Gun Violence As A Public Health Crisis

Protocol for Action
The Commission to Address Gun Violence
Oakland County, Michigan

"We have to decide that saving our kids' lives is the most important thing."

America is in crisis.

In 2020, firearm related injuries surpassed motor vehicle accidents as the leading cause of death among children and adolescents. And now, over 40,000 people are losing their lives each year to gun violence.

On November 30th, 2021, Oakland County joined the growing list of communities across our nation devastated in the wake of a mass shooting. We need new ways to prevent gun violence, as we're not going to legislate or prosecute our way out of the crisis.

Instead, we need real tools to prevent it, which is why Prosecutor Karen D. McDonald formed the Commission to Address Gun Violence in September 2022. The group was asked to develop an evidence-based approach to combat gun violence in our community and beyond.

The information and best practices contained in this protocol for action are just the start. Join **All of Us** and take action in the fight to end gun

All Of Us Foundation

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Preface

In the aftermath of the November 30, 2021 shooting at Oxford High School, where four students were killed and seven others injured, I got questions from mothers, fathers, neighbors, teachers, other elected officials, and people from across our county. They were simple questions:

"My daughter is starting kindergarten in a few months. Should I get her a bullet-proof backpack?"

"How could this happen? How could a fifteen-year-old have access to a gun and use it to shoot and kill his classmates?"

"My kids don't feel safe. I don't feel safe. Are we safe?"

A few months later, a 7-year-old girl was killed during a drive-by shooting in Pontiac, as her mother drove her home from school, with her sister and cousins sitting next to her.

I was asked those questions again.

After each shooting, I was asked the same questions. Again, and again, and again.

Two conclusions led me to create this foundation:

1. I had the same questions.

2. I did not have the answers.

All of Us is a culmination of an unyielding drive to provide some answers. Formed as a 501(c)(3) organization, All of Us urges communities, caregivers, and policymakers to use the same strategy we've successfully used to battle the other top causes of death for kids, like automobile accidents: treat gun violence with a public health approach that begins with education.

We can prevent gun violence, but there is no "one thing."

Research and experience make it clear that there is no one curriculum, training, assessment, technological innovation, safety system, tactical response, or legislative solution that is going to solve this problem.

The protocols for prevention laid out in this document are a start for the kind of multi-layered solution required. We have gathered data and research by the top experts in the country. We can learn what works best in each community and then adopt the most successful approaches more widely.

Working together, we can save lives now, and save many more lives in the future. We can answer the questions that we all have about how to keep our kids safe. We can transform our fears into practical and evidence-based tools and do the one thing we all want more than anything: to keep our kids safe.

Karen D. McDonald
Oakland County Prosecutor

Introduction and Background

Gun violence is the leading cause of death for children and adolescents in the United States. It surpassed fatal car crashes in 2020, and in 2022 alone, over 48,000 people were killed by guns in the United States. It's a public health crisis. If we take a public health approach to gun violence, as we did with car crashes, we can reduce gun deaths.

At the Oakland County Prosecutor's Office, we have heard from countless parents and victims of gun violence who are searching for an answer to one simple question: "what can we do?" These recommendations are designed to answer that question in a concrete, understandable way that you can use to reduce gun deaths in homes, businesses, workplaces, places of worship, and across your community.

Gun deaths are largely preventable. There are strategies that we know work, and there are many other promising approaches worth pursuing. But we must recognize that the problem is complex, and there is no one solution.

The first step is to educate ourselves about gun violence and its root causes. One of the things we have learned is that different kinds of gun violence, like suicide, targeted shootings, and intimate-partner violence, all have common root causes. We have also learned that there are often common solutions. For example, there is strong evidence that social-emotional learning, peer-based mentoring programs, and community violence interrupters can be effective in reducing multiple kinds of gun violence.

As we transition from education to action, the "what can I do?" question can be broken into digestible pieces:

- What can we do long before someone engages in gun violence?
- How can we identify someone in crisis?
- What is a threat assessment and when is it appropriate?
- How can we help someone in crisis?
- How can we learn from incidents of gun violence, and how can we support victims and their families?, and
- How can we shape our environment to promote safer communities from gun violence?

To answer those questions, Prosecutor Karen McDonald created the Commission to Address Gun Violence. The Commission drew on expertise from practitioners and researchers across professions, including first responders, faith-based leaders, community-based organizations, public health researchers, educators, and law enforcement professionals. We also worked closely with victims of school shootings and Sandy Hook Promise to incorporate their insights on how to support individuals and communities in the aftermath of a mass shooting. These recommendations are the result of their work.

Programs and strategies identified in these recommendations cover everything from anti-bullying and social emotional wellness at one end, to environmental infrastructure and security (i.e., target hardening) at the other. Between these are a vast number of prevention and intervention strategies that have been implemented in many places in Michigan and across the nation. One important initiative that is growing in prominence is the use of reporting systems. In Michigan, the only state-wide reporting system, OK2SAY, is based with the State Police, and is only used in schools. We discuss the need for a state-wide reporting system that can be used across a spectrum of organizations (including schools, but also employers and employees, faith-based organizations, and government and private-sector entities). As part of that recommendation, we review the strength of evidence across different programs and strategies, and the potential barriers, costs, and considerations for implementation.

The recommendations here can be used anywhere, but they are not one-size-fits-all. Decisions about what approaches to implement in your community need to be informed by, and respond to, the effects of trauma on individuals and communities, especially those that have experienced historical disinvestment, economic decline, and dwindling employment opportunities. Successful implementation will also require a community-wide approach that includes schools, the public and private sector, non-profits, and faith-based organizations.

It is important to note that some of the programs identified here have been subjected to rigorous study, and are proven to work. Others appear promising, but further study is needed. Still others are ideas that are supported by common sense or are logical extensions of what we already know. All of them are worth pursuing as we continue to learn which approaches work best in each community.

CHAPTER 1

What can we do long before someone engages in gun violence?

Gun violence can be prevented. It doesn't happen out of the blue, and there are steps we can take long before someone picks up a gun that will help prevent a future shooting. Although gun violence research was limited over the past several decades, there has been good research on mass shooters, in particular. We know for a fact that perpetrators of mass shootings don't just "snap." Instead, gun violence researchers describe a "pathway to violence" that precedes a mass shooting by weeks and months, and sometimes years. We also know that the vast majority of other gun violence, such as suicide, intimate partner violence, and workplace violence, is not random, and that it nearly always involves a person who is in a state of crisis. We don't have to wait until a person is at the end of the pathway to violence, we don't have to wait until a person is in crisis, and we don't even have to wait until we identify a specific person who is at risk for gun violence. Instead, we can start much earlier.

Violence prevention can and should start in early childhood. Early experiences can shape future outcomes, with adverse childhood experiences (or ACEs) increasing the risk of violence later in life. By intervening "upstream" during early childhood, we can effectively address risk factors and promote protective factors. Investing in this stage is more effective and cost-efficient than intervening later, and it allows us to build the necessary resilience and coping skills. Developing those traits in early childhood not only helps prevent violence later and leads to safer communities, it also promotes healthier individuals and families, providing long-term societal benefits beyond violence prevention.

Schools are ideally situated to play a pivotal role upstream, providing structured environments for education, mentorship, and support for students and their families. Initiatives such as conflict resolution programs, mental health counseling services, and extracurricular activities can help address underlying issues and promote positive behavior among students. Additionally, leveraging community-based resources such as after-school programs, youth centers, and recreational facilities can complement school efforts. The success of those efforts

will largely depend on buy-in and participation from parents. By combining school-based interventions with community-based resources, and directly engaging parents and families, we can create a comprehensive approach to violence prevention that supports the healthy development and well-being of *all* children and adolescents, not just those who are at risk for future violence.

The upstream recommendations below reflect a wide range of approaches all aimed at building strength and resilience, teaching conflict resolution skills, and promoting positive peer interactions. As noted below, many of these programs are evidence-based and proven. Others are supported by emerging evidence or show promise based on adjacent programs or research. We include references to the available research and evidence below. While there is no one-size-fits-all approach, these programs can be implemented in almost any community.

I.   *Individual-Level*

A. Firearm Safe Storage and Handling

Researchers have found that secure storage practices play a vital role in reducing the risk of gun violence. Storing firearms securely protects children and adults by preventing access to firearms that may be related to unintentional shootings, suicides by firearms, and firearm theft. Unintentional firearm injuries in the United States result in 500 deaths each year and a staggering number of nonfatal injuries (37% of all nonfatal firearm incidents).(1–4) Additionally, Everytown for Gun Safety reported that roughly once every day in the U.S., a child under the age of 18 accesses a loaded gun and unintentionally shoots themselves or someone else. And that nearly one in every three unintentional shooters were five years old or younger.(5) Research has also found that nearly 80% of the shooters in a mass school shooting incident obtained the firearm from a family member.(6) Yet, 4.6 million children live in homes with guns that are both loaded and unlocked.(7) By implementing safe storage practices and the evidence-based policy outlined below, research has consistently shown this to be the most effective strategy in reducing unintentional gun violence.

- *Firearm Safety Education and Training.* Comprehensive education on handling firearms, understanding their mechanisms, and adhering to safety protocols can significantly reduce the risk of unintentional shootings. Training helps to instill a deep respect for the potential dangers of firearms and emphasizes the importance of treating every firearm as if it were loaded. Moreover, firearm safety training encourages responsible decision-making by teaching individuals when and how to use firearms

appropriately. By equipping firearm owners with the knowledge and skills needed to handle firearms safely, we can mitigate the risks associated with their use and ensure the well-being of both firearm owners and those around them.

- *Safe Storage Practices*. It is imperative to store firearms in locked cabinets or safes, with ammunition stored separately, to deter theft and limit access, particularly to youth. This approach not only complies with legal requirements in many jurisdictions but also reflects a commitment to safety and responsible firearm stewardship. By prioritizing safe storage practices and limiting access to firearms by youth, we can effectively reduce the risk of accidents, injuries, and tragedies while upholding the principles of responsible gun ownership. Safe storage can also include safety technologies for guns including biometric recognition systems, smart gun technology, and personalized locking mechanism, all of which aim to enhance firearm safety and reduce unauthorized access. The marketplace has several safe storage options, but the best ones are those that can keep the gun secure from individuals who should not have access.

- *Lethal means safety counseling.* Lethal means safety counseling is a valuable healthcare practice that helps prevent accidental gun injuries and deaths. It involves doctors and patients working together to make sure firearms are stored safely so that households can reduce the risk of accidents. It's important for healthcare professionals to learn about this counseling approach to keep people safe. Everyone, including parents with kids and individuals struggling with mental health or who have conditions like memory loss, should be asked about guns at home and given advice on safer storage. If someone is at a higher risk, the gun owner should seek additional support with safety counseling.

- *Extreme Risk Protection Orders (ERPO).* ERPOs, also known as red flag laws, give law enforcement and people close to someone in danger of hurting themselves or others the power to act before a gun tragedy occurs. These laws let police, and sometimes family members, ask a judge to temporarily remove someone's access to guns if they're at risk of violence to themselves or others. The state of Michigan recently put new firearm legislation into effect as of February 13, 2024, including the Extreme Risk Protection Order. The University of Michigan also created a comprehensive toolkit to provide a range of resources and additional information to guide individuals on how and when to use ERPOs.

B. Mental Health and Substance Use Support

One in five children and adolescents in the U.S. experience a mental health problem during their school years.(8) Problems can include stress, anxiety, bullying, family problems, depression, learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth.(25) Many youth do not receive adequate care, which has led to significant disparities in access to care particularly among low-income communities and marginalized youth.(9,10) Among the 3.8 million adolescents ages 12–17 who reported a major depressive episode in the past year, nearly 60% did not receive any treatment, according to a 2019 report by the Substance Abuse and Mental Health Services Administration. (11,12) Among the adolescents who do get help, two-thirds do so only in school settings. Similarly among adults, over half of American adults (56%), or 27 million individuals, with mental health illness are going untreated.(13) As a response to these gaps, several community-based mental health resources have become available on both the state and federal level. Below are a few examples of community-based and free resources that are accessible to all Michigan residents:

- ***The Michigan Peer-Run Warmline.*** The MI Peer-Run Warmline is **a** statewide non-crisis line intended to support individuals with mental health or substance use challenges. It is peer-run, meaning that it is staffed by people who share similar experiences, challenges, or identities that can provide mutual support, empathy, and empowerment to their callers. The Warmline can serve as a support service for those just looking to talk to someone and/or can be an opportunity to discuss resources and services tailored to the caller's needs. It can also be a resource for those looking to gather information for a loved one or an individual that may be at risk. The number is 1-(888)-PEER-753 or 1-(888) 733-7753. It's available every day from 10 a.m. to 2 a.m.

- ***Behavioral Health Interventions***. Behavioral health interventions encompass a range of strategies aimed at improving mental health and behavioral well-being. These interventions involve therapy, counseling, support groups, and medication management to address underlying mental health conditions such as depression and anxiety, which are often associated with violent behavior.(14) By providing individuals with coping skills and emotional regulation techniques, behavioral interventions help to manage anger and aggression, reducing the likelihood of conflicts escalating to violence. Moreover, addressing substance use issues through evidence-based interventions help to decrease impulsivity and risky behavior, further mitigating the risk of violence. By targeting these root

causes and providing adequate support, behavioral health interventions may play a critical role in creating safer communities and preventing gun violence.

II.   *Interpersonal-Level*

A. Building Connection and Belongingness

Building connections and fostering a sense of belonging are crucial elements in preventing gun violence. When individuals feel isolated or disconnected from their communities, they may turn to violence to gain recognition or address feelings of alienation. By creating strong social connections and promoting a sense of belonging, communities can provide support networks that offer alternatives to violence. Building connections can involve initiatives such as community events, neighborhood watch programs, and mentoring opportunities. These activities encourage interaction among peers and promote a sense of unity and mutual support. Additionally, creating spaces where individuals feel accepted and valued can help mitigate feelings of marginalization that may lead to violent behavior. Belongingness, or feeling like an integral part of a community, is also crucial. When individuals feel disconnected or marginalized, they may be more susceptible to extremist ideologies or resort to violence as a means of asserting their identity.(15) By promoting inclusivity and acceptance, communities can help prevent individuals from feeling marginalized and reduce the likelihood of violent behavior.

- ***Blueprints for Healthy Youth Development.*** Blueprints for Healthy Youth Development is an organization with the mission to compile a comprehensive registry of scientifically proven and scalable interventions aimed at fostering healthy youth development and adult maturity. They advocate for evidence-based interventions at local and national levels, emphasizing the importance of adhering to high-quality standards in implementing and evaluating social and crime prevention strategies. Blueprints-certified interventions encompass family, school, and community-based approaches, addressing a spectrum of needs—from universal prevention programs promoting positive behaviors and reducing negative ones to targeted interventions for at-risk youth, troubled adolescents, or formerly incarcerated adults seeking reintegration.

- ***Youth Outreach and Mentorship Programs***. Youth outreach and mentorship programs play a crucial role in supporting youth development and preventing violence over the long term by providing positive role models, guidance, and support systems for young people. These programs

offer a structured environment where youth can build meaningful relationships with trusting adults who serve as mentors and advocates. Through these relationships, young people gain access to valuable resources, opportunities for personal growth, and the skills needed to navigate challenges. Mentors offer guidance on decision-making, goal setting, and conflict resolution, helping youth develop resilience and self-confidence. One-on-one, structured, peer mentorship programs have been shown to be a consistently effective mechanism for preventing perpetration of peer violence.(16,17) Many of these resources are further highlighted in the next section ("How to Identify Someone in Crisis").

- ***Youth Empowerment Solutions (YES) Program.*** The YES program is an evidence-based program that empowers youth to drive positive change in their communities.(18) It aims to engage youth meaningfully in preventing youth violence and promoting community improvement, while also equipping adults with skills to support youth empowerment effectively. YES emphasizes hands-on learning through youth-led community development projects, guided by adult mentors. Through workshops and activities, youth gain valuable skills in program planning, budgeting, and community engagement, fostering their personal growth and community impact. Grounded in an empowering, community-based approach, YES focuses on developing leadership skills, fostering community pride, and mobilizing resources for sustainable change.

- ***Youth Work Programs.*** Youth work programs can be highly effective in preventing interpersonal and community violence due to their focus on providing constructive activities, mentorship, skill-building, and community engagement opportunities for young people. For example, The Detroit Youth Violence Prevention Initiative (DYVPI) began several years ago as a priority of former Mayor Dave Bing to ensure youth have a path out of violence toward a high quality of life through education, jobs, and careers. The Initiative has been primarily supported by the U.S. Department of Justice grants: Capacity Building and Community Based Violence. DYVPI began with four key programs that remain in existence today: Ceasefire, School Safety Stations, Safe Routes to School (SRTS), and Summer Youth Employment. Similarly, the mayor of New York City debuted a plan to "end gun violence" in January 2022, with part of the proposal to expand the New York's summer jobs program for young people – creating jobs for up to 250,000 New York youths. Research has shown that summer jobs reduce crime and cut individuals' risk of violence and property crime charges by 30-40%.(26)

- ***Parent and Family Engagement.*** Parents should feel empowered to be full partners in gun violence prevention efforts. The personal support that parents receive through these programs is a significant benefit to their own health. Programs should be offered in easily accessed venues that will reduce barriers to attendance, including close proximities to home, schools, churches, community agencies, social groups. Cost should be very low or free to parents. Organizations hosting parenting programs should be able to find funding to keep their cost low. Collaboration to keep costs low and reach multiple constituents is beneficial - e.g., PTA and Local Youth Assistance office; Churches; and Boys and Girls Club. etc. The Michigan Department of Lifelong Education, Advancement, and Potential through Michigan (MiLEAP) has developed additional resources around family engagement on their website.

B. Conflict Resolution and Mediation Training

Conflict resolution and mediation training and education involve equipping individuals with the skills and techniques necessary to effectively manage and resolve conflicts in various contexts. These programs typically include learning about communication strategies, active listening, empathy building, negotiation techniques, and problem-solving skills. Participants are taught how to identify underlying issues, de-escalate tense situations, and facilitate constructive dialogue between parties in conflict. Additionally, training often emphasizes cultural sensitivity, power dynamics, and the importance of impartiality in mediation processes. Conflict resolution and mediation strategies can be applied in various settings. For example, in schools, implementing peer mediation programs can help students resolve conflicts before they escalate, potentially preventing situations where firearms are brought onto campus. In communities, establishing neighborhood mediation programs can address disputes between residents, reducing the likelihood of violent confrontations. Furthermore, conflict resolution techniques can be integrated into law enforcement training, enabling officers to defuse tense situations without resorting to lethal force. Mediation can also be employed in domestic violence situations to de-escalate conflicts and ensure the safety of all parties involved, potentially preventing firearm-related incidents in homes.

III.   *Community-Level*

A.   **School-Based Initiatives**

Schools are well positioned to decrease barriers to services and provide

universal support to students through multi-tiered systems of support (MTSS). MTSS is a framework that delivers academic and social emotional programs and strategies to students. This framework can be used for both ongoing school year planning of delivering programs to students, as well as a response to a crisis. Tier I supports are universal to all students. Tier II supports are designed for students that may need a specific approach or are deemed at risk academically or regarding emotional wellbeing. Tier III supports are designed to be more intensive and individualized, usually for a small section of the student population. Schools are recommended to utilize the MTSS framework to deliver social, emotional, and behavioral needs to provide the appropriate level of support for each student's unique needs. Schools are encouraged to utilize the Michigan's Multi-Tiered System of Supports (MiMTSS) for support with implementation. Some evidence-based initiatives to reduce violence and promote positive youth development include the following:

- ***Social Emotional Learning (SEL) School Curriculum.*** Education, building relationships, and strengthening connections are crucial to reducing gun violence. Teaching people to identify and talk about their feelings including their frustrations, concerns, and grievances is a vital first step. In schools, Social Emotional Learning (SEL) curriculum can help youth develop the skills necessary to handle these emotions as they inevitably arise in their lives. SEL have shown to improve academic achievement, as demonstrated in test scores, grades, and homework completion.(19,20) SEL can develop important protective factors that can buffer against mental health risks, such as supportive environments, caring relationships with teachers, and feelings of belonging and inclusiveness in school. SEL can enhance coping skills, emotion identification and resiliency, as well as reduce externalizing behaviors, including bullying and aggression. Future readiness for life beyond the K-12 classroom is also impacted by participation in SEL. Students with stronger social and emotional skills are more likely to graduate high school, enroll and complete postsecondary education and have full-time employment(27). Schools are encouraged to select evidence-based curricula that align with needs and gaps found through annual school surveys and the Collaborative for Academic, Social and Emotional Learning (CASEL) standards. SEL program examples include the Michigan Model for Health and TRAILS.

- ***Investing in Student Wellness.*** Nearly 1 in 5 children have a mental health disorder, however, only approximately 20% of those children receive care from a specialized mental health care provider.(8) Students who receive social emotional and mental health support are also more successful

academically.(11,21,22) Due to the many barriers of accessing mental health services, such as cost, transportation, wait lists and insurance, many youth do not receive the services needed to support their mental health. All schools are recommended to offer mental health counseling to students as a means of prevention-based and crisis services, with a low student to mental health provider ratio. These services should be available to all students, regardless of having a 504 plan or individualized education plan (IEP). Students should have access to a mental health provider within a reasonable timeframe. If a student is in crisis, they should be seen the same day by the school mental health provider and receive the appropriate follow up care. If a student is not in crisis and cannot be seen within the same day, students should be provided with materials on how to access local providers, hotlines, and 988, should their needs become urgent prior to the next school day.

A School Based Health Center (SBHC) can be a helpful resource for students to access both health and mental health care. The SBHC can be useful in providing universal screening tools for early identification of needs, a resource for mental health first aid, creating opportunities for early intervention, and play a vital role in referral to necessary services. SBHCs can also play an ongoing role in monitoring trends in student well-being and adapting or developing locally relevant strategies for obtaining student feedback on their emotional well-being and their attitudes about school climate, teacher support, and victimization. This can provide valuable information about both students' individual mental health and well-being, and the overall social context of the school. This information could be useful to identify resources needed, and to design and implement tailored programs to address issues discovered in this process.

- ***Bully Prevention Programs***. Anti-bullying programs in schools play a crucial role in fostering a safe and supportive learning environment. These initiatives aim to address the root causes of bullying, recognizing that a culture of respect and empathy is essential for the well-being of students. By promoting inclusivity and teaching conflict resolution skills, these programs strive to create a positive atmosphere that discourages bullying behaviors. Research indicates that a significant number of individuals involved in acts of violence have experienced bullying, isolation, or social alienation(28,29). Therefore, implementing comprehensive anti-bullying measures in schools not only works to protect students from the immediate impacts of bullying but also contributes to the prevention of potential long-term consequences, including the reduction of risk factors associated with gun violence or other forms of violence.

- ***Suicide Prevention Programs***. Students should receive training on how to identify signs of suicide risk and how to connect to school-based services. Information on 988 and local community providers or hotlines should also be discussed during training. Training program examples include Teen Mental Health First Aid, Sandy Hook Promise Say Something: Prevent Suicide, or SOS Signs of Suicide. Students should have at minimum annual training and frequent reminders of how to access mental health services within the school, community and hotline numbers, including 988, the Crisis Text Line, and local crisis providers, such as Youth and Family Care Connection. These resources should be posted in frequently accessed locations and student identification badges.

  All school personnel should receive training, at minimum annually, on identifying mental health concerns in students, as well as those at risk of suicide, and how to connect these students to school-based services. These trainings are available through a partnership between Oakland Schools and Oakland County Health Network. Additionally, they should participate in Notice. Talk. Act. training to identify students showing signs of mental health concerns, talk to students and connect to services. All educators, including teachers and support staff that directly engage with students should participate in Youth Mental Health First Aid and safeTALK. All crisis teams and school-based mental health staff should participate in ASIST training. All schools should follow appropriate guidelines for communicating with students and families following a completed suicide and have postvention as part of their crisis plans.

B.   Other Community-Based Initiatives

Trauma-Informed, Resilience-Oriented Approaches

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from an event, series of events, or set of circumstances experienced or witnessed by an individual that amount to an overwhelming or life-changing effect on the individual's well-being.(23) Adverse Childhood Experiences (ACEs) are a sociological measure of childhood experiences that can cause trauma. They include events occurring during childhood such as experiencing or witnessing violence and parental separation. Research has linked ACEs to chronic health issues, including mental illness and addiction (30). In Oakland County, Michigan, 49% of children have experienced 1-3 ACEs and 20% have experienced 4+ ACEs. Trauma can result in toxic stress, which can negatively impact early childhood development, as well as impact both mental

and physical health outcomes (31).

In schools, the physical environment, human interactions, classroom strategies and techniques, as well as teacher and staff compassion resilience create a trauma-informed, resilience-oriented school.(24) All classrooms should have access to calming materials, such as spaces and tools to support emotion regulation. Taking movement breaks, accessing sensory materials and practicing emotion regulation skills such as mindfulness, should be encouraged and part of the classroom environment. Classroom environments should be predictable, inclusive, and safe for all students where each child feels they are a member of the classroom community. Classrooms should consider seating, lighting, access to materials, signage, sound, temperature, visual presentation, and organization when creating a supportive classroom environment.(24)

Trauma-informed approaches should extend beyond school settings as well. Community-based organizations can focus on creating a safe and supportive environment where individuals affected by gun violence can find healing and support. In healthcare settings, trauma-informed care practices acknowledge the profound impact of gun-related trauma on physical and mental health, offering holistic support for survivors and their families. Similarly, workplaces can play a role by implementing resilience-oriented strategies that promote employee well-being and address the impacts of trauma. In the criminal justice system, trauma-informed practices are crucial for understanding and addressing the root causes of violence, offering pathways to rehabilitation and healing for both perpetrators and victims.

Crisis Prevention

The community should establish a county-wide behavioral health crisis prevention plan for all residents. All adults, volunteers and other staff that work with youth in afterschool and community-based program should receive training, at minimum annually, on identifying students who may have mental health concerns and be at risk of suicide and how to connect these students to school and community mental health resources. Agencies should contact Oakland County Health Network to provide Notice. Talk. Act and Youth Mental Health First Aid. Community agencies should be provided with information on suicide prevention and sharing the Oakland County Youth Suicide Prevention Toolkit for Parents with families. Medical providers are encouraged to screen youth and adults for suicidal ideation and behaviors. Those who screen positive will need a full assessment and referral with a mental health care professional. Providers are encouraged to share evidence-based resources on safe storage. All residents

should receive information on where to access mental health services, including free and low-cost options for prevention and crisis services. The county is recommended to offer ongoing crisis intervention and response to all residents including access to a mobile crisis unit, walk-in crisis counseling and assessment for appropriate level of care and access to community services. The community should receive frequent and updated information regarding how and where to access local resources for both youth and adult services.

Employee Assistance Programs

In the workplace, implementation of Employee Assistance Programs (EAPs) voluntary, work-based programs designed to help employees address issues affecting their mental and emotional well-being through confidential assessments, short-term counseling, referrals, and follow-up services can help provide the support employees may need to cope with and address the stressors that occur in everyday life and in the workplace.

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Additional Resources

Everytown for Gun Safety report
https://everytownresearch.org/report/notanaccident/

Training and information on the new gun secure storage law
https://www.michigan.gov/mdhhs/safety-injury-prev/firearm-safety

Lethal Means Safety Counseling
https://efsgv.org/learn/policies/lethal-means-safety-counseling/

Extreme Risk Laws
https://efsgv.org/learn/policies/extreme-risk-laws/

The University of Michigan comprehensive toolkit
https://firearminjury.umich.edu/erpo-toolkit/

Michigan Online Gun Safety Training
https://concealedcarryonline.com/michigan/

Firearm Safety Information by MDHHS
https://www.michigan.gov/mdhhs/safety-injury-prev/firearm-safety

Fact Sheet from The Educational Fund to Stop Gun Violence
https://efsgv.org/learn/type-of-gun-violence/unintentional-shootings/

Safe Storage Fact Sheet
https://www.justice.gov/file/1300521/dl?inline

Michigan's new ERPO law explained
https://sph.umich.edu/news/2023posts/michigans-new-extreme-risk-protection-order-law-explained.html

End Gun Violence Michigan: information on new laws
https://www.endgunviolencemi.org/

Educational resources from the Institute for Firearm Injury Prevention
https://firearminjury.umich.edu/resources-communities/

The Michigan Peer-Run Warmline
https://mcal.my.site.com/mical/s/michigan-warmline

Behavioral health-related resources and services available at the county level in Michigan
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/welcome/get-help-now-behavioral-health_1

Headspace: A collection of meditation, sleep and movement exercises
https://www.headspace.com/mi

CDC-guided resources to improve access to child mental healthcare
https://www.cdc.gov/childrensmentalhealth/access.html

Search engine for evidence-based recommendations for school interventions: What Works Clearinghouse
https://mhanational.org/issues/2022/mental-health-america-access-care-data#youth-mde

Blueprints for Healthy Youth Development.
https://www.blueprintsprograms.org/

Youth Empowerment Solutions (YES) Program.
https://yes.sph.umich.edu/

The Detroit Youth Violence Prevention Initiative (DYVPI)
https://youth.gov/youth-topics/preventing-youth-violence/forum-communities/detroit/brief

Manhattan Institute Report on Summer Youth Employment Programs
https://manhattan.institute/article/crime-fighting-lessons-from-summer-youth-employment-programs

Blueprint to End Gun Violence in New York City
https://www.nyc.gov/office-of-the-mayor/news/045-22/mayor-adams-releases-blueprint-end-gun-violence-new-york-city#/0

Detroit Youth Violence Prevention Initiative
https://youth.gov/youth-topics/preventing-youth-violence/forum-communities/detroit/brief

The Michigan Department of Lifelong Education, Advancement, and Potential through Michigan (MiLEAP) resources around family engagement
https://www.michigan.gov/mileap/early-childhood-education/family-engagement

Oakland Mediation Center Resources
https://mediation-omc.org/services/education/mediation-training/

Michigan's Multi-Tiered System of Supports
https://www.michigan.gov/mde/services/school-performance-supports/mtss

Collaborative for Academic, Social and Emotional Learning (CASEL) standards.
https://casel.org/fundamentals-of-sel/what-does-the-research-say/

Michigan Model for Health
https://www.michiganmodelforhealth.org/

Sandy Hook Promise Start with Hello
https://www.sandyhookpromise.org/our-programs/start-with-hello/

RULER/Mood Meter
https://moodmeterapp.com/science

TRAILS SEL Curriculum Implementation Report (2023)
https://youthpolicylab.umich.edu/uploads/trails-2023-memo_04.13.pdf

A Multi-Tiered Approach to Bullying Prevention
https://www.education.pa.gov/Documents/K-12/Safe%20Schools/A%20Multi%20Tiered%20Approach%20to%20Bullying%20Prevention.pdf

Stopbullying.gov
https://www.stopbullying.gov/

Bullying Prevention Resources
https://www.michigan.gov/msp/-/media/Project/Websites/msp/gcsd/Office-of-School-Safety/PDFs/external-website-PDFs/SchoolSafetygov-Bullying-Prevention-Resource-Infographic_March-2023.pdf

Bullying Prevention
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/bullying-prevention

Bullying Prevention in Out-of-School and Afterschool Settings
https://files.ecatholic.com/21165/documents/2018/10/BPOSTGuide2013.pdf

Measuring Bullying Victimization, Perpetration, and Bystander Experiences
https://www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf

Teen Mental Health First Aid
https://www.mentalhealthfirstaid.org/population-focused-modules/teens/

Sandy Hook Promise Say Something: Prevent Suicide
https://www.sandyhookpromiselearning.org

SOS Signs of Suicide
https://www.mindwise.org/sos-signs-of-suicide

988
https://988lifeline.org/

Crisis Text Line
https://www.crisistextline.org/

Youth and Family Care Connection.
https://www.oaklandchn.org/DocumentCenter/View/1356/Community---Youth-and-Family-Care-Connection-Flyer-PDF

Notice. Talk. Act.
https://apafdn.org/impact/schools/notice-talk-act-at-school

Youth Mental Health First Aid
https://www.mentalhealthfirstaid.org/population-focused-modules/youth/

safeTALK
https://www.livingworks.net/safetalk

ASIST
https://www.livingworks.net/asist

Training with Oakland County Health Network
https://www.oaklandchn.org/185/Training

Model School District Policy on Suicide Prevention
https://aws-fetch.s3.amazonaws.com/flipbooks/modelschoolpolicy/index.html?page=1

Preventing Suicide: A Toolkit for High Schools
https://sptsusa.org/wp-content/uploads/2015/05/SAMHSA_HS_Suicide_Prevention_Toolkit.pdf

Blueprint for Youth Suicide Prevention
https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/

Preventing Suicide: Guidelines for Administrators and Crisis Teams
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams

Oakland County Suicide Taskforce
https://www.oakgov.com/community/health/partnerships/suicide-prevention

Oakland County Youth Suicide Prevention Toolkit for Parents
https://www.oakgov.com/home/showpublisheddocument/12410/638089336862330000

Oakland County: Make Your Home Suicide-Safer
https://www.oakgov.com/home/showpublisheddocument/12732/638090356202970000

Suicide Prevention Resource Center's Online Library
https://www.sprc.org/online-library

Michigan Suicide Prevention Commission Annual Report
https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder2/2022_Suicide_Prevention_Commission_Annual_Report.pdf

Trauma Informed Resilience Oriented Schools Toolkit
https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-toolkit/

Trauma-Informed, Resilience-Oriented Schools Principals Assessment Questions tool
https://www.nc2s.org/wp-content/uploads/2021/12/TIROS-1-Tool-TIROS-Principles-Assessment-Questions.pdf

University of Michigan TIPPS Program Guide
https://tipps.ssw.umich.edu/wp-content/uploads/2021/04/TIPPS-Main-Guide-4_15_FINAL.pdf

Oakland County ACEs Data
https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/TTS/ACEs_Oakland_County_Data_Profile.pdf

MDHHS Trauma & Toxic Stress
https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/tts

NCSS Toolkits related to Mental Health
https://www.nc2s.org/topic-area/mental-health/

Additional Resources for Crisis Prevention:
MiCAL Crisis Lines Resources
https://mical.michigan.gov/s/resources

Employee Assistance Programs
https://www.opm.gov/frequently-asked-questions/work-life-faq/employee-assistance-program-eap/what-is-an-employee-assistance-program-eap

CHAPTER 2

How do we identify someone in crisis?

_____

Throughout these recommendations, we emphasize the importance of recognizing when a person is "in crisis." That language is carefully chosen and very important. Having a mental illness and being in crisis are two different things. There is a public perception that gun violence is related to mental illness – that someone who commits gun violence is probably mentally ill, and that someone who is mentally ill is more likely to become violent. Those things are not true. Suicide and other gun violence are more likely to happen when someone is angry or despondent (or both), overwhelmed, and when they don't have sufficient coping mechanisms – when they are in crisis. Which is why firing or expelling someone who is in crisis can make it *more* likely that they will, in fact, perpetrate violence.

Unlike a mental illness, anyone can learn to identify a person in crisis. Which means that we do not have to rely on therapists or psychiatrists to help prevent gun violence – *we* (employers, co-workers, parents, teachers, faith leaders, and first responders, among others) can all learn to recognize a person in crisis. We need to educate ourselves about the early warning signs of a person in crisis, many of which we already know intuitively, like changes in behavior or dropping grades, and then to know where to turn once we recognize those signs.

Based on recommendations from the Sandy Hook Promise, here are **ten warning signs** that can signal an individual may be in crisis or need help:

1. Suddenly **withdrawing** from friends, family, and activities (including online or social media)
2. **Bullying**, especially if targeted towards **differences in race, religion, gender or sexual orientation**
3. **Excessive** irritability, lack of patience, or becoming angry quickly
4. Experiencing **chronic loneliness or social isolation**
5. Expressing **persistent thoughts of harming** themselves or someone else
6. Making **direct threats** toward a place, another person, or themselves

7. Bragging about **access to guns** or weapons
8. Recruiting accomplices or audiences for an **attack**
9. Directly expressing a threat as a plan
10. **Cruelty** to animals

Many individuals who hurt themselves or others display one or more of these warning signs before they carry out an act of violence. Missing these signs can have serious consequences. We know that nearly all mass shooters exhibit such signs. And we know that in 4 out of 5 school shootings, at least one other person had knowledge of the attacker's plan but failed to report it.

In this section, we outline various screening tools, reporting systems, and other community-based programs designed to help identify and report an individual who may be in crisis. These recommendations are based on a range of possible programs and provide resources and education on the topic, which is designed to be comprehensive but not exhaustive. We also acknowledge the evolving nature of the field and emphasize that recommendations are provided to aid readers in strategic decision-making within their specific contexts.

I. Individual-Level

A. Mental Health Screenings

Mental health screenings are systematic assessments designed to identify individuals who may be at risk of or experiencing mental health challenges. These screenings play a crucial role in early detection, allowing for timely intervention and support. Mental health screenings both help identify early cues of mental health issues and assist with prevention and personalized treatment planning based on the identified needs and concerns. Screenings, however, require allocating mental health resources more efficiently by directing support to those who need it most.

Settings for Mental Health Screenings

- **Schools:** Conduct screenings among students to identify potential mental health concerns that may affect academic performance and overall well-being.

- **Healthcare Facilities:** Integrate mental health screenings into routine healthcare check-ups to assess and address both physical and mental health.

- **Workplaces:** Offer mental health screenings as part of employee wellness programs to support mental well-being in the workplace.

- **Community Centers**: Provide accessible screenings in community settings to reach a diverse population and address mental health disparities.

See Appendix for various examples of common mental health screening tools.

Process of Mental Health Screenings

- **Questionnaires**: Individuals complete standardized questionnaires that inquire about their mental health symptoms and experiences in a variety of settings. Results are scored and analyzed by trained professionals to determine the presence of potential mental health concerns.

- **Interviews**: Clinicians or trained professionals may conduct structured interviews to gather more in-depth information and context. This may occur as a follow-up from the questionnaire results or may occur independently.

- **Referral and Follow-Up**: Individuals identified with potential mental health concerns are referred to appropriate mental health professionals for further assessment and support.

Recommendations for Mental Health Screenings

- **Universal Screening.** Universal mental health screening is a proactive and inclusive approach to identify individuals at risk of mental health challenges across diverse populations. The overarching goal of universal screening is to ensure that everyone, regardless of demographic factors, receives an initial assessment for mental health concerns. Recommendations for universal screening emphasize its integration into routine healthcare check-ups, educational institutions, workplaces, and community settings. This broad-reaching strategy not only enables the early detection of potential issues but also helps to destigmatize mental health discussions. When conducted using validated and appropriate screening tools, screenings can facilitate timely intervention, reduce health disparities, and promote overall well-being on a population-wide scale.

- There are many different mental health screenings available for universal screening, so deciding on how to choose the best one may depend on a variety of factors. Some of the following recommendations include: 1) prioritize evidence-based screenings that demonstrate reliability and validity across diverse populations; 2) consider language and cultural norms to ensure its cultural and contextual relevance; 3) screenings that are multidimensional covering emotional, social, and behavioral aspects; 4) tools that user-friendly and practical for implementation in various settings; 5) emphasize privacy, confidentiality, and a clear pathway to accessible mental health services; and 6) regularly evaluate and adapt the

screening process, and foster collaboration among stakeholders, including mental health professionals, educators, and community leaders.

The Appendix includes several mental health screening tools, many that can be used for universal screening. The below links also have suggestions and guidance on how to implement universal screening in organizations.

- **Suicide Risk Assessment.** Suicide risk assessments are typically conducted by trained mental health professionals using established protocols and validated screening tools to determine the severity of suicidal thoughts and behaviors. They are often follow-up assessments that occur during initial screening. By integrating suicide risk assessment into various settings such as schools, healthcare facilities, and community organizations, this strategy aims to identify individuals at heightened risk early on and facilitate prompt intervention, ensuring they receive appropriate mental health support and reducing the risk of suicide.

- **Adverse Childhood Experiences (ACEs).** ACEs have been identified as a key aspect of childhood experiences that can cause trauma. These trauma experiences may leave individuals vulnerable to future trauma by producing reactions to similar experiences that caused stress, distress, and disorder. ACEs are experiences that occur during childhood such as abuse or neglect, witnessing violence, or exposures to other forms of violence. Researchers have linked ACEs to chronic health issues, including mental illness and addiction.(4–6) The ACES Screening Tool can be found here in the Appendix. Conversely, Positive Childhood Experiences (PCEs) have been shown to buffer the negative effects of ACEs and help build resilience.(7)

  Note: It is important to acknowledge that while there is evidence supporting the potential benefits of ACEs screening for children, concerns about its implementation, ethical considerations, and the need for a comprehensive approach have led to mixed opinions on their utility. Research has also advised against the universal screening of ACEs.(8) Some of the primary concerns relate to higher false positives in some age groups, common misinterpretation of results, and the stigmatization of individuals based on ACEs scores. Furthermore, screening without a clear pathway to available and effective interventions may be harmful. While there are some evidence-based interventions for those who have been exposed to ACEs (i.e., post-traumatic stress disorder), there are no evidence-based interventions based on the range of scores on an ACEs checklist.(8) Overall, it's recommended to approach screening with careful attention to ethical guidelines and the potential impact on children and families.

II. Interpersonal Level

A. Peer Support Programs

Peer support is a form of assistance and encouragement provided by individuals who share common experiences, challenges, or circumstances. In this mutually beneficial relationship, peers offer understanding, empathy, and practical guidance to one another based on their shared lived experiences. In the context of gun violence prevention, peer support programs can serve as an effective early detection strategy by fostering an open environment where individuals feel comfortable expressing concerns and seeking help. It can also be helpful in addressing feelings of isolation or loneliness by creating a sense of community and belonging, reducing the likelihood of individuals resorting to violence as a means of expression. Peer support initiatives empower individuals to be vigilant observers of their peers' well-being. Peers often have unique insights into each other's lives, enabling them to identify behavioral changes, expressions of distress, or signs of potential risk factors for gun violence. These programs create a culture of open communication, trust, and support, encouraging individuals to share their concerns with peers who may notice subtle warning signs. Researchers have reported that one-on-one, structured, peer mentorship programs are a consistently effective mechanism for preventing the perpetration of peer violence.(9–11)

Individuals providing peer support play a crucial role in maintaining the safety and well-being of their peers. Reporting concerns about threats of gun violence or other forms of violence requires a careful and responsible approach. It's crucial for those providing peer support to strike a balance between maintaining trust and confidentiality while also prioritizing the safety of the individual and the community. Clear communication, knowledge of reporting procedures, and collaboration with relevant authorities are key components of responsibly addressing concerning behavior.

Settings for Peer Support Programs*:* Schools, Workplace, Community-Based Organizations, Faith-Based Organizations, Veteran Support Programs

Recommendations for Peer Support Programs

- Check & Connect is a school-based program used in grades K-12 settings, for students who show warning signs of disengagement with school and are potentially at risk of dropping out. Check & Connect is a trusting relationship between the student and a caring, trained mentor who both advocates for and challenges the student to keep education as a priority. Students are referred to Check & Connect when they show warning signs of disengaging from school, such as poor attendance, behavioral

issues, and/or low grades. The program has demonstrated to be effective in improving several outcomes including school attendance, academic performance, and a reduction in disciplinary referrals.(12–15) To date, Check & Connect has been implemented across 48 states in the United States and five international locations.

- Teen Mental Health First Aid is a course that teaches individuals how to identify, understand, and respond to signs of mental distress, illness, and substance use disorders.

B. Family Support Networks

Parents and loved ones must be empowered to be full partners in prevention efforts. The personal support that family members receive through these programs is a significant benefit to their own health. Offering programs that are easily accessible and low cost can help reduce barriers to attendance. One way to help programs achieve the goals of accessible and low cost is through collaboration across multiple constituents (e.g., PTA and Local Youth Assistance office; Churches; and Boys and Girls Club). These collaborations will also help programs market themselves and become well-known resources for families.

III. Community Level

A. Anonymous Reporting Systems (ARS)

An area of early detection and prevention growing in prominence is the use of reporting systems. Crisis lines and Anonymous Reporting Systems (ARS) have been widely implemented across the United States as a violence prevention strategy. Sandy Hook Promise's Say Something school-based program, for example, is one of the leading evidence-based ARS programs that has been shown to be effective in teaching youth and adults to prevent school violence, shootings, and other harmful acts.(16) The goal of ARS is to train and empower individuals to recognize signs and threats of someone who may be at-risk of hurting themselves or others, and to report these incidents through an anonymous, low-barrier reporting system.

In theory, reporting systems provide an excellent way for people to report observed at-risk behaviors, allowing appropriate personnel to intervene as needed. In practice, as with many non-standardized systems, implementation and utilization can vary significantly. Additionally, there is extremely limited evidence to support their effectiveness and best standards for implementation.

Best practices for these systems to ensure appropriate and equitable responses to reports is to have a multidisciplinary team (e.g., mental health professionals, law enforcement) review the reports in a timely fashion. A recent study conducted at the University of Michigan reviewed the current evidence to date on reporting systems and highlight critical needs in further research.(17) Given the wide implementation of reporting systems at the state and national-level, systematic evaluation of ARS is necessary to inform best practices, identify implementation issues, promote acceptability of ARS, and to determine whether or not ARS is effective in reducing school and community-level violence.

Settings for ARS

- Schools, Workplace, Faith-Based Organizations, Community Health Organizations

Recommendations for Anonymous Reporting Systems

- **988 crisis hotline** is a mental health crisis line in the United States, which recently launched in July 2022. Similar to 911 for emergencies, 988 serves as a dedicated helpline for individuals experiencing mental health crises providing timely and compassionate support. The three-digit number connects callers with trained professionals who can offer immediate assistance, intervention, and referrals to appropriate mental health services. If you have identified someone who may be in crisis, you can anonymously call 988 to get immediate access to expert guidance, coordinate crisis intervention, and connect with mental health resources for the individual in crisis. The call line is available 24/7 and accessible by phone call or texts, and online chat. Please visit the 988 website for additional resources.

- **Michigan Crisis and Access Line (MiCAL)** is a 24/7 statewide crisis, support, information, and referral line. It is available for all Michiganders and meant for people who are in crisis or distress who do not know where to go for support. It is also a Warmline for people who need someone to listen or to assist with finding resources or service navigation. MiCAL is operated by the Michigan Department of Health and Human Services and contracts with Common Ground, a crisis services agency, to staff crisis specialists from across the state. Additionally, both 988 and MiCAL partner with Community Mental Health Service Program (CMHSP) to ensure local coordination of services and resources.

- **Sandy Hook Promise "Say Something"** is a school-based program that empowers students to play an active role in preventing violence, especially gun violence. Through structured training and educational campaigns, the program teaches students to recognize warning signs and confidentially report concerns to trusted adults or through an anonymous reporting system. By fostering a culture of vigilance and empathy, "Say Something" aims to create safer school environments. The curriculum is tailored to grade levels, centered around lesson plans, educator practices, and project ideas that help students build belonging, empathy, and social awareness.

- **OK2Say** is also a Michigan-based ARS that allows anyone to confidentially report tips on potential harm or criminal activities directed at students, employees, and schools. Tips are fielded by Michigan State Police OK2SAY technicians trained to receive, analyze, and disseminate them to be investigated. Use of this system is not mandated in Michigan, but 26 states across the United States have mandated such programs. Additionally, all schools are advised to establish annual and refresher training on how to recognize warning signs and how to use OK2Say to report at-risk behaviors and threats.

B. Crisis Intervention Training

Crisis Intervention Training (CIT) is a specialized program designed to equip individuals, particularly first responders and mental health professionals, with the skills to effectively intervene and de-escalate crisis situations, including those related to mental health. The primary objectives of CIT include early detection of signs of mental distress, promoting understanding of mental health issues, and enhancing communication and de-escalation techniques. Participants in CIT programs learn about various mental health conditions, crisis de-escalation strategies, and community resources to provide appropriate support. CIT emphasizes a collaborative and empathetic approach to crisis intervention, fostering a safer and more compassionate response to individuals experiencing mental health crises. Findings from CIT programs have shown an increased linkage to mental health services and reducing use of force in encounters with persons with mental health issues.(18,19)

Settings: Law Enforcement, First-Responders (EMS), Healthcare Facilities, Schools

Recommendations for Crisis Intervention Training (CIT):

- **Michigan Crisis Intervention System** is a national model for comprehensive mental health education for police offices, EMS, and other first responders. The training consists of 16-hours of education comprising two components: Distance Learning and Reality-Based Training. It is designed to strengthen intervention skills of responding officers by integrating Communications, Assessment, and Tactics (ICAT) for a Patrol Office response to crisis situations that do not involve firearms.

- **Crisis-Assistance-Referral-Evaluation (CARE) Teams,** often known as Behavioral Intervention Teams, are multidisciplinary groups formed within educational institutions, workplaces, or communities to proactively address and respond to mental health crises and substance use overdoses. Teams are also assisted by behavioral health professionals, with resources to address their unmet health and social needs. CARE Teams play a crucial role in connecting individuals in a mental health crisis with appropriate resources, promoting a supportive environment, and developing safety plans tailored to their specific needs. They adhere to privacy and legal considerations, ensuring that assessments and interventions comply with relevant laws. Additionally, CARE Teams coordinate crisis response efforts during immediate emergencies, working in collaboration with emergency services and other stakeholders to effectively address situations and prioritize community safety.

- **TRAILS (Transforming Research Into Action to Improve the Lives of Students)** School Mental Health Program, founded at the University of Michigan, helps schools with training, materials, and implementation support they need for evidence-based prevention and early intervention mental health programming to their students. Schools are strongly encouraged to work with TRAILS to create suicide risk management protocols. This should include: 1) accurate assessment of suicide risk through an evidence-based screening tool (i.e., Columbia Suicide Severity Rating Scale); 2) referral mechanism to local provider; and 3) protocols in place for supporting students when they return to school. Other programs include social and emotional learning, mindfulness-based programs, and strategies for coping with COVID-19.

- **Community Mental Health Workers** often receive CIT to better support individuals facing mental health crises. This training focuses on culturally sensitive approaches, crisis de-escalation, and connecting individuals with relevant mental health resources in the community.

IV. Organizational Level

A. Employee Assistance Programs (EAPS)

In the workplace, implementation of Employee Assistance Programs (EAPs) are designed to help employees address issues affecting their mental and emotional well-being through confidential assessments, short-term counseling, referrals, and follow-up services. EAPs are considered an effective strategy for occupational stress management and are quickly emerging as holistic wellbeing programs in the workplace. While the current evidence remains mixed on the effectiveness of EAPs, researchers have documented data to suggest that these programs do have positive effects on employee mental health and are considered a desirable workplace resource by employees. Key issues for EAPs to be successful is to keep employees informed of the programs offered, be proactive in offering prevention programs to help motivate employee engagement, and to create safe spaces for employees to have confidential conversations about issues they face.(20,21)

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APPENDIX

I. Mental Health Screening Tools

1.   Columbia-Suicide Severity Rating Scale (C-SSRS):

- **Purpose**: Assessing suicide risk.
- **Application:** Used in various settings, including schools, healthcare facilities, and community organizations.
- **Features**: Helps identify individuals with suicidal thoughts or behaviors.

Link to Screening Tool: https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

2.   PHQ-9 (Patient Health Questionnaire-9):

- **Purpose**: Screening for depression.
- **Application**: Widely used in primary care, mental health clinics, and workplace wellness programs.
- **Features**: Assesses symptoms related to depression, helping in early detection and intervention.

Link to Screening Tool: https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf

3.   GAD-7 (Generalized Anxiety Disorder-7):
- **Purpose**: Screening for generalized anxiety disorder.
- **Application**: Employed in healthcare settings, schools, and community mental health programs.
- **Features**: Identifies symptoms of excessive worry and anxiety.

Link to Screening Tool: https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

4.   PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5):
- **Purpose**: Assessing symptoms of post-traumatic stress disorder (PTSD).
- **Application:** Used in healthcare facilities, especially with individuals who may have experienced trauma.
- **Features**: Helps identify individuals at risk of developing PTSD.

Link to Screening Tool: https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf

5. **ACES (Adverse Childhood Experiences):**
   - **Purpose**: Identifying adverse experiences in childhood that may impact mental health.
   - **Application**: Used in healthcare, schools, and community settings.
   - **Features:** Assesses the cumulative impact of childhood trauma on mental health and behavior.

Link to Screening Tool: https://www.acesaware.org/learn-about-screening/screening-tools/

6. **PCES (Positive Childhood Experiences):**
   - **Purpose:** Assessing positive aspects of childhood experiences that contribute to mental well-being.
   - **Application**: Used in pediatric healthcare and educational settings.
   - **Features**: Screens for positive elements in a child's upbringing that promote resilience and well-being.

Link to Screening Tool: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735495/#note-POI190057-1-s

Additional Resources

Sandy Hook Promise
https://www.sandyhookpromise.org/blog/teacher-resources/know-the-signs-of-gun-violence/

Michigan Department of Education – "Choosing and Using Screeners and Assessments"
https://www.michigan.gov/mde/-/media/Project/Websites/mde/ohns/School-Health-and-Safety/Choosing-and-Using-Screeners-and-Assessments.pdf

Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools (samhsa.gov)
https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

PBIS: Systematic Screening in Tiered Systems
https://global-uploads.webflow.com/5d3725188825e071f1670246/641c801682e79f9602594ceb_Systematic%20Screening%20in%20Tiered%20Systems-%20Lessons%20Learned%20at%20the%20Elementary%20School%20Level.pdf

Columbia-Suicide Severity Rating Scale
https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf

CSSRS – Pediatric Scale
https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735495/

Trauma Informed Care in Behavioral Health Services
https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Check & Connect
https://checkandconnect.umn.edu/

Teen Mental Health First Aid
https://www.mentalhealthfirstaid.org/population-focused-modules/teens/

42 Strong
https://42strongtate.org/

Boys2Men
https://www.boys2menyouthmentoring.com/

Youth Assistance - Mentors Plus
https://www.oakgov.com/government/courts/youth-assistance/mentors-plus

Ascend Foundation
https://www.theascendfoundation.org/

Boys & Girls Club of Troy
https://www.bgctroy.org/

The Boomerang Project
https://www.boomerangproject.com/link/what-is

Mentor Michigan
https://www.michigan.gov/leo/boards-comms-councils/mcsc/mentor

Sandy Hook Promise's Say Something school-based program
https://www.sandyhookpromise.org/our-programs/say-something/

the 988 website
https://988lifeline.org/

Community Mental Health Service Program (CMHSP)
https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Mental-Health/Community-Mental-Health-Services/CMHSP_Directory.pdf

MiCAL
https://mical.michigan.gov/s/who-we-are

OK2Say
https://www.michigan.gov/ok2say

Say Something Anonymous Reporting System
https://www.sandyhookpromise.org/our-programs/say-something-anonymous-reporting-system/

Michigan Crisis Intervention System model
https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs

One example of a community-based CARE team based in Chicago
https://www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html

TRAILS
https://trailstowellness.org/our-programs/suicide-prevention-and-risk-management

Columbia Suicide Severity Rating Scale
https://cssrs.columbia.edu/wp-content/uploads/Columbia_Protocol.pdf

National Alliance on Mental Illness (NAMI) CIT Programs
https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs

National Center for School Safety Crisis Navigation Resources
https://www.nc2s.org/crisis-navigation-resources/

Employee Assistance Programs
https://www.opm.gov/frequently-asked-questions/work-life-faq/employee-assistance-program-eap/what-is-an-employee-assistance-program-eap

Notice.Talk.Act. At Work
https://workplacementalhealth.org/employer-resources/training-and-turnkey-programs/notice-talk-act-at-work

CHAPTER 3

What is a threat assessment and when is it appropriate?

When an employer, co-worker, teacher, family member, or friend identifies someone who is in crisis, how should we respond? It's a critical question, and the wrong answer can have tragic consequences. Allowing a student or employee who has made explicit threats and has access to a gun to return to class or work puts us at grave risk. On the other hand, expelling a student or firing an employee who thought they were making a joke won't make us any safer, and can have a serious, long-lasting impact on them, their families, and their future. Even when someone *is* a threat, firing or expelling them may actually *increase* the likelihood of future violence. For many of us, choosing between life-altering options amounts to a poorly educated guess. But there is a readily-available and far better answer – a simple, validated threat assessment protocol that almost anyone can learn to administer.

The term "threat assessment" is shorthand for various protocols that can be used to evaluate the risk that a person will engage in violence or die by suicide. Such protocols, once validated and properly administered, play a pivotal role in gun violence prevention, because they provide a systematic and comprehensive framework for understanding and addressing potential threats and broader risk factors of violence. They enable us to identify problematic behaviors that, when taken together and viewed in context, may be indicative of someone who is on a pathway to targeted violence. The results of that assessment then allow us to make better, informed decisions that are most likely to prevent future violence and make us safer, while avoiding unnecessary harm to those who present little risk.

Because the term "threat assessment" encompasses more than one type of protocol, it is helpful to understand the distinction between a true "threat assessment," and a "violence and suicide risk assessment."

A threat assessment can be conducted in the field by a school or employer. In a school setting, when a school resource officer (SRO) receives information

about a person in crisis (for example, someone who has made explicit threats), the SRO would notify school administration, who would activate the school's trained, multi-disciplinary team. The team would conduct a threat assessment by evaluating the nature, credibility, and severity of the threat, and by assessing the individual's intent and capability to carry out the attack, including whether the individual has access to firearms. Based on the outcome of the assessment, an appropriate case management strategy can be developed, and interventions implemented. Those interventions might include monitoring the individual, skill development, resiliency building, and referrals to mental health services and supports. It might also include heightened security measures at the school and, where appropriate, formal referral to law enforcement. Central to this process is periodic reassessment of the threat and the effectiveness of the management strategy.

Violence and suicide risk assessments are conducted by qualified mental health professionals in clinical settings (e.g., the emergency department or behavioral health crisis center). Such assessments focus more on the interplay between symptoms of mental health and substance use disorders and other evidence-based risk factors associated with violence toward self and others. These factors, determined through public health research of demographic and socio-economic data, adverse childhood events, social determinants of health, and access to firearms, extrapolate individual risk from population-level risk and help estimate the level of risk of imminent harm to self or others in that moment, and inform possible clinical interventions.

Although the differences between threat assessment and suicide/violence risk assessment may seem subtle, they are, in fact, distinct processes supported by their own respective evidence bases and best practices. Furthermore, threat assessments and suicide/violence risk assessments are not mutually exclusive, and both may be used in the same case. For example, a school threat assessment like the one described above may lead to a clinical suicide/violence risk assessment that reveals serious, uncontrolled mental health symptoms associated with an elevated risk of suicide and/or violence. In that case, the primary intervention may be in-patient psychiatric hospitalization. The reverse is also true - exploration of possible thoughts of suicide or homicide during the course of a psychiatric evaluation may reveal a threat of targeted violence, activating a multi-disciplinary team to assess the nature and severity of the threat and to develop appropriate risk mitigation strategies like temporarily removing the student from school.

Threat assessments and suicide/violence risk assessments apply at the individual level. But risk can also be assessed at a community or population level and addressed with public health measures. This involves examining

and understanding how various elements such as social dynamics, economic and health disparities, mental health resources, the prevalence of firearms, and other social determinants of health impact overall rates of gun violence in the community. For instance, if the community has high rates of unemployment and limited access to mental health services, these factors could contribute to an overall increased risk of violence. Population-level interventions intended to reduce the overall likelihood of gun violence might include community outreach programs, mental health support initiatives, and legislative measures to enhance gun safety. Together, threat assessment, suicide/violence risk assessment, and public health measures play a powerful role in the prevention of gun violence, combining targeted actions against specific threats along with comprehensive public health strategies to address the root causes of violence.

In the section below we detail threat assessment as a multidisciplinary and comprehensive tool to identifying, evaluating, and addressing threats of targeted violence. We also describe best practices and make recommendations for implementing and using a threat assessment model. Finally, we cite current evidence around their safety effectiveness, and their potential applications across settings.

I. Behavioral Threat Assessment & Management (BTAM)

Behavioral Threat Assessment and Management (BTAM) is a concept and approach that has evolved over the decades in response to the need for proactive measures to prevent violence and address concerning behaviors. The development of BTAM has been influenced by various disciplines, including psychology, law enforcement, education, and security.

The origins of threat assessment and management can be traced back to the field of psychology and the study of abnormal behavior. Over time, professionals in fields such as law enforcement, security, and education recognized the need for a more integrated and collaborative approach to address potential threats. While there isn't a single founding entity or date for the establishment of BTAM, its principles have been shaped by research, case studies, and practical experience in dealing with threats of targeted violence. The approach gained prominence in response to high-profile incidents of violence in schools and other public spaces.

After the 1999 Columbine High School massacre, the U.S. Secret Service and the U.S. Department of Education collaborated on an initiative called the "Safe School Initiative," and published its findings in 2002.(1) This work examined school shootings and emphasized the importance of threat assessment in preventing

targeted violence in schools. It contributed significantly to the development of BTAM principles, emphasizing the importance of early identification, assessment, and intervention. As a result of ongoing research, collaboration between different professional disciplines, and the growing recognition of the need for a comprehensive approach to threat assessment, BTAM has become an established framework used in various settings to enhance safety and security. Different organizations and institutions may have their own variations of BTAM protocols, but the underlying principles remain consistent across contexts.

The primary goal of BTAM is to evaluate potential threats to help schools and community settings distinguish between an individual making a threat (with no intent to harm) versus posing a legitimate threat. In all cases, the goal is to connect individuals with proper community-based resources and interventions as identified by the assessment. With proper implementation using best practices, the model aims to avoid potentially harmful decisions that could result in community distrust, overcriminalization and/or unnecessary disciplinary action (i.e., suspension or expulsion) and requires the team to consider the context of the situation rather than a reductive, zero-tolerance approach. Research has shown that by taking this approach, teams can better identify effective interventions and referrals, build a management plan that mitigates a potential threat, and support the safety of the entire community, while also helping the person(s) in need develop a more positive developmental trajectory.

A. Protecting Individuals' Rights in BTAM

While BTAM is generally considered a valuable tool for preventing violence and addressing concerning behaviors, there have been some concerns associated with its implementation. For example, BTAM in educational settings could result in over-management and excessive disciplinary action on students. Zero tolerance policies, adopted by some schools in response to perceived threats, may result in severe consequences without considering the context or intent, which has shown to disproportionately affect marginalized student groups. Thus, training must include examination of how bias and racism can impact perceptions of student behavior and strategies to eliminate discriminatory action. Misinterpreting behaviors as threats may also lead to unnecessary disciplinary actions, and an overreactive BTAM process may stigmatize students and lack proper support for mental health issues. A focus on punitive measures without addressing underlying causes can contribute to a cycle of repeated problematic behavior, potentially impacting students' academic achievement and overall well-being.

Furthermore, if students fear that reporting concerns about their peers may lead

to harsh disciplinary consequences, they may be less likely to come forward with information that can hinder early identification and prevention of threats. Many of these concerns also raise legal and ethical issues, particularly if students' due process rights are not adequately protected during an assessment and management process. Importantly, BTAM teams must be trained to understand privacy laws (e.g., FERPA and HIPAA), and clear guidelines of how information should and should not be used must be clearly articulated and enforced. It is critical that fair and transparent procedures are in place to ensure balance between security and individual rights.

It is also important to note that **BTAM is not a substitute for other school teams and processes that address nonviolent behaviors of concern** (e.g., attentional, emotional regulation, social skills), nor is it a mechanism to allow schools to remove children from school because they may have behaviors that are difficult to manage or as a disciplinary process.

To address these concerns, **it is crucial for organizations to establish a multi-disciplinary team with clear and well-defined BTAM policies, train staff on the proper implementation of a threat assessment model, involve mental health professionals in the process, and prioritize a balanced and supportive approach that considers the overall well-being of students**. Regular review and refinement of BTAM procedures, along with ongoing training, can help mitigate the risks associated with inadequate implementation.

Research has consistently shown that when BTAM is implemented using best practices and implemented with fidelity, students are more likely to receive counseling services and a parent conference and are less likely to receive long-term suspension or an alternative placement then when such programs are implemented with limited training or multi-sectoral engagement.(2) It has also been shown that when implemented correctly, there were no disparities found between Black, Hispanic, and White students in out-of-school suspensions, school transfers, or legal actions. This suggests that by implementing a threat assessment process in accordance with evidence-based best practices may help establish parity in school discipline.(3)

Beyond schools, individuals are more likely to receive services and supports.

Settings for BTAM: Schools, Workplace, Faith-Based Organizations, Healthcare Facilities, Community

B. The Eight Steps of Implementing BTAM

The National Threat Assessment Center (NTAC) of the U.S. Secret Service and Department of Homeland Security has outlined the best practices for BTAM implementation based on 20 years of research, training, and consultation on threat assessment and preventing targeted acts of violence. Best practices include information on the essential foundations to effective and evidence-informed threat assessment protocols and procedures and can apply to schools, higher education, community agencies, and workplace environments.

The NTAC guidelines provide a framework to create a targeted violence prevention plan based on evidence and best practices, with a focus on decreasing the risk of an individual engaging in targeted violence.

Step 1. Establish a Multidisciplinary Threat Assessment Team

Step 2. Define Prohibited and Concerning Behaviors

Step 3. Develop a Central Reporting Mechanism

Step 4. Determine the Threshold for Law Enforcement Intervention

Step 5. Establish Assessment Procedures

Step 6. Develop Risk Management Options

Step 7. Create and Promote Safe School/Campus/Work Climates

Step 8. Conduct Training for All Stakeholders

If you are interested in additional details for each of these steps, an example within the school setting can be found in the 2018 U.S Secret Service Report on Enhancing School Safety Using a Threat Assessment Model. We have also outlined these steps along with other recommendations and how they can be applied across different settings (e.g., workplace) in the *Appendix*.

Recommendations for BTAM:

Create a multidisciplinary advisory committee within your respective organization, focusing on the use of a collaborative problem solving approach to:

- Support countywide threat assessment activities.
- Include systematic training and education about the application of BTAM.
- Implement evaluation plan and monitor adherence and progress.
- Increase engagement and partnerships among all stakeholders.

- Strive for consistency and fidelity in evidence-based and best practices.
- Provide for continuing education and re-evaluation of processes and outcomes based on data.

Support the community threat assessment team, led by your local community health organization in collaboration with law enforcement and other key partners.

- Increase collaboration to assess and facilitate the continuum of services (e.g., K-12 or higher education student for wraparound services; employee who requires management assistance in the community).
- Share best practices and knowledge around existing threat assessment practices.
- Support existing threat assessment teams and provide training and technical assistance.

Support the work of schools and organizations in establishing and refining BTAM programs and teams.

- Support training, resources, and funding of local school districts' BTAM processes.
- Encourage opportunities for community partners to attend the BTAM training being offered within school districts or organizations to understand BTAM and their role in collaborating with these teams.
- Support the collaborative work between the Michigan State Police Office of School Safety, Michigan Department of Education, Oakland County Schools, Oakland Community Health Network, local law enforcement, Prosecutor's Office, Department of Juvenile Justice, local service provider agencies, and other key collaborative entities to further BTAM initiatives.

Implementing these recommendations will help support threat assessment activities and contribute to a safer community for all residents. By fostering collaboration, enhancing awareness, and providing the necessary resources for training, prevention, intervention, and treatment, we can work together to reduce gun violence and protect public safety.

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3.   Cornell D, Maeng JL, Burnette AG, Jia Y, Huang F, Konold T, et al. Student threat assessment as a standard school safety practice: Results from a statewide implementation study. Sch Psychol Q. 2018;33(2):213.

Additional Resources for BTAM:

2018 U.S Secret Service Report on Enhancing School Safety Using a Threat Assessment Model
https://www.secretservice.gov/sites/default/files/reports/2020-10/USSS_NTAC_Enhancing_School_Safety_Guide.pdf

CSTAG
https://education.virginia.edu/research-initiatives/research-centers-labs/research-labs/youth-violence-project/yvp-projects-resources/comprehensive-school-threat-assessment-guidelines

Salem-Keizer
https://www.co.marion.or.us/BOC/PSCC/Documents/MCPSCC%202016/Salem-Keizer%20School%20District%20Threat%20Management%202-9-16.pdf

United States Secret Service
https://www.secretservice.gov/protection/ntac

USSS Averting Targeted School Violence.2021.03.pdf (secretservice.gov)
https://www.secretservice.gov/sites/default/files/reports/2021-03/USSS%20Averting%20Targeted%20School%20Violence.2021.03.pdf

New Secret Service Research Examines for the First Time Five Years of Mass Violence Data | United States Secret Service
https://www.secretservice.gov/newsroom/releases/2023/01/new-secret-service-research-examines-first-time-five-years-mass-violence

Protecting_Americas_Schools.pdf (secretservice.gov)
https://www.secretservice.gov/sites/default/files/2020-04/Protecting_Americas_Schools.pdf

2017_FoundationsOfThreat.pdf (drreidmeloy.com)
https://drreidmeloy.com/wp-content/uploads/2017/12/2017_FoundationsOfThreat.pdf

Michigan State Police Office of School Safety
https://www.michigan.gov/msp/divisions/grantscommunityservices/school-safety

Michigan K-12 Behavioral Threat Assessment and Management
https://www.michigan.gov/msp/divisions/grantscommunityservices/school-safety/michigan-k12-behavioral-threat-assessment-and-management

SIGMA Threat Assessment and Management Services - Ontic
https://ontic.co/services-threat-assessment-and-management/

National Association of School Psychologists – BTAM Guidance
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/systems-level-prevention/threat-assessment-at-school

APPENDIX

Detailed Recommendations for BTAM Implementation:

Step 1. Establish a Multidisciplinary Threat Assessment Team

Community

Key members on this team should include a local community mental health authority, local law enforcement, and FBI, as the core team, with additional members as follows: Emergency Management & Homeland Security, Prosecutor's Office, judges, behavioral health providers / emergency services, technology/ social media, and other / case specific (providers, churches, schools, Children's Village, youth-based organizations such as Youth Assistance, Veteran Navigator).

K-12

Key members on this team should include administration, school-employed mental health, and law enforcement (SRO) as the core team, with additional members as follows: behavior management, instruction, special education, safety and security / emergency management, technology / social media, local community mental health authority, Youth Assistance, extracurricular coaches / advisors, and others as needed.

Higher Education

Key members on this team should include administration, university-employed mental health /counseling center, and law enforcement/campus police as the core team, with additional members as follows: Human Resources, faculty, health center care team, Dean of Students, advisor(s), housing / facilities coordinators, IT / social media, local community mental health authority, judicial affairs / legal representative, residence advisor / director, coaches, and others as needed.

Workplace

Key members on this team should include human resources, organizational leader(s) / management, legal, employee assistance, security, public information / public relations, risk management, mental health professional, IT, and local law enforcement (as needed).

Step 2. Define Prohibited and Concerning Behaviors

Community

Any individual who is threatening, stalking/harassing, or engaging in physical violence is at risk of being on the pathway to targeted violence. Concerning behaviors include, but are not limited to the following:

- Engaging in / threatening violence
- Efforts to obtain a weapon and/or carrying a weapon for the purpose of intentionally harming others
- Command hallucinations / delusions, especially paranoia
- Other untreated / under-treated psychiatric symptoms associated with increased risk of violence
- Violent ideation
- Evidence of ideation, planning, and/or preparation of a targeted attack
- Significant change in behavior, particularly after possible triggering events that may include: *exposed to personal threat by another, something valued is loss/destroyed (job, career, relationships, possessions), self-esteem/ identify threatened, experienced (perceived) injustice, interpersonal conflicts, intimate partner problems, loss/disappointment*
- Identification and emulation with previous attackers
- Entrenched grievances
- Personal deterioration to include hopelessness, desperation, despair, suicidal thinking

K-12 / Higher Education

- Engaging in / threatening violence
- Bringing a weapon to school / campus
- Evidence of ideation, planning, and/or preparation of a targeted attack
- Bullying or harassing behavior involving stalking/ threatening behavior on school grounds and/or behavior off school grounds that impact safety at school
- Assault, menacing behaviors
- Escalating pattern aggressive/violent behavior
- Others fearful
- High level anger inappropriate for situation

- Expression and/or justification for violence
- Significant change in behavior, particularly after possible triggering events that may include exposed to personal threat by another, something valued is loss/destroyed (relationships, possessions), self-esteem/identify threatened, experienced (perceived) injustice, interpersonal conflicts, relationship problems, loss/disappointment/failure
- Frustrated/confused mental state

Workplace

- Engaging in / threatening violence
- Bringing a weapon to work
- Bullying or harassing behavior involving stalking/ threatening behavior
- Evidence of ideation, planning, and/or preparation of a targeted attack
- Efforts to obtain a weapon and/or carrying a weapon for the purpose of intentionally harming others
- High level anger inappropriate for situation
- Others fearful
- Entrenched grievances
- Personal deterioration to include hopelessness, desperation, despair, suicidal thinking, substance abuse
- Significant change in behavior, particularly after a workplace conflict, poor job performance evaluation, reprimand, and/or possible dismissal, experienced (perceived) injustice/loss/disappointment, self-esteem/career identify threatened, intimate partner problems

Step 3. Develop a Central Reporting Mechanism

Community

The community threat assessment team will be able to receive reports and/or threat assessment requests via multiple mechanisms:

- Reports to the local community mental health authority via phone, email, crisis line, access, customer service, etc.
- From law enforcement, schools, justice system
- From behavioral health and medical providers
- From schools and higher education

K-12

School should select and regularly communicate multiple access. Examples might include:

- OK2SAY
- Online form on school website
- Dedicated email and/or phone number
- Smartphone application platforms
- QR codes
- Telling a trusted adult
- Reporting link within online learning platforms/management systems

Higher Education

Colleges / Universities should select and regularly communicate multiple access. Examples might include:

- Faculty / Staff / Resident Advisors/Students complete online report directed to Dean of Students Office
- Report routes to Campus Police / Safety & Counseling and Psychological Services Office
- Campus Police / Safety take other reports from outside the university
- QR codes

Workplace

Employers should select and regularly communicate multiple access. Examples might include:

- Accept anonymous reports
- 800 Number
- Online submission questionnaire
- Dedicated email
- Report to supervisor / human resources

Step 4. Determine the Threshold for Law Enforcement Intervention

Community / Workplace

The following behaviors are the threshold for law enforcement involvement:

- Expression of violent ideation and/or threat to self or others
- Threatening words, actions, behaviors, social media posts that reference a targeted act of violence
- Subject likely to have means and ability to develop and carry out a planned attack
- Subject is not actively engaged in appropriate mental health treatment, if such treatment is indicated
- Sexual assault/violence
- Stalking/harassing behaviors

K-12 / Higher Education

The following behaviors are the threshold for law enforcement involvement:

- Physical violence
- Threats of violence
- Planned school attack
- Behavior involving weapons
- Stalking/harassing behaviors
- Escalation of behaviors
- Drugs
- Sexual assault/violence

SRO's must be appropriately trained to work in schools. SRO / law enforcement engagement is on a continuum: may be consultative, helping with data gathering (i.e., social media searches), providing interventions/supports, taking protective actions, follow-up, etc.

Step 5. Establish Assessment Procedures

Community

The local community mental health authority would conduct an initial screening to assess imminence of the threat and if there are potential indicators of targeted violence. If imminent risk, protective actions need to be taken and law enforcement possibly involved, If there are potential indicators of targeted violence a full threat assessment would be completed. The following information would be gathered:

- Determine location of subject and potential target(s)
- Gather information from relevant sources including subject
- Assessment of risk of violence to others and suicide risk
- Make determination of level of risk
- If indicated, develop case management plan

K-12

A school/district BTAM team would conduct an initial screening to assess imminence of the threat and if there are potential indicators of targeted violence. If imminent risk, protective actions need to be taken and law enforcement involved. If there are potential indicators of targeted violence a full threat assessment would be completed. There are three evidenced-based / evidenced-informed K-12 Models: Secret Service/NTAC, CSTAG, and Salem-Keizer System. Each follow similar assessment procedures:

1. Receive report
2. Screen report
3. Gather Information
4. Organize and analyze information
5. Make assessment

If needed,

- Development and implement intervention strategies

- Reassess
- Close and document case/inactive status

Higher Education

The core threat assessment team would screen to assess imminence of the threat and if there are potential indicators of targeted violence. If imminent risk, protective actions need to be taken and law enforcement possibly involved. If there are potential indicators of targeted violence a full threat assessment would be completed with team members. The team would determine the level of risk and corresponding risk management plan, engage community partners in management plan while protecting FERPA/HIPAA, then re-assess as needed, and finally close the case / place on in-active status when necessary.

Workplace

The core threat assessment team would screen to assess imminence of the threat and if there are potential indicators of targeted violence. If imminent risk, protective actions need to be taken and law enforcement possibly involved. If there are potential indicators of targeted violence a full Threat Assessment would be completed with team members. The following steps are recommended:

1. Identify persons / situations of concern
2. Gather additional information
3. Assess whether person / situation poses a threat
4. Develop and implement strategies to reduce threat / risk
5. Monitor and re-evaluate threat
6. Evaluate needs of workplace / community

Step 6. Develop Risk Management Options

Community

- Establish regular, ongoing meetings with team
- Create dashboard for monitoring progress, cases, and data
- Screen / assess for services if not already open
- If open, connect with Core Provider Agency and case manager / supports coordinator

- Collaboration with law enforcement, school, workplace, friends, and family to develop interventions
- Establish plan for monitoring

K-12

- Restorative practices
- Engagement
- Monitoring
- Skill development
- Resiliency building
- Relationship building
- Environmental (school climate and culture)
- Discipline, if appropriate
- Community supports
- Tele-medicine/tele-health/tele-therapy
- Supports for school staff
- Victim notification / services / protection, if warranted

Higher Education

- Restorative practices
- Engagement
- Monitoring with campus and community law enforcement.
- Victim notification / services / protection, if warranted
- Skill development
- Resiliency building
- Relationship building
- Environmental (school climate and culture)
- Discipline, if appropriate
- Community supports
- Telemedicine / telehealth / teletherapy
- Supports for faculty/staff

Workplace

- Provide guidance to superiors on how to best manage behaviors without escalating risk/grievances
- If disconnecting from employment, Human Resources must be trained in how to do this without escalating risk**
- Establish regular, ongoing meetings with team
- Create system for monitoring progress, cases, and data
- Contact community mental health for screening/ access to services and/ or resources
- Collaboration with law enforcement, coworkers, family to develop interventions
- Establish plan for monitoring
- Victim notification / services / protection, if warranted

*** Disconnecting an individual does NOT decrease risk. Disconnecting can further increase isolation, provides more time for subject of concern to research and plan an attack, decreases ability to monitor; may escalate grievances, increases stressors (i.e., fall further behind academically, loss of support and structure, job loss leads to financial stress, etc.). The goal is to try and maintain connectedness, relationships, and further build social-emotional skills to help the subject of concern function in school, workplace, and society.*

Step 7. Create and Promote Safe School / Campus / Work Climates

Community

There are multiple ways to promote safe climates within the community:
- Encourage reporting
- Create a template of workplace violence policy that other organizations and workplaces may use
- Confidentiality agreement for threat assessment team and Critical Incident Stress Management (CISM) team
- Special community events / town halls to increase knowledge of BTAM process and supports available.

K-12 / Higher Education

Assess school climate by administering surveys to students, staff, parents, focus groups and sharing results. Enhance current school climate by using survey findings to identify areas to address and involve students in developing and implementing solutions. Strengthen students' connectedness to a trusted adult – this is a powerful protective factor. Building relationship and connectedness is no cost and easy to implement.

Zero tolerance can be counterproductive. If threatening behavior is the impetus for a potential expulsion, school / district / university should not proceed with expulsion without a threat assessment being conducted and other interventions / alternatives are considered. The findings of a full threat assessment inform and direct appropriate interventions and supports, thus a full assessment must be done before management decisions are made.

Workplace

There are multiple ways to promote safe climates within a workplace:

- Updated workplace violence policy
- Confidentiality agreement for team members
- Training and education, regular and ongoing
- Engage in activities that promote collaboration and a focus on supports
- Laws/Policies/Guidelines:
    - Federal Americans with Disabilities Act and Section 504 of Rehabilitation Act
    - State public accommodations laws / disability-related employment laws
    - Federal Health Insurance Portability and Accountability Act ("HIPAA")
    - State patient-health care professional privileges

Step 8. Conducting Training for All Stakeholders

Community

The community threat assessment team and/or county advisory committee should provide:

- On-going Behavioral Threat Assessment and Management training and education, using an evidence-based / best practice model
- Training / exercises with first responders around Behavioral Threat Assessment and Management
- Engage with and train / educate unions, employee assistance programs, etc.
- Incorporate Behavioral Threat Assessment and Management into Crisis Intervention Team (CIT) training for law enforcement
- Provide de-escalation techniques and strategies training for first responders, provider network, staff, etc.
- Provide Notice. Talk. Act. and Mental Health First Aid / Youth Mental Health First Aid to recognize the signs and symptoms of mental illness and substance use disorders

K-12

Training for threat assessment teams in one of these three evidenced-based / evidenced-informed K-12 Models: Secret Service/NTAC, CSTAG, and Salem-Keizer System

- Quality training on behavioral threat assessment procedures. Those providing the BTAM training for schools must have expertise in K-12 threat assessment, paired with experience working in schools and/or serving on school-based BTAM teams
- Train all team members together
- Invite outside law enforcement and mental health professionals
- Include legal counsel, public communications personnel
- Identify opportunities for refresher training, advanced training

Training for students, staff, and parents:
- Tailor sessions to audiences, make age-appropriate
- Address *why* reporting is important
- Identify behaviors to report and how to report
- Explaining how reporting is not snitching / tattling
- Include **<u>ALL</u>** staff

One example is the Michigan State Police Office of School Safety which has developed a cadre of carefully selected and trained individuals across the state of Michigan to provide BTAM basic training workshops according to the Secret Service/NTAC model. A carefully selected cadre of Oakland County School professionals have completed the Secret Service/NTAC training-the trainer workshop and can offer the BTAM basic training to K-12 schools and community professionals in Oakland County and surrounding districts/ISD's. This can further continue to build capacity for schools/district/ISD's within Oakland County.

Threat assessments have prevented many acts of targeted school violence, but the reality is acts of violence can still occur. Thus, schools need to also be trained in crisis prevention, intervention, and recovery. The PREPaRE School Crisis Prevention and Intervention Training Curriculum (3rd Ed) is a nationally and internationally recognized curriculum developed to help schools meet the crisis prevention and intervention needs of students, staff, and families. PREPaRE is featured in the Best Practices Registry of the Suicide Prevention Resource Center. Additional information and program evaluation results can be found at https://www.nasponline.org/professional-development/prepare-training-curriculum.

Homicidal ideation often couples with suicidal ideation. Additional K-12 staff development in suicide prevention and intervention in evidenced based curriculums are critical for educators (I.e., Signs of Suicide, safeTALK and ASIST).

Higher Education
- Academic units and buildings have safety teams with designated / assigned staff
- Complete online required training modules (awareness training for all students, faculty, and staff)
- Conduct PR campaigns that encourage reporting and reaching out for help

- Provide resources on university website
- Train campus advisors and student leaders/activity groups (clubs, activity groups, Greek Life, etc.) on identification and reporting of concerns

Workplace
- On-going training for staff and supervisors
- Conduct PR campaigns that encourage reporting and reaching out for help
- Training/exercises with first responders
- Engage with unions, employee assistance programs, etc.

CHAPTER 4

How can we help someone in crisis?

———————————————————

We know that effective upstream interventions like those discussed in Chapter 1 above can help people avoid crisis and help them cope when they are in crisis. But we also know that some individuals will still find themselves in crisis and unable to cope. The good news is, we can identify those people [Chapter 2], and we can make an evidence-based assessment of the risk they may pose to themselves and others [Chapter 3]. At that point, the immediate goal is to address the person's safety, the safety of those around them, and the safety of the larger community. But the best way to do that isn't necessarily intuitive. Through research, we have learned that some interventions are effective, some are ineffective, and some actually make a bad situation worse. Traditional responses often include disciplinary action (e.g., school expulsion, job termination, arrest). We think we are making ourselves safer by removing the person from their immediate environment and isolating them. But isolation and disconnection from others may only exacerbate grievances and distress, and limit opportunities for assisting and monitoring the person. There are often better, more effective interventions that actually make us safer. The purpose of this section is to look at those potential interventions and assess their effectiveness. While every person and situation is unique, we can still draw some conclusions about which interventions may be most appropriate in a given circumstance.

When someone is in crisis, our decision to act can avert a tragedy. And anyone can intervene –a bystander, a peer or friend, colleagues, or family members. The intervention can take many forms, falling on a continuum. It may be as simple as acknowledging the person and their distress, and asking if you can help. At the far end, it may include taking someone to the nearest emergency room or contacting the police.

Here, we have divided interventions based on whether they address people in crisis on an individual level, on an interpersonal level, or at a community level.

I.   *Individual Level*

A. Counseling and Mental Health Services

It is vital that barriers to local mental health services or resources are minimized and equitably distributed. Early detection and referral require accessible and affordable mental health services. This includes appropriate follow-up. It is also important to reduce social stigmas associated with mental illness and distress, and with seeking treatment. Researchers have found that those who receive sufficient treatment for mental health or substance use issues are less likely to engage in violence, especially for adolescents who are at higher risk of impulsive behaviors. (1,2) Recommendations that place a focus on culturally safe care will increase the chances than an individual can receive timely and appropriate care.

In the previous sections, we highlighted many community-based mental health resources appropriate for someone approaching a crisis, however, someone actively in crisis or with severe mental distress may require more emergent and crisis-specific care from trained mental health providers (e.g., psychiatrists, psychologists, social workers) and/or in-patient services (i.e., hospital care). Yet, de-escalation interventions such as multidisciplinary crisis intervention teams to refer individuals to appropriate services, substance use treatment programs to help individuals address addiction and self-medication issues, and domestic violence programs designed to reduce familial conflict are vital resources for reducing a crisis from boiling over into violence. It is also critical that safety net programs such as these both provide temporary help (e.g., safe housing) and longer-term resources designed to break the pattern of an acute crisis into violence. This may include helping people develop individual coping or employment skills (e.g., training programs), increasing mental health services and their accessibility, and educating people about early signs and what to do when they suspect a crisis is imminent.

Settings for Mental Health Services: Schools, Workplace, Healthcare Facilities

Recommendations for Crisis-Specific Mental Health Services

- **MI Behavior Health Crisis Services.** Michigan Department of Health and Human Services (MDHSS), in partnership with stakeholders across the state, is in the process of developing a crisis services system for all Michiganders. Based on the Substance Abuse and Mental Health Services Administration (SAMHSA) model, the system will have three primary components: central crisis line (MiCAL/988), mobile crisis, and crisis stabilization units. Resources are comprehensive and can help the individual identify the appropriate care based on the needs identified.

- **Substance Use Prevention and Treatment Services**. Researchers have reported a strong correlation between alcohol or drug abuse and gun violence.(3,4) It has been shown that individuals who meet the criteria for alcohol or drug abuse/dependence are 2.4 times more likely to report impulsive angry behavior and to carry guns in public compared to those who did not misuse substances.(5) Researchers have also found that suicides by firearm are more likely to have been preceded by alcohol use than suicides by other methods.(6) Directing individuals in crisis to tailored interventions, including substance use treatment, can play a critical role in gun prevention.

- **Domestic Violence Intervention Programs.** There is also a well-established correlation between domestic violence and gun violence. Incidents of domestic violence are often linked to firearm use, and the presence of firearms in such situations significantly increases the risk of fatal outcomes. The Educational Fund to Stop Gun Violence reports that around 4.5 million women in the U.S. have been threatened with a gun, and nearly 1 million women have been shot or shot at by an intimate partner.(7) Furthermore, a recent study found that nearly two-thirds of mass shooters have a history of domestic violence.(8) Interventions for domestic violence is crucial to protect victims and potential targets from harm. Removing firearms or restricting access to them in cases of domestic violence can help prevent these outcomes and safeguard the wellbeing of those at risk. Data also shows that young women, particularly racial/ethnic minority women, are disproportionately affected by domestic violence. (9).

II.   *Interpersonal Level*

A. Mentorship Programs

Researchers have consistently found that social connectedness and supportive relationships are fundamental for mental health.(10–13) Successful mentoring programs that include one-to-one contact to help individuals with emotional support, navigating difficult situations, or decision making can provide vital social connections for people. This may require matching people with appropriate peers, having young adults be supports for adolescents, or connecting employees with a supervisor or peer to help them negotiate issues in their work environment. Researchers have also noted, however, that adequate training and support for the mentors is a key component of any mentoring program.(14–16) Additionally, mentorship programs that include a reporting and subsequent support structure for mentors and mentees to report problems and concerns is important for

success. Mentoring programs for youth may also need to consider issues unique to minors such as location and transportation, how individuals are matched, and how youth are identified and motivated to participate in such programs. The matching process in youth mentoring programs is also a critical issue to consider as random assignments may not be the most effective way to connect a youth to an appropriate mentor. One useful strategy for youth mentoring programs is to include processes for current participants to nominate peers and to invite their peers into the program. Program leaders also need to develop processes and screening criteria for identifying mentors that consider interests, availability for consistent contact, effective coping skills themselves, obtaining references, and background checks. In the workplace, mentorship programs can include specific policies requiring newer employees to be connected to an experienced employee for their first few years on the job, but again matching and training for the mentors is vital for success.

Settings for Mentorship Programs: School, Community and Faith-Based Organizations

Recommendations for Mentorship Programs:

- **Big Brothers Big Sisters of America (BBBSA)** is a nationwide nonprofit organization committed to providing mentoring relationships for youth and adolescents. The organization offers a variety of programs that include community-based, school-based, and workplace-based mentoring. Big Brothers Big Sisters focuses on creating positive, one-to-one relationships between adult volunteers (Bigs) and youth (Littles). These relationships aim to support the holistic development of young individuals by engaging in educational, recreational, and character-building activities. The organization operates through local chapters across the United States, each adapting its programs to meet the unique needs of its community. Research has consistently shown the effectiveness of BBBSA on academic achievement, social connectedness, and other positive behavioral and health outcomes.(17–20)

- **Boys and Girls Club** is a nationwide nonprofit organization dedicated to providing after-school programs and services aimed to bolster the positive development of youth and adolescents. Unlike some mentoring-focused organizations, Boys & Girls Clubs operate on a broader scale, delivering comprehensive programs within a club setting. These programs cover areas such as education, career development, character and leadership development, health, arts, and sports, encouraging social interactions and a sense of community among participants. The organization's commitment

to affordability and inclusivity ensures that children, regardless of their background, can benefit from the multitude of opportunities provided.

- **MENTOR.** The National Mentoring Partnership is a leading nonprofit organization committed to enhancing the quality and quantity of mentoring relationships for young people across the U.S. Unlike specific mentoring programs, MENTOR serves as a catalyst for a diverse range of mentoring initiatives, collaborating with organizations, businesses, and communities to drive the mentoring movement forward. By providing information, tools, and best practices, MENTOR supports and strengthens existing mentoring programs, fostering a culture that recognizes the transformative impact of positive adult-youth relationships. The organization's advocacy efforts extend to the national level, promoting policies that prioritize youth mentoring as a key component of positive youth development. Mentor Michigan is the state affiliate of the MENTOR Program.

III. *Community Level*

A. Community Violence Interrupter Programs

Interpersonal gun violence disproportionately affects communities of color that have endured historical policies such as redlining and disinvestment that have resulted in concentrated poverty, limited educational resources, and underserved areas for public services (e.g., transportation).(21) This kind of environment then results in limited opportunities for advancement while also increasing crime and violence, and victimization. This creates a context whereby residents often find themselves trapped in cycles of violence, victimization, trauma, and retaliatory violence. For generations, addressing gun violence in underserved communities has primarily relied on policing and incarceration which further exacerbated racial inequalities. While criminal justice approaches are a part of the solution, they are not the only solution, as evidenced by the fact that the cycle of crime and violence persist in disadvantaged communities. Rather, a more multidisciplinary and holistic approach that involves other community institutions and alternative strategies may be required to make the kind of changes needed to break the cycle of crime and violence. Many communities, for example, are implementing strategies that engage with individuals at highest risk of violence.

Community Violence Interrupter (CVI) programs are community-based initiatives designed to prevent and intervene in potential violent conflicts within neighborhoods. These programs typically employ individuals known as "violence interrupters," who have deep ties to the community and often have personal experiences related to violence. Violence interrupters work to mediate disputes,

de-escalate tensions, and prevent the outbreak of violence. Many of the existing CVI programs focus on reducing homicides and shootings by establishing relationships with people at the center of gun violence within a community. These programs support people at the highest risk of being victims or perpetrators—or both—of violence. In many instances, the programs employ former perpetrators and gang members to be part of the interruption process. CVI programs have demonstrated major success in reducing violence by addressing its root causes and fostering a sense of community responsibility.(22–27)

Furthermore, empowering survivors to share their experiences and actively participate in advocacy not only lends to a critical human perspective that drives policy discussions but also fosters a sense of agency and control over their narrative. Engaging in advocacy allows survivors to transform their trauma into a catalyst for change, promoting healing through action and contributing to a sense of purpose. Many community leaders have advocated for major investment in CVI infrastructure and frontline workers. The city of Oakland, California serves as a strong example of how investing in CVI, in partnership with law enforcement, can promote policy reform and reduce gun violence by placing a more concentrated effort on a very small number of individuals at greatest risk of gun violence.(28)

Another community setting for effective early intervention for individuals in crisis is the hospital setting because this is where victims of a gunshot are most often treated before they return to their neighborhood. Individuals who survive a gunshot wound are not admitted into the hospital and are released within hours from the emergency department. The emergency room provides a unique and highly trusted setting that can be an important component of a CVI approach. This teachable moment has been the focus of some evidenced-based programs that help build individuals' skills, alter behavior, and reduce retaliatory violence. Some of these programs are mentioned below.

Settings for CVI Programs: Neighborhoods, Schools, Workplace, Faith-Based Organizations, Healthcare settings

Recommendations for CVI Programs:

- **FORCE (Faithfully Organizing Resources for Community Empowerment) Detroit** is a community organization that constitutes interfaith, grassroots, and public sector leaders committed to addressing complex community issues, pushing boundaries, and generating creative justice-oriented solutions. FORCE Detroit leverages media and culturally relevant strategies to connect people least likely to be engaged in civic infrastructures.

- **Group Violence Intervention (GVI)** is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions among these individuals. It was first used in the landmark initiative called Operation Ceasefire in Boston in the mid-1990s, which showed a 61% reduction in youth homicide.(29) It has now been implemented across a wide range of U.S. cities and has proven to be consistently and highly effective – with reductions in homicide between 30 to 60%.

- **Cure Violence (formerly CeaseFire)** is another community-based model that uses "violence interrupters" to treat gun violence as a disease and works to stop its transmission among community members. "Violence Interrupters" are individuals who understand the dynamics of the community and can connect with those most at-risk to commit or become the victims of gun violence. For example, within the first week of implementation in Chicago the program saw a 48% reduction in shootings. (24,30)

- **Hospital-Based Violence Intervention Programs (HVIP)** are multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide safety planning, services, and trauma-informed care to violently injured people. The HVIP model offers timely, intensive, and individualized support in the immediate post-injury period and may also seek to address the social environment and needs of patients. While data is still emerging, we know there is a decrease in repeat injury which results in a large monetary savings, studies project an estimated savings in excess of $3.9 million annually per average HVIP.

  o A prominent example is **SafERteens**, which is an evidence-based brief intervention for youth presenting in the emergency room to break the cycle of retaliatory violence and prevent subsequent violent behavior. Researchers have found that patients who receive the SafERteens program are less likely to report involvement in violence and violence-related consequences at follow-up compared to youth who do not receive the program.(31–33)

  o Another example is **Caught in Crossfire** (Oakland, CA), which launched at the Oakland Highland Hospital in 1994, and has since been replicated in other cities. The program focuses on youth admitted to the hospital with a violence-related injury who then speak with an Intervention Specialist to help the patient cope with injury and consider alternatives to retaliation. Youth who

were treated were 70% less likely to be arrested for any offense 6 months post-injury, and 60% less likely to have any criminal involvement than the control group.(34)

Key Components of CVI programs:

- A focus on those individuals at highest risk of experiencing or perpetrating community violence in the near term.

- Data from multiple sources that are vetted for racial, ethnic, economic, or other biases to inform the approach.

- Practices that are informed by, and respond to, the effects of trauma on individuals and the broader population in historically underinvested communities.

- Involving stakeholders that include:

  - Trusted, credible messengers and practitioners to deliver key intervention elements.

  - Representatives of the affected communities as full partners to ensure intervention approach is locally relevant and culturally appropriate.

  - Public, private, and community collaboration to ensure multi-sector involvement and support

  - Strengthening community resources and assets to build social capital.

- Attention to racial, ethnic, and socioeconomic equity including understanding the many social, demographic, economic, and institutional factors that perpetuate community violence, and avoiding victim blaming.

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Additional Resources

MI Behavior Health Crisis Services
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mi-behavioral-health-crisis-services

The November 2023 Quarterly Report details
https://mpcip.org/wp-content/uploads/BH-Crisis-System-Update-November-2023.pdf

Substance Use Prevention and Treatment Services
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/treatment

Domestic Violence Intervention Programs
https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder20/Folder1/Folder120/2017_DV_FAQ_survivor.pdf?rev=ce2df4a89e9d455797653f2f3162c1cc

Alcohol misuse and gun violence report conducted by the Consortium for Risk-Based Firearm Policy
https://publichealth.jhu.edu/sites/default/files/2023-05/2023-may-cgvs-alcohol-misuse-and-gun-violence.pdf

The Educational Fund to Stop Gun Violence
https://efsgv.org/learn/type-of-gun-violence/domestic-violence-and-firearms/

Resources from National Sexual Resource Center
https://www.nsvrc.org/saam

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/

Big Brothers Big Sisters Michigan Capital Region
https://www.bbbsmcr.org/

Boys and Girls Club
https://www.bgca.org/

Mentor Michigan, the state affiliate of the MENTOR Program
https://www.michigan.gov/leo/boards-comms-councils/mcsc/mentor/program-resources

MENTOR Website
https://www.mentoring.org/who-we-are/mission-vision/

42 Strong
https://42strongtate.org/

Boys2Men
https://www.boys2menyouthmentoring.com/

Youth Assistance - Mentors Plus
https://www.oakgov.com/government/courts/youth-assistance/mentors-plus

Ascend Foundation
https://www.theascendfoundation.org/

The Boomerang Project
https://www.boomerangproject.com/link/what-is

FORCE (Faithfully Organizing Resources for Community Empowerment) Detroit
http://forcedetroit.org/

Cure Violence Program
https://cvg.org/impact/

SafERteens
https://firearminjury.umich.edu/saferteens/

Vera on Community Violence Interruption Programs
https://www.vera.org/community-violence-intervention-programs-explained

Healing Communities in Crisis PDF
https://giffords.org/wp-content/uploads/2019/01/Healing-Communities-in-Crisis.pdf

CD-CP Toolkit: Enhancing Police Responses to Children Exposed to Violence
https://medicine.yale.edu/childstudy/services/community-and-schools-programs/yctsr/cev%20toolkit%20-%20online%20version_444971_284_54953_v1.pdf

Article on HVIP Programs
https://www.americanprogress.org/article/hospital-based-intervention-programs-reduce-violence-and-save-money/

SafERteens Program at University of Michigan
https://saferteens.org/home/

Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors by the CDC (Includes SafERteens)
https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf

CHAPTER 5

How can we learn from incidents of gun violence, and how can we support victims and their families?

In the aftermath of gun violence, questions always linger. Why did the incident happen? Were there missed signs? Could the shooting have been prevented? Once the gunfire started, could a different response have saved victims? Who should be held accountable, and how?

Addressing those questions is critical for victims and the entire community. Victims know that we cannot undo gun violence after it happens. We cannot erase physical and emotional scars, and we can't bring back those who have been killed. But victims want to prevent anyone else from suffering the same fate they are enduring, and they want answers. Getting those answers and learning from them is important to victims, and it's also critical to our future safety.

The first step in finding answers is an independent, third-party review of the incident and response. Victims and the public should receive regular updates during that process, and the results should be made public. Those reviews should be followed by a critical look at the circumstances and events that preceded the shooting to look for organizational and structural failures, in order to guide future policies and training.

The valuable perspectives of gun violence survivors are often overlooked. As noted by pediatrician Dr. Kamaal Jones, "So often when we talk about gun violence, we talk in terms of those lives that we have lost. This is natural given the profound and permanent impact such loss has on our communities. Seldomly though do we give thought to the tens of thousands of survivors every year. This attention to survivors is not only critical in terms of their own healing, but also in terms of their wealth of lived experience, which could play a pivotal role in bringing about solutions."(1)

Acknowledging gun violence survivors' trauma is central to understanding their experiences. Trauma shapes victims' emotional, psychological, and physical well-being – it disrupts the very fabric of their lives, leaving them grappling with myriad emotions, ranging from shock and grief to anxiety and despair. Trauma

will influence survivors' thoughts, behaviors, and relationships.

Victims need comprehensive trauma-informed support. By prioritizing empathy, understanding, and cultural sensitivity, we can create environments that foster healing and resilience. Every survivor has unique needs and vulnerabilities. Children and adolescents, in particular, require specialized interventions that address their developmental needs and capacities. The ultimate goal is to empower victims to reclaim agency over their lives.

We must also recognize secondary trauma among other individuals affected by gun violence. During and after a shooting, professionals and volunteers are exposed to the raw and often harrowing experiences of survivors as they grapple with the effects of the incident. As a result, those first responders, medical providers, investigators, interviewers, victim advocates and others (including jurors, judges, prosecutors, criminal defense attorneys, and civil attorneys) all experience their own vicarious trauma. There are steps we can take to both mitigate the risk of secondary trauma, and to ensure that those individuals, like victims, receive the support needed to safeguard their own wellbeing, and to continue their important work.

As in previous chapters, we have divided interventions based on whether they address victims and survivors on an individual level, on an interpersonal level, or at a community level.

I.   *Individual Level*

Central to trauma-informed care is the principle of meeting people where they are, acknowledging the individuality of each survivor's journey. In the context of gun violence, it is important to recognize that this path can be non-linear, and is a natural and expected progression shaped by unique experiences and responses. For example, a survivor may initially make significant progress in coping with their trauma, only to experience setbacks activated by reminders of the event, such as remembrance dates, loud noises, or news of similar incidents. These setbacks can feel like a regression in their healing journey, despite previous progress. Trauma also often involves navigating a range of emotions, including anger, sadness, fear, and numbness. Survivors may cycle through various coping mechanisms, ranging from avoidance and numbing to hyperarousal and hypervigilance. These patterns may shift in response to a change in their environment, relationships, or internal cues, leading to fluctuations in their overall well-being.

This non-linear path means that, in recognizing this, it becomes evident that support efforts must extend beyond immediate responses to encompass

long-term and ongoing care. By acknowledging the fluctuations, setbacks, and unpredictability inherent in this process, our recommendations underscore the necessity of sustained support systems that adapt to survivors' evolving needs and ongoing journey to healing.

A. Immediate Crisis Response for Survivors and Families (Within the First Two Weeks)

Immediately following an incident, the main priority should be ensuring survivors have access to the support they need. This includes:

- **Immediate access to emergency mental health services:** For example, dispatching mental health professionals to the scene or providing a hotline for survivors to call for immediate counseling.

- **On-site crisis counseling and support:** For example, deploying trained counselors (e.g., local Disaster Assistance Response Teams (DART)) to provide emotional support and coping strategies directly at the location of the incident.

- **Financial assistance for immediate needs:** For example, providing vouchers for temporary accommodation, food, or transportation for survivors who may have been displaced or are facing financial hardships as a result of the incident.

B. Long-Term Mental Health Support for Survivors and Families (Two Weeks and Later)

Long-term mental health support is essential for gun violence survivors to navigate the complex and evolving challenges they may face in the aftermath of trauma. From trauma-focused therapy to community support initiatives, providing ongoing care is vital for promoting healing and resilience.

- **Offering a continuum of mental health care services:** Offering access to psychiatrists, psychologists, and social workers who specialize in trauma-informed care, ensuring survivors receive consistent and personalized support over time.

- **Trauma-focused therapy and counseling:** Providing evidence-based therapies such as cognitive-behavioral therapy (CBT) or eye movement desensitization and reprocessing (EMDR) to help survivors process traumatic memories and develop coping skills.

- **Support groups for ongoing emotional support**: Facilitating regular support group meetings where survivors can share their stories, exchange coping strategies, and find solidarity in their journey of healing. For example, creating local or virtual support groups facilitated by trained professionals to provide a supportive community for survivors to lean on each other for emotional support and understanding.

- **Offering grief kits to families (age-appropriate):** Providing families with age-appropriate resources such as books, journals, and self-care items to help them navigate the grieving process and honor their loved ones' memories.

- **Setting up Regional Resiliency Centers**: Establishing dedicated centers staffed with mental health professionals, social workers, and support personnel to provide a range of services, including counseling, advocacy, and resource referrals.

- **Acknowledging the need for preparedness:** Developing contingency plans at local, state, and national levels to ensure timely and effective support for survivors in the event of a gun violence incident, including allocation of funding for mental health services, community resources, and prevention efforts. Specifically for mass violence incidents, contacting the Department of Justice Office of Victims of Crime for grant funding eligibility to support these centers.

C. Support for Care Teams

In the aftermath of gun violence incidents, the focus often rightly shifts towards the direct survivors and their families. However, it's also crucial to acknowledge and support the care teams involved in the recovery and ongoing support of these individuals. Care workers, including first responders, medical personnel, counselors, and support staff, play a pivotal role in providing compassionate care and assistance during these challenging times. Recognizing the invaluable contribution of care teams and investing in their well-being not only enhances the quality of care provided but also fosters a culture of resilience within the caregiving community. Having established support mechanisms in place, such as peer support programs or required mental health appointments, ensures that care team members have access to resources and assistance when needed. Peer support programs allow care workers to connect with colleagues who understand their experiences and provide mutual support, while required mental health appointments prioritize proactive care and early intervention. Providing ongoing access to these services, including debriefing sessions, can help care workers

process their experiences and also mitigate the risk of burnout or secondary trauma.

As we continue to evolve and improve the way we support survivors of gun violence, the Commission has mapped out an example of how local counties may approach an immediate response using a comprehensive approach. These recommendations stem from a range of feedback and experience. Based on expertise from emergency response teams, county prosecutors, and community members, the following approach should be taken:

- Using a "FEMA" or "natural disaster" approach in incidents of mass violence:
    - Identifying an initial point of contact and/or liaison for each of the survivors through law enforcement.
    - Providing a Call-In Disaster Assistance Response Team (DART) for mass casualty.
    - Staffing Victim Advocates from the Prosecutor's Office, becoming involved when criminal charges are issued, and providing support before and throughout trial.
- Offering Psychological First Aid and on-going mental health support.
    - Have a plan in place and initial resources already identified. These will be vetted by and come through local health networks.
- Having trained staff to help survivors and families navigate systems (i.e., criminal justice, healthcare) to ensure access to treatments and therapies. Anticipate the need for long-term mental health services for individuals as symptoms may wax and wane for months to years.

II.   *Interpersonal Level*

A.   **Survivor Support Groups**

Connecting with others who have experienced similar traumas can provide a unique form of understanding, empathy, and shared strength. In the journey towards healing, these connections can offer solace, encouragement, and a sense of community. But it is also important to consider that some survivors may prefer support groups with others they do not know, especially for privacy considerations. The following resources aim to facilitate group support and networking, offering a space where survivors can exchange experiences, support one another, and find collective strength on the path to recovery.

- **Common Ground** is a nationally recognized community organization that has been serving Michigan for more than 50 years. They are considered one of the most comprehensive crisis service agencies in the country to help support individuals to find hope. Common Ground hosts a range of different support groups including "Survivors of Homicide Loss Support Groups."

- **SurvivorsConnect** is an Everytown Survivor Network program that matches gun violence survivors with trained SurvivorsConnect Leaders who, themselves, are also survivors of gun violence. These individuals provide peer support to share what they have learned with survivors who are seeking support, mentorship, and referrals to external services**.**

III.   *Community Level*

A. Post-Incident Reviews – Transparency and Accountability

Every act of gun violence represents a failure, and it usually represents a series of failures. A failure to address the causes of gun violence upstream, a failure to recognize a person in crisis, a failure to recognize the threat that person posed, and/or a failure to prevent such person from obtaining or using a gun. And even a textbook tactical response still won't be perfect. When we start by acknowledging that gun violence can be prevented, and that an incident of gun violence is, by definition, a failure, it allows us to view our post-incident response as an opportunity to learn from each incident and to do better in the future. To take advantage of that opportunity, we must start by engaging an independent investigator to review events leading up to the incident, the incident itself, and the response to the incident, and then making that investigation public. We owe that transparency to victims and the community, and it allows us to hold the right people and entities accountable. Most importantly, it allows us to learn from our mistakes and save future lives.

The independent review commissioned by the Oxford Community Schools Board of Education came late, but it is an excellent example of what an independent review should look like. The review was truly independent, and the report was released to victims and the public at the same time it was released to the School Board.

There are also excellent protocols for post-incident review of the tactical response to a shooting. For example, the Office of Community Oriented Policing Services (COPS Office) within the U.S. Department of Justice in conjunction with the National Police Foundation published a guide in 2020 that provides a detailed step-by-step guide for law enforcement agencies and relevant stakeholders engaged

in such efforts. This guide, titled How to Conduct an After-Action Review can be accessed and downloaded using the link in the Additional Resources list below.

Finally, the families of the victims of the Oxford shooting developed their own recommendations that make transparency and accountability mandatory, calling for:

- The creation of a state agency focused on firearm violence prevention and statewide task forces and commissions responsible for:
    o Investigating the response to the shooting;
    o Developing the framework for fully-funded, mandatory statewide threat assessment;
    o Policies and procedures that include the structure and resources to oversee and hold schools accountable for implementation;
    o Supporting legislation requiring independent investigations and after-action reports immediately following any mass shootings; and
    o Reviewing and revising the terms of governmental immunity in the State of Michigan.

B.   Victim Advocates

Victim Advocates play a crucial role in providing support and assistance to individuals affected by gun violence, particularly in cases involving fatalities. Their involvement begins when law enforcement completes their investigation and presents the case to the Prosecutor's Office for a charging determination. At this stage, Victim Advocates initiate contact with the next-of-kin to offer guidance, support, and resources during what is often an emotionally overwhelming and complex process.

Understanding the role of Victim Advocates requires insight into the Crime Victims' Rights Act (CVRA), which outlines the rights of crime victims in the federal criminal justice system. Victim Advocates serve as advocates for these rights, ensuring that survivors and their families are informed, heard, and supported throughout the legal proceedings. By partnering with Victim Advocates, families impacted by gun violence can access the support and resources they need to navigate the legal process with dignity and understanding. Victim Advocates serve as compassionate allies, ensuring that survivors and their families are empowered to assert their rights and seek justice. This includes the right to be treated with fairness and respect, the right to be heard during court proceedings, and the right

to receive notification of key developments in the case. However, it is important to note that Victim Advocates primarily offer support within the legal system and do not serve as therapists, counselors, or other provide social services.

Every county within Michigan has a Victim Advocate that is tasked with reaching out to survivors, and at the very least can provide them a packet that informs individuals of their rights**.**

We encourage individuals to determine if there are similar programs available within their own state.

- **National Advocate Counseling Program (NACP)** was developed through the cooperative effort of multiple national and state victim assistance organizations, and launched in 2003 as the first voluntary credentialing program available to crime victim advocates nationwide. NACP is designed to promote a minimum of forty hours of pre-service training for advocates, recognizes the advocate's years of experience, whether volunteer or paid, and requires continuing education for all advocates credentialed under the program. For more information on this program and to sign up, please visit the link in the Additional Resources list below.

- **Victim Compensation Programs** advocate for and strengthen victim compensation programs at the national and state levels, ensuring financial support for medical expenses and recovery. In August 2023, Michigan's Crime Victim Rights Act was amended and expanded to provide financial reimbursement to victims who suffered emotional harm from a crime, eliminating the earlier requirement of physical injury. This program reimburses for short and long-term mental health treatment, lost wages, home modifications (i.e., wheelchair ramps, etc.), funeral benefits, and more. Victims apply through the MI Crime Victim Compensation Commission, and Victim Advocates can assist with the application process.

C.   Trauma-Informed Policies

Core principles of trauma-informed care include prioritizing a survivor's sense of safety, both physical and emotional, and ensuring that care providers understand and respect the individual's autonomy and choices. It also involves promoting collaboration and open communication, recognizing the potential activators associated with gun violence, and actively working to avoid re-traumatization. Cultivating a culture of sensitivity and compassion is fundamental,

as is recognizing the resilience and strengths of survivors. Trauma-informed care extends beyond immediate interventions, emphasizing long-term support and understanding the interconnectedness of physical and mental health.

- **Trauma-Informed, Resilience-Oriented Schools** is an evidence-based framework designed to support every student to account for trauma. This is especially important for students returning to school after a mass shooting. All classrooms should have access to calming materials, such as spaces and tools to support emotion regulation. Taking movement breaks, accessing sensory materials, and practicing emotion regulation skills such as mindfulness should be encouraged and part of the classroom environment. Classroom environments should be predictable, inclusive, and safe for all students and allow each child to feel they are a member of the classroom community. Classrooms should take into account seating, lighting, access to materials, signage, sound, temperature, visual presentation, and organization when creating a supportive classroom environment. This practice is recommended for schools to complete on an annual basis. In the Oakland County school district (Michigan), there is a Recovery Coordinator and staff that assist with county-wide policy implementation.

  And while schools are one specific area where these policies have grown significantly in the last year in response to mass school shootings, there is a major opportunity to translate these principles across a variety of settings including healthcare systems and trainings for response teams (e.g., Victim Advocates). For example, the Department of Justice Mass Terrorism Division presented trauma response training in July 2022 that the Oxford Victim Advocates attended.

D.   Responsible Media and Public Discourse.

Responsible media coverage and public discourse are vital components in supporting survivors and fostering healing within affected communities. Media outlets are urged to report on such incidents with accuracy and sensitivity, steering clear of sensationalism and graphic imagery that may retraumatize survivors and their families. There is evidence suggesting that sensational coverage focused on perpetrators rather than victims can incentivize future attackers, particularly in the immediate two-week period after a mass shooting, in what is sometimes referred to as the contagion effect (2, 3, 4). Encouraging narratives of hope, resilience, and community support can serve as powerful tools in amplifying survivors' voices and promoting a sense of solidarity amidst adversity. Collaborative

efforts between media outlets, community organizations, and mental health professionals are instrumental in ensuring that coverage is conducted with the utmost sensitivity and respect for survivors' experiences. Initiatives like the "No Notoriety" movement advocate for refraining from publicizing the names and images of perpetrators in mass shootings, redirecting the focus towards survivors and victims' families. By embracing responsible media practices and prioritizing narratives of healing and recovery, we can contribute to a more compassionate and supportive public discourse surrounding gun violence, ultimately fostering healing and resilience within affected communities. Furthermore, we can work to prevent future shooters and save lives. Here are some resources on this topic:

- **Don't Name Them** campaign is a coordinated effort by the ALERRT Center at Texas State University, the I Love U Guys Foundation, and the Federal Bureau of Investigation. Don't Name Them encourages media, law enforcement, and public information officers to move their focus from the shooters and attackers and more towards the victims and heroes. By encouraging the media to focus less on the suspects and more on victims, it is the hope that future events can be prevented. For more information or ways to get involved with this campaign, you can find more information at their website in the Additional Resources list below.

- **No Notoriety** is a similar campaign that was launched by the family members of the victims of the Aurora Colorado movie theater shooting. The goal of this campaign is to reduce acts of mass violence due to media-inspired fame. As part of their ongoing effort, they provide a protocol that can be used as a resource for journalists, public information officers, and others that includes the following elements:

    o   Adhere to the journalistic principle of "Minimize Harm," keeping in mind the responsibility of balancing the public's need for information vs. potential harm.

    o   Recognize that the prospect of infamy serves as a motivating factor for other individuals to kill and inspires copycat crimes.

    o   Report the facts surrounding the mindset, demographic and motivational profile, without adding complimentary color to the individual or their actions, and downplay the individual's name and likeness, unless the alleged assailant is at large.

    o   Limit the name to once per piece as a reference point, never in the headlines and no photo above the fold. Refuse to broadcast/ publish self-serving statements, photos, videos and/or manifestos made by the individual. After initial identification, limit the name

and likeness of the individual in reporting, except when the alleged assailant is still at large and, in doing so, would aid in the assailant's capture.

o Elevate the names and likenesses of all victims killed and/or injured to send the message their lives are more important than the killer's actions.

o Agree to promote data and analysis from experts in mental health, public safety, and other relevant professions to support further steps to eliminate the motivation behind mass murder.

E. Engage Survivors in Advocacy Efforts

Involving gun violence survivors in advocacy efforts is also a powerful and healing component of trauma-informed care. Empowering survivors to share their experiences and actively participate in advocacy not only lends to a critical human perspective that drives policy discussions but also fosters a sense of agency and control over their narrative. Engaging in advocacy allows survivors to transform their trauma into a catalyst for change, promoting healing through action and contributing to a sense of purpose.

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2. Towers, Sherry, et al. 'Contagion in Mass Killings and School Shootings.' PLOS ONE, vol. 10, no. 7, 2 July 2015, p. e0117259, journals.plos.org/plosone/article?id=10.1371/journal.pone.0117259&utm_source=fbia, https://doi.org/10.1371/journal.pone.0117259.

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4. Jetter, Michael, and Jay K. Walker. 'News Coverage and Mass Shootings in the US.' European Economic Review, vol. 148, Sept. 2022, p. 104221, https://doi.org/10.1016/j.euroecorev.2022.104221.

Additional Resources

Department of Justice Office of Victims of Crime
https://ovc.ojp.gov/

Common Ground
https://commongroundhelps.org/

SurvivorsConnect
https://forms.everytown.org/a/welcome-survivorsconnect

Trauma Survivors Network
https://www.traumasurvivorsnetwork.org/pages/home

Directory of Crime Victim Services
https://ovc.ojp.gov/directory-crime-victim-services

Survivors Empowered
https://www.survivorsempowered.org/

The Rebels Project
https://www.therebelsproject.org/

National Vigil for All Victims of Gun Violence
https://www.newtownfoundation.org/national-vigil-for-all-victims-of-gun-violence/

Henry Ford SandCastles
https://aboutsandcastles.org/

The independent review commissioned by the Oxford Community Schools Board of Education
https://guidepostsolutions.com/oxford-community-schools-board-of-education-independent-investigation/

How to Conduct an After-Action Review guide
https://portal.cops.usdoj.gov/resourcecenter/Home.aspx?item=cops-w0878

Additional Examples of Post-Incident Reviews:
Mass Shootings at Virginia Tech: Report of the Review Panel Presented to Timothy M. Kaine, Governor Commonwealth of Virginia (Virginia Tech)
https:/scholar.lib.vt.edu/prevail/docs/VTReviewPanelReport.pdf

Rescue, Response, and Resilience: A Critical Incident Review of the Orlando Public Safety Response to the Attack on the Pulse Nightclub (Pulse Nightclub shooting)
https://portal.cops.usdoj.gov/resourcecenter/Home.aspx?item=cops-w0857

Connecticut State Police After Action Report: Newtown Shooting Incident (Newton - Sandy Hook Elementary School)
https://www.policinginstitute.org/wp-content/uploads/2018/01/csp_aar.pdf

Marjory Stoneman Douglas High School Public Safety Commission: Report Submitted to the Governor, Speaker of the House of Representatives, and Senate (Parkland – Marjory Stoneman Douglas High School shooting)
https://www.fdle.state.fl.us/MSDHS/MSD-Report-2-Public-Version.pdf

Aurora Century 16 Theater Shooting: After Action Report for the City of Aurora (Aurora Movie Theater shooting)'
https://justiceclearinghouse.com/wp-content/uploads/2017/10/C16-AAR.pdf

1 October After-Action Report (Las Vegas Route 91 shooting)
https://www.policinginstitute.org/uncategorized/las-vegas-route-91-harvest-music-festival-shooting-after-action-report/

For information about CVRA in Michigan
https://www.michigan.gov/ag/initiatives/crime-victim-rights

For information about the CVRA at the federal level
https://ovc.ojp.gov/topics/victim-rights-and-services

National Advocate Counseling Program
https://www.trynova.org/credentialing/nacp-civilian/

Victim Compensation Programs
https://www.michigan.gov/mdhhs/safety-injury-prev/publicsafety/crimevictims/crime-victim-compensation/applying-for-compensation

Trauma Informed Resilience Oriented Schools Toolkit
https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-toolkit/

University of Michigan TIPPS Program Guide
https://tipps.ssw.umich.edu/wp-content/uploads/2021/04/TIPPS-Main-Guide-4_15_FINAL.pdf

Oakland County ACEs Data
https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/TTS/ACEs_Oakland_County_Data_Profile.pdf

MDHHS Trauma & Toxic Stress
https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/tts

I Love U Guys Foundation,
https://iloveuguys.org/

Don't Name Them campaign
https://www.dontnamethem.org/

No Notoriety
https://nonotoriety.com/

APPENDIX: Oxford Families Press Release

For Immediate Release:
Mar 18, 2024
Contact: Angel@momentstrategies.com

Oxford Families Say Accountability Still Lacking in the Oxford High School Shooting

Guilty Verdict for James and Jennifer Crumbley is a
step toward justice but more accountability and change is needed

The parents of Hana St. Juliana, Tate Myre, Madisyn Baldwin and Justin Shilling are united in their efforts to drive lasting change and true accountability in the wake of the mass shooting that ended their children's lives and changed their families forever. They stand together and are speaking with one voice as "The Families For Change."

"While we are grateful that James and Jennifer Crumbley were found guilty, we want to be very clear that this is just the beginning of our quest for justice and true accountability," The Families for Change said. "There is so much more that needs to be done to ensure other families in Michigan and across the country don't experience the pain that we feel and we will not stop until real change is made."

Over the last year, Oxford families have worked closely with Michigan leaders, including Gov. Gretchen Whitmer and Oakland County Prosecutor Karen McDonald, on a list of common- sense reforms that will lead to accountability and change.

The Families for Change recommendations include the creation of a state agency focused on firearm violence prevention and statewide task forces and commissions responsible for:

- Investigating the response to the shooting
- Developing the framework for fully-funded, mandatory statewide threat assessment policies and procedures that include the structure and resources to oversee and hold schools accountable for implementation
- Supporting legislation requiring independent investigations and after-action reports immediately following any mass shootings
- Reviewing and revising the terms of governmental immunity in the State of Michigan

"We cannot allow districts like Oxford Community Schools to hide behind immunity where the facts are clear that gross negligence exists," the group

said..”We want safe and sound schools that we can trust. Government immunity undermines that responsibility and compromises our children's safety.”

The families are also calling for an investigation into Oxford Community Schools, the Oxford School District and the immediate removal of board members who were leading the district at the time of the Oxford School Shooting.

“The Oxford community deserves board members it can trust to keep its children safe and move it forward,” said The Families for Change. “We are grateful that leaders like Governor Whitmer and Prosecutor Karen McDonald have listened and shown a great interest in helping us address gun violence in our communities. Today, we are asking for a commitment of support moving our recommendations forward.”

CHAPTER 6

How can we shape our environment to promote safer communities from gun violence?

In the wake of the 1999 shooting at Columbine High School in Colorado, there was an immediate movement to fortify our schools and communities, in the hope that would help stem gun violence deaths. "Target hardening," a term used by law enforcement, security personnel, and the military, is a process that attempts to make a school or building more resistant to individuals with dangerous intent. Common target hardening measures include things like metal detectors, cameras, bulletproof glass and whiteboards, and lockdown or other access control systems designed to restrict firearm entry into specific areas, along with security personnel trained to respond to active shooter situations. 94% of high schools now use security cameras(1), and over half of all public schools have a sworn-in law enforcement officer assigned to the school(2). Despite the widespread adoption of these measures in schools, we have limited evidence to support their overall effectiveness. One of the most comprehensive reports on target hardening in schools conducted by Johns Hopkins University concluded (pg. ES-1) there was "limited and conflicting evidence in the literature on the short- and long-term effectiveness of school safety technology."(3)

While findings are mixed, some evidence suggests that physical measures alone are insufficient to create safe environments and may negatively affect school climate.(4) Fisher et al. found higher rates of student victimization over time in schools with increased security measures.(5) Other researchers found that the presence of a security officer in schools and outside cameras were associated with higher perceptions of safety by students, while inside camera usage was associated with lower perceptions of safety.(6)

Another way professionals working in schools approach the creation of safer environments is through improvements in the social environment. These include strategies mentioned in other sections of this report such as social climate, training in the early detection of warning signs, social emotional learning and bullying prevention programs, and anonymous reporting systems. These along with physical environmental changes (i.e., target hardening) may be the most effective

strategy.(7,8) In schools, this more holistic approach involves explicit policies of behavioral expectations, fostering positive youth development, and conducting comprehensive safety plan assessments. Positive school climate initiatives focus on creating a supportive and inclusive atmosphere, while youth development programs empower students with skills and resilience. Comprehensive safety assessments consider both physical security measures and social factors contributing to a safe learning environment.

In the broader communities, this combination of physical and social improvements to the environment has been described in Crime Prevention Through Environmental Design (CPTED). This approach entails modifying the built environment to deter crime, promoting natural surveillance, and fostering community engagement. We discuss this in greater detail within this section, but many approaches have involved making greener spaces (i.e., community gardens), painting murals, clearing bushes in neighborhoods, and also include setting up cameras around.

I.   *School-Level*

A.   **Promoting a Positive School Climate**

All schools are recommended to assess and implement strategies and programs to bolster a positive school climate where all students feel accepted and have a sense of belonging. Schools should utilize a program or curriculum designed to increase school climate and student connectedness, such as Sandy Hook Promise, "Start with Hello." When considering programs and activities, it is important to ensure the curriculum is culturally responsive and age appropriate. It is also important to ensure that youth are involved in defining and designing school safety initiatives, both in the implementation and operationalization of activities. While at least one adult champion/supervisor will be needed, leadership should ideally come from the students - not only to foster leadership development, but to ensure the needs that are being addressed are those identified by the students themselves. Through student clubs and involvement with administration, students should be empowered to educate their peers on safety and school climate, engage with the community and parents, and both inspire and lead hope within their school. To accomplish this, schools should implement Youth Leadership and Empowerment programs and activities such as the Sandy Hook Promise, SAVE Promise Club. Schools should also address attendance rates as part of school climate and implement support for students with higher rates of absenteeism.

Built environment will also need to be considered. Physical security involves

much more than the layout of a building or the placement of metal detectors. It includes things like well-lit pathways and instruction on finding a trusted adult - that larger context is sometimes referred to as the "built environment." All students are encouraged to have discussions on identifying trusted adults in their life, including while at school. All students are recommended to have safe access to after school and out of school activities. Safe transport or walking routes near the school, as well as easy access to after school activities, including homework circles and clubs, is important to promote both student safety and inclusion. Families should have frequent access to school workshops and presentations, including at minimum on how to recognize signs that their child may be experiencing mental health concerns, including mental health signs, substance use, suicidality, ways to support youth at home, where to access mental health resources at school and community for a crisis, school and community resources and programs, parenting support, how to connect and partner with the school related to concerns, safe storage, and how to access to free and low cost programs for activities for their children. When police, schools, or parents recognize that a family member is in need of support, there must be easily accessible services to prevent escalation. There needs to be a commitment to support youth and their families and utilize prevention strategies before pursuing legal avenues.

B.   School Safety Plans and Assessments

All schools are recommended to utilize Comprehensive School Safety Assessments. At minimum, the comprehensive school safety assessment should include the following areas: School grounds, safe routes to school, access points to the campus, perimeter access control for building(s), visitor screening procedures, security camera systems, alarm systems, interior access control, management of space, student supervision, school climate, bullying prevention strategies, antiterrorism measures, opportunities to increase the use of crime prevention through environmental design (CPTED), how written policies, plans and procedures match practice, effective documentation of security and safety procedures, use of social emotional wellness prevention, resources and access for support. All schools should consider utilizing Crime Prevention Through Environmental Design (CPTED) as part of their comprehensive school safety plan (see below for more details). Schools are encouraged to conduct a CPTED School Assessment to address areas of opportunity in the school building and grounds that may impact youth violence and perceptions of safety. These principles may impact schools through creating a welcoming environment, creating a sense of physical and social order, sending positive messages to students, maximizing the presence of adult authority figures, decreasing opportunity of out-of-sight

activities, managing access to school areas, and creating a sense of ownership of students.

C.   Target Hardening Measures

While some hard measures may be a vital part of a comprehensive approach to safety, we need to take care to avoid implementing hardening measures that are largely driven by a desire to rapidly respond to mass shootings. Chambers suggested four key implications to keep in mind when considering target hardening in schools(2): 1) target hardening measures are not a substitute for other evidence-based approaches to school safety; 2) "hardening" of schools must not interfere with teaching and learning; 3) avoid instilling fear in students and inhibiting healthy adolescent development when applying these measures; and 4) protect against security technology altering student-teacher relationships where students are viewed as threats. Below we discuss common target hardening approaches, based on level of evidence, along with best practices and caveats to consider prior to implementation.

School Resource Officers (SROs)

Many U.S. communities are debating whether and how to engage law enforcement in their schools in response to high-profile school shootings and community violence. These discussions are challenged by national and local community-police relations, calls for police reform, and research that suggests that the presence of law enforcement in schools does not stop school shootings, increases the criminalization of student behaviors, and feeds the school-to-prison pipeline. Data from the U.S. Departments of Education and Justice, however, offer a different perspective indicating that over the past two decades schools have become safer, juvenile arrests are down, and that this coincides with the expansion of SRO programs as part of a comprehensive strategy.(9) A 2021 U.S. Secret Service National Threat Assessment Center report concluded that "school resource officers play an important role in school violence prevention."(10) SROs can fulfill a variety of roles: preventing and responding to school-based crime; facilitating relationships among law enforcement, educators, students and the community; and supporting a positive school climate.

Notably, SROs need specific skills and training for working with youth and in schools because these may be different than the typical training officers receive. It is useful for SROs, for example, to understand issues about adolescent development, develop relationships with students and school personnel, and

develop an identity as a resource for schools. Researchers suggest that traditional police training often does not provide adequate instruction on topics relevant to school-based law enforcement, such as prevention and early intervention, diversion, adolescent and child development, crisis intervention, gang activity, and substance abuse.(11) A lack of specialized training can result in SROs who may be ill-equipped to fulfill key roles, jeopardizing the success of the SRO program, and hindering school safety. Training and resources are offered by local, state, and federal agencies (such as the U.S. Department of Justice's COPS Office), technical colleges, and other private organizations, including the National Center for Mental Health and Juvenile Justice, and National Association of School Resource Officers. Basic SRO training includes instruction on how to teach, mentor, and counsel students, work collaboratively with school administrators and staff, and familiarity with policies and procedures that adhere to juvenile justice and privacy laws. **See Appendix** for additional details on SROs including standard operation procedures.

During the past decade, the presence and state mandates of SROs in schools has increased, which has coincided with a dramatic increase in the number of referrals and arrests to juvenile courts made by schools, which has disproportionately affected minority groups and students with disability.(9) Despite this shift, only recently have researchers begun to examine how the increased utilization of trained law enforcement personnel can affect school climate and school safety. Some of the most rigorous research on this topic has been conducted by Gottfredson and colleagues.(12) In one recent review, Devlin and Gottfredson concluded that all else being equal, having police present in a school results in more crimes being reported to law enforcement, not less, compared to schools that do not have a police presence.(13) Instead of responding to more serious crimes, police presence is associated with increases in the reporting of nonserious crimes to law enforcement, and increased arrests for minor offenses, particularly for youth under the age of 15.(14) The most serious crimes such as gun violence are already reported to law enforcement whether or not a police officer (or SRO) is positioned within the school.(15)

The key takeaway from the current evidence suggests that school and community officials may need to have realistic expectations for SROs and their role in school safety. They most certainly play an important role, but arresting and criminalizing adolescent behaviors that are somewhat to be expected during this developmental period may end up doing more harm than good. Rather, SROs can contribute to school safety teams, help students build trust with police, assist with creating a positive school climate, and assist when a situation becomes concerning or dangerous (i.e., early detection of warning signs). SROs are also

a vital resource as the first responder when a violent or shooting incident takes place before more help arrives. To address some of these issues, it would be helpful if SRO duties and responsibilities are developed with school leaders and formalized into written agreements which are reviewed on an annual basis to help make role definition clear and adaptable.

Trauma-Informed Active Shooter Drills (ASDs)

Recent years have seen an increase in calls for improved school safety and preparedness, particularly with active-shooter incidents.(16–18) Active Shooter Drills (ASDs) are one of the most common responses to this type of violence, having been implemented in over 95% of U.S. K-12 schools.(1) Not only have ASDs quickly proliferated in the nation's schools, they have also evolved within a scant framework and with a lack of standards resulting in the conflation of "drills" with simulation-style "Full-scale or Functional Exercises." According to the Federal Emergency Management Agency (FEMA), Full-scale or Functional Exercises include, among other things, simulation and stressful environments. (19) These simulations can involve mimicking the sound and smell of gunfire, people play-acting injuries, staff being shot with pellet guns, fake blood, and law enforcement sweeping hallways with firearms drawn. Simulations can be traumatic for students and staff and have occasionally resulted in physical injuries.(20) Additionally, there is currently no evidence that these types of simulation exercises are effective at improving school safety.(21) It is important for schools that conduct ASDs to consider the methods they use to ensure the safe participation of all students and to avoid trauma and/or psychological harm.

A 2020 report by Everytown for Gun Safety, American Federation of Teachers, and the National Education Association outlines several recommendations for drills which may help to ensure that they are trauma-informed and less detrimental to mental health.(22) These include strategies like notifying school communities in advance; avoiding realistic simulations; ensuring developmental appropriateness; consulting with mental health professionals; and tracking data on their efficacy and effects. The report recommends using the following best practices:

- Drills should not involve play-acting or sensorial components.(23)
- Drills should be accessible, developmentally and age-appropriate, culturally aware, scientifically based, and trauma informed.
- All drill approaches should explicitly include clear considerations (and accommodations) for students with disabilities, mental health needs, sensory needs, mobility restrictions, and auditory or visual limitations.

- Require evidence-based violence prevention training in schools that conduct ASDs. Teaching students how to prevent violence – including gun violence – before it manifests at their schools can increase school safety and strengthen students' sense of personal safety.

- Require that ASDs be announced immediately prior to taking place, using concise and age-appropriate language. Because active shooter drills are grounded in preparing for an act of violence that could result in death, even the best formulated drill can be traumatizing to students and school personnel. One way to mitigate this effect is to clearly announce – prior to the start of the drill – that it is a practice.

- Require advance notice for students & parents/guardians and provide alternative safety training for exempted students. Even well-constructed ASDs can negatively affect students who have already experienced a form of trauma, including trauma caused by gun violence. Therefore, students and parents/guardians should be informed in advance of any pending drill and given any information necessary to make an informed decision as to whether the student will be opted out of the drill.

- A reasonable amount of time should be provided to students and school personnel between the completion of a drill and the resumption of regular activities. Making postvention services available including access to counselors, school psychologists and/or social workers may be necessary.

- Require an annual review of the efficacy and impacts of ASDs. A process should be in place to determine if active shooter drill protocols need to be updated to ensure they are prioritizing the safety and mental wellbeing of participants. Annual meetings should allow for an audit of how effective these drills are and if adjustments need to be made.

Lockdown Procedures

Lockdown drills are commonly used in schools to increase safety and survivability during mass shootings. These drills help individuals build time and space between themselves and the threat, leading to fewer injuries and deaths in real-world events. Continued training and drills are important for maintaining skill mastery in deploying the lockdown procedure effectively.(24) Research has shown that participating in lockdown drills and emergency response training reduces fear and perceived risk among students, although reported avoidance behaviors may increase.(25)

"Run-Hide-Fight" Training

Training students and staff on the "Run-Hide-Fight" protocol, which provides guidelines on responding to an active shooter situation.

Arming Teachers

Arming teachers with firearms provides an immediate and potentially proactive response to a security threat, but it is a highly controversial practice with concerns related to safety, training, and its effect on overall school environment. According to the latest American Educators Panels survey by the RAND Corporation, 54% of teachers believe armed teachers would make schools less safe, while 20% believe it would improve school security – despite the fact that a majority of states have laws allowing it. Several prominent organizations have released public statements indicating that they do not support arming teachers including the National Association of School Resource Officers, National Parent Teacher Association, and the National Association of School Psychologists. Arming teachers raises concerns around the risk of increased injury and death with the additional accessibility of guns within schools.(26) School officials have also raised concerns around liability, costs required for extensive and ongoing training, and risks with law enforcement response to active shooter situations when teachers may also be shooting.(27)

Metal Detectors

The effectiveness of metal detectors in improving school safety is unclear, but many public schools continue to rely on this technology to control school violence. (28) Notably, the implementation of metal detectors with best practices may not be feasible because they require adequately trained staff, procedures for handling the identification of contraband, and enough detectors to handle the rush of students entering school at roughly the same time. They also require staffing throughout the day including after school time to help screen visitors to the building. Some researchers have suggested that the presence of metal detectors in schools is also associated with a decrease in student reports of feeling safe, and that there is a disproportionate use in high-violence, and schools with predominantly minority students.(29)

Nightlocks

One of the more recent hardening mechanisms is called a Nightlock. While it is still early and research on its effectiveness is limited, parents and students reported that it saved lives in Oxford high school on November 30.(39,40,41). It is a simple, relatively inexpensive device and has the ability to prevent injury and death by allowing individuals to quickly secure their space and lock down. Every building must adhere to their own fire and safety requirements, which may impact their ability to utilize these mechanisms.

II.   *Community-Level*

Crime Prevention Through Environmental Design

Crime Prevention Through Environmental Design (CPTED) is a comprehensive approach applicable across diverse settings to enhance safety and mitigate community violence. By strategically modifying the physical environment, CPTED aims to deter criminal activity and create spaces that promote well-being. Common strategies include improving lighting for visibility, controlling access points, fostering community engagement, and implementing surveillance measures. In residential areas, for instance, CPTED may involve trimming vegetation for clear sightlines, while in commercial settings, it could entail securing entrances and installing surveillance cameras. Schools might focus on controlled access and collaboration with law enforcement, while public parks benefit from natural surveillance and community programming. Regardless of the setting, the core principles of CPTED—natural surveillance, territorial reinforcement, access control, maintenance, and community involvement— provide a versatile framework for improving safety and reducing the risk of community violence.

CPTED core principles:

1. Natural Surveillance: CPTED principles often involve designing spaces to enhance natural surveillance. Well-lit areas with clear sightlines make it harder for criminal activities, including gun violence, to go unnoticed. Increased visibility can deter potential offenders and encourage community members to report suspicious behavior.

2. Territoriality: Creating a sense of ownership and territoriality in a community can discourage criminal activity. When people feel a strong connection to their surroundings, they are more likely to actively protect their environment. This sense of community ownership may deter individuals from engaging in gun violence within that community.

3. Access Control: CPTED emphasizes controlling and limiting access to certain areas. Restricted access can help prevent unauthorized individuals from entering spaces where gun violence might occur. This could be through the use of physical barriers, controlled entrances, or monitored access points.

4. Maintenance and Order: Well-maintained environments signal that an area is actively cared for and monitored. A clean and orderly environment can discourage criminal behavior, including gun violence. Neglected areas may attract criminal elements, increasing the likelihood of violence.

5. Community Engagement: Implementing CPTED often involves engaging the community in the design and maintenance of public spaces. This community involvement fosters a sense of responsibility and cooperation, which can contribute to a safer environment and reduce the occurrence of gun violence.

Researchers have shown that communities with CPTED activities reported decreases in gun violence, youth homicide, disorderly conduct, and violent crime.(30–33) Communities also reported positive effects on residents' stress, community pride, and physical health.(34,35) According to the U.S. Department of Education report on school safety, there exists ample evidence that various CPTED can improve school safety without sacrificing the educational mission of schools.(9) Strategies vary by cost, but several can be implemented with relatively low cost. As part of a comprehensive school safety strategy, schools are encouraged to conduct a CPTED School Assessment (link below) to address areas of opportunity in the school building and grounds that may impact youth violence and perceptions of safety.

Other strategies including the work of Dr. Ron Astor focus on combining monitoring and mapping techniques to prevent specific forms of school violence and aggression in specific spaces and times in school.(36–38) Mapping in schools involves a comprehensive approach to address school safety concerns. This method goes beyond physical measures by mapping and understanding the social and psychological dynamics within school environments. Dr. Astor's work emphasizes the importance of identifying hotspots for potential safety issues, understanding student relationships, and assessing the school climate. By mapping social interactions, bullying incidents, and other relevant factors, educators and administrators can gain insights into the school's social fabric. This complements physical safety measures by providing a more nuanced understanding of potential risks and enabling the development of targeted interventions.

III. Key Takeaways

Many schools are implementing target hardening measures in response to mass shootings to improve school safety and security. Based on the available evidence, target hardening alone that are not part of a larger strategy will not reduce risk for school shootings and may lead to other deleterious effects on student and staff well-being. A comprehensive approach that includes attention to the social environment (e.g., student social–emotional learning, school climate) and the attentive environment (e.g., anonymous reporting systems, risk assessment)

along with physical environment strategies like the target hardening and CPTED approaches discussed across all sections of this Protocol are necessary to promote community safety from gun violence. Furthermore, by fostering open dialogue, emphasizing community engagement, and implementing training programs focused on de-escalation and cultural competence, we can work towards a more constructive and mutually beneficial collaboration between law enforcement and community. This approach can help build trust, prioritize the well-being of individuals, and create a safe and inclusive learning, working, and living environment for all.

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APPENDIX

SRO programs should be developed in collaboration with school and law enforcement officials, parents, and community stakeholders. Duties and responsibilities of SROs should be memorialized in written agreements and reviewed on an annual basis to guard against adverse impact. For example, Memoranda of Understanding (MOUs) or similar formalized agreements define the school-law enforcement partnership and delineate the program's mission and goals. Key components of MOUs should include: Mission, goals and objectives, roles and responsibilities, level and type of commitment from partners, governance structure, process for selecting SROs, information exchange, program and SRO evaluation, student rights, integrating the SRO, transparency and accountability, and standard operating procedures (SOPs). SROs should not be involved in school discipline matters.

Key components of SOPs:

- School discipline versus criminal justice processing: Delineate which offenses require a criminal justice referral versus the use of traditional school discipline procedures, including behaviors that fall into gray areas between criminal offenses and school discipline issues (e.g., harassment, fighting, vandalism). Limit arrests for public order offenses (e.g., willful defiance or disobedience, disorderly conduct, disrupting the educational process) to help to ensure that discipline remains the responsibility of school staff.

- Schools should refer to Oakland County Youth Assistance when students need support beyond appropriate school discipline and prior to the need to involve the legal system.

- Chain of command: Delineate to whom the officer reports, how the school administrator and officer collaborate to address incidents, and what the procedure is when there is a disagreement between the school administrator and the SRO.

- Arresting students and use of force: Delineate when arrest or restraint of students or taking them into custody is appropriate, recognizing that these are actions of last resort to deal with offenses that cannot be handled through traditional school procedures. Define procedures for arresting students, including whom should be consulted and when and where arrests should take place (e.g., off school grounds and outside of school hours, except in cases where there is an immediate threat to school safety).

Clarify procedures for calling in patrol officers to arrest students to protect the relationship between the SRO and the student body.

- Communication and collaboration: Define when the SRO will talk with school staff and law enforcement officials, including discussions about at-risk students and ongoing investigations. Detail what meetings SROs should attend (e.g., parent-teacher organizations, school board meetings, faculty meetings). Outline how SROs will be integrated into educational teams to help the SRO adapt to the school culture and improve understanding of school resources, referral options, and information sharing. Specify SRO engagement in periodic roll calls and other law enforcement meetings to help SROs remain part of the law enforcement team and aware of changing community issues impacting school safety.

- Uniform: Outline SRO uniform requirements, which may include law enforcement attire, a utility belt, and a service weapon, which can be a deterrent to criminal behavior. This SOP recognizes that in some school communities traditional police uniforms may create disruptions or mistrust among the student population and that SRO uniforms can vary based on school community needs and the requirements of the law enforcement agency.

- Searching and questioning students: Outline when and how SROs can search and question students, and whether administrators and/or parents need to be alerted prior to the search.

- Selecting the School Resource Officer: SRO programs are built on the recruitment and selection of qualified officers who are chosen for their willingness and ability to work with students, parents, and educators. Effective SROs are motivated by opportunities to proactively address school safety issues, build effective working relationships with school staff, and positively impact the lives of students. School and law enforcement administrators should work collaboratively to identify SRO employment criteria that are the best match for the school. Because SROs serve as role models and rely heavily on individual discretion, high levels of integrity and dependability are essential. Officers skilled in de-escalation and crisis intervention techniques and who have expertise in how to counsel or refer students can better promote school safety and a positive school climate.

SRO Training:

- SROs must be specifically trained for the duties and responsibilities they will have within the school community. Studies suggest that traditional police

training often does not provide adequate instruction on topics relevant to school-based law enforcement, such as prevention and early intervention, diversion, adolescent and child development, crisis intervention, gang activity, and substance abuse. A lack of specialized training can result in SROs who may be ill-equipped to fulfill key roles, jeopardizing the success of the SRO program, and hindering school safety. Training and resources are offered by local, state, and federal agencies (such as the U.S. Department of Justice's COPS Office), technical colleges, and other private organizations, including the National Center for Mental Health and Juvenile Justice, National Association of School Resource Officers, and other organizations. Basic SRO training includes instruction on how to teach, mentor, and counsel students, work collaboratively with school administrators and staff, and familiarity with policies and procedures that adhere to juvenile justice and privacy laws.

- Specialized training on other topics can also promote an SRO's effectiveness. For example: Mental health, child and adolescent development and communication, implicit bias, trauma-informed care, adverse childhood experiences, de-escalation techniques/crisis intervention training, school-specific topics, and cultural competence.

Basic SRO training includes instruction on how to teach, mentor, and counsel students, work collaboratively with school administrators and staff, and familiarity with policies and procedures that adhere to juvenile justice and privacy laws. Specialized training on other topics can also promote an SRO's effectiveness, including:

1) Mental Health – training SROs to understand child and adolescent mental illness, intellectual and developmental challenges, recognize signs of emotional disturbance, and crisis intervention can reduce referrals to juvenile court and help facilitate the connection of at-risk students to interventions and supports.

2) Child and Adolescent Development and Communication – understanding child and adolescent development can help SROs build trust and support educational objectives.

3) Implicit Bias – SROs should receive implicit bias training to understand that all individuals harbor unconscious bias, helping them recognize bias and its impacts, and instructing them on how to implement controlled responses can promote fair and impartial reactions to misbehavior and offenses.

4) Trauma-Informed Care – adverse childhood experiences (ACEs) can

potentially harm a child's emotional and physical well-being and can lead to behavioral issues. Recognizing and responding to the causes and implications of trauma can help school resource officers intervene more effectively when signs of trauma appear.

5) De-escalation Techniques/Crisis Intervention Training – SROs should receive training on how to interact with and respond to students in crisis using validated communication, crisis intervention, and behavioral techniques.

6) School-Specific Topics – training in bullying, positive school discipline, substance abuse, truancy, dropout prevention, active shooters, gang activity, and school crisis planning can help SROs more effectively carry out their duties.

7) Cultural Competence – prepares SROs to communicate and tailor interventions based on an understanding of student and staff cultures. Culturally competent SROs can work with individuals representing diverse cultures, including students of various socio-economic strata, religions, ethnicities, or countries of origin.

School Safety Planning.

During school hours: A school policy and protocol on the referral process for both ongoing and crisis services regarding connecting students with the school-based mental health provider needs to be in place with frequent training for all school staff. The school-based mental health provider needs to have a referral protocol in place for connecting with community-based services for services that cannot be met within the school. If a student is experiencing a mental health emergency, the school crisis team should support the student and family to determine the appropriate next steps to stabilize and access needed services.

If the crisis team is unable to meet the mental health needs of the student within the school or the student needs a higher level of care to keep themselves safe, the school should refer students to the Youth and Family Care Connection (YFCC) located at the Oakland County Resource and Crisis Center, 1200 N.

Pontiac, Telegraph Rd., 32E, Pontiac, MI, 48341. The YFCC can be accessed through walk-in services for a behavioral health crisis. Services available through YFCC include: screening, psychiatric evaluation, medication management (if advised), counseling, and other intervention as needed for up to 72 hours. For a student demonstrating an elevated risk of violence or harm to others, the school-based threat assessment team should be involved to determine if a threat assessment needs to be completed. If the threat assessment team has deemed a threat assessment is not necessary, the school crisis team can follow the same referral steps for accessing services at the Youth and Family Care Connection.

Oakland County Health Network provides School Mental Health Navigators, who can help schools access care for students through Oakland County Health Network (OCHN). OCHN will support youth and families accessing care through any service, and believes there is no "wrong door" to access care for youth in need. Schools are strongly encouraged to work with providers such as TRAILS to create suicide risk management protocols. This should include: 1) accurate assessment of suicide risk through an evidence based screening tool (such as the Columbia Suicide Severity Rating Scale), 2) referral system to local provider with information sharing process, and 3) protocols in place for supporting students when they return to school.

After school hours: After school hours, a parent or guardian can call the mobile crisis unit at 877-800-1650, access the Youth and Family Care Connection 24/7, or call 988 for a mental health crisis. If there is risk of imminent danger, caregivers are encouraged to call 911 and ask for a crisis intervention team (CIT) trained law enforcement officer to be dispatched. A parent or guardian may also take their child to the emergency department (ED); crisis providers can still provide support in the ED if permitted by the ED. Inpatient admission can also be coordinated telephonically if necessary. Crisis prevention and prompt intervention is critical to reduce the likelihood of a crisis escalating.

Additional Resources

Positive Behavioral Interventions and Supports (PBIS)
https://www.pbis.org/

Sandy Hook Promise, SAVE Promise Club
https://www.sandyhookpromise.org/our-programs/save-promise-club/

National Center for School Safety on School Climate
https://www.nc2s.org/topic-area/school-climate/

NCSS Comprehensive School Safety Assessments
https://www.nc2s.org/topic-area/comprehensive-school-safety-plans/

CDC Crime Prevention Through Environmental Design
https://www.cdc.gov/violenceprevention/youthviolence/cpted.html

National Center for School Safety
https://www.nc2s.org/resource/physical-security-measures-overview/

National Association of School Resource Officers
https://www.nasro.org/

Oxford School Shooting Safety measures & Nightlock Barricade saved lives.
https://www.youtube.com/watch?v=W-UWyR-LCi8

National Center for School Safety Educational Videos for SROs
https://www.nc2s.org/resource/school-resource-officer-video-series/

Systematic Review on Perceptions of SROs
https://www.nc2s.org/resource/systematic-review-perceptions-of-school-resource-officers/

Everytown for Gun Safety, American Federation of Teachers, and the National Education Association's 2020 report
https://everytownresearch.org/report/the-impact-of-active-shooter-drills-in-schools/

Multi-hazard Emergency Planning for Schools
https://training.fema.gov/programs/emischool/el361toolkit/conductingexercisesdrills.htm#item2

Conducting Crisis Exercises and Drills: Guidelines for Schools
https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/systems-level-prevention/conducting-crisis-exercises-and-drills

National Center for School Safety's Resources on School Drill
https://www.nc2s.org/topic-area/school-drills/

The National Center for School Safety trainings on best practices for lockdown drills
https://www.nc2s.org/training/lockdown-drills/

A brief informational pamphlet on the Run Hide Fight protocol
https://www.cisa.gov/sites/default/files/publications/active-shooter-pamphlet-2017-508.pdf

Commission Member Bios

Chief Elvin Barren, The City of Southfield appointed Elvin V. Barren as the Chief of Police on Monday, July 29, 2019. Chief Barren holds a Master's Degree from Bowling Green State University, a Bachelor's Degree from Central Michigan University, and an Associate's Degree from Wayne County Community College. He is a graduate of the Senior Management Institute for Police (SMIP) and a graduate of the Leadership in Counter Terrorism Program, sponsored by the FBI. Chief Barren is also a veteran of the United States Navy, serving eight years as an Operations Specialist.

Chief Barren served 21 years with the Detroit Police Department. He retired from the Detroit Police Department as a Deputy Chief. His responsibilities included five precincts, the Downtown Services Division, and eight specialized units (SWAT, Bomb Squad, K-9, Air Support, Harbor Master, Traffic Enforcement, Tactical Response Unit, and City-Wide Parks Detail).

Chief Barren was hired to implement change within the Southfield Police Department. As the Chief of Police for the City of Southfield, Chief Barren has instituted a variety of new initiatives and policy revisions. The current Use of Force policy is now in compliance with *National Best Practices in Policing*. The Governor of Michigan and various community leaders applauded Chief Barren for adopting a *Duty to Intervene* policy and encouraging other departments to adopt similar guidelines.

Chief Barren changed the direction of the department by instituting the Community Harms - Directed Policing Model. Under the Community Harms – Directed Policing Model, violent and property crimes remain a top priority. However, community input regarding harms affecting quality-of-life concerns get addressed with a sense of urgency.

This approach ensures that the department is creative at implementing strategies to address community concerns related to behavioral health, environmental issues, substance abuse, traffic accidents, and the youth. This model provides the Southfield Police Department with a framework to strategically allocate resources appropriately. The model is fluid, allowing it to address changes in community harms over time.

Susan Benson, Director of Student Specialized Services for Oakland Schools. Ms. Benson has over thirty-five years of experience working across a variety of service settings including education, mental health, juvenile justice, substance abuse, and child welfare. She has been with the Oakland Intermediate School District for the past twenty-four years where she directs a variety of collaborative efforts to address the unmet needs of highly vulnerable students. These programs include Mental Health Wraparound, Homeless Student Services, Human Trafficking, Suicide Prevention and Awareness, Mandated Reporting, and Foster Care Student Services.

Charlie Cavell, Oakland County Commissioner. Charlie is a social worker by training. He has worked both internationally on community development projects and locally in homelessness, education, child wellbeing, mental health and workforce development. Charlie has also been active in political organizing around paid time off, healthcare, voting access, immigrant rights, housing and racial justice. Immediately prior to his election, Charlie worked in local government on economic & tax policy. Charlie ran for office to further racial, social, economic, and environmental justice. In short this means building communities where people feel safe physically and financially at any age or income level.

Debra Ehrmann, Vice President at Centro Multicultural. Ms. Ehrmann attended Wayne State University, Major in Criminal Justice. She has been the Vice President of Centro Multicultural since 2007 and in addition to her responsibilities, Centro Multicultural partnered with the Consulate of Mexico to provide Ventanilla de Salud to Hispanic families. This partnership and collaboration provides prevention, educational and referral services to Hispanic families with need of medical services follow ups throughout the State of Michigan. Plus, multitudes of projects over the years throughout our multicultural communities, including sitting on varies boards, community committees throughout her 22 years in Oakland County. Recently assigned to VOCA – Victims of Crime to help assist families who have been victims. In 2003- 2007 and 2007-2012, Governor Jennifer Granholm appointed Ms. Ehrmann to the Commission on Spanish Speaking Affairs. The purpose of this commission is to advise the governor and the state legislature concerning the coordination and administration of state programs serving Hispanics. Along with reviewing grants to be made from federal, state or private funds administered by the office, the commission also makes recommendations to the Governor and the legislature regarding changes in state programs, statutes, and policies. Ms. Ehrmann feels this experience provided her with the foundation to understand the importance of communities working together with citizens in need to help strengthen the community as a whole.

Lieutenant Jim Etzin, Fire Department and Emergency Medical Services Coordinator for the Oakland County Tactical Consortium (OakTac), an organization comprised of 40 law enforcement agencies, numerous fire departments, and other stakeholders protecting approximately 1.3 million residents. He is also the founder of the International Tactical EMS Association, an instructor for the National Tactical Officers Association, served as a United States Navy corpsman during combat operations, and then as a full-time combat medicine instructor for the 1st Marine Division. After becoming the first corpsman to ever attend the United States Marine Corps Military Police School and Los Angeles County Sheriff's Department's Special Weapons and Tactics (SWAT) School, he then served as a medic for the only full-time Marine Corps SWAT team at the time. In the immediate aftermath of the infamous North Hollywood Bank of America takeover robbery and shootout in 1997, two years prior to the tragedy at Columbine High School, he was the first in the United States to conceptualize law enforcement and fire service collaboration

specific to situations involving mass violence. He has been studying, practicing, and teaching active violence response and emergency medicine for 40 years, is considered a subject matter expert on not only the history of these events but also how to best mitigate them tactically and medically, and consequently serves on the National Fire Protection Association's Technical Committee on Cross Functional Emergency Preparedness and Response.

Betsey Hage, Commission Vice-Chair and Chief of Administration for the Oakland County Prosecutor's Office. She oversees the Juvenile Justice Division, human resources and budgetary matters, as well as the office's community outreach and special events. Betsey brings a wealth of experience to her position, including twelve years as an assistant prosecutor at OCPO, eleven of which she spent in the Juvenile Justice Division. Betsey has extensive courtroom experience in juvenile delinquency matters, as well as representing the Michigan Department of Health and Human Services in child protection proceedings. She has also conducted trainings for MDHHS workers. Betsey is a graduate of Loyola University Chicago School of Law and holds a Bachelor of Arts from Michigan State University. She and her family live in Royal Oak.

Thomas Hardesty, Director of Emergency Management & Homeland Security for Oakland County. As the Director, Thom is responsible for both the Emergency Management and Building Safety divisions. The Emergency Management division is responsible for the mitigation of all disasters and emergencies in Oakland County and includes the planning and training for a coordinated response. The Safety Division includes the physical and technical security of the Oakland County owned and operated facilities. Thom initiated the formation of the Behavioral Threat Assessment & Management Team, a collaborative group whose primary function is to increase the safety of all employees, contractors, and guests of Oakland County facilities. Prior to his service with Oakland County, Thom was the Director of Security & Traffic for Palace Sports & Entertainment and has nearly 30 years in law enforcement, retiring from the city of Auburn Hills as the Deputy Director Public Safety – Police, in 2014.

Nicole Hockley, chose to transform unspeakable grief and anguish into action after her youngest son, Dylan, was murdered in his first-grade classroom during the Sandy Hook Elementary School tragedy. As the co-founder and CEO of the Sandy Hook Promise (SHP), Nicole works every day to protect children from gun and school violence.

SHP is a national nonpartisan nonprofit organization dedicated to educating and empowering youth and adults to prevent violence in schools, homes, and communities. Under Nicole's leadership, the research-driven *Know The Signs* violence prevention programs were created and are now available at no cost to schools. More than 23 million have participated in these life-saving programs in 24,000+ schools and youth organizations nationwide. As a result, countless acts of violence have been averted – including at least 16 planned school shooting attacks – saving precious lives and

helping youth get much-needed mental health support.

Nicole is a leading voice on school safety and gun violence prevention, rising above the political divide and focusing instead on helping young people get the help they need. She is a sought-after keynote speaker and commenter, sharing expertise on recognizing the warning signs of someone who may be in crisis or at risk of harming themselves or others, and how to safely intervene. She has presented several TEDx Talks, her opinion editorials have been published by Newsweek, CNN, USA Today, and InStyle, and her commentary has been featured in CNN, MSNBC, Newsy, ABC, CBS, and NBC news coverage, among countless other media outlets.

Driven by Nicole's extensive background in strategic marketing and communications for companies in the U.S. and U.K., Sandy Hook Promise has rapidly become a household name. The award-winning and provocative PSA campaigns she helped co-create with BBDO New York have amassed hundreds of millions of views worldwide, including "Evan" which generated two billion impressions and 10 coveted Cannes Lions Awards, "Back-to-School Essentials" and "Teenage Dream" which each earned prestigious Emmy Awards for Best Commercial of 2019 and 2022.

Nicole received an Honorary Doctor of Laws degree from Fairfield University in 2022 and an Honorary Doctor of Humane Letters from Trinity College in 2023. She was recognized in 2016 by People magazine as one of 25 Women Changing the World and by Forbes magazine in 2021 on their 50 Over 50 Impact list. But her favorite recognition is for being the best Mom she can to her surviving son, Jake.

Nicole's solemn "promise" to honor her son and the other 25 lives taken on December 14, 2012 with action has never wavered. She continues to spread awareness that violence is preventable and that we each have a role – and responsibility – to "know the signs" and get help.

Spl/Lt. Tim Ketvirtis, P.E.M., enlisted with the Michigan Department of State Police (MSP) in 1995 as a member of the 112th Trooper Recruit School. He was first assigned to the Adrian Post and has held positions in the Uniform Division, Forensic Science Division and Special Operations Division. Currently Lt. Ketvirtis is assigned to the Emergency Management and Homeland Security Division as the 2nd District North Coordinator.

In his role as a district coordinator, Lt. Ketvirtis is the single point of contact between local and state governments and provides administrative oversight of local emergency management programs. Lt. Ketvirtis's tasks are multidimensional including preparedness for, prevention and mitigation of, response to and recovery from many types of disasters, emergencies, special events, and major events to include terrorism and weapons of mass destruction. Lt. Ketvirtis also works with Emergency Management and Homeland Security Division staff in the delivery of homeland security initiatives and provides guidance to local programs and units of government in federal homeland security grant preparation.

Lt. Ketvirtis holds a Bachelor of Science degree in Criminal Justice and Security Administration with a Business of Administration minor from Northern Michigan University. He holds the designation of a Professional Emergency Manager through the Michigan State Police and has graduated from the Federal Bureau of Investigation Hazardous Devices School. Lt. Ketvirtis has been an instructor for the International Association of Chiefs of Police Leadership in Police Organizations, and a current member of the Michigan Advance Team for the Emergency Management Assistance Compact.

Alyse Folino Ley, DO, FACN, Dr. Folino Ley serves as an associate professor, and the Associate Chairperson of Education and Research, in the Michigan State University, Department of Psychiatry. She is also the Co-director and Co-Principal Investigator of Prevent 2 Protect: The Adolescent Targeted Violence Prevention Project, a collaboration between Safe and Sound Schools and Michigan State University Department of Psychiatry. Dr. Alyse Folino Ley graduated from Michigan State University's College of Osteopathic Medicine in 2002. Following medical school, she completed a general psychiatry residency and child and adolescent psychiatry fellowship at Michigan State University. She is board certified in both general psychiatry and child and adolescent psychiatry by the American Board of Psychiatry and Neurology (ABPN) and the American Osteopathic Board of Neurology and Psychiatry (AOBNP). Dr. Ley is a fellow in the American College of Neuropsychiatrists (ACN). Dr. Folino Ley has expertise in working with adults, children and adolescents with trauma-related disorders, mood disorders, anxiety disorders, developmental disorders, ADHD, learning disorders, and psychotic disorders. She has provided subject matter expertise to the Averted School Violence Database project, National Policing Institute's Center for Targeted Violence Prevention initiatives and John Jay College of Criminal Justice. Dr. Ley participated in after-action reviews of the Route 91 Harvest Festival shooting in Las Vegas (NV) with John Jay, the Marjory Stoneman High School in Parkland (FL) shooting, and the Paw Paw High School averted shooting in Michigan. In 2022, Dr. Folino Ley was appointed by Governor Whitmer to serve on the Michigan to the School Safety and Mental Health Commission, to serve a 4-year term. She also serves on the Michigan Board of the National Alliance on Mental Illness (NAMI) and is extensively involved in both medical and psychiatry residency education in the MSU College of Osteopathic Medicine and the MSU College Human Medicine.

Rev. Derrick S. McDonald, Pastor of Prospect Missionary Baptist Church in Pontiac, Michigan. Retired Vice President, Human Resources, Comer Holdings, LLC. He has throughout the years and continues to be active in the community. He is the Chair of McLaren Oakland Hospital Board, works with the OUPIECE's Michigan ACE Initiative, Pontiac Collective Impact Partnership and the Center for Success to establish a Literacy House, OU-Pontiac Initiative PK-16, member of the Mayor Tim Greimel's Transition Team. part of the first Community Policing and Education Series offered by the Oakland County Sheriff's Department. Member Commission

on Non-Violence City of Pontiac. Rev. McDonald has a great love for youth and encourages them to always strive for their best. Rev. McDonald continues to lead the congregation to be active in serving others in many capacities throughout the city of Pontiac and beyond. B.B.A., Management, Northwood University, Midland, MI and a Masters of Ministry, from Masters International School of Divinity.

Karen D. McDonald, Oakland County Prosecutor. She is a lifelong Michigan resident, who was elected by the people of Oakland County to be their Prosecutor in November of 2020. Karen's professional career began as a high school English teacher before pursuing her legal career. As an Assistant Prosecutor in the Oakland County Prosecutor's Office, she prosecuted child sexual assault cases as well as general misdemeanors and felonies. Karen then worked in private practice at Jaffe Raitt Heuer & Weiss P.C., specializing in civil and family law from 2004-2013 until she was elected to the Oakland County Circuit Court in November 2012, serving as a family court judge with a docket of divorce/custody, child abuse and neglect and juvenile delinquent matters. Voluntarily stepping down from the bench in April 2019 to campaign for office, Karen then transitioned into private practice specializing in family law matters. Since taking office in January of 2021 Karen has formed a Trafficking Unit, Hate Crimes Unit and Conviction Integrity Unit. She has also worked alongside leaders in the community, as well as her own Office, to establish a Racial Justice Advisory Council and an internal Equity Team. Recognizing her commitment to children, in June of 2021 Governor Gretchen Whitmer appointed Karen to the Task Force on Juvenile Justice Reform, where they will focus on analyzing our juvenile justice system.

Karen has received national attention after her unprecedented decision to prosecute the Oxford school shooter's parents. She leads the prosecution team devoted to seeking justice for hundreds of victims of the tragic events on November 30, 2021.

Nicholas McIntyre, Assistant Prosecuting Attorney for Oakland County. Nicholas has been employed by the Oakland County Prosecutor's Office for 8 years. He graduated Magna Cum Laude from Wayne State University Law School. He earned a bachelor's degree in Journalism from Oakland University. His first assignment in the Prosecutor's Office was in the Warrants Division. Before leaving the office, he was assigned to the role of Special Prosecutor in the Circuit Court Division, where he primarily prosecutes those charged with Murder or Conspiracy to Commit Murder. Prior to becoming an attorney, he was a firefighter/EMT in rural Oregon.

Heather Murphy, MA, LPC, NCC, CCTP-II is a School Safety Specialist with the National Center for School Safety, Institute for Firearm Injury Prevention at the University of Michigan. Heather holds a Master of Arts in Counseling Psychology and is a Licensed Professional Counselor and Nationally Certified Counselor. Prior to her work with the National Center for School Safety, Heather served in behavioral health settings, including schools, school-based health center care, partial hospitalization, community mental health, and private practice. Heather has experience working

with children and adolescents in clinical counseling, social-emotional learning, mental health program instruction, crisis prevention and stabilization, child welfare, and trauma-informed care. Heather is currently pursuing a Doctor of Education in Education Policy, Organization, and Leadership.

Buck Myre, Buck Myre is Tate Myre's father and the leader of 42 Strong. He lives in Oxford, MI with his wife Sheri, and his sons Trent and Ty.

Buck is passionate about helping the youth in the program achieve their goals and lead successful lives, no matter what that means to them. He doesn't expect everyone to become a leader, but he does expect everyone to do their best to be a good person and to hold themselves accountable for their actions. His goal is for 42 Strong to grow so that every youth in the world knows that they have a community to reach out to during hard times. Buck obtained his Bachelor's degree in Business Administration degree from Northwood University.

Dr. Peggy Ann Nowak, MD, specializes in otolaryngology-head and neck surgery and neurosurgery. She graduated from Medical College Of Ohio with her medical degree in 1982 and has over 40 years of experience in the field of medicine. She is affiliated with numerous hospitals in Michigan and more, including Beaumont Hospital, Royal Oak. Dr. Peggy Ann Nowak is licensed to practice by the state board in Michigan.

Vasilis K. Pozios, MD, DFAPA, serves as Chief Medical Officer of Oakland Community Health Network. He is board-certified in general and forensic psychiatry. Dr. Pozios graduated from Tufts University School of Medicine and completed residency and fellowship training at the University of Michigan and Case Western Reserve University, respectively. Dr. Pozios has treated children, adolescents, and adults in various settings, including the psychiatric emergency department and correctional and forensic facilities.

Dr. Pozios has written on the relationship between mental illness, violence, pop culture, and stigma in academic articles as well as in popular publications such as *The New York Times*, *Wired*, *The Hollywood Reporter*, and *The Daily Beast*.

As an APA Foundation Spurlock Congressional Fellow, Dr. Pozios was honored to work with the Chair of the U.S. House of Representatives Judiciary Committee on the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and "Medicare for All" legislation.

Dr. Pozios is a past president of the Michigan Psychiatric Society and currently serves as Immediate Past Speaker of the Assembly of the APA, where he has also served on the Board of Trustees.

Dr. Melissa Reeves, Ph.D., NCSP, LPC, is a nationally certified school psychologist, licensed special education teacher, licensed professional counselor, and former

district coordinator of social/emotional/behavioral services. She is past president of the National Association of School Psychologists (2016-17) and has over 20 years' experience working in public schools and a private school, in addition to providing mental health services in day and residential treatment settings. Currently, Dr. Reeves is a threat assessment & mental health specialist and senior advisor and speaker for Safe and Sound Schools, an organization founded by two parents who lost their children in the Sandy Hook tragedy. She is also a consultant and trainer for Safer Schools Together (SST) and SIGMA Threat Management Associates. Dr. Reeves actively works and consults with K-12 schools regarding threat assessment cases and establishing safety, suicide, and threat assessment protocols. Dr. Reeves is a co-author of the internationally and nationally recognized NASP PREPaRE School Safety and Crisis Preparedness curriculum, has authored multiple books and publications, and travels both nationally and internationally training professionals in crisis prevention and intervention. She has also served as an expert witness in court cases involving threat and suicide risk assessment and targeted school attacks.

Kimberly Root, is the Unit Manager of the Office of School Safety within the Grants and Community Services Division of the Michigan State Police. Kim assumed this role in May. For the 11 years prior, she served as the Executive Director of School Safety, Communications and Strategic Initiatives in Huron Valley Schools, located in western Oakland County. In her role with the school district, she developed Emergency Operations Procedures, trained all school staff in the principles of RUN HIDE FIGHT, and assisted with facilities assessments on all 15 school buildings. Ms. Root has also served as the chief spokesperson for Emergent BioSolutions, the only manufacturer of an FDA-licensed vaccine for the prevention of anthrax disease. Kim has also held positions in the Michigan Legislature and U.S. Senate.

Rev. Kevin Sanders, local Pastor, Motivational Speaker, Community Media Producer, and works full-time as a Student Service Coordinator for Communities in Schools-Lansing, Michigan. He currently provides a number of services and resources for the students in the Pontiac community. Rev. Sanders is a product of the Pontiac community overcoming years of challenges as a youth such as: child abuse, teen violence, emotional obstacles, and a number of traumatic events throughout his teenage years. Rev. Sanders takes his story of overcoming these obstacles and inspires people of all ages to push beyond the trials of life. As a graduate of Eastern Michigan University, and now sitting on various leadership boards across Metro Detroit, Rev. Sanders enjoys seeing communities benefit from positive resources, and partners working together to bring hope into the community.

Dr. Makenzie Schiemann, Ph.D., Partner at TNG and the President of the National Association for Behavioral Intervention and Threat Assessment. Makenzie holds a B.S. in education from Ashland University, an M.S. in educational psychology, community counseling from Southern Illinois University, and a Ph.D. in curriculum and instruction, higher education administration at the University of South Florida. Her areas of expertise include improving school safety and student wellness,

including the policy and program development of behavioral intervention teams and case management programs at K12 schools and institutions of higher education.

Mary Schusterbauer, recently retired as the Chief of Oakland County Youth Assistance which is the delinquency, neglect, and abuse prevention arm of the Oakland County Circuit Court – Family Division, with 26 offices throughout the County. While leading the Youth Assistance unit, Mary has been part of many collaborative efforts to strengthen services for youth and families: Chair, Mentor Michigan Providers Council; Chair, Oakland County Team of Statewide School Justice Partnership; School Truancy Task Force; Human Services Collaborative Council; Healthy Oakland Partnership; Child Abuse and Neglect Council; Youth Re-entry Task Force; Board Member, Pontiac Promise Zone. Earlier in her career Mary worked at several youth serving agencies such as Vista Maria, Boysville, Barat Family Center, and the Orchards Children's Services.

Deleah Sharp, is a Medical Technologist at John D. Dingell VA Hospital. But her 22 year career has not stopped her from pursuing her passion for civic engagement and advocacy - a passion that developed after enduring one of the most painful times in her life, where at the age of 17, she lost her older brother to gun violence in Pontiac, Michigan. She discovered, when human beings experience trauma or severe life stressors, it is not uncommon for their lives to unravel. Feeling lost, unable to properly process grief, or a healthy way to express herself, she longed for an escape, or safe space to foster healing. Her love for dance became her escape, a gift that helped to mend her broken heart. About 8 years ago, Deleah started a non-profit organization, Identify Your Dream Foundation (IDYD), in honor of her brother Dean J. Samuel. The vision of this organization is to transform a tragedy into strategy, changing the narrative in the community as it relates to violent crimes. IDYD organizes peace rallies, marches against violence, candlelight vigils for grieving families, and offers grief support for children who lost a loved one to violence or youth impacted by trauma. IDYD provides victim advocacy and case management for families in need. In January 2018, she started a mentoring program, for children of murdered parents, she wanted to create that safe space that she needed when she had lost her brother. Her greatest passion is bringing healing to people who have been through a traumatic/stressful experience. She is a part of the Oakland County Sheriff's Relation Team involving roundtable discussions with stakeholders in the community formulating plans to minimize violent crimes. Deleah has recently partnered with a national organization, Crime Survivors for Safety and Justice, governed by survivors coming together to heal and take action. Her educational background includes a B.S. from Michigan State University and a Master's Degree in general psychology from Walden University.

Gary Sikorski, Director of Community-Wide Security**.** Gary is a retired Deputy Police Chief who currently oversees security for the Metropolitan Detroit Jewish Community. As Director of Community-Wide Security, Gary provides direction and oversight in developing, implementing, and maintaining security processes, practices,

and policies, including emergency and crisis response plans, for the Jewish Federation of Metropolitan Detroit and 17 partner agencies, including seven schools. Gary serves as a consultant to partner agencies and other organizations within the Metropolitan Detroit Jewish community for security needs and special events. Responsibilities include providing security training and education to agency and school staff, develop and maintain relationships with law enforcement and security partners to include domestic security agencies, intelligence, and private sector counterparts. Gary and his team conduct vulnerability assessments and provide options to Jewish institutions and schools to improve their overall security posture.

Michael Spisz, has been married for 24 years and has two daughters, both graduated from Oxford High School in 2020 and 2022. He has a bachelor's degree in Mechanical Engineering and an MBA in Global Business. During the day he works as a Global Executive Director of Engineering for a Tier 1 Automotive supplier. He was elected to his first term on the Oakland County Board of Commissioner in 2012 and prior to that was elected as a Trustee to the Oxford Township Board. He has served in many roles over the years, from Committee Chair, Vice Chairman of the Board, Chair and Vice Chair of the Human Trafficking task force, Gun Violence Study group, Covid-19 Economic recovery task force, Oxford response Ad Hoc Committee, and currently the Minority Caucus chair and a member of the Oxford Township Planning Commission. He is also a member of the Sons of the American Legion, Knights of Columbus, Optimist club, along with being a lifetime member of the NRA.

Frank G. Straub, Ph.D., Dr. Frank Straub is the Senior Director of Violence Prevention Research and Programs at Safe and Sound Schools, the Co-Director of the Michigan State University/Safe and Sound Schools' Protect 2 Prevent: The Adolescent Targeted Violence Prevention Project, and an Adjunct Professor in MSU's Department of Psychiatry. Previously, Dr. Straub served as the founder and director of the National Policing Institute's Center for Targeted Violence Prevention. Dr. Straub led in-depth studies of several high-profile targeted violence events to include the San Bernardino terrorist attack, Pulse night shooting, and the Marjory Stoneman Douglas High School shooting. He created and led the national Averted School Violence database; and consulted with government and non-government organizations regarding school violence, extremism, and terrorism prevention. He has also led national efforts to improve law enforcement crisis intervention strategies and public safety employee mental health. Dr. Straub served for over 30-years in federal, state, and local law enforcement. He led law enforcement/public safety agencies in New York, Indiana, and the State of Washington. He was the New York City Police Department's Deputy Commissioner of Training and Assistant Commissioner for Counterterrorism. He received national recognition for his work to prevent youth violence, strengthen police-community relations, and improve the police response to persons challenged by mental illness. Dr. Straub has served on U.S. Department of Justice and Department of Homeland Security school safety and threat assessment working groups. He currently serves on the International Association of Chiefs of

Police Mass Violence Advisory Initiative, the Oakland County (MI) Gun Violence Commission, and the Summit Pointe (Calhoun County (MI) Community Mental Health Authority) Board of Directors. Dr. Straub holds a B.A. in Psychology, an M.A. in Forensic Psychology, and a Ph.D. in Criminal Justice. He speaks regularly at national and international conferences, has participated in numerous Congressional and White House briefings, and is a frequently invited commentator and analyst for national and international media outlets.

Tom Teves, Co-Founder of NoNotoriety. On July 20, 2012, Tom and Caren Teves' firstborn son, Alex, was murdered in the Aurora theater shooting while heroically shielding his girlfriend from gunfire. In the days immediately following his murder, they founded NoNotoriety, a movement dedicated to reducing rampage mass murders by limiting the name and face of the killers in the media. They also founded the Alexander C. Teves ACT-Foundation.org to provide funding for scholarships, mentor programs, and opportunities for students with special needs. He lives in Arizona and works for Compass Group.

Markeisha Washington, is Chief of the Family Support Division at the Oakland County Prosecutor's Office and Chair of the Prosecutor's Commission to Address Gun Violence in Oakland County. Before her current role as Chief, she was assigned to the Special Victim's Unit, which is a specialized unit within the office focusing on prosecuting individuals charged with domestic violence, sexual assault, and child abuse. Washington has previously served as a judicial staff attorney for a family law judge in Oakland County and as a magistrate in the 46th District Court.

Detective Lieutenant Tim Willis, employed by the Oakland County Sheriff's Office for over 26 years. His current assignment is the Lieutenant of the Investigative Forensic Services Division where he oversees the Special Investigations Unit, Fugitive Apprehension Team, the Computer Crimes Unit and the Warrants Unit. Lt. Willis graduated from Rochester University with a Bachelor's Degree In Business Administration and obtained his Master's Degree from Michigan State University in Management Strategy and Leadership. In addition, he is a graduate of Michigan State University's School of Staff and Command. Lt. Willis has an extensive personal history of gun violence having lost multiple close relatives to gun violence. Lt. Willis was the Officer in Charge of the Oxford School Shooting incident and has handled numerous gun violence cases to include several officer involved shootings.

Dr. Marc A. Zimmerman, Ph.D., Marshall H. Becker Collegiate Professor (and former Chair) in the Department of Health Behavior and Health Education in the School of Public Health, and Co-Director of the Institute for Firearm Injury Prevention (https://firearminjury.umich.edu) at University of Michigan (UM). He is also Professor of Psychology and the Combined Program in Education and Psychology at UM. He received his Ph.D. in Psychology from University of Illinois. Dr. Zimmerman is the Director of the CDC-funded Michigan Youth Violence Prevention (yvpc.sph.umich.edu) and Prevention Research Centers (prc.sph.umich.edu). He led the development

of Youth Empowerment Solutions program (yes.sph.umich.edu) and public health applications of place-based change for community improvement. He is also the Co-Director of the Bureau of Justice Assistance funded National Center for School Safety (nc2s.org). Dr. Zimmerman is the Editor of Youth & Society. His research focuses on adolescent health and resiliency and the application of empowerment theory all emphasizing youth violence prevention. He has published over 350 articles and book chapters, and co-edited two books on topics including violence prevention, school safety, firearm risk, mental health, substance abuse, and community-based evaluation methods.