

Community Task Force

DRAFT List of Proposed Changes to System-Level Policies, Procedures

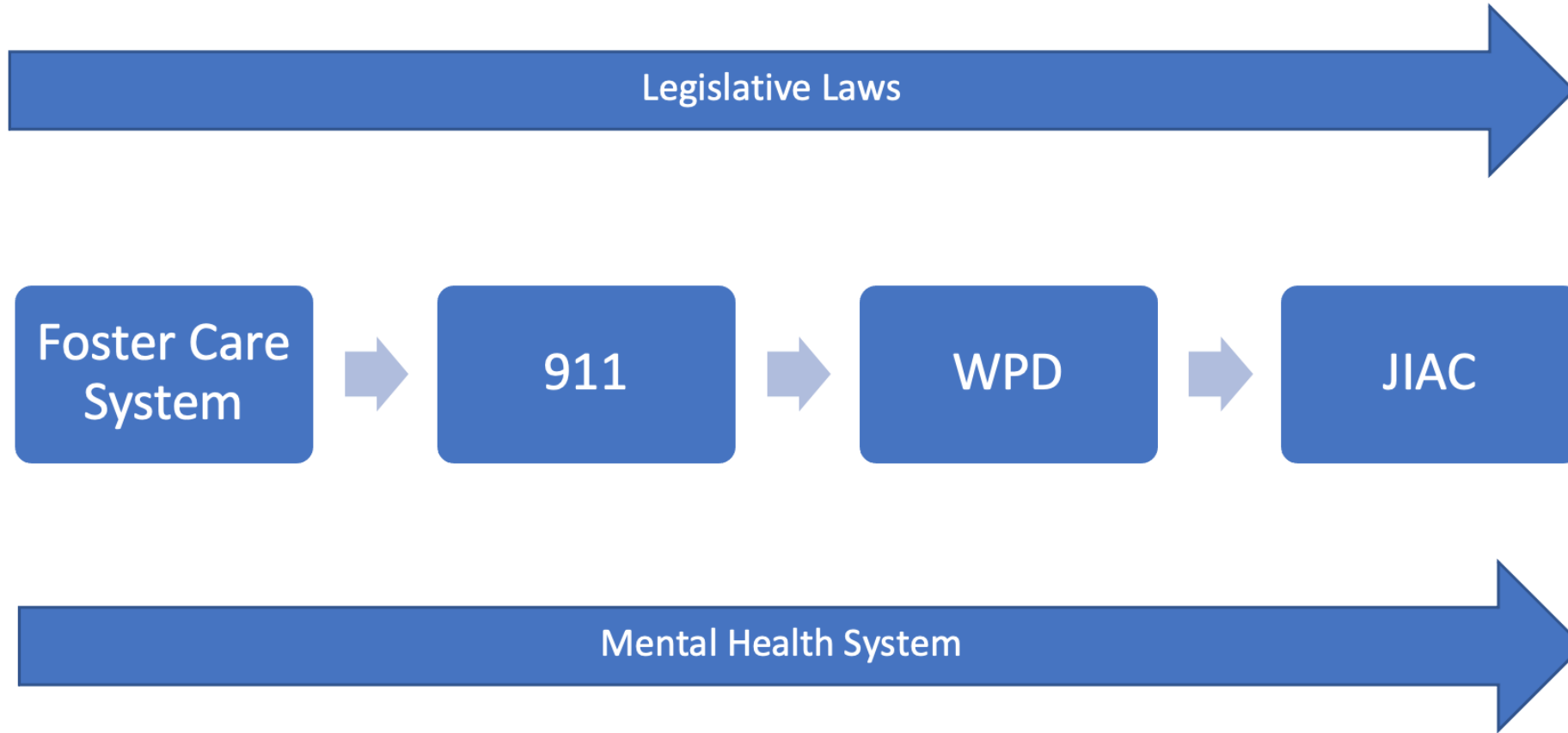
To protect the lives of foster children experiencing a mental health crisis

DRAFT

Timeline

March 28	DCF and 911 Recommendations
April 4	WPD and JIAC Recommendations
April 11	WPD, JIAC and Legislative Agenda Items
April 18	Review of DRAFT Recommendations
April 25	Final review of report

Systems



DRAFT

Foster Care and Mental Health Systems Recommendations

- Support changes to foster care system that prevents a youth from experiencing multiple transfers from one foster home to another
- Evaluate licensing requirements for foster care homes and address barriers for number of siblings in a home, ages of children, etc.
- Fully fund programs before youth are placed in the foster care system, including IDD, support for families in the home, behavior programs, substance abuse programs
- Support additional funding for COMCARE to attract and retain talent, offer competitive wages, reduce wait times for youth services, increase mobile crisis support

Foster Care and Mental Health Systems Recommendations

- Increase funding for ICT1 to allow for more service hours
- Provide support for more mental health professionals (workforce), such as scholarships and grants for social workers
- Support an eco-system that connects community resources, grassroots organizations, advocates, coaches, champions and others with DCF, Law Enforcement, COMCARE, etc.

Foster Care and Mental Health Systems Recommendations

- Support for family services that prevent youth from entering the foster care system
- Ensure foster families have knowledge and training on how to respond to a mental health crisis/Provide specialized training for foster parents
- Support the Mental Health and Substance Abuse Coalition legislative agenda, including Workforce and a Regional Mental Health Hospital

Foster Care and Mental Health Systems Recommendations

- Ask DCF to develop a roadmap for families to guide parents/caregivers on how to access services and support
- Develop programs and services that are culturally relevant and meaningful to youth
- Ask DCF and child placement agencies to invest in mental health and mindfulness coaches
- Require DCF to track cases, establish a baseline, set goals and metrics to measure success/failures

2022 Legislative Update from Mike Fonkert

- On the child welfare front, **SB 12** (requiring the Kansas Department for Children and Families (DCF) to develop an implementation plan for a set of performance-based contracts to provide an array of evidence-based prevention and early intervention services) received a hearing on March 8 in the House Committee on Children and Seniors. SB 12 passed the Senate unanimously on February 17. We support this bill for both its content and for the conversation it continues about accountability for entities that contract with DCF.
- This week, **HB 2468** and **HB 2469**, respectively establishing the foster youth and foster parent bill of rights, will also receive a hearing in the House Committee on Children and Seniors. The hearing will be at 1:30 p.m. on Wednesday, March 16.

9-1-1 Recommendations

- Embed social workers at 9-1-1
 - Austin, TX model
 - Colorado model
- Support changes that allow a more robust response to calls
 - If ICT One was expanded, could be deployed by 9-1-1
- Expand Mobile Mental Health response teams
 - ICT One
 - COMCARE's Mobile Crisis Team
 - Community Support Specialists at WPD (2 of 4 requested were funded)

9-1-1 Recommendations

- Ensure 911 has training to better screen callers, then pass to COMCARE
 - Will take more funding so there are resources to diffuse/de-escalate and gather information
- Establish a community advisory board to represent the communities 911 serves
- Address the high turnover rates at 911 by continuing to improve pay; improve diversity in recruitment for 911 staff

Wichita Police Department Recommendations

- Embed social workers with police officers – Portland, OR, model
- Ensure social workers, police officers are culturally responsive to the communities they are serving (include in their trainings)
- Grassroots connections – to fill gap between police officers and social workers
 - Challenge is allowing grassroots groups access to people’s personal lives
 - Could work with DCF on a “family and friends” calling tree for foster kids with mental health issues; would need to look into non-disclosure agreements

Wichita Police Department Recommendations

- Increase the number of police officers, including supervisors, who have Crisis Intervention Team (CIT) training
 - Consider mandatory requirement for training at Law Enforcement Training Center (expand resources)
 - Consider mandatory requirement for supervisors
- Establish ongoing culture training – in response to cultural diversity in the community police officers are serving and the PTSD many people of color experience when interacting with law enforcement
- Improve trust between communities of color and law enforcement – engage with cultural events in neighborhoods

Wichita Police Department Recommendations

- Examine culture in the Wichita Police Department to determine if/when it is acceptable to speak up if there is a difference of opinion between front-line officers and supervisors.
- Examine Axon policies about redactions, and determine if turning cameras off while during paperwork is acceptable.
- Support Mental Health and Substance Abuse Coalition legislative agenda to increase the number of mental health professionals in Sedgwick County
- Advocate for more funding for COMCARE, ICT One, 911 resources

Youth Corrections

- Request a change to SB 367, to allow for mental health to be a core service, so it is not dependent on grant funds
- Strengthen the statewide Crossover Youth Practice model for children with involvement in the child welfare and juvenile justice systems to
 - Reduce youth placed in out-of-home care
 - Reduce the use of congregate care
 - Reduce the disproportionate representation of children of color
 - Reduce the number of youth crossing over and becoming dually involved
- Include a WPD representative on the local Crossover Youth Practice program
- Establish a room at JIAC that could be safe for teens in a mental health crisis, where they can be safely left alone and not restrained

Youth Corrections

- Establish an MOU between the Wichita Police Department and JIAC to clearly outline expectations for youth brought to the facility, transfers, arrest reports, officer release form etc.
- Ensure the arrest report is present at the time a juvenile is released from WPD to JIAC
- Improve the process for local organizations to apply for crime prevention grant
- Expand beyond evidence-based programs to community-based programs, include culturally competent workshops

Youth Corrections

- Implement the Individual Justice Plan (IJP) in Sedgwick County
- Determine process for between DCF and foster families for taking children to a mental health facility if the child is in crisis
- Examine restraint policies at JIAC and determine if they need to be changed for youth in a mental health crisis
- Change the “Stand Your Ground” law so that it reflects its original intention

Youth Corrections

- Update JIAC Policy 8.810 – Use of Force
 - Once youth is secured in a cell, instead of holding them down in the prone position close the cell and allow the youth to calm down
 - Do not allow 30 minutes for a youth to be held in the prone position
 - Do not use any position that covers the youth's chest
 - Only allow the prone position to be used to cuff and sit, cuff and stand
 - One staff person will be responsible for recording any incidents of restraint, keeping time to ensure a youth is not held down for longer than 3-5 minutes, they will check on the youth to ensure youth is breathing
- Create a position that will allow for one person to be available with a handheld camera to record when employees have to restrain a youth. That individual should also be the timekeeper. This person should never assist in restraining the youth. KJCC has a program that could be mirrored.
- Create a position that allows for a medical staff person to be available 24/7

Youth Corrections

- Create common language and CIT training across WPD and Sedgwick County
- Implement a MOU with WPD to guide process of transfer of custody
- Update the Medical and Mental Health State Medical Intake Form 8.804 – requires information to be current and accurate before the transfer
- Identify opportunities to connect and utilize grassroots organizations/advocates to assist with youth in crisis
- Provide funding to assist grassroots organizations that directly impact youth to learn how to write grants or “speak your language” assist to close the gaps of the barriers that exist.

Youth Corrections

- Long term – develop and implement a strategy that moves juvenile systems to restorative justice
- Add Cultural Competency Training to training requirements
- Implement a Mental Health Responder model that includes a medical and mental health responder – this could also be an opportunity to train and include community advocates. Look at the Eugene Oregon Model – Cahoots or model in Austin Texas, Mobile Crisis Unit in Denver Colorado – launch a pilot (*See note on next slide*)

Note from Mike Fonkert

- Regarding my proposal that the task force makes a recommendation to implement a mental/behavioral crisis response model that does not always include law enforcement, you can see more information about the CAHOOTS program in Eugene, Oregon. CAHOOTS stands for Crisis Assistance Helping Out On The Streets. <https://www.eugene-or.gov/4508/CAHOOTS>
- Their program has operated for nearly 30 years and have found their program diverts 5-8% of calls from police. Their response teams are a primary responder for many of their calls, but they also have the option of being used in a co-response with law enforcement or being summoned by law enforcement to a call if the officers deem the CAHOOTS team is better suited to respond.
- Eugene, Oregon has a population of about 170,000 and has a model that uses two continuously overlapping van teams (two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field). One van is staffed 24 hours per day and a second van runs 12 hours per day.
- I believe Wichita could implement a similar service, perhaps sized up to offer 3 or 4 overlapping van teams rather than 2.

Youth Corrections

- Upgrade the facility so that it is softer and has furniture that serves youth most effectively. KDCC (state) made funds available last year and may have additional funding.
- Remove barriers to grant and funding opportunities for grassroots organizations (i.e. language barriers, cumbersome applications, accessibility) create intentionality in connecting with grassroots organizations to assist
- Implement a Citizens Review Board

From the community

- Do not allow any method of restraint that compress the chest or places weight on them while in the prone position.
- In my opinion, the task force should be looking into JIAC policy to see if the prone position is mentioned at all. And if not, making sure it's added to policy.

From April Terry

- Policy 508: Child in Need of Care
 - 2c: Big picture: Why should a neglected child be detained at the JIAC? Surely there are better means for handling a “neglected” child and an “offending” child.
 - 4abcd: Reword these; specifically, “Have you had to perform....” “Have you or anyone else advertised.....?” I am suggesting changing the language on the sex trafficking questions here as they are narrow and can restrict gathering the information I believe they intend to seek.

From April Terry

- Policy 906: Use-of-force
 - Cd: “...committing suicide” should be reworded to “To prevent someone from dying by suicide...”
- Policy 305: Juvenile Interrogations
 - Why is the age determined to be 14 for not having an adult present during a juvenile interrogation?
 - 2c1: Why give 30 minutes to the JDF before LEOs present for questioning? This is not enough time to secure an adult to be present with a youth under 14 years-of-age.
- Investigation booklet:
 - Page 34: It was noted the JIAC did not have a defibrillator; perhaps the detention side did, but the intake side did not. I think this needs addressed.
 - Page 49: There are clear signs of lack of training—comments included observing no “physical” distress but no mention or awareness of mental distress. To also state that physical restraints are okay “until a juvenile relaxes” is traumatic and problematic. I’d like to visit this language.

From April Terry

- JIAC Video Footage:
 - We should address the fact that a second youth was physically present and sitting in a chair when Cedric was brought into the room restrained. Aside from safety and risk issues, I also think this is traumatic.
- WPD Video Footage:
 - CIT training should be mandatory, not for those who volunteer: Comments such as “Don’t fight!” “Stop fighting!” “I’ll put you under arrest if you don’t stop!!” “Why did you make us do that?!” These comments/questions do not support a response to someone experiencing a mental health crisis. They blame the victim for their mental illness. They challenge the person’s behavior as intentional and with malice rather than one out of response to mental distress, fear, etc.