17 mental health condition or a condition that was
18 known but not being treated effectively.
19 So being able to have access to good
20 resources where you can reverse, and that's often
21 seen outside of the school setting, even in private
22 schools they often have that access.
23 One thing that we've seen schools do very
24 well is to start to involve the community by saying
25 "We're doing this effort, and who do we know in the

1 community that has got some mental health expertise?
2 Would you be willing to see people pro
3 bono? Would you be willing to see students on a
4 sliding fee type of scale so that people could
5 access your services affordably? Could you sit in
6 on our team that meets once every two weeks and just
7 give us some guidance.
8 In the wake of tragedies like in Newtown,
9 so many people want to help and want to get
10 involved. This is actually a time where you can
11 seek out this assistance from the community and get
12 a lot of effort and input to say, "Well, sure. I
13 can give a couple of hours a week or a couple of
14 hours a month to help you set this up or to be
15 available for evaluations," or whatever it might be.
16 We've also seen some institutions, both
17 higher ed and K through 12, that are in remote
18 settings, where access to mental health care or
19 mental health resources are few and far between,
20 enlist the help the psychologists for a mental
21 health type of relationship. So you can have
22 someone who can sit in on a team call from a...miles
23 away to provide that expertise, or they can do a
24 remote assessment through something like Skype, like
25 we're talking through today.

1 Moving on, a little bit more detail about
2 what a threat assessment team looks like.
3 I mentioned about the multidisciplinary
4 composition, but the reason why we use a team is not
5 only to get perspectives from different disciplines
6 but also we have multiple people available to seek
7 out information.
8 If you've got two, three, four people on
9 the team, when you have a case come forward, each
10 person can have two or three or four conversations
11 to gather information instead of one person doing it
12 all themselves and make better decisions as a group
13 because...perspective and may have access to you and
14 to other resources or multiple resources to manage a
15 case.
16 Some additional components that really help
17 a threat assessment program is for a team to work
18 through hypothetical tabletop exercises.
19 The....to document cases. And this should
20 be done with legal counsel's input. And also to
21 have ways that people can report information.
22 Sometimes schools have looked to have just
23 nondisciplinary reporting mechanism, and that can be
24 helpful and make people feel they can report
25 information without being identified, but oftentimes

1 we see information reported up in the normal
2 reporting channels.
3 So an assistant principal who happens to
4 walk the halls often, is well-known to students, may
5 often get information.
6 We've seen school resource officers,
7 because they're not part of the school's
8 disciplinary hierarchy or are not in a position to
9 grade students, will often receive reports like this
10 because the students feel they can confide in the
11 school resource officers.
12 We have seen custodial staff and food
13 service staff be the recipients of these types of
14 reports of concerns also for similar reasons:
15 they're not in a position to offer discipline or
16 grade the person who is raising those concerns or
17 sharing those concerns....
18 And then doing some communication with the
19 community or parents to say "We have this capacity,"
20 whatever you call your team, "we have this ability,
21 so if you are concerned about a student's behavior,
22 this is a place where you can bring that concern.
23 And we will look at it in a fair and objective
24 manner and see what support we might be able to get
25 to this issue."

1 So just moving on quickly to...nuts and
2 bolts of this were already covered, as I mentioned
3 in the threat assessment guide that I just showed
4 you, and I've alluded to a lot of this in the first
5 part of the presentation, but when we actually
6 handle a threat case or when a team handles a case
7 of someone whose behavior is troubling other people
8 or alarming other people, it really is going to be
9 about gathering information from multiple sources
10 and analyzing it using what we call the eleven key
11 questions, which I'll go through in a minute.
12 Moving on to slide 27, we will be looking
13 at the team's -- actually, I covered this already in
14 terms of where a team may hear about things of
15 concern, but let me add just at the bottom of slide
16 27 that it might be that teams get information from
17 outside...as well.
18 So having some tie-ins with your
19 local...soccer program or other after school sports
20 and extracurricular program, it could be that
21 students are starting to engage in behavior that are
22 worrying people there and they would assume the
23 school is aware of the same behavior but the school
24 isn't.
25 So to do some easy liaison work with those

1 entities that tend to see your students after hours
2 or on weekends, it would be helpful to say..."If you
3 see something that worries you, let us know. It
4 might add to something we already know or it might
5 be new to us and we can dig into it and see if it is
6 a basis for concern."
7 So there are good ways that can be done as
8 well, similar to having that liaison with the local
9 law enforcement.
10 It may be the case where a student who is
11 starting to exhibit some problems in school but
12 maybe is not on someone's radar screen yet who was
13 arrested over the weekend.
14 Or it may be a house where local law
15 enforcement knows that they do a domestic violence
16 call-out once a week or once every ten days to that
17 location.
18 So you can get information from the local
19 law enforcement. We've got a good liaison there,
20 and they might be able to alert you to a student who
21 is having some problems, often with limitations of
22 what they can share, but if they have information
23 about what the student's life is like outside the
24 school, they can help the team figure out what is
25 going on with this student.

1 So moving on to slide 28, we will be -- in
2 a threat assessment case, we gather information from
3 multiple sources, and that would include talking to
4 the teachers who currently teach that student or
5 maybe taught the student last semester, talking with
6 school staff, like I mentioned custodial staff, food
7 staff, to see if they've seen anything that worries
8 them, if they know the student, if they have any
9 basis for concern.
10 There are occasions where we'll talk with
11 friends and classmates, but often times that has to
12 be done very discreetly, and oftentimes we don't
13 want to do that for fear of stigmatizing the student
14 who has raised concern.
15 So we'll often use that as a last resort.
16 Having said that, what we do see are that
17 classmates may be the ones who first bring our
18 attention to an issue and raise concern about a
19 student so we can get some more information if the
20 student has reported that concern.
21 And then looking at other places where the
22 student is working, living, interacting, on-line,
23 and off-line.
24 When we did a school threat assessment 17
25 years ago and we were looking at whether someone was

1 communicating ideas to do harm to other people, one
2 thing that we saw was that usually that
3 communication was in person or by writing.
4 Now so much of that communication is done
5 on-line.
6 And as I mentioned earlier, it might be the
7 people the person, the student, has actually met, or
8 it might be just someone the student has never met
9 but just knows through on-line activity.
10 When we do threat assessment cases now,
11 when I work with institutions and coach them through
12 a case or handle cases directly, one thing that we
13 look at is an extensive Internet search on the
14 student's name, on the institution's name, if we
15 know their personal e-mail address, if we know their
16 cell phone number, what are they posting in places
17 that might give us -- that's publicly viewable and
18 might give us a better sense whether there is a
19 growing concern or not.
20 As we go on to slide 29, as we gather
21 information, we're going to be trying to corroborate
22 the information that we have.
23 So we're going to be looking at information
24 not only from a couple of different sources, but
25 also recognizing that, when we talk about violence,

1 we're not assessing whether this is, quote, a
2 violent student or not a violent student.
3 What we know about violence is that it's
4 dynamic. So every single one of us is capable of
5 engaging in violence under the right circumstances,
6 if our lives are threatened, a family member life is
7 threatened, we are capable of acting violently. And
8 our laws are written in such a way to allow excuses
9 for a lot of....
10 So when we do a threat assessment, we're
11 gathering information about the student and also
12 about their situation and what's dynamic around
13 them, what's changing for them, what might be
14 getting better for them, what might be getting
15 worse.
16 Then I thought, for slide 30 and 31, I
17 don't need to go into these details because I know
18 we're running short on time, but for 30 and 31 --
19 actually, sorry.
20 Slides 30, 31, 32, and 33, these are what
21 we call the eleven key questions. These are
22 standard questions that we ask in every threat
23 assessment case, whether it's a student in a case at
24 a public school, a faculty member in a higher
25 education institution, an employee in a government

1 agency, a protected or public official, or someone
2 who...
3 These are well established analytic
4 questions that have been used in this field by
5 practitioners and researchers like myself for
6 decades.
7 We modified these to be a little bit more
8 appropriate for K through 12 based on the data that
9 we've collected, but these are the questions that
10 the Secret Service and the Department of Education
11 have jointly published as their recommended
12 questions in this recommended process.
13 So these are the questions we use to
14 analyze the information we've gathered, and
15 ultimately the questions lead us to an assessment
16 question on slide 34, "Does the student pose a
17 threat of harm to other people or to himself
18 personal or possibly to both."
19 This is a process that can be used if we're
20 just concerned about a student harming themselves.
21 It's usually used when we're concerned if the
22 student might be thinking about or planning to harm
23 other people or to harm themselves and other people
24 at the same time.
25 So we look at whether this person is on a

1 pathway to violence. If we think yes, we develop an
2 intervention plan, a case management plan, that I'll
3 go into in just a minute.
4 Now, we usually ask a second...question.
5 We often think they're planning for harm to others
6 or to themselves or both, but we've raised some
7 concerns. We now have more information about them.
8 So if they don't pose a threat...show some need for
9 help or intervention, in which case where can we
10 refer them for assistance.
11 As we move on to slide 34, that doesn't
12 have a slide number on it, developing a case
13 management plan.
14 I've been alluding to this throughout, but
15 really the reason why prevention is possible for us
16 is that when we are faced with someone who is
17 thinking about planning to engage in violence
18 towards others, we can usually identify what the
19 underlying drivers are, what has led them to the
20 point of devastation, what led them to believe
21 violence would be a good solution, what led them to
22 think violence might be the only solution, and find
23 ways to solve the...problems.
24 Case management is about arresting those
25 underlying problems and at the same time safety

1 planning for the school board generally.
2 It's really more art than science.
3 So as analytic as we've been for our
4 assessment questions, we look just at what's going
5 to work for this particular person that we can help
6 them get access to that they may be able to seek
7 assistance.
8 And sometimes it may just be a matter of
9 using multiple people in the school district who are
10 close by and help the student get help for the
11 things that the student finds to be positive as
12 opposed to negative.
13 So slide 36 just has a key component that
14 we use in virtually every case management, is we try
15 to identify someone that the student already trusts
16 or has a good relationship with to be sort of a
17 conduit or a go-between.
18 Sometimes that might be somebody who is
19 already serving on the team; it might be a teacher
20 that they have currently or someone they had
21 previously; it could be the school nurse whom
22 they've seen on a number of occasions or a
23 counselor.
24 It might be a coach. It might be someone
25 outside the school, a pastor in the community, a

1 coach outside of the school, for example, a family
2 friend who is someone that the school can work with
3 that the parents are happy to have the school work
4 with who is someone that the student trusts.
5 When we get to working with someone the
6 student already has a good relationship with, it's
7 much easier and faster to get that engagement that I
8 was talking about before, move past that facility
9 where the student feels like no one's listening, no
10 one cares, start to work with the student in
11 sometimes what's a tough love approach.
12 So I mentioned behavioral contract before.
13 What I have on this next slide is we've got a list
14 of different options used for case management.
15 Behavioral contract is one example of this,
16 and that's really some parameters that a school can
17 put on the student's behavior going forward.
18 You know, "By our calculations, you have
19 violated a policy or the student code of conduct,
20 and so while we could suspend or expel, we think
21 there might be some other issues going on here.
22 "So we will give you another opportunity to
23 keep your behavior in line with our expectations,
24 but you must do the following."
25 Maybe it's going to get a mental health

1 evaluation. Maybe it's doing some community
2 service. Maybe it's working with that mentor or the
3 person who is trusted in a close relationship.
4 Maybe it's taking time away from the school
5 in a more voluntary sector. Maybe it's doing an
6 alternative schooling or home schooling for a while.
7 So looking at what....the community has
8 available that the student -- the school could help
9 the student -- help the parents gain access on
10 behalf of the student that's going to work to
11 address those particular underlying problems.
12 As I wrap up and move on to questions from
13 you all, there are a couple of other things that
14 schools can do that I'll touch on briefly that can
15 really help make a program very effective.
16 One, as we move on to slide 39, is
17 encouraging reporting. And I've mentioned a couple
18 of times how often other peers, students and friends
19 of the attacker, knew about the ideas and plans
20 beforehand.
21 And I've also shared a couple of examples
22 of attacks that were thwarted because students came
23 forward because they heard something concerning;
24 whether they were a close friend of that particular
25 student or not, they heard something and passed that

1 information along.
2 So whatever schools could do to encourage
3 the reporting of concerns, and try to really
4 distinguish for students the difference between
5 tattling and sharing a concern so that students and
6 that everyone in school understands that tattling is
7 something we do when our goal is to get someone else
8 in trouble.
9 Sharing a concern or telling is something
10 we do when we're worried about a situation or that
11 we're worried about that particular person or
12 worried that there might be some harm or something
13 bad is going to happen.
14 So we always tell kids not to tattle
15 because we don't want...when the goal is get someone
16 else into trouble. But we at the same time want to
17 encourage them to share their concerns when they
18 have them.
19 There's a great slogan originally developed
20 by the New York City Transit Authority and, since, I
21 think has been appropriated by TSA. And the slogan
22 is "If you see something, say something."
23 New York City put these on billboards and
24 banners and buses and subways years ago and really
25 credit that with getting a lot more reporting about

1 crime and vandalism and the like going on within
2 the...system, and eventually helped to reduce crime
3 there.
4 The message was that "If something worries
5 you, pass it along."
6 You don't have to be making a 911 call to
7 law enforcement. You're not going to be bothering
8 someone if you're sharing your concern forward.
9 If you are concerned, tell who someone who
10 is in a position to do something or who might be in
11 a position to help you figure out who else to tell.
12 So finding ways to encourage people to
13 report when they have those concerns is very
14 helpful.
15 I've got an example on slide 40 of a
16 homework assignment that Kip Kinkel handed in to his
17 Spanish teacher...in the same semester...of the
18 school shooting in Oregon.
19 He, instead of doing his homework, handed
20 in the homework and it -- on it he wrote a drawing,
21 and he wrote "I will hunt you down and fill a hole
22 in your head. With explosives. You hear me? Power
23 to the shampoo. You must die."
24 And then a smiley face of either unhappy or
25 particular.....

1 We know his teacher was very concerned when
2 she got this, handing in his homework assignment,
3 because she wrote on the top "I'm concerned," with
4 three question marks, and handed it back to him.
5 She did not tell anyone in her school that
6 she was concerned about Kip.
7 And Kip, for quite a while, had some severe
8 mental problems, had been amassing a
9 phenomenal...collection of knives in his room.
10 Every drawer in his dresser and desk in his
11 room at home was filled with knives.
12 And his parents had been pleading with him
13 to get mental health care. When he did finally
14 agree to go to a psychiatrist and to go on
15 psychiatric medication, the reward for him doing so
16 was a rifle that his parents gave him he had wanted
17 for a long time.
18 And he went off the medication almost
19 immediately after he got the rifle and used the
20 rifle in the attacks at school.
21 So when a teacher, when a parent, when a
22 staff member, when a student is concerned about
23 something in the school, to encourage them to bring
24 information to go forward.
25 And slide 41 shows where we can report this

1 information. It can come from in the school or from
2 outside the school, and then the team can gather the
3 information from all these different sources as
4 well.
5 The last thing I want to give you is
6 talking...as I've mentioned is thinking about ways
7 to improve school climates overall. Schools that
8 feel safer to students, they're not only physically
9 safer but more emotionally welcoming, are schools
10 that do very well to encourage this type of
11 reporting.
12 So there was a school in California a
13 number of years ago that really wanted to improve
14 the connections between the adults and students in
15 the school, so they did one thing.
16 They asked every teacher and staff member
17 to talk to one student every time the bell would
18 ring when classes would change during the course of
19 the school day. This was a high school.
20 So the bell would ring between first and
21 second period, and student -- teacher and staff
22 member would talk with one student between second
23 and third period.
24 And the goal of the program was use their
25 name or learn their name and just ask how things are

1 going, just a quick conversation.
2 That's all they did. They talked...the
3 program, and what they found astounded them.
4 After a couple of weeks of just this making
5 it a habit to reach out to students on a daily
6 basis, the school administrators started to learn
7 about things that were going on in their school and
8 on their grounds that they were not aware of at all:
9 who was selling drugs, who was pregnant, who was
10 getting beat up at home, things that were happening
11 in the locker rooms they hadn't been aware of
12 because now the students felt more trust in the
13 adults at school and started to share this
14 information forward.
15 So there are simple things that schools can
16 do. They can do more formal assessments of a
17 school's climate to see how things really feel and
18 then make some changes going forward.
19 But all these efforts really help to
20 enhance a school's climate and make for a good
21 foundation for violence prevention efforts
22 generally.
23 So with that, just to summarize, I've
24 mentioned from our research, from other research
25 that's done in different types of targeted violence,

1 and from practice and cases that I've handled for 17
2 years now my colleagues and I all strongly believe
3 that prevention is possible, and having this type of
4 an objective, systematic process, a threat
5 assessment process, whatever you may call it, is a
6 very important asset the school can have to make
7 this type of violence prevention possible.
8 When setting up a process, we recommend
9 training, but also just consulting with other people
10 who are handling similar cases.
11 That there are often....of information
12 sharing that can help come up with a good solution
13 to a particularly tough case.
14 So with that, I've shared a lot of
15 information with you on resources; I'm happy to take
16 any questions you've got.
17 MR. CHAIRMAN: Thank you very much,
18 Dr. Randazzo, for your very detailed presentation
19 here.
20 I do want to make an announcement that the
21 documents that you referred to are available on the
22 panel's web site www.ct.gov/shac.
23 And we understand that you've taken away
24 your time as a caregiver today to share this with
25 us, and we will certainly be respectful of your

1 time.
2 I just have one quick question.
3 When you think about a robust threat
4 assessment program, school-based, who are the
5 shining stars? Who can we model to learn lessons
6 quickly?
7 MARISA RANDAZZO: You know, Virginia has
8 actually done this very well.
9 Virginia had established some school
10 threat assessment guidelines a number of years ago,
11 and so they actually have a good process in a lot of
12 schools.
13 And, in fact, the legislature -- I think
14 their legislature just approved, or part of the
15 legislature did, requiring these programs throughout
16 all of the K through 12 schools in Virginia.
17 So I know they've got the model guidelines
18 to set up programs.
19 And Virginia Department of Criminal
20 Justice Services has provided support at the higher
21 ed level and some of the K through 12 level helping
22 institutions to set these programs up low cost and
23 with state resources as opposed to taxing the school
24 or putting the burden on every school to set up
25 these programs as well.

1 MR. CHAIRMAN: Thank you.
2 Any questions?
3 Chief O'Connor.
4 BARBARA O'CONNOR: Thank you.
5 Your presentation was very informative.
6 MARISA RANDAZZO: Thank you.
7 BARBARA O'CONNOR: And I work at the
8 University of Connecticut. You probably don't
9 know that because you're not sitting here with us,
10 but -- and I've testified on the value of these
11 teams at least three times with our own
12 legislature here, most recently this past Tuesday.
13 And we have legislation going through in
14 Connecticut that's going to require these for
15 colleges and universities. I don't know that
16 we've yet introduced legislation for K through 12,
17 but, you know, I believe we should strongly
18 recommend that.
19 And then the campus legislation is
20 requiring training.
21 But I've also tried to raise the alarm that there
22 are barriers to sharing information.
23 So, particularly, you can't share pistol permit --
24 from a law enforcement standpoint, pistol permit
25 information and some of these calls to the home or

1 criminal history.
2 Those are two things I know off the top of
3 my head.
4 But I'm wondering if you have experience
5 with that sort of stuff and how maybe -- you
6 referenced Virginia, how they sort of sorted through
7 those barriers.
8 MARISA RANDAZZO: Sure.
9 So with respect to information sharing,
10 there are a couple of areas -- there are three major
11 areas where information, confidential information,
12 often comes into play in these situations.
13 One is student educational records, and
14 that's governed by FERPA.
15 What we see is, especially since the
16 Virginia Tech shootings, the Department of
17 Education, which is the agency that enforces
18 compliance with FERPA, have come up multiple times
19 with clarification about how information can be
20 shared in cases like this, that really the health
21 and safety emergency exception in FERPA allows very
22 broadly for information sharing here when you think
23 there is a base of concern.
24 The use of the term "emergency," the
25 department has encouraged individual institutions to

1 define fairly broadly low levels so it doesn't have
2 be to an imminent emergency.
3 If someone is on route to an institution
4 with a weapon, if you think there is the potential
5 based on the report that came forward, you can use
6 this system to share information for the purpose of
7 figuring out if there really is a basis for an
8 emergency or not.
9 So the Department of Education and a lot
10 of legal analysts that we have worked with have said
11 that FERPA is a very important provision, but for
12 the work of a threat assessment program, they can
13 usually operate under that exception.
14 The second place where confidential
15 information comes into play is from mental health
16 provider information, if there is a mental health
17 provider in the case, so we can get that information
18 or information that's protected by HIPAA or state
19 confidentiality laws that protect mental health and
20 health records.
21 These are very robust laws, and in most
22 cases I've worked in, we have not gotten access to
23 that information, except in a couple of
24 circumstances.
25 One is that confidentiality is held by the

1 patient or by the patient's parent, if they're a
2 minor, so that you can always ask the patient or
3 their parent for permission to waive that
4 confidentiality.
5 In cases where we have gotten people to
6 waive confidentiality, we really haven't found out
7 much from the mental health provider more than we
8 already knew.
9 It's not that this is a person who is only
10 acting badly in their counseling setting and are
11 fine everywhere else.
12 If we're starting to see real behavioral
13 concerns, we're seeing it in the different areas of
14 their life: in the classroom, in the home, on the
15 playing field, in the workplace if we're dealing
16 with an adult case, for example, and not just in a
17 counseling setting.
18 So trying to get access to that protected
19 information often doesn't get us much more than what
20 we're able to find out through publicly available
21 information or just talking with teachers, for
22 example, or colleagues.
23 But with mental health professionals
24 involved, one thing that's very important is that we
25 can always provide information to a counselor, to a

1 therapist.
2 So while psychologists, psychiatrists,
3 social workers can't give us information from a
4 patient, there is nothing that prevents them from
5 receiving information.
6 So in many cases, if I know that
7 there's -- if this person's already connected with
8 some mental health care, I will set up an
9 appointment with that practitioner to say, "This
10 person has been raising some concern in the school
11 setting" or "this workplace setting. Here is what
12 we're seeing; this is why we're concerned. We don't
13 know if you're aware of this or not, but we want you
14 to have this information."
15 We had one very challenging case a number
16 of years ago with a university student who had been
17 seeing a therapist for years at the counseling
18 center, was highly delusional and suicidal and
19 planning an attack, but this counselor had no idea.
20 And so we set up an appointment with him
21 to basically say "This is all the things that we
22 have found out."
23 He still could not let us know whether she
24 was even a patient of his, but we knew from other
25 circumstances that she was.

1 And when we finally got a good management
2 plan in place, finally got her engagement, finally
3 got to work closely with her and got her
4 cooperation, she signed a waiver and said, "Yes, you
5 can talk to my mental health professional."
6 At that point, he said, "You provided the
7 information. I had no idea what was going on with
8 her. She was highly delusional. I had no idea
9 there were any delusions. She never mentioned any
10 of this in the three years I've worked with her.
11 She would spend our counseling time focusing on the
12 stress she was feeling from her coursework,
13 preparing for exams, and, you know, boys that she
14 wanted to date that hadn't worked out well."
15 He said, "I had no idea she was actually
16 delusional."
17 She had a psychosis that he had never seen
18 evidence of because she was so high functioning.
19 So providing information to a mental
20 health professional can help with your case
21 management side of things by helping to inform the
22 therapy that they may be doing, even if you never
23 get to hear what they may know from a patient in
24 their counseling sessions.
25 The third area is information from

1 criminal justice investigations. And oftentimes
2 local law enforcement can't share what they're
3 learning as well, but if they're working on the
4 team, they can -- we often see creative ways for
5 team members to communicate when they are told
6 confidential information that allows other team
7 member to say, "I can't tell you why I'm concerned,
8 but this adds to my concern," or "I have additional
9 information that concerns."
10 So you are not breaching confidentiality
11 by doing so because you're never sharing what the
12 basis is, but you're saying, "So let's act together
13 with what we've got. Together we have a basis for
14 concern, so now what do we do to mitigate it?"
15 And even if you don't know the specifics
16 of what's going on with, you know, an arrest with a
17 local law enforcement, they're an ongoing
18 investigation often, there are still things the
19 school can do. And just having that information
20 from the team can help inform the local law
21 enforcement...efforts as well.
22 BARBARA O'CONNOR: Because what you're
23 really suggesting -- and I get all that because we
24 do that often.
25 But when it comes to the criminal justice

1 piece of it, we're dancing around the issue.
2 So I don't know why we can't create or
3 craft some legislation that really talks about,
4 within these teams, "You are authorized to share
5 this information," so you avoid that sort of
6 problem.
7 And I don't know that it exists anywhere
8 in the country, but I wonder if we couldn't craft
9 something.
10 MARISA RANDAZZO: You know, again,
11 Virginia Tech had to tackle a lot of this.
12 I don't think they necessarily -- I don't
13 know if they have addressed that specific level, but
14 they have built in some legislative measures such as
15 protecting threat assessment team records from FOI
16 requests, unless something bad happens, in which
17 case they can then go back and request records that
18 the institution had beforehand.
19 But for active investigations, they're FOI
20 protected.
21 So there are things that legislators can
22 do. They can make information sharing
23 more -- easier for the purpose of prevention and
24 safety.
25 And you can put some parameters on that so

1 the information doesn't go outside the team members.
2 The people who you might involve in case
3 management intervention don't have to know the
4 specifics of what the team knows.
5 They just have to know that in the team's
6 estimation, in their assessment, in their work, they
7 think there is a basis for concern, and you need
8 some intervention and this includes the following.
9 So you can have limited disclosure to
10 related parties but allow for better information
11 sharing among people that are working on a team in
12 this capacity.
13 BARBARA O'CONNOR: Thanks. That's exactly
14 what I was wondering. I appreciate it.
15 MARISA RANDAZZO: Sure.
16 ADRIENNE BENTMAN: Hi. Thank you very
17 much for a marvelous presentation.
18 MARISA RANDAZZO: Thank you.
19 MR. EURBGS:
20 ADRIENNE BENTMAN: I'm very pleased that
21 you've emphasized the benefits of connections,
22 really, is what this is all about, connections in
23 the community.
24 My question is a follow-up to hers, and
25 that has to do with the fact that some of these

1 young people, once identified, the team really
2 follows them over the course of time, sometimes very
3 long periods of time. School systems that have such
4 plans may follow them from grade school into middle
5 school on to high school, and then my question to
6 you is, What happens then?
7 What happens in the transition to the
8 outside world? What happens in the transition to
9 college? And from college, you know -- you know,
10 leaving college or being expelled from college,
11 those sorts of transitions for those identified
12 individuals.
13 MARISA RANDAZZO: Yes. So what happens to
14 that information going forward and the monitoring
15 efforts going forward, a couple of things.
16 One is that, within the FERPA exceptions,
17 one thing the Department of Education has also made
18 clear is that institutions may push this type of
19 information forward to the next institution so that
20 a high school could push it to a college if they
21 want to.
22 In practice, I have not seen that happen
23 often, and where I have seen it happen has been
24 after admission and acceptance so they know the
25 person is definitely going so it doesn't hamper the

1 admission process at all.
2 What I've seen happen more often, though,
3 is that there may be some notification before a
4 person goes into the community and you think they
5 still post a threat.
6 So they have graduated from your college,
7 for example, but you think they still pose a threat
8 to the institution or maybe others in the community.
9 I've seen efforts to notify wherever they are going,
10 usually law enforcement to law enforcement because
11 there's....law enforcement to law enforcement, peer
12 to peer within law agencies...and police to the
13 local police agency can be helpful just to say "This
14 person may....may never be a problem. If you do
15 encounter a problem, you have good information that
16 you can seek out."
17 So you're not necessarily providing the
18 details but a heads-up.
19 And law...law enforcement on a regular
20 basis.
21 But we also -- I think it's often...that
22 in institutions, particularly higher education
23 institutions, fail to seek out information from the
24 high school or from a previous institution.
25 So if a student is transferred elementary

1 school to elementary school or middle school to
2 middle school or to a different school that if you
3 start to see behavioral concerns that the student
4 has, they have every right to ask the previous
5 institution about their familiarity with that
6 student and what concerns they had.
7 And what we seem to do is say not only
8 "What problems did you see? What solutions work?"
9 Because if something has worked in the
10 past, now this person is disconnected, there might
11 be just a matter of reconnecting with that resource
12 that worked before.
13 So we don't want to have to reinvent the
14 wheel, and we're not doing this to stigmatize people
15 because we know that simply arresting someone,
16 firing them from their job, expel from them school
17 separates them, but it doesn't guarantee a safe
18 society.
19 So the more that we can work with the
20 person with what support they may have around them
21 to help build that up, the better long-term solution
22 we have.
23 So to seek out information about not only
24 what did you see, what may have worked previously.
25 ADRIENNE BENTMAN: A follow-up to this in

1 some ways is the other side of the coin, which is,
2 how, once identified, does someone then not have
3 this follow them longer than it needs to?
4 MARISA RANDAZZO: Well, I don't think -- I
5 understand the concern about that, and it's -- a lot
6 of people usually see this as sort of a roundtable
7 process. "Now I'm on the threat assessment team's
8 radar, and how do I get off?"
9 When a program is set up well, it is
10 clearly separate from a punitive or disciplinary
11 process within an educational institution, K through
12 11 or higher ed.
13 So there may be times -- I've seen, more
14 often than not, a threat assessment team say, "Yes,
15 the conduct could take the following action. We
16 think that's going to make the situation worse and
17 increase the risk. We're going to ask to put them
18 on hold right now and see if we can work with the
19 person."
20 When -- if a person no longer poses a
21 risk, if the team does some intervention or helps
22 connect the person and they think, "Now we don't
23 think they pose a risk of violence," the case is
24 typically closed at that point.
25 The institution may keep the files because

1 sometimes these people come back to attention a
2 couple years later, but I see no need to pass that
3 information along, nor would I encourage an
4 institution to do so if they don't think the person
5 poses a risk, poses a threat anymore.
6 If they do think there's an actual threat,
7 then they would pass it along.
8 But it's not a matter of, you know -- this
9 is like a criminal record that's going to follow you
10 that's in a whole national database.
11 This is information that you have just
12 there; you have to seek out.
13 You would then have to have someone be
14 willing to give it forward.
15 And I see a lot of institutions not
16 willing to pass information forward.
17 And there is still some confusion when
18 they are -- when that information is requested about
19 whether they have the right to share it or not, even
20 if they usually do, under FERPA.
21 ADRIENNE BENTMAN: Thank you very much.
22 MARISA RANDAZZO: Sure.
23 HAROLD SCHWARTZ: Hi. A couple of points
24 about obtaining, presumably, confidential
25 information from a mental health provider or a

1 provider organization.
2 So if a therapist is seeing a patient and
3 is sufficiently concerned about a threat of harm
4 that that patient may represent, of course, under
5 the Tarasoff doctrine, the therapist can take action
6 and, presumably, that action could, if the timing
7 were right, include speaking to somebody from the
8 threat assessment team who was seeking information.
9 So that's been a longstanding doctrine.
10 But it's a high bar, you know. This
11 therapist has to have concern about an imminent
12 threat to an identifiable victim, as you know.
13 So when the therapist has a degree of
14 concern but it is of lesser concern, not sufficient
15 to set off a Tarasoff doctrine, and a threat
16 assessment team member comes to the therapist, the
17 therapist agrees to sit there and hear what he or
18 she has to say, though not acknowledging that the
19 patient is even a patient, but then hears additional
20 concern from the threat assessment person, does that
21 not then set off an exception to HIPAA, the
22 emergency exception, which would allow the therapist
23 to engage in discussion with you about, you know,
24 his knowledge of the patient or her knowledge of the
25 patient?

1 MARISA RANDAZZO: Yes. And I appreciate
2 you asking that.
3 That really is...the...we do provide
4 information to mental health providers, we'll often
5 have a conversation with them, "So now that you know
6 all this additional information, does it elevate
7 your concern so you now have a duty to warn or duty
8 to protect," whatever is the duty in that state.
9 So in some cases, yes. And in some cases
10 they did have to take some action, based on and
11 depending on the state, it could be
12 discharge....through multiple media.
13 So you can.
14 But I will tell you that in some
15 situations, what I would try to do is not -- if I
16 feel like it's a good therapeutic relationship, a
17 good support for that person, I can inform them.
18 I've not asked the Tarasoff question.
19 And if they don't feel they've got that
20 duty activated, they still at least have this
21 additional information.
22 So it might be that they can disclose; it
23 might be just that they're a lot more informed about
24 their patient than they were before.
25 But what I have found is that while there

1 are times that we can -- we could force our way into
2 that information, if I feel like it's a good
3 resource, I may want to keep that relationship
4 between the patient and the provider intact and form
5 it but not try to breach it.
6 Just the information I'm providing, that
7 may activate the level if they know that they're
8 thinking along the duty warn to protect lives, so
9 they may have to.
10 But even if they can't, it doesn't raise
11 it to that threshold, they're now more informed.
12 HAROLD SCHWARTZ: I appreciate that
13 sensitivity, but I'm trying to draw a fine
14 distinction that may be a little bit too fine.
15 I don't know, but let me try again.
16 Suppose you provide information that
17 raises the therapist's level of concern but not to
18 the level of a Tarasoff duty to warn or protect, but
19 it does raise his or her concern.
20 I've been of the belief that there is
21 still a HIPAA emergency exception, the equivalent of
22 the HIPAA emergency exception that exists in the
23 emergency room when an emergency room doctor, for a
24 very low level of concern, may call family, call
25 friends of the patient and obtain and pass on

1 whatever information may be necessary, you know, to
2 keep the situation safe.
3 Can you discuss that?
4 Am I thinking about that correctly?
5 MARISA RANDAZZO: Yes. Again, so there is
6 a different exception beyond the Tarasoff level.
7 We are talking about the emergency
8 exception with HIPAA that allows for soon
9 notification.
10 HAROLD SCHWARTZ: Yes.
11 MARISA RANDAZZO: That can be helpful.
12 I've not had much cause to try to go that
13 route before, because usually we have people outside
14 of the mental health providers who are working on
15 the team who are free to make those notifications.
16 So I think it's more of a challenge --
17 what I have seen is a tremendous amount of
18 frustration from mental health providers who serve
19 on teams or who may be serving in a college
20 counseling setting, for example, who may have
21 information but doesn't reach that level, and
22 they're not sure what they can do.
23 The HIPAA emergency could allow for that,
24 but what we've often seen is that there are other
25 people on the team who don't -- who have that same

1 information that aren't under the confidentiality
2 bounds who then do the outreach that way.
3 And then there's something I wanted to add
4 similar to this is we've seen -- when a student is
5 referred to a counselor, for example -- we often see
6 this in higher education.
7 So if you've got an institution that has
8 some sort of counseling capacity, if a professor
9 walks a student over to the counseling center
10 because they're concerned about an essay or
11 concerned about behavior they have seen, what we
12 encourage is for the counseling center to ask the
13 professor to then notify the threat assessment team.
14 Because once the counseling center sees
15 that student, they can't notify unless they've
16 already reached that high threshold.
17 So we recommend...in that situation,
18 whoever the original party was to notify the threat
19 assessment team, as well as to get this person right
20 over to the counseling center.
21 HAROLD SCHWARTZ: Great. Thank you.
22 MARISA RANDAZZO: My pleasure.
23 MR. CHAIRMAN: Thank you.
24 We've kept Dr. Randazzo 30 minutes past
25 the time we offered.

1 Are there any final questions?
2 Thank you so much for your time.
3 And please give best wishes for a speedy
4 recovery to your daughter from your friends in
5 Connecticut.
6 MARISA RANDAZZO: Thank you. I appreciate
7 it.
8 Thank you for the time.
9 MR. CHAIRMAN: Take care.
10 MARISA RANDAZZO: Thanks.
11 MR. CHAIRMAN: So that concludes the
12 presentation portion of the meeting.
13 We do have an opportunity for discussion.
14 We've heard a lot today.
15 We heard a lot from consumers of mental
16 health services. We heard a lot from participants.
17 And we just heard this presentation regarding how we
18 can start to bring some of the various actors
19 together in a common forum to achieve positive
20 results.
21 Is there anything that anyone wants to
22 highlight from those items that we heard?
23 Chief?
24 BARBARA O'CONNOR: I'm just wondering, in
25 terms of the legal discussions we just had a few

1 minutes ago in the reference to Virginia, could we
2 ask the governor's counsel that's assigned to us of
3 research those Virginia laws and then draw the
4 comparisons to Connecticut law and potentially help
5 us make recommendations where we think the
6 legislation needs to allow for these threat
7 assessment teams or care teams to be immune if they
8 share information from the statutes that bar us from
9 doing that?
10 MR. CHAIRMAN: We can absolutely do that,
11 Chief.
12 BARBARA O'CONNOR: Thank you.
13 MR. CHAIRMAN: Anything else?
14 Dr. Bentman?
15 ADRIENNE BENTMAN: This is a personal
16 view, but I think if this commission did only
17 one -- if we were given only one choice of one
18 recommendation that would address the problem of
19 school threats, it would be to enact, put in place
20 such teams in the -- in an array of schools that we
21 have here in Connecticut.
22 Whether you want to expand that to include
23 other organizations, I don't know.
24 But I think that this is an
25 extraordinarily valuable presentation.

1 And is consistent with -- with -- I don't
2 know, consistent with work that I've done.
3 I think that her description of the
4 Alaskan school shooting, and if you can imagine all
5 of the things that happened, you can envision
6 those as simply dramatic augmentations of normal
7 adolescent behavior and the inability of the kids to
8 really -- really contend with the consequences of
9 what they were about to do.
10 And I just think that kids are very prone
11 to not thinking through so thoroughly what they do.
12 And I think that this threat assessment team would
13 be a wonderful thing.
14 KATHLEEN FLAHERTY: The thing that I liked
15 about it is when she said at the end that you don't
16 have to call it a Threat Assessment Team, like
17 calling it a Care and Intervention Team.
18 And I think what really struck me is that
19 when she talked about how it can really be used to
20 get people to available resources that will get
21 folks the services that they need and a lot of times
22 nip problems in the bud.
23 Because when I first heard the thing as a
24 Threat Assessment Team, it really had not struck me
25 in a necessarily positive manner, but going through

1 the presentation today and reading the report and
2 hearing how it can be really approached in a very
3 positive manner, of hooking folks up with services,
4 the more I was hearing her talk about it, it really
5 struck me as a lot of it's sort of like the Crisis
6 Intervention Team that the police do.
7 It's really the same thing in a
8 different -- in some ways.
9 I mean, you're still trying to prevent
10 something from happening and prevent a situation
11 from getting worse.
12 Same way of doing something out in the
13 community or doing something in the school, What do
14 you want to do?
15 You want to protect the safety of
16 everybody involved, make a situation not get worse,
17 and potentially hook somebody up to services that
18 they need.
19 And that idea that I like.
20 But I think it's a fantastic model.
21 And you're right. I mean, the fact that
22 you didn't have a culture where kids thought they
23 could come forward and report things that were
24 happening, because when she was telling the story, I
25 remember reading it in the report, I'm, like,

1 everybody -- folks knew.
2 And just the fact that you can prevent
3 some of these things from happening, not necessarily
4 every one, but the fact that a lot of times people
5 knew something was going on and there were signs and
6 peers knew, and didn't -- either didn't say
7 something or felt that they couldn't, is just really
8 terribly sad.
9 If we could create cultures where people
10 thought it's appropriate to say something and do
11 something -- see something and say something, is
12 really important.
13 PATRICIA KEANEY-MARUCA: I think that
14 every school in Connecticut has a crisis
15 intervention team of some sort.
16 It evolved from a team that would refer a
17 student who was having academic difficulties to
18 special education, but first they'd have to, you
19 know, try other interventions, recommend other
20 interventions. So to tweak it and add people or
21 expand it so that it meets this criteria, it's not a
22 huge leap.
23 That's one of my first comments.
24 And the second is, I was very impressed
25 with the mental health first aid presentation.

1 And I don't think that's a huge expense --
2 that would create a huge expense, and why not
3 recommend that all teachers are provided with that
4 in-service training, part of the in-service training
5 that goes on all yearlong, try to include that so
6 that the teachers, everybody in the building,
7 becomes equipped to identify threats and refer them.
8 EZRA GRIFFITH: I'm trying to be
9 thoughtful here.
10 I'll tell you, it sounds seductive, but
11 before we do -- before we move on your suggestion, I
12 would -- I guess I'd like to hear from some parents
13 about how they see the experience of having their
14 children identified.
15 Now, I say this partly because of,
16 obviously, my own professional experiences.
17 I have not been impressed.
18 For example, the simple thing they talked
19 about, of whether or not to pass on the information
20 to universities, I have not been impressed, in my
21 experience, that universities handle the information
22 very well.
23 And I don't know -- I don't know what your
24 experience has been, but I have been very troubled.
25 The minute -- the minute some of this

1 stuff gets into the system, the deans -- the deans
2 of students and so just panic and do some pretty
3 outrageous things.
4 One of the standard procedures they do is
5 to simply exclude the individual from the
6 university.
7 I don't know if you all know that, but
8 that's what they do.
9 The person gets -- gets excluded for about
10 six months, at least, and a doctor's note is then
11 required before the person can come back in.
12 It -- I mean, some of this stuff we do
13 without even thinking about the business of threats;
14 that's just the way they respond to people whose
15 behave is obstreperous and doesn't fit into the
16 university atmosphere.
17 So I don't know.
18 I guess if we took the time -- and I
19 agreed with you, if you remember.
20 I agreed with the notion this morning of
21 hearing, you know, what the consumers -- how they
22 think about the stuff, what their experiences are.
23 But this is one situation I really would
24 prefer to hear from the parents before we make the
25 recommendation.

1 Now, I may agree with the recommendation
2 ultimately, but I'd still like to hear how
3 they -- how they recount it and -- well, I could go
4 on and tell you some more other experiences that
5 I've had, but the bottom line is I have not been
6 impressed by a number of institutions in the society
7 and how they deal with this whole business of people
8 maturing. And they get the information, and they
9 deal very, very ineffectively with it.
10 So . . .
11 MR. CHAIRMAN: And that brings echoes of
12 what we heard this morning from Mr. Drumm, which was
13 the negative impact of labeling, and certainly
14 labeling to what we now understand that, on the
15 other side of it, it is that label that opens up the
16 doors to certain types of access.
17 But that is a line that is going to have
18 to be walked very narrowly.
19 Dr. Schwartz.
20 HAROLD SCHWARTZ: I'd like to see us be
21 careful about adopting the language of "labeling" as
22 opposed to "diagnosing."
23 It's a matter of perception. And
24 Mr. Drumm felt labeled, but the other side of that
25 coin is that it's the actual application of a

1 diagnosis that opens up the door.
2 And I think we heard an unbalanced
3 presentation this morning from the consumer point of
4 view.
5 We haven't heard from the countless
6 patients out there who have benefited from
7 hospitalization and psychiatric treatment and the
8 use of medication and have found that having an
9 appropriate diagnosis as a tool that has helped
10 them, you know, through the care system.
11 So it's just a word of caution.
12 It's not to say that the labeling
13 perspective is not important, it is, but it's a --
14 we have a double-edged issue here that we have to
15 titrate carefully.
16 With regard to the threat assessment, I
17 certainly understand the concern that Ezra is
18 raising and have seen it specifically with regard to
19 the threat of suicide, that college students who
20 become suicidal are sometimes separated from their
21 colleges or universities for a significant period of
22 time.
23 At the same time, there are other aspects
24 of threat assessment that we haven't touched on that
25 are very, very valuable.

1 One is that threat assessment and adequate
2 threat assessment helps avoid the inappropriate
3 demand for and utilization of psychiatric services.
4 So schools -- we have a little threat
5 assessment service at The Institute of Living.
6 I say it's little; we don't advertise it,
7 but we sometimes respond to the needs of schools
8 because the school has received -- you know, the
9 school is alarmed by a behavior or a statement.
10 And the first tendency is to send the kid
11 right into the emergency room, which could start a
12 cascade of steps that might be not be appropriate,
13 but instead, in these instances where we step in, we
14 assess the threat and sometimes are able to relieve
15 concerns so the kid does not go down the path of
16 stigmatization and all that.
17 So it's just another element of threat
18 assessment to consider.
19 I do -- I believe that the threat
20 assessment is not an inappropriate term and that it
21 is a very specialized activity.
22 It's not mental health first aid, which is
23 rolling out into schools and which may well reach
24 all of our schools a few years down the road and
25 which does focus on how to get kids into care and

1 access care; rather, it focuses on mitigating risk.
2 And about that, if we are going to make a
3 recommendation for threat assessment, or whatever we
4 might wind up -- whatever term we might wind up
5 using, I would suggest we include that it cannot be
6 an unfunded mandate, because merely to rely on the
7 skills that are present in each set of schools
8 without, at a minimum, significant training for the
9 people who will be doing this in those schools,
10 training that will cost money, would be a mistake.
11 And, you know, I would argue -- I regret I
12 didn't ask her, you know, about this, but the use of
13 outside consultation, mental health professionals
14 who are skilled in this, might be a part of the
15 threat assessment team. And that, of course, would,
16 if rolled out in any significant way, entail some
17 costs.
18 So funding, I think, is very important.
19 I'd suggest that we consider a
20 recommendation that the Crisis Intervention Team,
21 the CIT for police departments, become a universal
22 requirement for city and town police departments in
23 the state of Connecticut.
24 BARBARA O'CONNOR: I did have a
25 conversation with the law enforcement officers when

1 they were leaving, and I think there was a
2 misunderstanding about the POST requirement.
3 So what I asked them to do is sort of
4 think how we would recommend that to POST and kind
5 of get back to us on that.
6 HAROLD SCHWARTZ: What does that mean, the
7 POST requirement?
8 BARBARA O'CONNOR: POST is a police
9 offices' training standards board. So it sets the
10 minimum requirements.
11 So it says, "In the police academy, you
12 have to have this for your curriculum for
13 recertification," which police officers have to
14 do --
15 I think in Connecticut every three years,
16 Bernie?
17 Is there some --
18 Yeah. So . . .
19 And then the police chiefs have to go
20 through the same sort of thing to maintain your
21 certification to be a law enforcement officer in the
22 state.
23 So the question was exchanged about, you
24 know, Bernie asked, "Can you -- is there anything in
25 the academy," and they answered 29 hours.

1 Well, that's for above and beyond. It's
2 not the basic POST requirement.
3 And then we also got into this
4 conversation about should you mandate that for
5 officers who have never practiced, you know, to do
6 that level of CIT.
7 So I think the recommendation is probably
8 going to be the eight-hour basic mental health first
9 aid for entry-level police officers, and then I
10 suspect the other recommendation will be the 40-hour
11 class as a part of a recert for experienced police
12 officers and some level of hours for police chiefs.
13 HAROLD SCHWARTZ: When you say "the
14 eight-hour basic mental health first aid," are you
15 talking about the same mental health first aid that
16 will be rolled out to schools --
17 BARBARA O'CONNOR: Yes. Yes, eight or
18 twelve.
19 I mean, I think they said there's twelve
20 now, but they're looking to roll out an eight.
21 HAROLD SCHWARTZ: It will be eight soon.
22 BARBARA O'CONNOR: Yes.
23 KATHLEEN FLAHERTY: There are just a
24 couple things I wanted to add.
25 One, you know, the parents and teachers as

1 allies, we've done that as in-services for teachers
2 and at schools all over Connecticut.
3 I mean, one of the things in terms of
4 mental health first aid is it seems like a good
5 program, but, you know, there are programs that
6 already exist in Connecticut that are being done,
7 have been done for years.
8 And mental health first aid is a program
9 that exists, too, but they're just -- in terms of
10 the people that it also involves in the training,
11 you know, not having people -- they have some people
12 with lived experience doing the training, but in
13 terms of having people who also share their own
14 experiences, I think that one of the powerful things
15 about naming programs in particular is people share
16 their own stories.
17 I have some folks I know who have gone to
18 those mental health first aid trainings and, with
19 all due respect to Dr. Schwartz, when you don't
20 have -- when you focus on the labels or the
21 diagnoses instead of the people, I think it makes a
22 huge difference.
23 And in terms of saying it was an
24 unbalanced panel, I'm the person who put the panel
25 together.

1 So I'll tell you, I'm a person who
2 benefits from medication.
3 I heard, you know, the question you asked
4 of Mr. Drumm this morning.
5 I, personally? I did benefit from being
6 in the hospital. I've gone in there not by choice;
7 I've gone in there by choice.
8 Would I want to do it again? No.
9 But I've had good experiences in
10 hospitals; I've had horrible experiences in
11 hospitals.
12 Do I take medication now? Yes, by choice.
13 Because I know I'm not willing, because
14 I'm too lazy, to do the very hard work that he does,
15 to do all the things in terms of self-care that he
16 does.
17 I can't do it. I know I can't do it for
18 myself.
19 I can't keep the very -- really perfect,
20 very clean diet that he does. I'm too lazy. I'm
21 drinking a Diet Coke. I'm drinking a lot of coffee
22 to stay awake.
23 I'm not willing to do the exercise. I'm
24 not willing to get up at 4:00 in the morning to go
25 to the gym. I know I'm not.

1 If I did all that stuff and was able to do
2 it, maybe I could try going off the medication.
3 It's not a chance I'm willing to take.
4 So there are people, but I knew the best
5 advocate for our community is Deron. That's why I
6 chose him to come and speak, because he also says
7 "If people want to take medication, that's fine,"
8 because he knows -- we've had long conversations
9 about this.
10 But I think there's a reason why the panel
11 is about increasing public awareness and decreasing
12 discrimination, because people think that the only
13 option out there is medication and that's the only
14 option out there for people to live successfully.
15 Thanks.
16 MR. CHAIRMAN: And in response to those
17 remarks, I don't know you well enough to
18 characterize the statement "lazy." I know that
19 you're working very hard here.
20 But what I want to -- I do want to
21 reiterate what you said, which is what Mr. Drumm
22 said, which is I believe in options.
23 I believe the toolbox exists; we just need
24 some more tools in it.
25 So I think that's -- I think that's a fair

1 statement, not to say that that sort of rigorous
2 treatment of this as a diagnosis with certain
3 defined mechanisms for providing treatment that have
4 been demonstrated in large measure to be
5 effective, isn't a critical piece of this.
6 But one thing that I do understand now is
7 that it just doesn't work for everyone. So our job
8 is to try to capture, I think, a few more people in
9 the umbrella to allow a few more people to move in
10 and out of this category that you can move in and
11 out of.
12 We want to move them out. We want to provide safe
13 cultures, cultures of comfort and security and
14 concern, and this may very well be part of it.
15 Mr. Ducibella.
16 ROBERT DUCIBELLA: I have a relatively
17 plebeian observation, which I shared with Bernie
18 next to me.
19 And I really want to thank Adrienne for
20 making me not feel like the only ignoramus in the
21 room when our presentations occurred on insurance
22 and health care. I got lost partway through that,
23 as much as I tried to focus.
24 So thank you.
25 That was not my observation.

1 ADRIENNE BENTMAN: That's okay.
2 Dr. Schwartz will tell you that's sort of my job.
3 ROBERT DUCIBELLA: Well, I -- in an
4 effort to wrap us up, because I think Bernie is
5 going to have the last comment of the day; that's a
6 guess.
7 You know, I was reading through the
8 mission statement, which I always like, from the
9 insurance department. And the mission of the
10 Connecticut Insurance Department is "to serve
11 consumers in a professional and timely manner by
12 providing assistance and information to the public
13 and the policy members by regulating the industry
14 and promoting a competitive environment."
15 I then wrote -- I then read the mission
16 statement for the office of the health care advocate
17 which is "educating consumers."
18 And we had two individuals who both made
19 two points: "I find it extraordinarily difficult to
20 understand the health care system," and "I don't
21 find it financially fair."
22 And when I was listening to Ezra talk
23 about his interest in hearing from members who would
24 be individuals that would provide an insight into
25 the mental health aspects, we had two

1 representatives here today who have had very, very
2 personal experiences with behavioral issues in their
3 family. And they both made two points.
4 It's very difficult to understand where to
5 go. It's very difficult to know what you can get
6 from your insurer. It's very difficult to acquire
7 it at a fair price. And there are a limited number
8 of practitioners.
9 I heard those four things very, very clearly
10 from two who are engaged.
11 And I turned to Bernie and I cried in his
12 ear about this, and he very nicely synopsized what
13 he thought a recommendation would be.
14 So now that I've set the forum or the
15 foundation for my ignorance and my observation, I'm
16 going to turn it over to him for a recommendation.
17 BERNARD SULLIVAN: Yeah. This thing about
18 the money really struck both of us as we were
19 sitting here listening to Ezra talk to us and the
20 presenters talk to us.
21 So we would recommend the insurance
22 department and the health care advocate convene the
23 practitioners and the insurers to develop
24 appropriate templates for reimbursement for
25 psychiatric services and get some agreement there

1 because it seems like it is just spinning in a big
2 dark void out there as to how you take care of the
3 financial side of these programs.
4 MR. CHAIRMAN: And there is certainly a
5 final component.
6 Dr. Griffith.
7 EZRA GRIFFITH: Well, I have both
8 sympathy and empathy for the two of you.
9 As a final comment, Mr. Chairman, I'd like to tell
10 my colleague, my friends, my new-found friends, I
11 laughed when they came up with the -- you know the
12 part D for the medication?
13 Medicare part D?
14 He knows what I'm talking about because
15 he's my age, so he knows.
16 After going through all the regulations, I
17 said, you know that four-letter word, I said it
18 because I couldn't understand a single thing.
19 You all know what donut holes are and all
20 that sort of thing?
21 Well, I congratulate you if you know about
22 donut holes.
23 Because I've been looking through that
24 hole now for a number of months, and I still can't
25 understand when it kicks in and when it kicks out.

1 And I just -- I decided -- I decided to
2 stay working at Yale so my insurance could continue
3 so I don't have to go on Medicare because I can't
4 understand any of that stuff.
5 My -- my -- my final point, because it
6 comes back to -- it comes back to the discussion we
7 were having, I think it's important to have -- I
8 think, for me, to understand the whole day, you have
9 to have a sense of a sort of basic philosophy that
10 encompasses everything, that guides you in trying to
11 sift through what you've heard.
12 And, for me, the important thing is -- so
13 coming back to this whole business of threat
14 assessment teams, the whole thing is understanding
15 really how we feel about people who are mentally
16 ill.
17 And the guiding -- the guiding thing for
18 me is that I want people back into the community
19 quickly to avail themselves of full citizenship, to
20 participate fully in the community.
21 It guides me in how I think about my
22 interventions; it guides me in how I think of the
23 kind of work that we do.
24 And so it's going to guide me in helping
25 to split my reaction to the threat assessment teams

1 versus the CIT.
2 Because the CIT police, at least the way
3 I've seen the teams operate in New Haven, for
4 example, they are really interested in diverting the
5 individuals from law enforcement and from getting
6 themselves into trouble with jails, and so on, and
7 the courts.
8 So you intervene for the crisis in the
9 community. You don't arrest the person. And you
10 get the person to an emergency room so the person
11 can get assessed and the right treatment and move
12 back into daily life in the community.
13 I didn't hear that from the threat
14 assessment teams. And that's what worried me,
15 because the stuff is important. But I don't see it
16 embedded in the idea of care.
17 I -- and I wanted to ask it but then I
18 said, no, I shouldn't have to ask it; I think it
19 should be part of the philosophical approach to the
20 implementation of the mechanism, and it was not
21 there for me.
22 So that's how I wanted to -- that's how I
23 wanted to finish up, is that it's whatever we decide
24 and the recommendations we make, they have got to be
25 recommendations that really deal with the

1 individuals who suffer with these disorders and get
2 them back into functioning and participating in the
3 community.
4 And I -- and that's how I would recommend
5 to the group that we think about it.
6 You know, and we don't -- and you'll
7 hear -- you'll hear later on, on this whole business
8 about the leverage coercion thing, because, again,
9 the reason I wanted for them -- you'll hear about
10 it; don't worry about what it is yet.
11 But the reason I wanted a presentation on
12 it was to get the commission to think about the
13 potential interventions you have.
14 So, you know, the person gets arrested,
15 taken to court, but the judge says, "Well, instead
16 of starting a big trial and so on, I'll divert you
17 somewhere so that you get treatment."
18 So you move into the substance abuse system
19 or you move into the mental health system and so on.
20 And it is in that spirit that I was
21 recommending it, so that you all get a sense of what
22 was guiding me in making the recommendations,
23 because it's all this effort to get people back into
24 society.
25 And that's the new movement called

1 citizenship, which I much prefer to the recovery
2 movement that they were framing so much and talking
3 about.
4 But citizenship I think is a much easier
5 model to conceptualize for guidance.
6 ADRIENNE BENTMAN: I think we come at
7 these things from different perspectives, different
8 experience with models, and so I respect your notion
9 and the models that I've been familiar with in
10 schools.
11 These plans, behavioral plans, they're
12 talking about, really do very much reflect keeping
13 the kids in school whenever possible. And so I
14 think it depends on one's -- what one's been exposed
15 to when it comes to --
16 Yeah. But, I mean, that's what I was
17 envisioning.
18 I mean, I'm familiar with the one that's
19 at Cambridge Alliance and Cambridge Rindge & Latin
20 in, you know, Massachusetts, and there are others
21 that I'm familiar with in which it really isn't
22 about hospitalization and stigmatization but really
23 about the preservation of the kids in their home
24 setting.
25 So I think that's what I mean by

1 perspective.

2 I think the other thing that really struck
3 me, and I don't know how to -- other than to tell
4 the story, I have no idea how to capture this in a
5 recommendation.

6 But the notion that intensive outpatient
7 treatment and day treatment following discharge from
8 a psychiatric hospital is the same as cardiac rehab
9 is extraordinary.

10 Because when patients are discharged from
11 a hospital into cardiac rehab, these are folks who
12 have had, let's say, heart attacks or congestive
13 heart failure, they've had stents put in, they've
14 had surgeries done, they've had their heart failure
15 treated, and they're able to walk because rehab is
16 about sort of, you know, mild to moderate exercise
17 and that sort of thing.

18 I don't think that we -- the patients that
19 we send to intensive outpatient treatment with
20 respect to their psychiatric symptoms are what we
21 would call able to walk.

22 They may indeed be walking and they are at
23 home, but they -- those are horses -- those are
24 hearts of a different color.

25 And so, you know, you're right.

1 How many -- how many of those get denied,
2 that's an important issue.
3 But the fact that they should decide to
4 call those equal, the severity of illness and acuity
5 of illness and complexity of illness as equal?
6 Extraordinary.
7 ROBERT DUCIBELLA: Very briefly.
8 You know, the folks -- those folks who are
9 in the protective services, whether it's the chief,
10 Ms. O'Connor, myself, the security and emergency
11 responder services, we very much are schooled in
12 responding to a situation through analysis, resource
13 application with the goal and intent being to
14 protect a population of people.
15 And the threat assessment was developed,
16 and the young lady who presented it was out of the
17 Secret Service. And they have a job to do, and
18 that's protecting our chief executive officers.
19 So you would expect that threat
20 assessment process was very, very much geared around
21 protecting the individuals who may or may not have
22 been influenced by the person that you, so
23 correctly, kindly, and sensitively want to see
24 reestablished into society as an effective citizen.
25 So there really are two very, very

1 different perspectives here.
2 One is we have an individual or
3 individuals who we want to reconstitute and make
4 whole again, and we have another group of
5 individuals who, while sensitive to that by giving
6 it verbal credence and admitting that it exists,
7 feel they have a job to do, which is protecting
8 those that might be affected by that person.
9 So I think the balance that I am so aware
10 of, working with both the law enforcement community
11 and those individuals who could be affected by it,
12 and I found this very, very strong at the memorial,
13 the commission wants to be careful, in my opinion,
14 to consider equally as strongly the reinstitution of
15 individuals back into our society, but to consider
16 doing that in a way that does not jeopardize the
17 process that might otherwise inform, advise, and
18 protect others.
19 And that is a really challenging -- it's a
20 really challenging approach.
21 And what I'm really doing is saying I see
22 clearly there's two sides, because on any one day of
23 the week, the law enforcement, emergency responder,
24 and security services say "The good of the many
25 shall be given consideration for perhaps the bad

1 behavior of the few."
2 And then there are those that are the real
3 heroes of the world who say, "Yeah, but I have to
4 worry about the few just as much as you worry about
5 the many."
6 And I don't know how else to characterize
7 it other than that.
8 HAROLD SCHWARTZ: I think you said that
9 beautifully.
10 And it just -- it calls us to remember
11 that we have a mental health treatment charge and we
12 have a public safety charge. And we do have to
13 think about how to balance them both.
14 But I want to go back to Dr. Bentman's
15 comment because it reminded me of a discussion I had
16 a few weeks ago with one of our legislators in which
17 I was trying to make the case that, with regard to
18 partial hospitalization and intensive outpatient,
19 these are just two different levels of day hospital;
20 patients come to the hospital but don't stay at
21 night, and partial hospital is somewhat more
22 intensive than intensive outpatient care.
23 My recommendation was that there should be
24 no preauthorization process required for a patient
25 to go from inpatient to partial hospital or

1 intensive outpatient care.
2 It should be assumed a part of the -- as
3 an extension of inpatient care.
4 And if we need any evidence for it, the
5 evidence is how partial hospital and intensive
6 outpatient hospital came to be.
7 They came to be in response to the managed
8 care era pressures on length of stay for
9 hospitalization.
10 Hospital stays were dramatically reduced.
11 And as they were dramatically reduced and as the
12 purpose of an inpatient hospitalization changed from
13 providing care for an episode of illness to
14 providing the minimal amount of care necessary to
15 tide the individual over from a safety point of view
16 so that people are now discharged from the hospital,
17 the episode of illness continues, but perhaps
18 they're safe enough to be outside the bounds of the
19 hospital.
20 With that came the emergence of partial
21 hospital and intensive outpatient treatment to fill
22 in that gap, but the insurers didn't respond as
23 though that were the case.
24 They responded as though, "Well, now
25 we're suggesting another whole kind of care for

1 another whole reason. And so let's go back to
2 square one and get preauthorization for it because
3 we now have another opportunity to deny care."
4 And that's what often happens.
5 Initially -- I'm sorry. I know I'm going
6 on about this; just another minute about it.
7 Initially, it was partial hospitalization
8 that evolved as the response, and partial
9 hospitalization was somewhat more intensive in terms
10 of the number of days and the number of hours per
11 day, so it was more expensive.
12 And because it was more expensive, a lot
13 less expensive than inpatient care but expensive,
14 the insurers pressed us to develop another level of
15 care called intensive outpatient care.
16 All intensive outpatient care is, it says
17 "Okay. You have an infrastructure in which patients
18 can come to your day hospital three, four days a
19 week and come to a variety of groups and this and
20 that; let's just pick out what's the minimal number
21 of services that can possibly tide that person over.
22 One group a week, two groups a week, plus come in
23 and see the doctor?
24 "Now, you as the hospital, you've got to
25 maintain an infrastructure such that you are

1 providing this service three or four days or five
2 days a week, but we'll cherrypick so that we can pay
3 still less to just provide fewer services. We'll
4 call it intensive outpatient care, and we will deny
5 partial hospitalization and force you into using
6 intensive outpatient care."
7 And that essentially is what has happened.
8 And so the partial hospitalization has
9 fallen away, so you might have your child, who is
10 just -- is dealing with a very serious psychotic
11 episode with suicidal ideation, discharged from the
12 hospital after five days, who perhaps used to be
13 able to go into a day hospital where they could come
14 every day but can only now come to the intensive
15 outpatient.
16 And sometimes you go from inpatient to
17 partial. That's a whole process that can be denied.
18 And then from partial to IOP, that's
19 another point where the treatment can be denied.
20 It's all in the service of denying care
21 when the care really should be thought of as care
22 for an episode; call it an episode of mental issues
23 or call it an episode of illness, it doesn't matter.
24 It's an episode. It needs -- it needs a
25 continuous treatment. We ought to just get it

1 authorized once at the beginning of care.
2 And I think we should make that recommendation.
3 KATHLEEN FLAHERTY: Just one other point I
4 just kind of wanted to make.
5 And this is a quote I pulled out from the
6 New York Times from Jim Parsons like a month ago, or
7 two months ago, actually.
8 And kind of the real reason I just wanted
9 to put this out there is -- and I think it kind of
10 was the many and the few, but really, "Mental
11 illness is really, first and foremost, a public
12 health issue, not a public safety issue.
13 "To tie in discussions about the need for
14 better mental health services too closely to the
15 threat of violence may have negative unintended
16 consequences both for people with mental illness and
17 public safety."
18 And I think that's just really important
19 for us to remember as we continue these discussions
20 because we're going to have a lot of mental health
21 discussions in the coming weeks.
22 MR. CHAIRMAN: We've had a very powerful
23 day. And I thank you all for your diligence and for
24 your attention as we work our way through these
25 issues.

1 We will not be meeting next --
2 Yes.
3 Next week, you have a week off.
4 The following week we'll actually be
5 taking a quick break from issues of mental health
6 and going back into some topics previously
7 discussed.
8 But as soon as we have an agenda for that,
9 we'll get that out to you.
10 Thanks, everyone. Have a great weekend.
11
12 (Hearing concluded at 5:00 p.m.)
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2 **CERTIFICATE OF REPORTER**
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6
7 I, Wendy J. Leard, Registered Merit Reporter,
8 do hereby certify that the foregoing pages are a
9 true and accurate transcription from a recorded DVD
10 of my shorthand notes in the aforementioned matter
11 to the best of my skill and ability.
12
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15 ___________________________
16 Wendy J. Leard
17 Registered Merit Reporter
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