



### **History, Mission, and Structure of the CPT**

The Crisis Prevention Team (CPT) was formed in fall 2007 in response to the tragic incident at Virginia Tech. The CPT employs a proactive and collaborative approach in an effort to prevent, identify, assess, intervene and manage situations that may pose a threat to the safety and/or well-being of individual students and the campus community. The mission of the team is to promote campus safety.

The Crisis Prevention Team has evolved over time and now includes 13 members who represent management, faculty and staff. Team members are chosen by virtue of the roles they play at the college and include representatives from the following departments: Campus Police, Student Judicial Affairs, the Center for Wellness and Wellbeing, the Health Services Center, Ombuds Office, Counseling, Disabled Students Programs & Services, International Education Center, Academic Affairs, Human Resources and Legal Counsel. A Case Management Coordinator, who holds a master's in clinical psychology, was recently added to the team. She works directly with students who have been referred to the team as well as with the faculty and/or staff who have made the referral. When meeting with students, her primary role is to assess their emotional well-being, offer support, and link them to resources both on and off campus.

The full team meets for 2 – 3 hours twice a month, and a “core team” meets weekly. Emergency meetings are called when necessary. The team typically discusses between 25 - 35 students at each meeting. The team also conducts trainings and regularly makes presentations to SMC Departments and at Flex Days.

The team's work is guided by four principles:

1. Ensure campus safety
2. Maintain an effective learning environment
3. Ensure the welfare of the student
4. Respect the student's legal rights

Faculty and staff are encouraged to refer worrisome students to the CPT when they:

- receive inappropriate emails,
- observe inappropriate behavior,
- hear mention of thoughts or gestures of self-harm or harm to others,
- suspect family or domestic problems,
- suspect alcohol or drug abuse,
- suspect the possession of weapons, or
- wonder, “Should I?”

When one or more of these behaviors are observed, faculty are encouraged to fill out a referral form that is also used by the Office of Student Judicial Affairs and Title IX. The referral form can be accessed from the SMC website, and information is pulled from ISIS so that once a report is filed and a case is

opened, team members can readily access student demographic information, SMC ID numbers, current course schedules, and more.

### **Crisis Prevention Team Protocol**

Once the team receives a referral concerning a worrisome student, the team engages in the following steps with the goal of providing the SMC community with the best support possible.

- Assesses the level of perceived or real threat
- Completes a threat assessment (if there is a perceived threat) using one of the established CPT tools (the NaBITA threat assessment tool or SIVRA 35)
- Determines the appropriate intervention based on level of threat
- Discusses appropriate follow up with the reporting party

When assessing the threat level of a case, the team uses their collective wisdom and judgment, the NaBITA (National Behavioral Intervention Team Association) Threat Assessment Tool and, in more extreme cases, the SIVRA 35 (Structured Interview for Violence Risk Assessment). The team belongs to NaBITA, and has received training on each of these tools as well as on crisis prevention, in general.

### **Presentation of Data and Observed Trends for the CPT: January 2015– December 2017**

Data collected has been categorized according to areas of interest for the CPT. The categories are operationally defined as follows:

- **Total Number of Students Triaged/Discussed:** This category encompasses cases discussed during CPT meetings, triaged by CPT members and not discussed during meetings, students that were both formally reported through Maxient, as well as cases without Maxient reports. Student cases are often reported informally (through email or consultation) and require case management services and connection to resources but do not require the involvement of the entire team.
- **Gender:** Total numbers of Male and Female students triaged by the CPT.
- **Disclosed/Suspected Mental Health Condition:** This category encompasses mental health conditions ranging from ongoing challenges related to Depression and Anxiety to more acute conditions such as Psychosis and suicidal or homicidal thoughts with a plan and intent. Students in this category frequently displayed concerning behaviors or statements that were distressing and prompted reporting to the CPT. Students in this category often disclosed a previous history of mental health challenges.
- **Perceived Threat of Violence:** Threats of violence were determined based on verbal statements, emails or actions taken. This includes threats against individuals and/or the SMC community.
- **Presented with Suicidal/Homicidal Ideation:** Students in this category disclosed concerning suicidal or homicidal thoughts reflected in written material or verbal statements
- **Reported Previous Mental Health Hospitalizations:** Student in this category self-reported having previously been treated in an inpatient mental health facility.
- **CPT Cases that Required SMC Campus Police Intervention:** Campus police involvement encompass a number of interventions that supported the CPT, including welfare checks,

assessing for danger to self/others and hospitalizations, assisting with competing reports and documents, transporting students, classroom support, background checks, case consultation and continued monitoring of concerning students.

- **Shared CPT and Student Judicial Affairs (SJA) Cases:** Students in this category either started as CPT cases and the behaviors escalated and become disruptive to the learning environment or violated a student code of conduct (such as substance abuse) and were referred to SJA, or the CPT became aware of a case after it was referred to SJA and it was determined the student needed additional monitoring/support.
- **Shared SJA Cases that Resulted in Disciplinary Action:** Disciplinary actions include warnings, written reprimands, classroom removal, suspension or expulsion.
- **Sexual Misconduct Cases:** This category includes cases related to Title IX that required additional support from CPT members (including case management, academic affairs, wellness and health services), as well as cases relate din sexual misconduct of all types.
- **Reported Substance Abuse:** Students in this category either self-reported or were reported to the CPT for substance abuse (including alcohol).
- **Reported Homeless:** Students in this category reported experiencing home and food insecurities requiring additional assistance, case management and support.

#### CPT Data January 2015-December 2017

	2015		2016		2017		Growth 2015 to 2017
<b>Total Students</b>	111		215		302		172%
<b>Gender</b>	M	F	M	F	M	F	
	66	45	131	84	157	145	
<b>Mental Health</b>	66		118		170		158%
<b>Threat of Violence</b>	10		23		31		210%
<b>Suicidal/Homicidal</b>	16		28		45		181%
<b>History of MH Hospital</b>	6		20		31		417%
<b>Police Intervention</b>	49		77		105		114%
<b>Shared CPT and SJA</b>	45		61		60		33%
<b>Disciplinary action</b>	13		19		24		85%
<b>Sexual Misconduct</b>	15		65		32		113%
<b>Substance Abuse</b>	10		11		14		40%
<b>Homelessness</b>	7		15		32		357%
<b>*Shared DSPS and CPT</b>					37		
<b>*Shared ISC and CPT</b>					21		
<b>*Referred to Wellness</b>					103		
<b>*Hospitalized from Campus</b>					22		
<b>*Case Management Only</b>					145		

\*New categories added in 2017

In 2017, the team began to see trends of reported students and included new data points to account for those cases. The new data categories include:

- **Shared DSPS and CPT Cases:** Cases that required consultation or involvement of DSPS
- **Shared ISC and CPT Cases:** Cases that required consultation or involvement of the ISC
- **Cases Referred to Center for Wellness and Wellbeing:** Cases that were referred for ongoing mental health counseling beyond the scope of case manager
- **Hospitalized from Campus:** Cases where the student was hospitalized from campus (5150 or voluntary)
- **Case Management Only:** Cases that required connecting students to resources on and off campus, providing referrals, informal assessment and support only.

The total number of cases reported to the Crisis Prevention Team increased from 111 in 2015 to 302 in 2017, demonstrating a 172% increase. This may be accounted for by many factors, including increased training and awareness, the addition of a case manager and outreach efforts by members of the CPT and an overall increased number of students arriving to college with preexisting conditions.

Most notably, 56% of cases in 2017 included a component of perceived or reported mental health challenges, with a significant increase in the number of students disclosing previous hospitalizations (417% increase over three years) and one-third of the total cases being referred to the Center for Wellness and Wellbeing for treatment. Of the triaged cases, 35% required some form of police intervention as reported cases involving the threat of violence increased 210% over the three year period.

The CPT has continued to see an increase in student basic needs concerns, including food and housing insecure students. Roughly 11% of the reported cases is comprised of students in search of adequate housing, food, and employment. In total, 48% of reported cases in 2017 required case management services only. This included referring students to food and housing resources, as well as connection to community based organizations and assistance with navigating entitlements, benefits, and resources within the SMC community.

As case management services have increased, there has been a marked slowing of shared CPT and SJA cases. When normalized for growth within the category, there is a 50% decrease in shared cases between 2015 and 2017. This trend seems to indicate that supportive interventions and the preventative goals of the team have been successful in mitigating behaviors and thus required less intervention utilizing conduct processes. Taken together, this data seems to suggest that the CPT has triaged cases requiring less invasive CPT intervention and more supportive interventions and connection to resources.

**The Center for Wellness and Wellbeing-- Structure, Staffing and Services**

- **Overview of Staff and Services:**

The Center for Wellness & Wellbeing, formerly Psychological Services, provides three key domains of services to support mental health services on campus: Assessment and Intervention, Education and Training, and Outreach and Awareness. As part of the core intervention services, the Center provides short-term individual counseling, crisis intervention, and referrals to all SMC students who have paid their health fee. The Center also provides one complimentary session with referrals for students who are unable to provide their health fee.

In 2015-16, SMC was awarded a federal Suicide Prevention Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant has allowed staff to deliver suicide prevention activities campus wide, while raising awareness of mental health issues among students, faculty and staff. In addition, SMC was just awarded an additional two-year Mental Health grant through the State Chancellor’s Office. This grant will focus on providing training, education, outreach, and awareness to the campus community. Many of the activities listed below have been funded by one or both grants. Neither can be used to provide direct mental health services to students in the form of therapeutic services.

- **Our staffing model includes the following:**

- Director of Health and Wellbeing (dedicated 50% to mental health and 50% to health)
- One full-time faculty (a licensed clinical psychologist and program coordinator)
- One full-time long-term sub (term ending Spring 2018)
- Two part-time faculty (for a total of 18 hours per week)
- Two full-time clinical interns (unlicensed clinicians that require supervision, each working 40 hours/week)
- One full-time classified student services assistant

In addition, several programs on campus also house part time, equity funded, mental health clinician’s, thus making access to mental health services more efficient and streamlined for students. These include the following:

- Disabled Students Programs and Services: Licensed Marriage and Family Therapist; 15 hours/week
- Guardian Scholars: Licensed Clinical Social Worker; 12 hours/week
- Veterans Resource Center: Licensed Clinical Social Worker; 12 hours/week
- Latino Center and Black Collegians: Licensed Clinical Psychologist; 18 hours/week

**Presentation of Data and Services for the Center for Wellness and Wellbeing: 2015–2017**

**Direct Clinical Services Provided**

Calendar Year (Jan to Dec)	# of scheduled appts	# of individual students served (unduplicated)
2015	2543	705
2016	2368**	775
2017	3497	960

*\*\*Center for Wellness & Wellbeing was understaffed in Spring 2016 due to coordinator out on extended family leave, which may account for the lower number of appts; however, the number of crisis/walk-in appts increased by 29% from 2015 (549) to 2016 (708)*

**Data collected from Client Questionnaire** (the initial paperwork filled out by students before meeting with a CWW therapist)

Calendar Year (Jan to Dec)	% reporting Anxiety	% reporting Depression	% reporting Thought of Suicide
2015	74.3%	54.6%	15%
2016	73%	55%	15.2%
2017	80.7%	61.2%	21.1% (with 7.4% endorsing a history of suicide attempts)**

*\*\*Client Questionnaire was revised in 2017 to include more questions about suicide*

**Outreach/Workshop Data** (includes student services workshops, mental health trainings, and classroom presentations)

Calendar Year (Jan to Dec)	# of Outreach events **	# of Participants
2015	41	840
2016	47	1137
2017	58	1191

*\*\*these numbers do not include mental health awareness events (i.e, tabling events, health/wellness fairs, etc on the quad)*

### Assessment and Intervention Programming

Suicide Prevention Planning	By year 3 of the SAMHSA grant, a suicide prevention and post-vention plan will be implemented as part of the college's response to suicide prevention and responsiveness.
MindKare	Four kiosks will be installed across campus to provide screenings, assess student's mental health and provide students with the referrals they need once assessed. Service will also give the college data about mental health issues on campus.
Community Based Partnerships	As part of a newly awarded mental health grant, we will focus our resources on building stronger and strategic community based partnerships. These partnerships will help to expand upon our current mental health and case management support on campus. Partnerships will include those from the Department of Mental Health, Private Providers for those with commercial insurance, and other low fee or sliding scale rates.
Social Work Internship Program	We have partnered with three Master's level Social Work programs (Columbia University, USC, UCLA) to potentially host 3 interns in Fall 2018 who will support the Center for Wellness and Wellbeing as well as the Crisis Prevention Team.
One-Stop-Shop	Through the support of the new mental health grant, SMC will be hosting regular events with community partnerships to provide mental health, case management, housing, food, legal, etc. services to students in need.

24/7 Emotional Support Line	The Center for Wellness and Wellbeing now has a new 24/7 emotional support line that acts as an extension of the center. Clinicians answering the phones provide thorough risk assessments, and can connect students to community resources. Wellness staff receive daily reports about each contact, which then allows them the ability to provide follow up services.
Interpreter Services	Students with language barriers who are experiencing a mental health crisis are some of the most vulnerable. Through support of the new mental health grant, a language line with certified interpreters will be utilized for mental health and health staff to when students are in crisis. This will improve suicide and homicide risk assessments and overall quality of care.
Mental Health Screening	In an effort to reach more students in a preventative way, the Center for Wellness and Wellbeing and Health Services will be collaborating to bridge the gap for students who need both services. Starting in Fall 2018, nursing staff and the nurse practitioner will be screening students for anxiety and depression using brief screening tools. Students who score positive on these screening tools will be linked with on-campus and community based resources to get the help they need.
Grief and Bereavement Support Groups	Wellness staff provide regular support groups as needed to faculty, staff, and students after a student death has occurred.
Transportation	As part of the newly awarded mental health grant, a partnership with a transportation company will be established to provide free transportation for students to mental health appointments, thus removing barriers to accessing services.

### **Educational and Training Programming**

In order to reach the broader campus community, provide prevention and early intervention services, Wellness staff provide over 40 psychosocial education workshops annually with the assistance of community-based partnerships. Since 2013 over 217 workshops have taken place reaching well over 5300 students, faculty, and staff. Workshop topics include the following:

- Stress Management
- Suicide Prevention
- Substance use, abuse, and addiction
- Building Healthy Relationships
- Test Anxiety
- Changing Negative Thought Patterns
- Sleep Improvement
- Anger Management
- Introduction to Meditation and Mindfulness
- Music and Mental Health
- Art and Mental Health
- Gratitude and Positive Thinking'

- Eating Disorders and Disordered Eating
- Sleep and Nutrition as building blocks
- MediCal Enrollment and the Affordable Care Act

Additionally, there are a variety of other educational and training opportunities for students and staff listed below:

Kognito	<p>A virtual learning tool for staff and students on mental health topics (to date, 5,265 students, faculty and staff have completed these online trainings). SMC was an early adopter of Kognito’s suite of online mental health trainings featuring role-play simulations that prepare individuals to have real-life conversations with those suspected of having mental health issues. The simulated conversations are intended to inspire and inform, impact how people think and act, evoke empathy, and ultimately change lives. The online trainings provide trainees with the ability to practice conversations with emotionally responsive virtual people. The suite of trainings include:</p> <ul style="list-style-type: none"> <li>○ “At Risk” Training for Faculty and Staff</li> <li>○ “At Risk” Training for Faculty and Staff: LGBTQ on Campus</li> <li>○ “At Risk” Training for Faculty and Staff: Veterans on Campus</li> <li>○ “At Risk” Training for Students (3 trainings: General, LGBTQ and Veterans)</li> </ul>
Mental Health First Aid	<p>An 8-hour mental health training for faculty, staff and students provided 2-4 times per year conducted by Wellness staff. The course gives the SMC community the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds on mental health literacy, helping individuals identify, understand, and respond to signs of mental illness.</p>
Questions Persuade Response (QPR)	<p>A suicide prevention workshop provided 2-4 times per year conducted by Wellness staff. The mission of QPR is to save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. The philosophy behind this training is that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know. SMC students who are trained in QPR learn how to recognize the warning signs of suicide and how to question, persuade, and refer someone to help. The QPR training is offered to students at least once each semester during the free hour.</p>
Eating Disorder Symposium	<p>Eating disorders have the highest mortality rate of any mental illness, so early detection is essential. Coming in May, this full</p>



	day symposium will provide valuable information to our campus community on how to identify, treat, and refer students with eating disorders on campus.
Culturally Competent Services	Providing culturally sensitive training in today's climate especially is essential. Beginning Fall 2018 the Center for Wellness will be hosting a training for faculty and staff on cultural considerations for mental health awareness.

**Outreach and Awareness Programming**

Peer Educators	Peer educators trained and supervised by Wellness staff provide psychoeducation and outreach to the campus community via mental health awareness events and activities
Active Minds	Peer Educators are transitioning to a nation-wide campus student group whose goal is to reduce mental health stigma and bring awareness to suicide risk through peer psychosocial education, and provide risk reduction tools and resources.
Send Silence Packing	A nationally recognized traveling exhibition of donated backpacks representing college students lost to suicide each year. The program is designed to raise awareness about the incidence and impact of suicide, connect students to needed mental health resources, and inspire action for suicide prevention. Backpacks are displayed in a high-traffic area of campus - like the campus quad - giving a visual representation of the scope of the problem and the number of victims.
The S Word	A powerful, recently released documentary on suicide will be screened in May, during mental health awareness month.
Mental Health Awareness Month	May is mental health awareness month where there are a series of weekly activities to help reduce mental health stigma
Eating Disorder Awareness Week	Tabling event with specialized community partners to promote awareness of eating disorder symptoms, treatment, and resources
Paws for Healing dogs	Historically provided by the SMC peer educators near finals week to assist with stress management and to raise awareness of mental health resources
Mental Health Advisory Task Force	A mental health task force will be formed by Fall 2018 to help provide guidance on all the programs and services planned through the new mental health grant.

**Conclusions:**

The Crisis Prevention Team, along with the Center for Wellness and Wellbeing and Health Services, has made great strides in adapting to the influx of students requiring additional support on our campus. This past winter, the CPT decided to move forward with a rebranding campaign. In fall 2018 the team will be renamed the Care and Prevention Team -- the underlying message being that we are a community that cares. We hope this message will encourage our community to report concerns early and allow the Care and Prevention Team to be proactive in its work. Additionally, the team also adopted a new weekly meeting structure of core members in order to discuss reports more frequently.

The Center for Wellness and Wellbeing and Health Services has likewise made significant changes to their overall structure with the merging of these departments under one Director of Health and Wellbeing. This unification is on par with the trend of merging two inextricably linked services, thus allowing for continuity of care between health and wellness.

The Crisis Prevention Team and Health and Wellness continue to collaborate to bridge the gap in student mental health and basic needs. With funding received from the federal government and the Chancellor's Office, we are able to provide additional services and stay proactive in keeping our campus community safe and healthy.