## Mental Health and Wellness Committee (formerly Crisis Intervention)

Meeting Notes

March 24, 2011, 12:30 – 2 pm, Counseling Orientation Room

Attendees: Rosalyn Chan, Priscilla Jones, Bianka Guardino, Helen Ostrander, Katy Fitzgerald, Mary Ashley, Penny Johnson, Dan Sanidad

- 1. Meeting times: Rosalyn, Helen and Dan have Facility/Safety Committee meetings on 2 Thursdays/month. Remaining F/S meeting dates are: 4/7, 4/21, 5/5, and 5/19. Agreed that Crisis meetings would be planned on Thursdays opposite F/S meetings. Either Priscilla or Rosalyn will send out email to Crisis members about future meeting dates.
- 2. New Behavioral Intervention Team (BIT) agreed upon from last week's meeting. BIT is a subgroup of the overall Committee. Cases would be brought to BIT from Penny/Chris, not by faculty/staff at large. Main purpose of BIT is to discuss specific case studies. Since BIT members are basically the same members of the Crisis Committee, the BIT meeting time would begin at the top of each Crisis Committee meeting. After the case study(ies) are completed, then the Committee would continue to meet about non-case study issues. The BIT would provide support and give guidance to Penny/Chris about "students of concern," especially if there is any possibility that the student may be subject to suspension or expulsion, per Student Code of Conduct. It was noted that there will be some special situations where Dan or Penny may have to take immediate action without the BIT prior advisement. Penny will be attending a CSSO meeting in 2 weeks; she will check w/ fellow CSSO's on how their BIT's function and report back.
- 3. Crisis Intervention Committee President Laurel Jones requested a new title for Committee. After discussion, conclusion is to label Committee as "Mental Health and Wellness." The new title encompasses prevention and intervention, embodies the whole individual (holistic), and has a "positive spin." In addition, the "Student Services Mental Health and Wellness Day" is OUR annual event which reflects the Committee's new title.
- 4. GAP President Jones now wants each college committee to complete the GAP Committee Listing form. With input from today's meeting, Rosalyn will complete the form and give to Penny to submit to GAP/President. Basically, BIT is operational; Mental Health and Wellness (MHW) Committee is not. We will meet biweekly, opposite F/S meetings. Priscilla/Rosalyn will continue to chair the MHW Committee (opportunity was given to others, but there were no volunteers today). Penny/Chris will chair the BIT. Members represent their college jobs/positions. Terms are indefinite (can't opt out unless one changes their position). Carolyn Kuri requested to be removed. Confidentiality is utmost. "What is discussed, especially during the BIT sessions, stay in the room."
- 5. "Crisis Guidebook" some revisions are needed. President's message can be removed.

  Bianka and Priscilla will review the "Protocol" section and bring back to the MHW Committee.

  In particular, any reference to "suicide" needs to be highlighted. Bianka agreed to take final draft to Carmen Pegan to revise. MC Health Services will pay for printing.

- 6. E-links need to be more accessible for Crisis Guide and other faculty/staff references/resources. Suggestion made that Crisis Guide be labeled as "Behavioral (or Behavior) Resource Guide" in Quicklinks (Mission College homepage). Rosalyn will ask Ken Oda to do this. Some discussion ensued about students having access to this Quicklink. Consensus is that students would, in fact, gain more information by seeing the Guidebook (they won't be harmed by viewing it). For future meetings, we need to look at consolidating all Faculty/staff emergency resource info within one or two links.
- 7. Referral Form for Personal Counseling Penny expressed that some faculty may be deterred from referring a student of concern to Counseling, if they are expected to complete the Referral Form before the student can be seen. Bianka said that she has a different opinion about when the Referral Form needs to be completed; if there is an imminent crisis the Referral form can be completed later; if there is no imminent crisis, the Referral form should be completed. Faculty and others should feel comfortable, without obstacles, to refer students of concern to Counseling.

Priscilla explained that the Referral Form could be compared to a healthcare provider who is given preliminary data (eg. chief complaint, vital signs, etc.) before the HCP sees the patient. With a completed Referral Form, this would assist the counselor and furthermore, minimize the extent of liability since the "referrer" directly observed certain behaviors or heard certain statements (eg. I want to kill myself). Priscilla is concerned about college liability with too little documentation. Penny has worked at 7 colleges and no other college requires a Referral Form before a student can be seen by a counselor.

Student Health Services does not require that a Referral Form be completed. In majority of cases, students self-refer to Student Health Services.

All personal crisis procedures, forms or no forms, should be uniformed across departments. College employees need to be educated/trained to use the Referral Form. A new Teaching-Learning Center will be put in place by Summer, 2011. Perhaps, training sessions can be given in this Center to update faculty on procedures for referring students.

Personal Counseling Referral Form could use a student's signature line, to demonstrate permission by the student for a counselor to contact the student via phone, especially if student is unknown to counselor.

Definition of "crisis" needs to be crystalized. Priscilla says "Crisis is when there is potential harm to self or danger to someone else." Some students basically just need personal counseling, not personal crisis counseling. <u>More discussion needed on Referral Form – not resolved today.</u>

8. Future meeting – date will be determined and announced after Spring Break.