

BYRNE STATE CRISIS INTERVENTION PROGRAM ADVISORY BOARD

SCIP ADISORY BOARD

Minutes of July 20, 2023

Zoom meeting

Noon

Board Members in Attendance

Michelle McCormick, Chairperson, Representing Victim Services, Kansas Coalition Against Sexual and Domestic Violence

Sarah Manriquez, Representing Behavioral Health, Private Provider

Damon Daniel, Representing the Community, AdHoc Group Against Crime

Mandee Schauf, Representing Prosecution, Chief Attorney Gang and Violent Crime Unit, Sedgwick County District Attorney's Office

Dawn Huddleston, Representing Courts, Specialty Court Program Manager, Office of Judicial Administration

Kathleen Watson, Representing Legal, 18th Judicial District Magistrate Judge

Sgt. James Thompson, Representing Law Enforcement, Dodge City Police Department

Kansas Governor's Grants Program Staff in Attendance

Erica Haas, Juliene Maska, Jamie Bowser, and Jill Stewart

Others in Attendance

Allison Badger, Director, Center for Justice Planning, National Criminal Justice Association

Jessica Grisler, Program Manager, National Criminal Justice Association

Allyssa Chundak, 988 Project Coordinator, Kansas Department for Aging and Disability Services

Welcome and Introductions

Chairperson McCormick, called the meeting to order at approximately 12:03 p.m. Ms. McCormick said she accepted the Advisory Board Chairperson position and asked the members for their support. She also welcomed everyone and asked for introductions of those present.

June 21, 2023, Minutes

Chairperson McCormick asked if there were any questions or corrections to the minutes. No one had any changes. Sgt. Thompson made to approve the June 21, 2023, minutes. Ms. Huddleston seconded the motion, and the minutes were approved unanimously.

SCIP Priorities Survey Results from National Criminal Justice Association (NCJA)

Jessica Grisler, Program Manager, National Criminal Justice Association, provided the results of the NCJA survey for SCIP Advisory Board Members to assist in identifying needs and priorities for Byrne SCIP funding. The survey results showed the top four priorities having the most significant impact on gun violence and violent crime are:

- Community-based violence intervention strategies;
- Behavioral threat assessment programs and related training;
- Crisis response programs for behavioral health emergencies (i.e., suicide intervention) and/or support for 988 implementation/coordination with behavioral health agencies; and
- Prevention efforts focused on youth.
(attachment)

988 Implementation Update

Allyssa Chundak, 988 Project Coordinator, Kansas Department Aging and Disability Services (KDADS), provided an update on 988 implementation and current operations. (attachment).

Members asked if more mobile crisis teams were needed since 16 are operating now. Ms. Chundak indicated more would help, but due to limited funding, could not increase the number of crisis teams. Ms. McCormick asked if gaps still exist. Ms. Chundak said there is a workforce shortage and only one call center capable of chat and text services for Kansas. As funding becomes available, KDADS is planning to improve the 988 system by implementing the ability to identify a callers' location. There was a discussion on marketing the 988 program and reaching more youth and teachers. Currently, KDADS is working to create a more robust marketing tool.

Gang Activity and Violence Crime in Sedgwick County

Mandee Schauf, Chief Attorney, Gang and Violent Crime Unit, Sedgwick County District Attorney's Office, provided an overview of her work. In 2023 Sedgwick County has charged 683 criminal cases involving a person felony and 192 cases involving a weapon. Designating criminal cases that are gang-related are hard to track. There are still gangs, such as the Blood and Crips, but now seeing an off-shoot of younger juvenile gangs being created.

Members discussed the cooperation between local jurisdictions and federal prosecutors in filing federal charges involving violent crimes committed with a firearm. The federal penalties are more severe than state penalties. Further discussion cited weak state laws with no substantial penalties after conviction, so they may not be a deterrent in preventing future crimes. The discussion also centered on prevention efforts and what proper prevention would look like by creating services and resources to meet the needs of families and youth.

New York Domestic Violence Specialty Courts

Members viewed the video *An Integrated Approach: A Court's Innovative Response to Domestic and Sexual Violence*, about New York's domestic violence courts. Members discussed the video and what Kansas courts provide, and what is lacking. Ms. Huddleston said courts have many of the elements shown in the video, but victim resources are lacking. The discussion also revolved around how the Kansas statutes and courts are structured. Kansas courts are not structured to accommodate merging all cases into one court. There was also a discussion on mental health courts for offenders and what services are provided.

Discussion of Draft SCIP Plan

Ms. Haas reviewed the draft SCIP Plan with members, focusing on the priorities.

Priority 1

Increase specialty courts in Kansas, emphasizing creating domestic violence specialty courts.

Members discussed whether some form of domestic violence courts are already operating in Kansas. A member pointed out that a domestic violence court is different than a treatment court. Chairperson McCormick said the response to domestic violence in the court system is challenging and may not be helpful for victims. It was suggested more training and resources were needed in responding to domestic violence for court services officers and judges.

Chairperson McCormick said the focus of this grant work is on the reduction of gun violence and she asked how a specialty court would benefit those involved in the court system. She suggested piloting a domestic violence court to merge civil protection orders with criminal domestic violence cases for one Judge to preside over.

Priorities 2 and 3

Enhance behavioral health deflection programs, such as community treatment, mobile crisis units (if not duplicating KS 988 efforts), regional crisis call centers, and crisis receiving and stabilization facilities.

Members discussed mobile crisis units and working on suicide prevention efforts. Not clear if additional funds are needed to expand these efforts. There was a discussion about the AdHoc Group Against Crime and the REVIVE project with K.U. Medical Center focused on reducing the effects of violence through cross-sector partnerships to reduce trauma, connecting victims with community resources, providing wrap-around services, and reducing hospital readmissions and retaliation. The members discussed expanding this type of service to Sedgwick and Shawnee Counties or other areas of the state where gun violence is prevalent. This project is centered on youth engagement and enhancing services to assist them.

There was a discussion about juvenile specialty courts and their impact on youth. One of the gaps in the specialty courts is case management in local communities.

Chairperson McCormick said she hopes to learn there is a clear gap to support the priority. Ms. Huddleston said there is a huge gap in mental health specialty courts, and substance abuse disorders are used to address mental health disorders. Ms. Schauf said Sedgwick County has the highest domestic violence rates in the state, but it does not have a mental health court; however, the City of Wichita does have a mental health court. Ms. Haas said the priority could be changed to community-focused behavioral health.

Priority 4

Address the intersections of domestic violence with gun violence.

Kansas developed the *Toolkit on Utilizing a Community High-Risk Team and Lethality Assessment to Address Intimate Partner Violence* that provides steps on how to create a community-based customized High-Risk Team (HRT) using a lethality assessment to address criminal justice responses to Intimate Partner Violence (IPV) cases. Members discussed expanding this project across the state with additional funding.

Priority 5

Determine the need for a researcher to evaluate the effectiveness of the subgrantee grant projects.

Members discussed the need to have a researcher involved at the beginning of the grant project to determine the data to be collected to evaluate whether the grant funded projects reduced or eliminated gun violence.

Chairperson McCormick asked if there were additional topics the Advisory Board would like to learn about or if they would be ready to vote on the priorities at the next meeting. Ms. Schauf said she would like more time to review the draft Plan and suggested an additional meeting in August to discuss the priorities and then a formal vote on the Plan at the August 17th meeting.

KGGP staff will reformat the priorities and include comments from the discussion. An updated draft of the priorities will be sent to members for discussion before the August 17th meeting.

Next Meeting

August 17, 2023, Noon to 2:00 p.m.

Adjournment

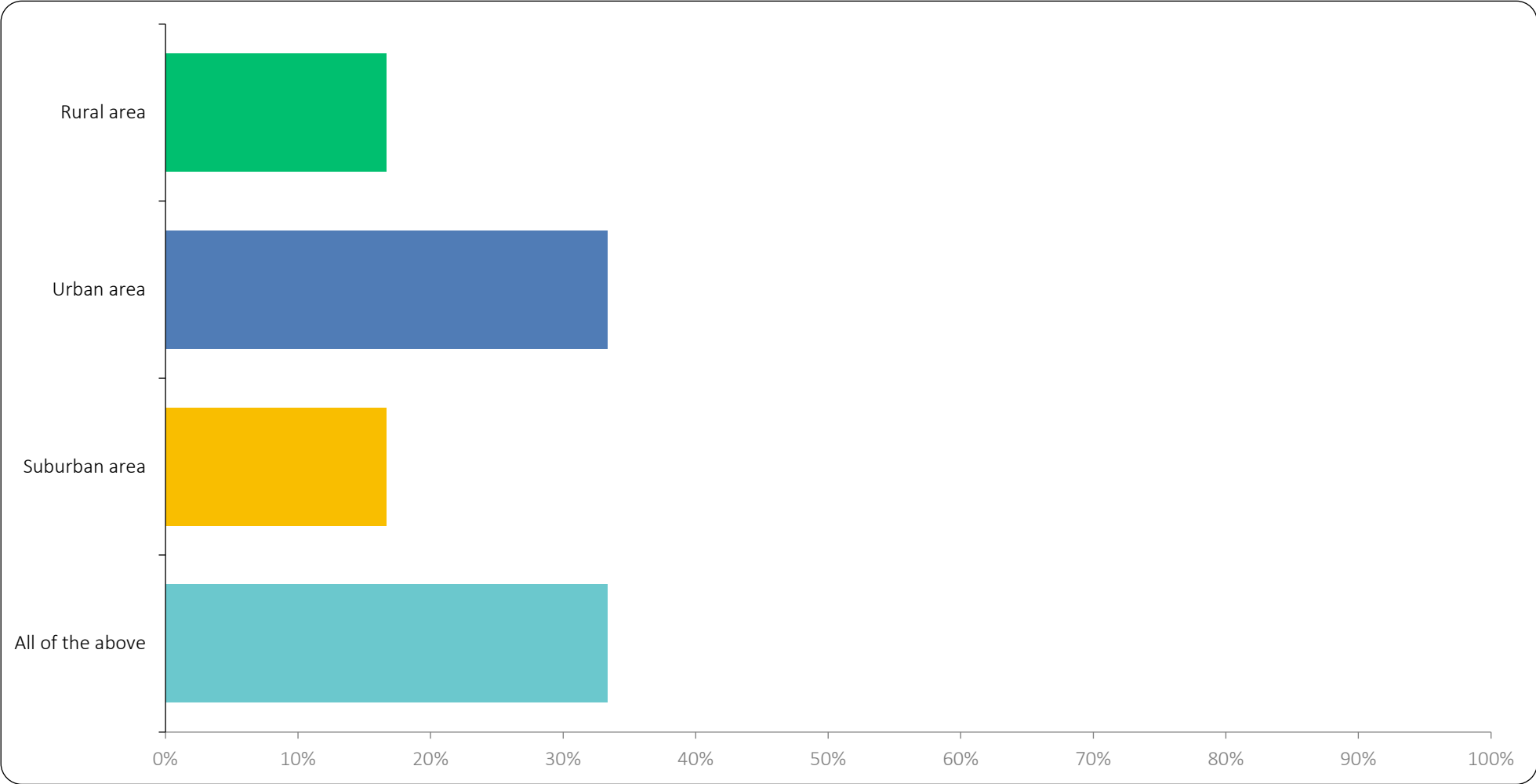
The meeting ended at approximately 2:10 p.m.



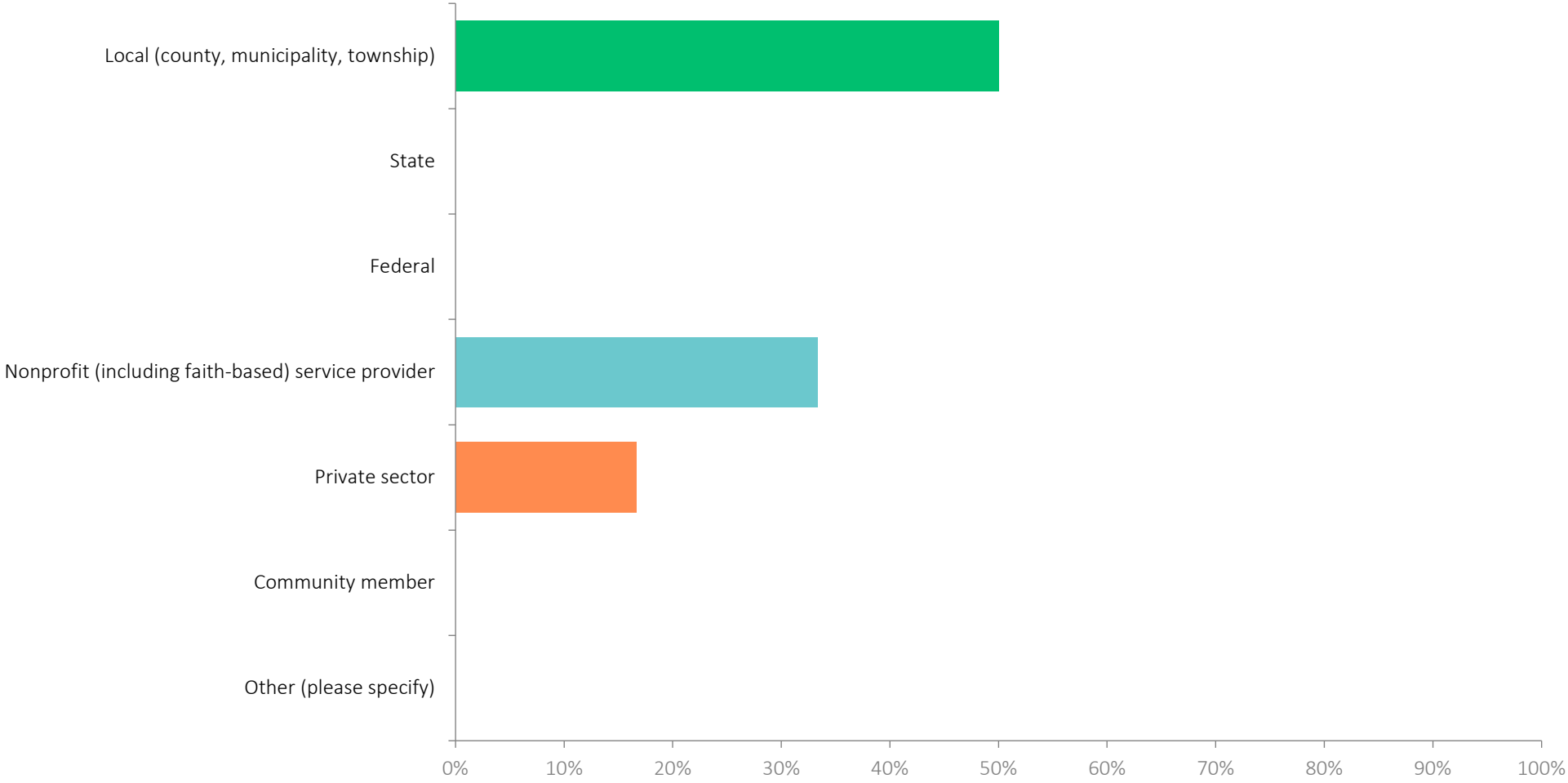
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Justice Planning**

KS Byrne SCIP Prioritization Identification Survey Results

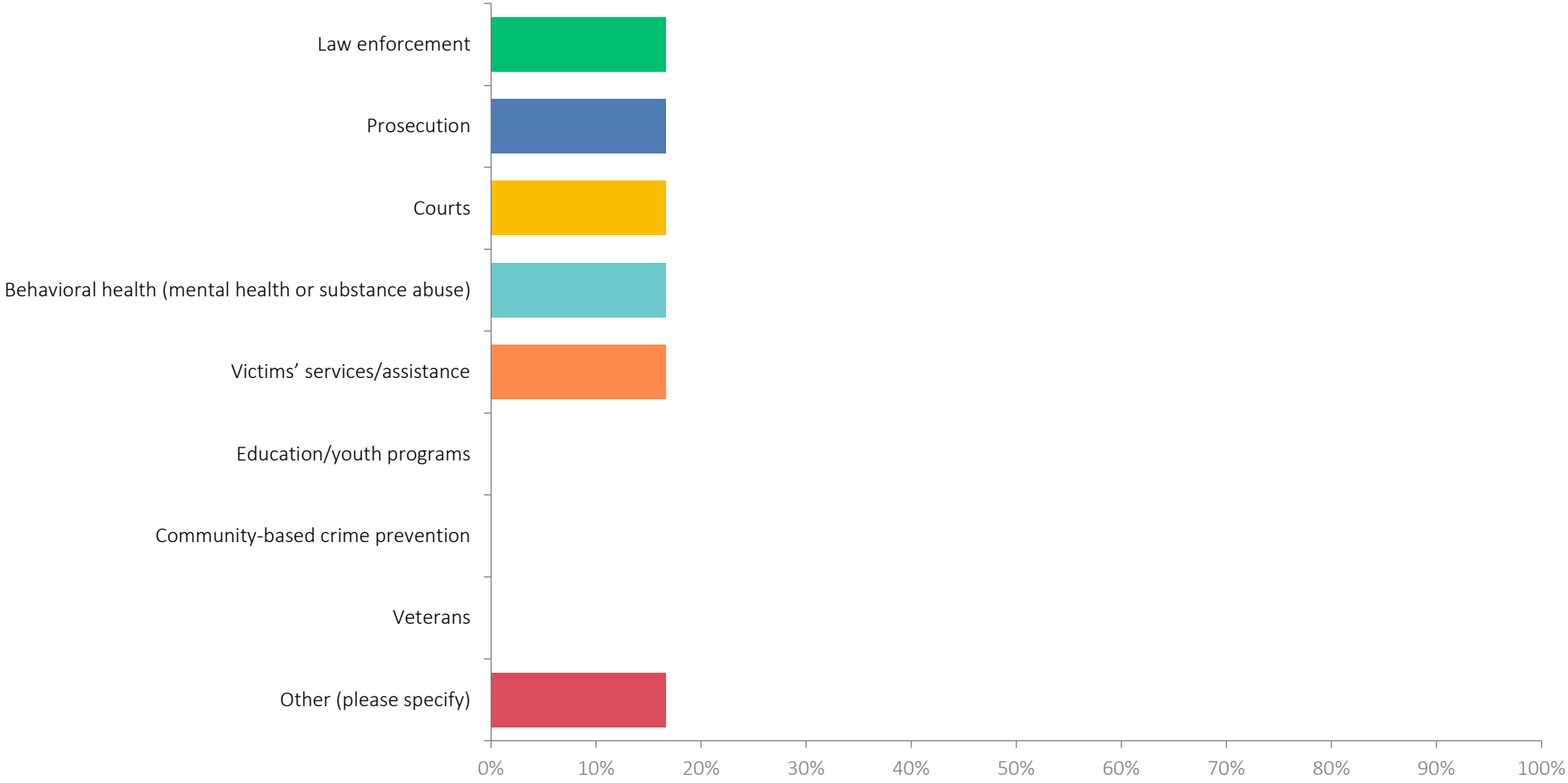
Q1: Please describe the primary area served by your agency:



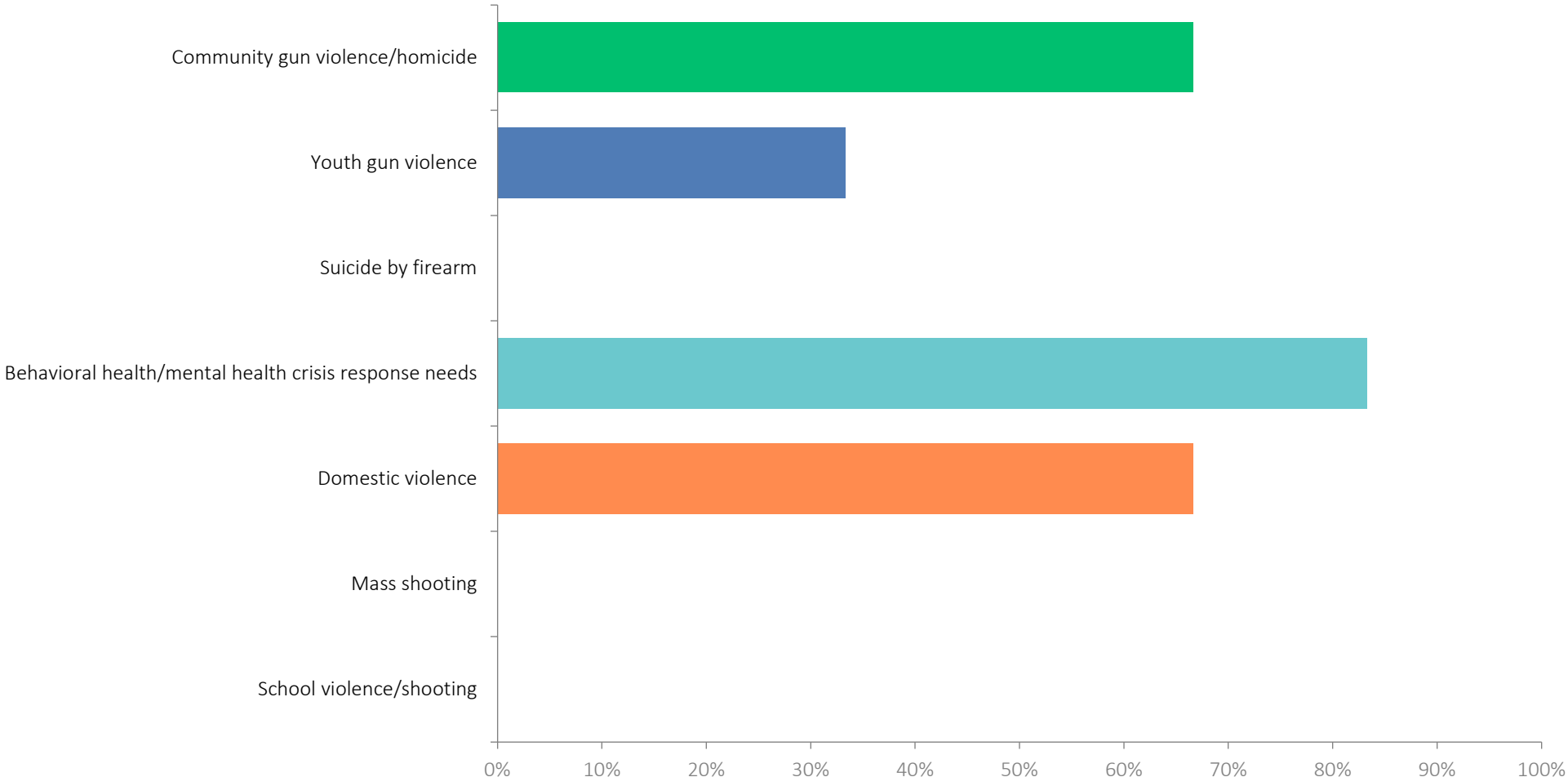
Q2: Please indicate your type of entity:



Q3: Please indicate the primary role of your agency/organization:



Q4: What are the most challenging issues facing the area(s) served by your organization related to gun violence and violent crime? Please check all that apply:



Q5: Is there any other gun violence and/or violent crime issue area that is a challenge that is not mentioned above that should be included? Please include below if applicable.

Response 1: Availability of guns

Response 2: Crimes against LGBTQIA2S+ community



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Q6: What policies or practices has your county/city/state implemented to reduce firearm violence and violent crime as related to domestic violence?

Response 1: State law making it illegal to possess a firearm if convicted of DV or while a protection order is granted against someone but does not require relinquishment.

Response 2: Lethality Screenings conducted by police officers and victim advocates, DV tag laws



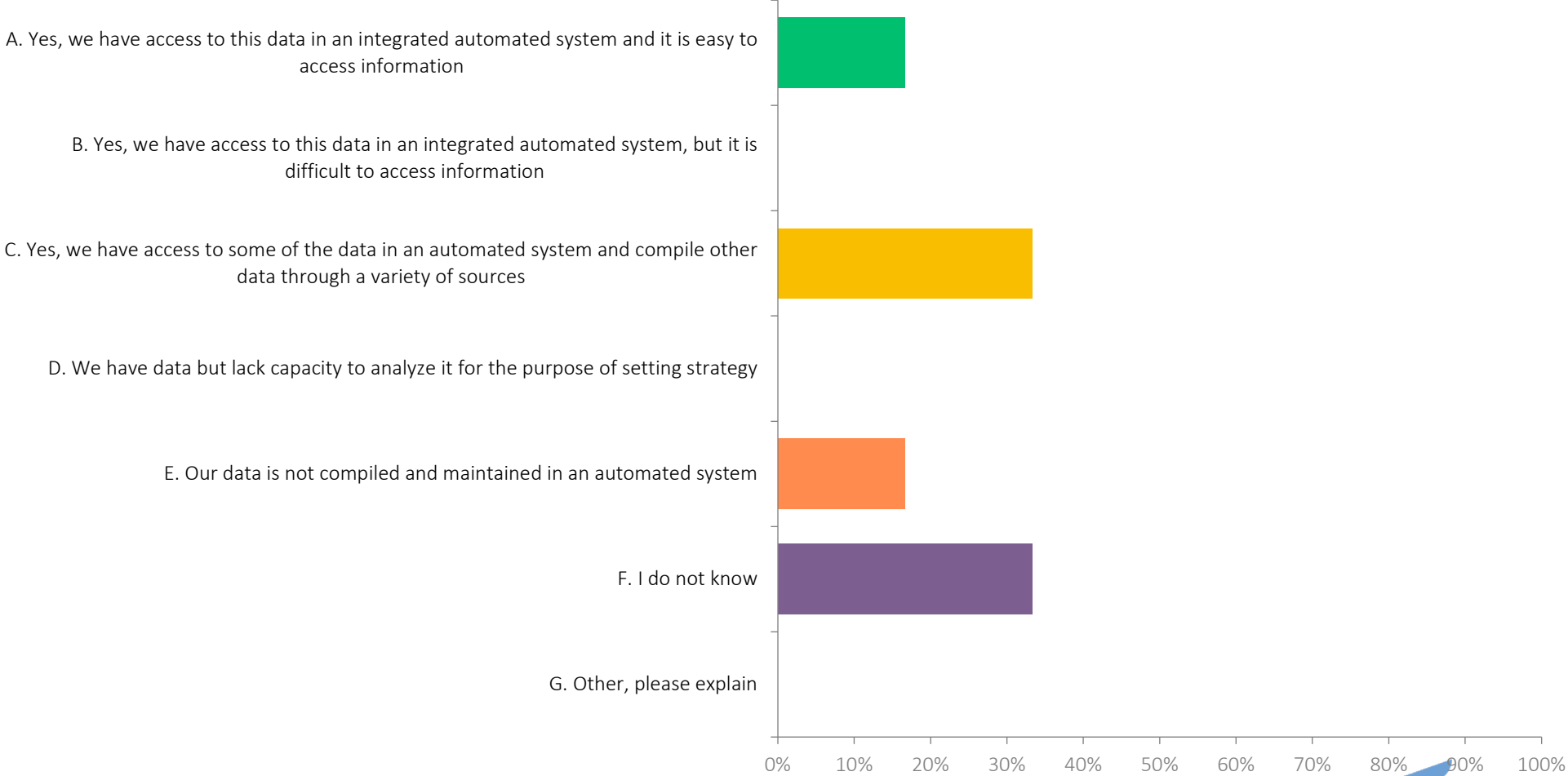
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Q7: What potential areas of investment would you identify as having the biggest impact on gun violence and violent crime prevention and reduction in your state? Please rank the following:

- Community-based violence intervention strategies **(13)**
- Behavioral threat assessment programs and related training **(11)**
- Crisis response programs for behavioral health emergencies (i.e., suicide intervention) and/or support for 988 implementation/coordination with behavioral health agencies **(11)**
- Prevention efforts focused on youth **(11)**
- Development and implementation of validated gun violence risk assessment tools, service case management, and navigation programs to assess the risks and needs of clients and connect them to critical services to mitigate their risk of gun violence and enhance their access to effective interventions **(11)**
- Domestic violence prevention strategies **(11)**
- Assertive community behavioral health treatment **(10)**
- Suicide prevention efforts **(10)**
- Court-based strategies including threat assessment training for prosecutors, judges, law enforcement, and public defenders **(10)**
- Expanding capacity of or starting new specialty courts (drug, mental health, veterans' treatment, domestic violence, etc.) **(10)**
- Technology, analysis, or information-sharing solutions for ensuring law enforcement, probation, prosecutors, the courts, and public defenders are informed when a prohibited person attempts to purchase a firearm **(9)**
- Firearm tracking and relinquishment **(8)**
- Gun safety awareness and training **(4)**
- Law enforcement-led intervention strategies **(3)**
- Development and/or delivery of specialized training and overtime for officers to attend training **(3)**
- Other **(1)**



Q8: Does your agency have access to data to support the issues and needs identified in the questions above?



Q9: If you selected E, F or G, please enter below if the following is applicable: If your agency does not have adequate technology resources or access to the data you need, what are your most pressing technology or information sharing needs?

Response 1: Unsure how our data would be useful, given the Federal confidentiality guidelines (VAWA, VOCA, FVPSA)

Response 2: I do not engage in research; it is more anecdotal.



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Justice Planning**

Q10: Please feel free to share other questions or comments you feel are pertinent to your state here:

Response 1: Its important to note that the availability of funding and capacity support for community-based organizations are very limited in KS. Core Operating funds and technical assistance for social service agencies is a great need. More law-enforcement agencies should also be encouraged to partner with social service providers in order to enhance prevention and intervention goals.



**NCJA Center for
Justice Planning**

Summary Survey Results:

Most challenging issues facing the area(s) served by your organization:

- Behavioral Health/Mental Health Crisis Response Needs
- Domestic Violence
- Community Gun Violence/Homicide

Potential areas of investment identified as having the biggest impact on gun violence and violent crime prevention and reduction:

- Community-based violence intervention strategies
- Behavioral threat assessment programs and related training
- Crisis response programs for behavioral health emergencies (i.e., suicide intervention) and/or support for 988 implementation/coordination with behavioral health agencies
- Prevention efforts focused on youth
- Development and implementation of validated gun violence risk assessment tools, service case management, and navigation programs to assess the risks and needs of clients and connect them to critical services to mitigate their risk of gun violence and enhance their access to effective interventions
- Domestic violence prevention strategies





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Questions?



988 SUICIDE & CRISIS
LIFELINE

Overview

Presented by,

Ally Chundak
988 Project Coordinator - KDADS

WHAT IS 988?



The new dialing code to connect to the National Suicide & Crisis Lifeline starting on **July 16, 2022**. (800)-273-8255 will also remain active.



A direct connection to compassionate, accessible & highly trained support for anyone experiencing mental health related distress



Including; thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress



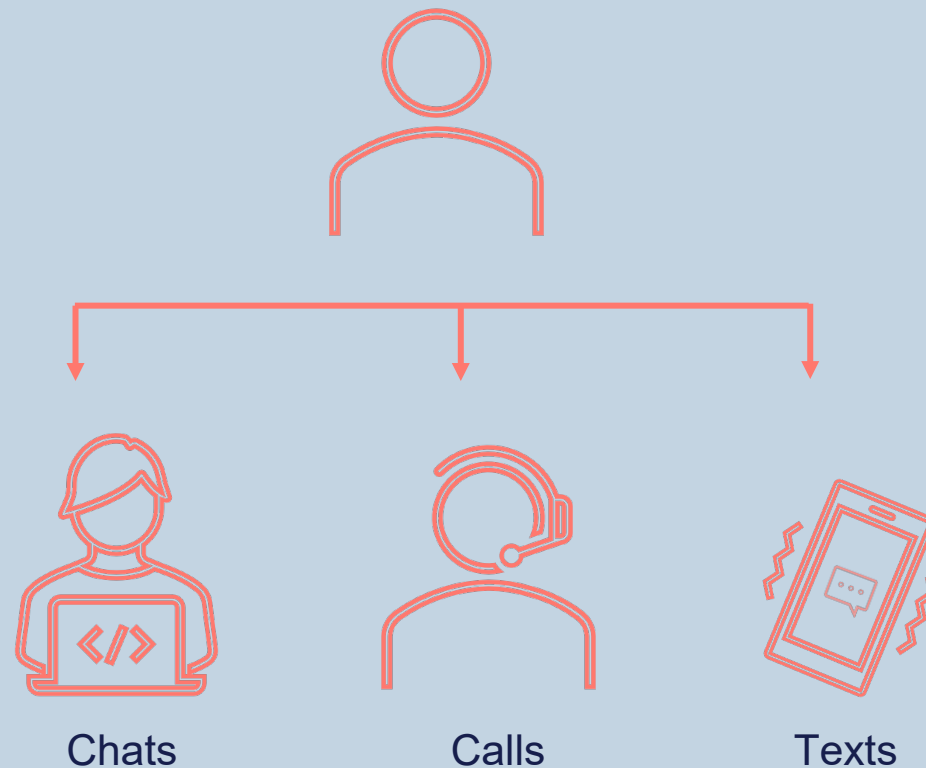
This change is meant to increase access to support for people experiencing mental health distress with one, easy to remember, phone number to call for needed support



HOW DOES 988 WORK?

People who call 988 are given three options:

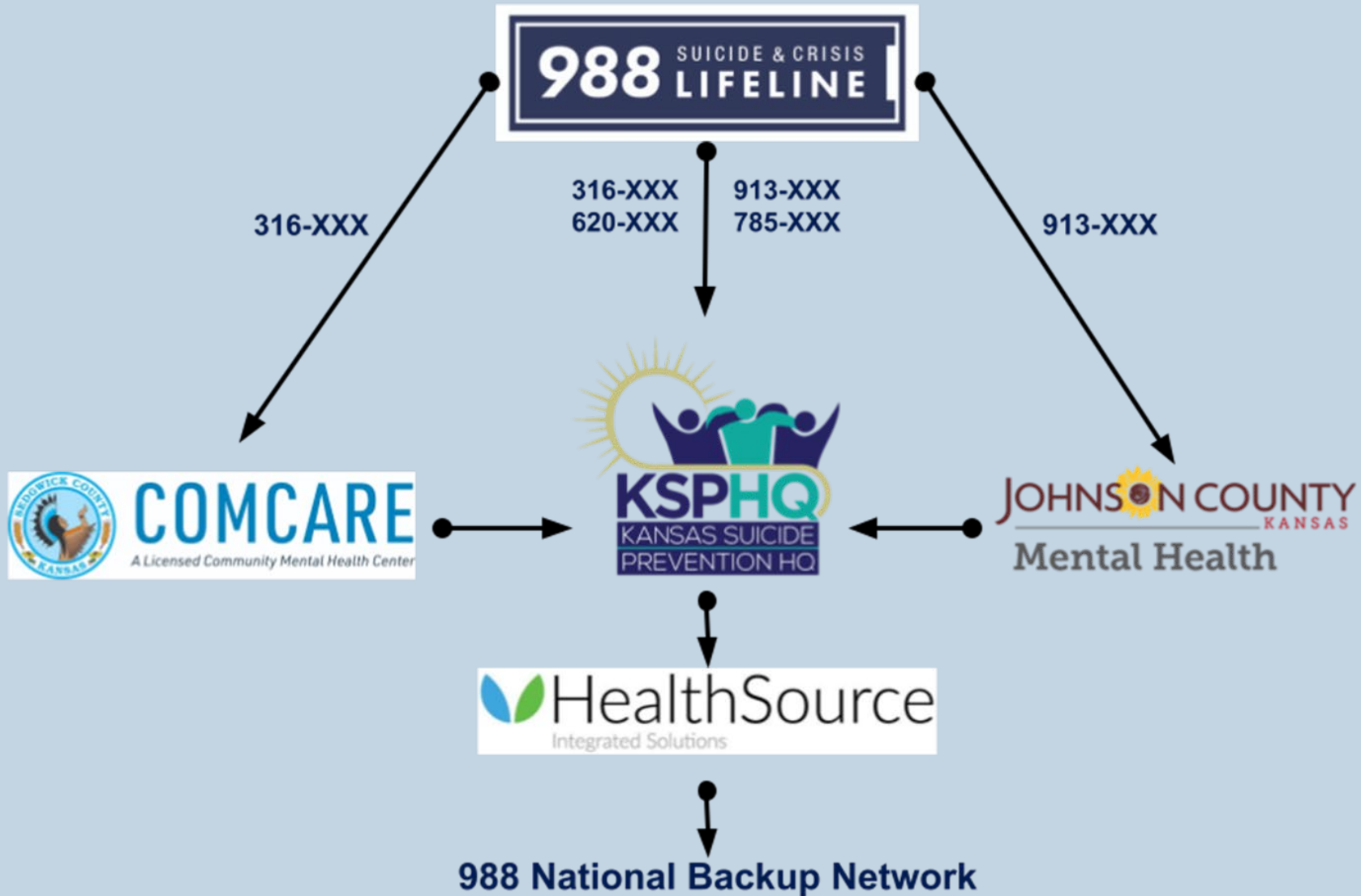
- PRESS 1** To connect with the **Veterans Crisis Line**
- PRESS 2** To connect with the **Spanish Subnetwork**
- PRESS 3** To connect with the **Trevor Project** for LGBTQ+ Youth
- REMAIN ON THE LINE** To be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center



In the first year since rolling out the 988 Suicide & Crisis Lifeline, the line has answered nearly **5 million contacts.** –

Of the 5 million answered, about 665,000 were texts.

WHAT DOES 988 LOOK LIKE IN KANSAS?



WHO ANSWERS 988 SUICIDE & CRISIS LIFELINE CALLS?

Trained Crisis Counselors

- **100 hours** of comprehensive in-house training
 - Lectures, readings, role plays and observations
 - ASIST and CALM training
- Utilizing Zero Suicide Institute endorsed tool like **Columbia Screener** and **Stanley-Brown safety plan**



WHEN TO CONTACT 988

ANYONE WHO IS IN CRISIS, DEPRESSED, GOING THROUGH A HARD TIME, NEEDS TO TALK, OR IS THINKING ABOUT SUICIDE CAN CALL/TEXT 988 AT ANY TIME.

SOMEONE CONCERNED ABOUT ANOTHER PERSON CAN ALSO CALL WITH OR ON BEHALF OF THE PERSON.

Crisis: A crisis is when a person is experiencing a situation in which their behavioral health needs exceed their resources to effectively cope

A crisis is self-defined, but there are common stressors

How a crisis manifests is unique to the individual

A person in crisis has resources, strengths, and protective factors

Severe and abrupt changes in behavior are the most common sign of a crisis

Outcomes are improved by access to the right care, in the right place, at the right time



TELEPHONE-BASED CRISIS INTERVENTION



ACTIVE ENGAGEMENT & RAPPORT BUILDING

- Approach with non-judgmental and empathetic tone and demeanor
- Utilize reflective listening, de-escalation, and suicide intervention skills
- Set appropriate pace, boundaries and limits

SCREENING & ASSESSMENT

- Ask about suicide and determine if caller is at risk
- Listen to caller's story
- Work with uncertainty about life/death

TELEPHONE-BASED CRISIS INTERVENTION CONTINUED



COLLABORATIVE SAFETY PLANNING

- Initiate **collaborative** safety planning

RESOURCE NAVIGATION & REFERRAL

- Assess for additional needs and offer information
- Connect to local mental health centers as requested

STRUCTURED FOLLOW-UP

- Offer follow-up contacts for all persons at risk of suicide or who may benefit from follow-up contact

CHAT-BASED SUPPORT

ACCESSIBILITY

- Chat creates more avenues to connect.
- Phone service reliability can sometimes limit a person's capacity to connect with support. Chat is available with any internet connection.

WHAT TO EXPECT?

- A pre-chat survey that helps identify the main area of concern.
- The same level of support provided from a trained crisis counselor.
- If there is a wait to connect, a message will appear letting the person know. People can access "helpful resources" while they wait to connect.



988
SUICIDE
& CRISIS
LIFELINE

If you or someone you know
needs support now,
call or text 988
or
chat [988lifeline.org](https://www.988lifeline.org)



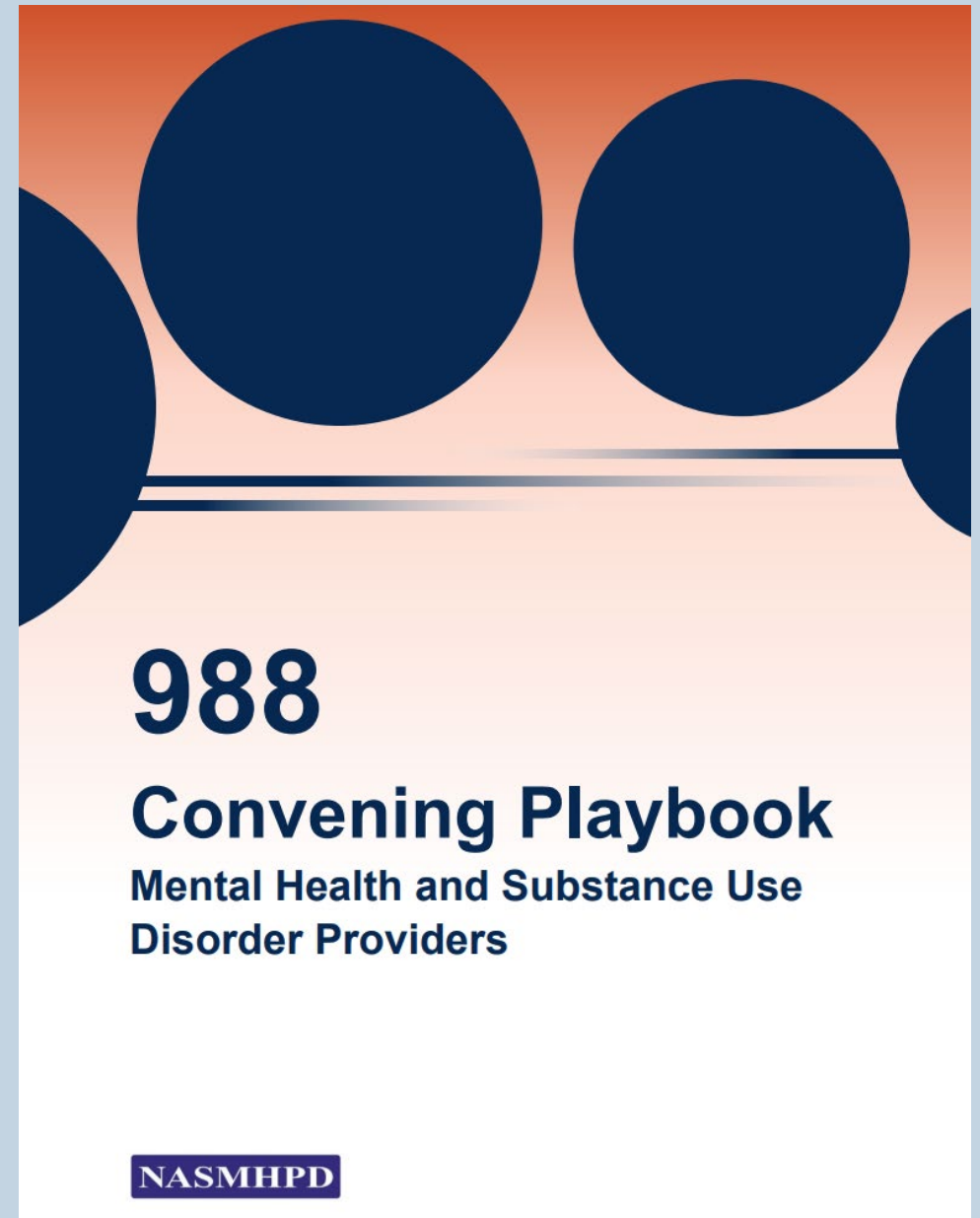
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HOW DOES 988 IMPACT HEALTHCARE & BEHAVIORAL HEALTHCARE PROVIDERS?

- 988 is available to **anyone** experiencing mental health related distress
- Crisis Counselors are trained and skilled at navigating crisis situations that involve imminent risk
- 988 services are **distinct and separate** from emergency medical and public safety response associated with 911
- 988 Crisis Counselors are trained to use the **least invasive** interventions necessary to de-escalate and support callers
- Ongoing coordination between 988 & 911 will help individuals in crisis get the appropriate support needed
- The long-term vision of 988 is to integrate a robust crisis care response system across Kansas

988 CONVENING PLAYBOOK FOR MENTAL HEALTH & SUBSTANCE USE PROVIDERS

- CREATED BY THE NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS (NASMHPD) IN COLLABORATION WITH 988 CONTACT CENTERS, 911/PSAPS, TREATMENT CENTERS, AND STATE AND FEDERAL AGENCIES.
- COMPLIMENTARY TO 988 CONVENING PLAYBOOKS FOR LIFELINE CONTACT CENTERS AND STATE/ TERRITORY AGENCIES.
- PROVIDES OPERATIONAL READINESS SELF-ASSESSMENT ACROSS CORE COMPETENCIES
- INCORPORATES CASE STUDIES, ANALYSIS, EXAMPLE WORKFLOWS, AND A VARIETY OF RESOURCES TO DEMONSTRATE THE POSSIBILITIES TREATMENT CENTER AND 988 COLLABORATIONS
- AVAILABLE FOR DOWNLOAD AT [HTTPS://WWW.NASMHPD.ORG/](https://www.nasmhpd.org/)



WHAT YOU CAN DO



EDUCATE

Educate others about how 988 works currently and the vision of 988. Attend more info sessions hosted by your local Contact Center.

HELP

Help is available today. Encourage the community and consumers to reach out by dialing or texting 988 or their local Contact Center's number to connect to a counselor and resources

ENSURE

Ensure 988 *and* local Contact Center's number is on resource lists and materials

COLLABORATE

Collaborate with Contact Centers to strengthen the crisis continuum in your community and across Kansas

ADVOCATE

Advocate for sustainable funding of 988 at a state or local level

Mobile Crisis information provided by :

David Johnson [KDADS]
Mobile Crisis Coordinator
DavidG.Johnson@ks.gov

Mobile Crisis in Kansas

We currently are working with sixteen (16) clinics/centers throughout the state of Kansas whom we awarded grant dollars for building out their Mobile Crisis Response Teams.

As the MCR Teams are being built and mobilized we are wanting them to be built around these fundamentals:

- 24/7 coverage for their entire catchment area.
- 2-person teams to be able to always respond.
- All staff on teams to have sufficient training to feel safe in responding.

GET INVOLVED

BECOME A
VOLUNTEER
COUNSELOR

Be the lifeline.



ATTEND A
KSPHQ SUICIDE
PREVENTION
TRAINING

Talk with us.



SUPPORT
OTHER LOCAL
AGENCIES

There is hope.

