MINUTES
October 21, 2009

Attending: Amit Anshumali, Casey Carr, Janet Corson-Rikert, Kathy Edmonson, Greg Eells, Kappy Fahey, Kathryn Gleason, Mary Beth Grant, Tanni Hall, Anthony Hay, Christine Holmes, Kent Hubbell, Michel Louge, Scott MacDonald, Tim Marchell, Alan Mathios, Susan Murphy, Andy Noel, Moji Olaniyan, Barry Perlus, Meril Pothen, Janis Talbot, Catherine Thrasher-Carroll, Don Viands, Kristen Welch

Guests: Nelson Roth, Deputy Counsel, University Counsel’s Office
Sharon Mier, Psychologist, Community Consultation & Intervention (CAPS/Gannett)
David Nazer, Lieutenant, Cornell University Police

Upcoming meetings:
December 2, 2009 3-4:30pm  Hall of Fame Room in Friends Hall (Schoellkopf Annex)

I. Welcome and Introductions – Susan Murphy

A. History and accomplishments of the council:
   1. Established in 2004 after the model of the President’s Council on Alcohol and Other Drugs where cross campus conversation brings a variety of perspectives.
   2. Has examined a number of aspects of Cornell’s culture to determine what contributes to and what detracts from student success, including:
      a. The Family Educational Rights and Protection Act (FERPA), resulting in a re-interpretation which allows designated CU administrators to contact parents in particular circumstances where it is deemed to be in the best interest of the student’s welfare.
      b. Mental health outreach initiatives, related to both, mental health service delivery and to mental health awareness, education and training have been implemented and expanded.
      c. Identification of gaps in graduate student support, both clinical and non-clinical, resulting in:
         ▪ The Graduate and Professional Student Assembly (GPSA) forming an Ad-hoc Graduate Mental Health committee to address and report to the CMHW on how we can best provide services to graduate students; and how we can make them aware that services are available for them.
         ▪ The Empathy, Assistance and Referral Service (EARS) recruiting and training graduate students as peer counselors.

B. The University Alert Team
   1. Established in 2004 in an attempt to shift some of our resources to early intervention and prevention rather than only having crisis intervention and management available.
      a. A long-standing crisis management system was the model for the Alert Team. The Alert Team is for early identification of a potential crisis and case management to avert a situation from becoming a full-fledged crisis. Crisis Management attends to the varied needs of all who are touched by a crisis.
      b. Key people from across campus (see list of Alert Team members below) meet weekly to review individuals/situations to assess if there is more risk than what just one person or system is noticing. Sometimes when concerning information is provided, the team doesn’t act immediately,
but rather follows the situation and notes over time if and when more support or intervention is needed.

c. Emphasis is on caring and safety. These situations are very often quite complex and require multi-faceted problem solving in order to keep both the individual and the community safe.

d. The team also notes policy and procedure issues that recur and sends these to the Mental Health Policy Group, another committee of this council, where further exploration and recommendations are developed.

e. Stats have been collected since Spring 2007, during which time 142 cases have gone through the Alert Team. This translates into roughly 2-3 cases per week, although cases tend to cluster rather than spread out evenly over the course of a semester or academic year.

II. Alert Team Panel Presentation

A. Alert Team Members Introduction

1. Tanni Hall, Associate Dean of Students, Office of Student Support and Diversity Education within the Office of the Dean of Students; Chair of the Alert Team, Coordinator of the Crisis Managers.
2. Kent Hubbell, Dean of Students
3. Greg Eells, PhD, Director, Counseling and Psychological Services (CAPS):
   a. Takes information from the team back to the therapist who is working with the student or works to get the student into CAPS as soon as possible. Does not share student protected health information with team.
4. Sharon Mier PsyD, Coordinator, Community Consultation and Intervention within CAPS in Gannett:
   a. Functions as coordinator of support services, coaches staff/faculty who are supporting students.
5. Mary Beth Grant, Judicial Administrator:
   a. Looks for behavior that rises to the level of disciplinary action in order to leverage treatment or other support.
6. Dave Nazer, Cornell Police:
   a. Brings information to team about students of concern who have been involved with the police.

B. Powerpoint slides on Alert Team included the following information:

1. History
2. National Issues
3. Legal and Ethical Issues
4. Mission and Purpose
5. Team Composition
6. Team Responsibilities
7. Team Procedures
8. Dispositions
9. Threat Assessment

C. Q & A discussion themes

1. How are cases referred to the Alert Team?
   a. RHDs, Academic Advising staff in the colleges can triage, consult, and/or refer a student to various support resources, both clinical and non-clinical, on campus.
   b. Information about the Alert Team has been communicated through various channels to key stakeholders (this council, the academic advising staff in the colleges, and senior administrators in other units throughout the university such as Campus Life and Residential programs). Public communication about the team has been more limited.
   c. Through educational outreach programs, deans & associate deans, and supervisors frontline staff are being encouraged to consult with a campus resource and/or to “communicate up” (i.e. to a supervisor or administrator) whenever they have concerns about a student who might be experiencing distress. As these communications move up through a unit, they are more likely to come to the attention of someone who is aware of the Alert Team and is able to discern if the situation should go there or to another support resource.

2. Who are considered “frontline” people?
a. Frontline people include faculty, coaches, academic advising office staff and any staff who work in other student services. Librarians, house cooks, community center and custodial staff are all needed as “eyes and ears” for early identification of someone in distress.

b. Early detection is important because it leads to less time lost from academic pursuits, the need for fewer resources to be employed, less suffering on the part of the student in distress and less disruption to the community.

3. **Does the team find itself supporting the same students over and over?**
   a. The Alert Team does not usually see the same students repeatedly. The philosophy is to support the student until there is a satisfactory resolution, meaning that the student is connected and receiving the support that allows him/her to function, be it here on campus or on a Health Leave of Absence (HLOA) away from the university.

4. **What about the student who returns from a personal leave but isn’t really ready to handle the academic and personal demands that caused him/her to take a leave in the first place?**
   a. When a student petitions the college to take a personal leave, it is important to consider the factors contributing to the request. Working with the academic advising office and Gannett to determine whether or not a HLOA might be more appropriate is imperative. There may be underlying mental health issues that could be addressed during the leave. This type of stipulation is part of a HLOA in order to increase the likelihood of student success upon return to campus.
   b. In the case of a student who returns from a personal leave and continues to demonstrate difficulties managing academic responsibilities and social/personal activities, on campus support options (such as the Alert Team and the CAPS Community Consultation and Intervention service) are engaged as well as possible consideration of either a HLOA or the Involuntary Leave option.
      - The Involuntary Leave Policy can help provide leverage for getting a student the appropriate type and level of support.
      - When a student appears to be a threat to self or others, a portion of the alert team convenes to review the situation and guide the student toward the care needed in order to restore functioning. This may include the possibility of an involuntary leave from Cornell.

5. **How might technology help with the concept of a central place to collect information about a student of concern?**
   a. This issue has been examined periodically. Now that the university has developed a range of systems and resources to support students and those concerned about them, we may need to reconsider how best to communicate information about students in distress.

6. **What makes a situation an Alert Team case and what is an emergency?**
   a. The term “Alert Team” might be confusing. It is not meant to denote an immediate response; they do not handle emergency situations. An Alert Team case is one where concerning behavior has come to the attention of a university official and seems to need more support than one system can manage.
   b. If a situation is an emergency (an immediate threat of harm to self or others) call the Cornell police at 911 or 255-1111.

7. **What about a situation where a staff or faculty member observes concerning behavior and takes it upon themselves to handle the situation on their own? Should I tell them to contact the Alert Team?**
   a. For behavior that is concerning, but not urgent or an emergency, faculty and staff should either talk with the student directly to confirm student’s level of distress or tell someone else about the observed, concerning behavior. Contact an academic administrator or staff supervisor within the unit (college, department) first. They can help determine next steps, including contacting the Alert Team, if necessary.
   b. For behavior that is urgent (expressed hopelessness, talk of suicide or out of touch with reality) contact CAPS at Gannett right away, 24/7.
   c. For emergency situations (imminent threat of harm to self or others) contact the Cornell Police immediately.
d. The new “Recognizing and Responding to Students in Distress: A Faculty Handbook” and an educational outreach program entitled “Notice and Respond: Assisting Students in Distress” address this issue and outlines response options based on level of distress being observed. You may contact the Dean of Students Office or Health Promotion in Gannett Health Services for more information about either.

III. Closing comments – Tim Marchell
Responding to observed distress can take many forms. Having a direct conversation with the person of concern, consulting or collaborating with a campus resource regarding possible support options are all ways we make the caring community concept a reality.

Minutes taken by Catherine Thrasher-Carroll