



20th Annual Crime Victims' Rights Conference

Hosted by Governor Brownback and Attorney General Schmidt

May 10-11, 2017

Wichita, Kansas

Call for Workshop Proposals!

You are invited to submit an application to present a workshop at the 20th Annual Crime Victims' Rights Conference, May 10-11, 2017 at the Hyatt Regency Hotel and Conference Center in Wichita, Kansas.

National general session speakers and local workshop presenters will provide training to more than 500 victim services and criminal justice professionals. The target audience includes all persons who honor and assist crime victims in achieving safety, justice, and healing. Participants will represent a variety of fields and levels of experience.

Workshops should demonstrate methods and strategies to improve safety as well as promote justice for all crime victims. Proposals that focus on skill development, practical application, lessons learned/results, and data-driven strategies and programs are encouraged.

Interested presenters should complete and return the included workshop application. Please forward this information to others who may be interested in presenting a workshop.

[Applications are due December 15, 2016](#)

Please return completed applications to:

Tracy Khounsavanh Killough
900 SW Jackson, Room 304 N
Topeka, KS 66612

Email: Tracy.Khounsavanh@ks.gov

Phone: 785-291-3205

Fax: 785-291-3204

Interested in being a conference exhibitor?

Please contact Tracy Khounsavanh Killough

Workshops could relate to one or more of the following topics:

- ♦ **Honoring Victims** *Share strategies to create victim-centered and trauma-informed responses.*
- ♦ **Collaboration** *Share successful collaborative ventures in strengthening services and responses for victims/offenders.*
- ♦ **Diversity** *Address working with individuals with various gender identities as well as multi-cultural and multi-generational workforces.*
- ♦ **Children and Adolescents** *Issues; programs; policies on working with children and adolescents.*
- ♦ **Mental Health and Substance Abuse** *Working with victims/offenders with mental health or substance abuse issues; promising treatment.*
- ♦ **Health & Safety** *Safety for professionals including vicarious trauma.*
- ♦ **Justice Systems** *For professionals working within a court system and policies; procedures of courts and specialty courts.*
- ♦ **Leadership and Management** *Professional development for executive and middle management.*
- ♦ **Local Issues** *Programs and policies specific to an agency or geographical area; state.*
- ♦ **Supervision** *Agency operations and supervision or decision-making for those who are to be or have been released from jail or prison, are under court jurisdiction in lieu of jail or prison; involving case planning; assessments; reporting; interventions and how these programs impact crime victims.*
- ♦ **Reentry** *Planning and programming for individuals released from prisons, jails or residential placement and how this impacts crime victims.*
- ♦ **Research/Evidence-Based Practices** *Presentation of data collection and analysis, evidence-based practices outcomes and programs.*
- ♦ **Technology** *Tools used for victim and/or offender services.*
- ♦ **Prevention** *Lowering recidivism; programs to prevent crime and reoffending; restorative justice.*
- ♦ **Grant Development and Management** *Developing strong grant application and management skills.*





**Kansas Governor and Attorney General
20th Annual Crime Victims' Rights Conference
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Hyatt Regency Hotel and Conference Center
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Presenter Application Form

Please fill out one form per workshop submission

Title of workshop- *A snappy title that catches the attention of participants and identifies the primary focus of the workshop.*

Workshop description- *A clear, concise, accurate description of the workshop as it will appear in the program.*

Indicate the skill level and type of participant to whom your session will be directed (check below):

Type of Participant		Skill Level			
<input type="checkbox"/>	Victim Advocate	<input type="checkbox"/>	Program Planner/Manager	<input type="checkbox"/>	Beginner
<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Corrections/Probation	<input type="checkbox"/>	Experienced
<input type="checkbox"/>	Prosecutor/Prosecutor Staff	<input type="checkbox"/>	Victim/Survivor	<input type="checkbox"/>	Both
<input type="checkbox"/>	Mental Health Professional	<input type="checkbox"/>	Medical Professional	<input type="checkbox"/>	
<input type="checkbox"/>	Child/Youth Advocate	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Have you previously presented this workshop? Yes No

If Yes, to whom and where: _____

Please provide 2 reference names and telephone numbers:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Presenter (Primary contact for all conference-related correspondence):

Name: _____ Title/Position: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Co-Presenter:

Name: _____ Title/Position: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Co-Presenter:

Name: _____ Title/Position: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Please describe your method of presentation. *Please describe any activities that will be used in the presentation. The activity will not be listed in the program, but will assist with selection of workshops. Preference will be given to presentations that are interactive and skill-based in nature (i.e., participants will be asked to complete a group activity to discuss potential steps to implement 'x, y, z program' at their home agency.), or that present new research relevant to the field of victim services.*

Please list at least three clear and measurable learning objectives. *Describe the measurable skills, knowledge and/or new capacity the participant will gain as a result of workshop.*

Room needs/Other needs- *Rooms will have a speaker's table and will be set in classroom or theater style unless a special set-up is required.*

Audio/Visual Needs:

Please indicate what equipment is needed by checking the "Check" column. Please also indicate the amount of each item needed. **Laptops are NOT provided.**

Check	Equipment list	Check	Equipment list	Check	Equipment list
	LCD Projector		Wi-Fi		VHS VCR/ Television
	Screen		Speakers (for laptop)		
	Microphone		Flip Chart and Pens		
	Other: _____				

Length of presentation: ____ 90 minutes (preferred) ____ 3 hours