

**FINAL REVIEW AND RECOMMENDATIONS
OF THE EMERGENCY MENTAL HEALTH
HOSPITALIZATION PROCESS FOR UCONN
STUDENTS**

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TABLE OF CONTENTS

Initial Charge.....	1
Our Process.....	1
Current Transport Process.....	1
<u>Roles of SHaW-MH, Residential Life and Student Care Team</u>	2
SHaW-MH.....	2
Residential Life.....	2
Care Team.....	2
<u>Current Training</u>	3
UCPD.....	3
Residential Life.....	3
SHaW-MH.....	3
UCFD.....	3
<u>Recommendations</u>	3-5
Conclusion.....	5-6
Recommendation Summary.....	6-7
APPENDICIES	8-17
APPENDIX A CURRENT MENTAL HEALTH TRANSPORT PROCEDURES BY OFFICE	
Public Safety.....	8
Residential Life.....	9
Residential Life/Stamford.....	9-10
SHaW-MH.....	10
UCFD.....	10-11
APPENDIX B CURRENT TRAINING BY OFFICE	
UCPD.....	12
Residential Life.....	12
Professional Staff.....	12
Professional Staff (RA)	12
SHaW-MH Training.....	12
UCFD.....	13
APPENDIX C NEW PROPOSED PROTOCOLS	
Residential Life.....	14
APPENDIX D PUBLIC SAFETY PROTOCOL	
SHaW-MH Committals.....	15
Wellness Checks and Mental Health Concerns (non-emergency).....	15-16
APPENDIX E CAMPUS PROCEDURE FOR MENTAL HEALTH EMERGENCY RESPONSE	
Diagram.....	1

Following the release of the [Student Mental Health and Well-Being Task Force](#) report, the Associate Vice President and Dean of Students was charged with assembling “a review committee to evaluate process for emergency hospitalization of students to determine and ensure a) training levels of all emergency response teams in cultural proficiency and mental health stigma; b) appropriate use of police; c) training, assessment and determination of ‘imminent risk of harm’ across emergency response departments, and d) procedures to de-escalate during crisis through non-police intervention”.

The review group included members of Student Health and Wellness-Mental Health (SHaW-MH); Student Care and Concern, Storrs Residential Life, Stamford Residential Life, UConn Police Department (UCPD), and UConn Fire Department (UCFD). Additional consultation occurred with the Office of General Counsel. All of these teams have on-call responsibilities and serve to provide for emergent mental health needs for UConn students that could result in hospitalization.

Our Process:

The review group met on two separate occasions in the fall of 2020 to determine areas of congruence and incongruence in the process for responding to requests for emergency mental health evaluations with the potential of resulting in a transport to the hospital. Each department presented their process for mental health transports, training, the role of UCPD, how referrals are made to the Care Team, the case management process followed by the Student Care Team and SHAW-Mental Health. Their findings are reflected in Appendix A and B.

Members of relevant departments also met with General Counsel’s office to ensure that any procedural changes would not jeopardize licensure requirements and state expectations of employees or responsibilities of confidentiality for students.

Finally, the review group discussed changes to the process and the need to establish a common baseline training among all emergency responders.

Current Transport Process:

In our current transport process, UCPD and SHaW-MH have the authority to authorize an emergency mental health transport to the hospital. Currently the role of UCPD (Appendix A) is to respond to all mental health calls that come through 911. These calls come from Residential Life, SHaW-MH and other concerned members of the community. UCPD responds in person to those calls and evaluates to determine whether a PEER (Police Emergency Evaluation Request) is warranted that then authorizes a student to be transported based on the severity of the student’s condition (see Connecticut General Statute 17a-503). After the incident, UCPD then fills out a referral to the University’s Care Team. This referral is then turned into a case for follow up and support from a Case Manager on the Care Team.

Once a student gets transported or a referral of an incident gets submitted, a Care Team Case Manager meets with the student to offer support, connections to mental health resources, assess the student’s risk of harm and develop a Case Mitigation Plan that mitigates risk to self and others. It is the role of SHaW-MH to connect with respective Emergency Rooms and inpatient Behavioral Health Units to partner in coordinating care and to support treatment recommendations. Weekly Care Team meetings led by Student Care and Concern extend case management into other appropriate departments including UCPD and Residential Life.

Roles of SHAW-MH, Residential Life and Student Care Team:

SHaW-Mental Health provides a clinical setting for a student to be evaluated during working hours. In that setting, if a student is determined to be an imminent risk of harm to themselves or others and/or is unable to care for themselves, the SHaW-MH clinician currently contacts UCPD to initiate the transport process. SHaW-MH clinical psychologists and psychiatrists are authorized to complete a PEER (Psychologist Emergency Evaluation Request) authorizing the transport. SHaW licensed social workers are not authorized to do so by state statute. In their current procedures, SHaW always contacts UCPD when a student needs to be transported.

SHaW-MH also provides on-call services for after-hours care and advisement for Storrs students throughout the calendar year.

Following an *in-person assessment* by SHaW-MH (normally during business hours), UCPD is contacted by SHaW-MH once a determination for transport has been made. SHaW-MH psychologist initiates the PEER (Psychologist Emergency Evaluation Request).

Following an *after-hours or on-call assessment* by SHaW-MH, SHaW-MH contacts UCPD to respond to the student determined to need a hospital transport. Since SHaW-MH after hours is remote/off site/and a video or phone assessment leads to the determination, the PEER (Police Emergency Evaluation Request) will need to be initiated at that time by UCPD.

- *SHaW-MH: At Regional campuses (both in-person and working remotely):*

Following an *assessment at the regional campuses* by a Regional Case Manager, SHaW-MH Clinical Case Managers contact UCPD to initiate a PEER. Since SHaW MHRC clinicians are all LPC, LCSW, and LMFTs respectively, they do not have the ability to initiate a PEER and must contact UCPD. As a result, when an incident occurs on-campus, UCPD is expected to initiate the PEER based on the clinicians' determination and in collaboration with on-scene police personnel. Matters occurring off-campus are addressed through regional emergency response teams unaffiliated with UConn.

Residential Life responsibilities include providing on-call emergency response to residential students in crisis. A staff member will respond in-person to all emergencies. Responding staff will collect information, notify on-call staff, and contact the on-call SHaW-MH counselor who will then speak with the student. Staff will follow the directive from the on-call counselor. If needed, staff will contact UCPD when a student needs to be transported. Following the incident, staff will submit a referral to the CARE Team.

The Care Team is a multi-disciplinary group designed to coordinate comprehensive case management for students determined to be a significant risk to themselves or others. The Care Team is NOT an emergency response team but seeks to oversee complex case management. On average, the Care Team sees 150-300 students a year. These students receive support, case management, mitigation plans are developed when needed, and resources and connection to mental health services and other campus services are provided as needed.

Current Training:

UCPD expects officers in various trainings throughout the year. Their officers attend Crisis Intervention Team (CIT) Training from CABLE- <https://cableweb.org/training> . During annual UCPD use of force training, officers also receive de-escalation training. Prior to becoming certified, officers have training in responding to mental health calls from the POSTC (Police Officer Standards and Training Council) police academy, and the UCPD FTO (Field Training) program. In addition, officers are re-certified every 3 years by POSTC with mandatory mental health training as well.

Residential Life holds departmental procedural training that runs once a year during the summer for professional staff and Resident Assistants. Those trainings include; Review of Duty protocol, case studies, self-harm, mental health case reviews, report writing on mental health cases, suicidal ideation and mental health awareness training.

SHaW-MH trains their staff members on protocol, students at risk, emergency evaluations, the Columbia Suicide Rating Scale, assessment, and follow-up. SHaW-MH train their staff each semester as needed and review case studies to ensure that staff understand different situations with students at risk to self or others. In addition SHaW-MH adhere to annual training requirements for all licensed clinicians.

UCFD follows the statewide protocol and Basic Life Support (BLS)/Paramedic baseline practices. They are trained on Crisis Prevention Institute (CPI) training component that can be employed during transport, but their interactions are mostly BLS in nature.

Recommendations:

Revise procedures in SHaW-MH, UCPD, and Residential Life to reduce police presence unless necessary for physical safety.

Police, notably the UConn Police Department, are critical partners for appropriately intervening when there is an immediate risk to the health and safety of others. As discussed, UCPD and certain members of SHAW-MH are the only entities able to authorize an emergency transport for mental health care. While this is a critical role and authority held by these two departments, it should not be a default escalation whenever a mental health crisis emerges to contact police. Police should always be contacted when there is an imminent and uncontrollable threat.

Rather, on call and emergency response procedures utilized by SHaW-MH, Residential Life, and the UConn Police Department should be revised to allow for de-escalation, required consultation with on-call mental health resources, appropriate information sharing and support, and establish a common proficiency and skill base for all areas. When after-hours calls are made to UCPD dispatch regarding UConn students in the residential system, UCPD, SHaW-MH, Residential Life and Student Care and Concern are advised to develop a triage framework that enables UCPD to refer *non-emergent* cases, such as a “wellness check”, to the residential life on-call staff.

Information sharing with the Care Team is essential for continued support and case management for critically ill students. However, the Care Team should not be solely reliant on UCPD for that referral when there is not an imminent safety concern. Rather, SHaW-MH will continue to obtain consent from the student using the informed Consent for SHAW-MH. Refusing to consent will not prohibit SHaW-MH from attending to the emergency assessment process.

If determined necessary by the SHaW-MH clinician whether on-call or during business hours, ShaW-MH will contact UCPD Dispatch and request a police supervisor to provide a CARE referral. UCPD will refrain from responding in person when a safety concern is not present. If UCPD is informed in this manner, SHaW-MH will share any mental health status indicators leading to assessment of any need for police presence (ex. threatening, hostile, physically activated, flight).

Currently, the regional campuses do NOT provide emergency on-call services for mental health needs beyond normal business hours and are reliant upon municipal emergency services. This matter should be further considered when, as indicated by the Student Mental Health and Well-Being Task Force report, access to medical care among regional students is assessed.

Increase consultation with SHaW-MH on-call clinicians prior to contacting police if there is no immediate danger to the health and safety of others.

On the Storrs campus, mental health professionals are available on-call 24/7 throughout the calendar year. The on-call clinician should always be consulted prior to contacting police when there is not immediate danger to others present (ex. no suicide risk, not a risk to others, and no status of being gravely disabled). If there is an immediate danger, police should be contacted and the on-call clinician should be consulted once the threat is contained.

Currently, on-call assessments occur on the phone. It should be a priority of SHaW in the coming academic year (2021-22) to develop telehealth technology that enables a visual interface with students in crisis while meeting expectations associated with clinical licensure and confidentiality.

Amplify existing department trainings that are specific to particular professional areas (i.e. police, mental health care providers, student affairs, etc) to establish a common baseline training that establishes a common proficiency among all responding departments.

While all departments involved in emergency response are well trained and prepared for mental health emergencies as stipulated by the state and licensing requirements, there is need for a standard universal training for all departments involved in response to mental health emergencies to ensure cohesiveness of our process among numerous departments and ensure proficiency on the unique needs of a college and university population. This training must include the following topics:

- De-escalation techniques
- Cultural Competency
- Inclusive practice for a global community of scholars
- College Student Development and Risk Factors associated with Graduate and Undergraduate
- Students Disability accommodation
- Review of Campus Procedures for Mental Health Emergency Response (Appendix E)

A cross-functional team should be assembled to create a training program that can include existing trainings, contractual trainings, and trainings that are developed for the purpose of sharing information on the presentation of mental health challenges in a university setting.

Obtain permission for SHaW-MH and SHAW-MHRC licensed clinicians to be authorized providers under Connecticut Commitment Law.

Connecticut's Commitment law (Sec 17a-503) currently only permit psychologists, psychiatrists and psychiatric nurse practitioners to authorize an emergency mental health transport. Regional campuses and the Storrs campus are reliant upon alternatively licensed mental health providers (such as social workers) to provide excellent care to our students. However, they are excluded from the law, as currently written. As a result, licensed social workers and other clinicians who determine a student is a danger to themselves or others much seek authorization from police or a psychologist to obtain an emergency transport for students. This is particularly true for our regional campuses case managers whose professional training (ex. social work, family therapy) is not recognized under the provisions of Connecticut's Commitment law.

Extending the applicability of the law to include college and university licensed mental health providers allows UConn to not be overly reliant on police for mental health emergencies solely because the provider is not a psychologist or psychiatrist. The University is already in the process of working with Government Affairs and state agencies to determine the feasibility of this amendment.

The nearly twenty years that have passed since the development of the commitment law clearly indicate the time is opportune to ensure that UConn students on all campuses receive accessible and appropriate mental health care through licensed clinicians without the undue escalation of police involvement. Such a recommendation is consistent with the existing acknowledgement that licensed clinical social workers are appropriate personnel to issue emergency certificates when needed.

UConn's commitment to explore this topic will prioritize consideration for best practice of mental health treatment, respect the disciplines delivering mental health care in Connecticut's workforce since 2002, and ensuring that the rights and liberties of individuals are protected while simultaneously ensuring the consequences of non-treatment are not ignored. This is an optimal time for students, clinicians, and mental health advocates to collaborate in order to achieve this needed reform to collegiate mental health.

Conclusion:

During the 2019-20 academic year, students expressed significant concerns about how the university activated emergency mental health transports. Those concerns have been seriously considered and addressed through the President's Task Force on Mental Health and Wellness, an independent review of SHaW Mental Health, the creation of an Advisory Committee on Policing, and this specific review of mental health emergency transport procedures.

The combined efforts of SHaW-Mental Health, Public Safety, Residential Life and the Student Care Team seek to ensure that students are provided safe and appropriate care during a mental health emergency. In order to do so effectively and in response to expressed student concerns, it is essential that police be engaged when there is an immediate physical danger to students or staff or when a mental health professional is not present and unable to complete a PEER form.

However, a careful review of UConn's current practices and students expressed concerns reveal that the good intentions of campus colleagues call for some revision. This means that the emergency response

efforts of our police should be supplemented –and even replaced when the situation warrants- with the exceptional care and training administered by our on-call mental health and residential life staff.

A mental health emergency is such because an individual is unable to willingly make decisions for the benefit of their own health and safety. The clinicians, on-call staff, and emergency responders at UConn serve in roles that should reflect the trust our students place upon them to provide compassionate care during personal crisis. It is critical that students have confidence in the emergency and on-call personnel that seek to make those decisions on their behalf.

Conversations with students and review of our current training has also made clear that it is essential that all responding departments have a common training that specifically focuses upon the nature of a university population, the onset of mental health diagnoses during early adulthood, disability accommodation, diversity, and inclusive practice. This training is new and additional to required training related to the specific professional practices of university departments.

Most importantly, we are a community that cares for each other. We are all afraid – police, students, clinicians, and staff- of irreversible harm occurring to a member of our community. It has happened before and we do not wish for it to happen again. In order to fully ensure that appropriate and informed care is provided, we must trust in the network of emergency response care that exists through our police departments, residential staff, and mental health clinicians.

In order for that trust to exist, the University must commit to developing a comprehensive baseline training for all staff responding to mental health emergencies that ensures proficiency in de-escalation techniques, mental health challenges in a university population, inclusive and conscientious practice, and university procedures. Further, emergency responders must utilize those trainings to consult with on-call staff to ensure that an emergency transport is a measure of last resort and increase their understanding of the diversity of our students and perceptions of mental health. The enhanced on-call capacity of SHaW-MH and the Residential Life teams, improved communications to and among members of the Care Team, and continual access to resources and support discussed in this review will enabled our continued success as a University.

Recommendation Summary

<p>Revise emergency procedures to reduce police presence unless necessary for physical safety</p>	<ul style="list-style-type: none"> • On-call residential and mental health teams should work directly with police to determine if a physical response is essential • Every effort should be made to de-escalate, protect life safety, and respect that an unnecessary police presence can unintentionally escalate on-call response • Police should always be utilized whenever there is an imminent risk of harm to self or others
<p>Increase consultation with SHaW-Mental Health on-call clinicians</p>	<ul style="list-style-type: none"> • Require residential staff to consult with clinician on call when imminent danger is not present • Develop telehealth model for on call student assessment in the residential system • Utilize pathways that preserve obtaining student consent and confidentiality

<p>Establish a common baseline training that provides a common proficiency among all responding departments</p>	<p>Training should address:</p> <ul style="list-style-type: none"> • De-escalation techniques • Cultural competency • Inclusive practice • College Student Development theory and risk factors associated with a university population • Disability accommodation • Review of University Procedures for Mental Health Emergency Response
<p>Obtain permission for SHaW mental health clinicians to be authorized providers under Connecticut Commitment Law</p>	<ul style="list-style-type: none"> • Review Connecticut’s Commitment law (Sec 17a-503) with state agencies, advocacy groups, and colleagues to determine inclusion of all licensed college mental health clinicians

Appendix A

Current Mental Health Transport Procedures by Office

Public Safety Procedure:

An incident involving threat to self or others may stem from many different types of scenarios: a 9-11 call, post arrest (in jail cell or booking), during a victim interview, during a wellness check etc. Dispatch will send a crisis intervention trained officer when available.

- SHAW will also call UCPD dispatch who will then notify UCFD to transport a student from their office: UCPD will record the student's personal information, receive a copy of the psychologist emergency examination request form, check the student for weapons, and assist the FD with escorting the student to the ambulance.

At regional campuses, MHRC staff will call UCPD prior to a transport, and police complete the form for the counselors after the officer gathers all of the facts.

The hospital location is determined by local PD and/or EMS depending on jurisdiction.

- UCPD authority stems from CT state statute section 17a-503. In general, the statute gives authority to police officers to take someone into custody and bring them to a hospital for an emergency examination if they meet certain conditions.

Officers need reasonable cause that a person has psychiatric disabilities and is dangerous to himself or herself or others or are gravely disabled and in need of immediate care and treatment.

- The statute mandates that the person shall be examined within 24 hours and shall not be held more than 72 hours unless committed under a different statute.
- The police emergency examination request form (PEER) form has sections to help the officer in the field form a narrative quickly and easily
- If the officer does not have enough to justify a PEER, but still has concerns for the mental health of the student, UCPD will sometime ask the student if they would voluntarily report to SHAW to speak with a counselor. Officers may walk them to SHAW or connect them on the phone.
- During virtual appointments, a counselor on call is available to join a meeting with a student's consent to offer additional assessment and guidance.
- Other resources include: 211, Veterans services (1-866-251-2913), EAP (860-233-4022)

- UCPD has a different form, and a different statute for transports for alcohol-incapacitation: 17a-683. The form is simpler than the 17a-503, but similar in layout (obvious signs: the person smells of alcohol, is vomiting, the person is incoherent, unconscious etc.)

Residential Life Procedure:

- Information is often collected from our housing staff i.e. RA or HD
- HD on Duty will receive information collected and will respond in person
- If there is imminent threat UCPD will be called immediately
- When on scene HD will collect information
- HD on Duty will call up to the AD on Call
- AD will notify Manager on Call
- HD will call the on call counselor
- Once its determined that a transport is needed UCPD/EMTs are called
- A incident report is written via Maxient and sent to CARE

Residential Life / STAMFORD Procedure:

The following steps should be taken when a student is attempting/threatening suicide or having a psychological crisis and/or behaving in an unusual and extreme manner. These situations might involve violent behavior, unresponsiveness, or emotional outbursts the student seems unable to control. When in doubt, do not hesitate to initiate this protocol – the safety and well-being of our students is the top priority.

- Call 911 if the student’s behavior is violent and in progress, or if the student has sustained an injury. Attempt to calm the student while waiting for the emergency response, but do not place yourself in danger.
- RA on Duty will notify Pro-Staff on call, who will notify the Director of Student Services. Director of Student Services will notify Stamford Campus Leadership as appropriate. The RA on duty will be on scene and the Pro-Staff on call should go on scene to assist.
- The Pro-Staff on call should notify the Stamford Clinical Case Managers (business hours) and provide relevant information. MHRC clinicians document this as a “Consultation” note and document in the student’s file.

Mental Health Resource Center Contact Information:

When the office is open – Monday – Friday 8:30am – 4:30pm: 203-251-9597

Advice Nurse after work hours and on the weekends: 860-486-4700

- Utilize any available residence hall staff to keep other students calm and clear away groups of students. If possible, relocate the students to one of the more private residence hall areas to meet with residence hall staff. Make every effort to keep the student from leaving the residence hall.
- If the student declines to meet or communicate to a mental health professional and the presenting conditions persist, inform the student UCPD may be contacted. Notify the respective Pro-Staff on call and/or the Director of Student Services and they will help determine if UCPD is necessary.
- Following the mental health professionals and/or UCPD's evaluation of the student (in person, or by telephone) the Pro-Staff on duty must ask the mental health professional and/or UCPD staff member if the student requires transport due to imminent risk. If a transport is indicated, the Director of Student Services and Stamford Campus Leadership will be notified as appropriate. Residential Life staff should attempt to gather data (such as name, class status, and so forth) prior to the student's departure.
- If the student is assessed to not be in imminent risk for safety to self or others, the Director of Student Services and Stamford Campus Leadership will be notified as appropriate.
- File an incident report. Be sure to include any communication with Mental Health Resource Center staff and/or any other mental health provider, UCPD, etc.

SHaW-MH Procedure:

- A determination for a hospital transport can be made by any licensed clinician at SHAW MH
- MH Clinicians are trained to assess for suicide risk, risk to others, and status of being gravely disabled*
- In the state of CT, a "clinical psychologist" is required to sign-off on the PEER.
- At Storrs, licensed clinicians are LCSWs, LPCs, LMFTs, and Psychologists.

**Gravely disabled refers to a psychological concern that significantly impairs daily living/functioning (ex. psychosis, mania, etc)*

UCFD Procedure:

Behavioral Emergencies Adult and Pediatric:

Routine Patient Care

- Connecticut Department of Public Health, Office of Emergency Medical Services, Statewide EMS Protocols

(<https://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/Statewide-EMS-Protocols>)

- Approach patient using the SAFER Model.

- Observe and record the patient's behavior.
- Consider associated domestic violence or abuse/neglect of children or elderly, see Abuse and Neglect of Children and the Elderly 6.1 or Response to Domestic Violence Procedure 6.13.
- Determine if patient is under the care of mental health professionals and record contact information.
- Assess for risk to self and others. Ask patient directly if he is thinking about hurting self or others.
- A patient who is a danger to self or others may not refuse care. If patient refuses care, contact police if unable to convince patient to be transported. (Refer to Police Custody Procedure 6.11, Refusal of Care Procedure 6.12 and/or Restraints 6.14)

Appendix B

Current Training by Office

UCPD Training:

Officers have Crisis Intervention Team (CIT) Training from CABLE- <https://cableweb.org/training> . During annual UCPD use of force training Officers also receive de-escalation training. Prior to becoming certified, officers also have training in responding to mental health calls from the POSTC (Police Officer Standards and Training Council) police academy, and the UCPD FTO (Field Training) program. Officers are re-certified every 3 years by POSTC with mandatory mental health training as well.

RESLIFE Training:

Professional Staff Training:

Residential Life provides training to all professional staff regarding the CARE Team, crisis and incident response, policies, protocols, etc. These trainings are done collaboratively with members from the CARE Team and SHaW. Trainings are traditionally offered in in August and January. In addition to yearly training, Residential Life also holds multiple in-service opportunities throughout the year.

Professional Staff Training (RA):

Residential Life provides training to all Resident Assistants throughout the year that focuses on duty protocol, incident response, crisis response, incident report writing, suicide prevention, CARE Team, mental health awareness, behind closed doors practice modules, etc. Residential Life works collaboratively with members from the CARE Team and SHaW to train the Resident Assistants. Trainings occur traditionally in August and January. Residential Life regularly reviews protocols and procedures in Resident Assistant staff meetings.

SHaW-MH Training:

- Annual review training of Columbia Suicide Rating Scale (risk assessment tool used in Emergency Assessments).
- Annual Internal audit of all Emergency Assessments - 2 follow-up presentations on identifying areas where further training is needed.
- Many clinicians on staff have had relevant training in crisis intervention as part of their education and foundational training.
- Each clinician, based on discipline, adheres to annual continuing education requirements

UCFD Training:

- Connecticut Department of Public Health, Office of Emergency Medical Services requires all personnel receive Mental Health First Aid Training as part of their initial emergency medical services licensing. University of Connecticut Fire Department employees have this licensing as a condition of hiring.
- Annual Continual Medical Education (CME) requirements, which includes a review and case studies in behavioral emergencies for both adults and pediatrics.

Appendix C

New Proposed Protocols

Residential Life **Suicide Gestures and Psychological Emergencies**

The following steps should be taken when a student is attempting/threatening suicide or having a psychological crisis or behaving in an unusual and extreme manner. These situations might involve violent behavior, unresponsiveness, or emotional outbursts the student seems unable to control. When in doubt, do not hesitate to initiate this protocol – the safety and well-being of our students is the top priority.

If there is not an immediate threat:

- Respond to incident in person
- Gather information from the resident
- The HD on call will contact the on-call SHaW counselor, provide a private space for the resident, and obtain consent for the student to speak with the on-call clinician
- Follow directive given by counselor (Resident is able to remain on campus or call UCPD for further assessment and possible transport)
- Notify the AD On-Duty
- If student declines to speak to clinician on-call, the HD on duty and the On-Call SHaW counselor will develop a mitigation plan to be reviewed and approved by the AD on call.
- File a CARE incident report

If there is an immediate threat of harm to self or others:

- If a student's behavior is an immediate threat of harm to self or others (i.e. violent in nature, in progress, or they have sustained an injury) a call to 911 will be placed immediately.
- Hall Director on duty will report in-person to the incident and notify the SHaW-MH clinician-on-call.
- Hall Director on duty will attempt to calm the student while waiting for the emergency response, but will not place themselves in danger. They will also work to engage and support residents inside of the residence hall if needed.
- Police will respond and will seek to gather information from the Hall Director on duty.
- Hall Director on duty will notify Assistant/Associate Director on call who will notify the Manager on-call.
- Hall Director will remain on scene until transport is complete.
- Hall Director on duty will gather as much information as possible and submit a CARE Team referral via MAXIENT.

Appendix D

Revised Public Safety Protocol

SHaW-MH Committals

Police will no longer be called to respond to SHaW-MH offices for counselors requesting an emergency committal to a hospital for situations in which the student is not presenting any active harmful or threatening behavior. If the student is cooperative and not a safety risk, public safety will not be requested.

SHaW-MH will continue to obtain consent from the student using the Informed Consent for SHaW-MH. Refusing to consent will not prohibit SHaW-MH from attending to the emergency assessment process.

In addition, the SHaW-MH counselor may contact public safety dispatch and request to speak with a police supervisor. Information and details of the transport will be shared with the police supervisor, who will facilitate a referral to the CARE Team.

Police will continue to be notified and asked to respond to incidents where the student presents a significant and imminent threat of harm to self or others.

Wellness Checks and Mental Health Concerns (non-emergency)

Residence Halls (non-emergency)

When a call for assistance relating to wellness checks or mental health concerns is received by the police and fire communications center, the dispatcher will ask for pertinent details and take the following steps:

1. Contact Residential Life requesting a Hall Director to respond to meet with responding officer at an appropriate location,
2. Contact SHaW-MH (either main number or on-call counselor) and explain the situation,
3. Connect SHaW-MH counselor to the responding police officer at the appropriate time. The call for service will be triaged and handled by responding the Police Officer and Hall Director on scene; and SHaW-MH counselor via phone call.

Non-Residence Halls (non-emergency)

When the person requiring assistance for wellness checks or mental health concerns is not

believed to be located at a residence hall, the dispatcher will ask for pertinent details and determine whether the person is a student. If the person is a student, the dispatcher will:

1. Contact SHaW-MH (either main number or on-call counselor)
2. Connect SHaW-MH counselor to the responding police officer at the appropriate time while on scene.

In both situations, the responding Police Officer may confer with the on-call counselor in a decision whether an emergency transport to the hospital is necessary.

Appendix E

Campus Procedure for Mental Health Emergency Response

