

**APPENDIX A
RESPONSE**

APPENDIX A – PART I
COLLEGE RADIO TRAINING – DISTRIBUTION OF DIGITAL
INTEROPERABLE STARCOMM RADIOS TO
HIGHER EDUCATION CAMPUSES

| <u>College</u> | <u># of Radios</u> | <u>Session</u> | <u>#Attending</u> |
|----------------------------------|--------------------|----------------|-------------------|
| Augustana College | 3 | Springfield | 1 |
| Aurora University | 3 | Chicago | 2 |
| Benedictine University | 3 | Chicago | 1 |
| Blackhawk College | 4 | Springfield | 1 |
| Bradley University | 5 | Springfield | 1 |
| Carl Sandburg College | 2 | Springfield | 2 |
| CCC-Harold Washington College | 4 | Chicago | 1 |
| CCC-Harry S. Truman College | 4 | Chicago | 1 |
| CCC-Kennedy King College | 4 | Chicago | 2 |
| CCC-Malcolm X College | 4 | Chicago | 2 |
| CCC-Olive Harvey College | 4 | Chicago | 1 |
| CCC-Richard J. Daley College | 4 | Chicago | 1 |
| CCC-Wilbur Wright College | 4 | Chicago | 1 |
| CCC-“At Large” | | Chicago | 2 |
| Chicago State University | 6 | Chicago | 2 |
| College of DuPage | 9 | Chicago | 1 |
| College of Lake County | 4 | Chicago | 2 |
| Columbia College of Chicago | 5 | Chicago | 2 |
| DePaul University | 6 | Chicago | 2 |
| Dominican University | 2 | Chicago | 2 |
| Eastern Illinois University | 8 | Springfield | 2 |
| Elgin Community College | 3 | Chicago | 1 |
| Elmhurst College | 3 | Chicago | 2 |
| Governors State University | 6 | Chicago | 2 |
| Illinois Central College | 3 | Springfield | 1 |
| Illinois Institute of Technology | 6 | Chicago | 1 |
| Illinois State University | 9 | Springfield | 1 |
| Illinois Wesleyan University | 4 | Springfield | 1 |
| John A. Logan College | 2 | Springfield | 1-2 |
| John Marshall Law School | 2 | Chicago | 2 |
| John Wood Community College | 2 | Springfield | 1 |
| Joliet Junior College | 4 | Springfield | 2 |
| Judson College | 2 | Chicago | 2 |

| | | | |
|------------------------------------|------------|-------------|---|
| Knox College | 4 | Springfield | 1 |
| Lake Forest College | 3 | Chicago | 2 |
| Lake Land College | 3 | Springfield | 1 |
| Lewis University | 3 | Chicago | 1 |
| Lincoln Land Community College | 4 | Springfield | 2 |
| Loyola University | 4 | Chicago | 2 |
| Moody Bible Institute | 2 | Chicago | 2 |
| Moraine Valley Community College | 5 | Chicago | 2 |
| Morton College | 4 | Chicago | 2 |
| North Central College | 2 | Chicago | 2 |
| North Park University | 3 | Chicago | 1 |
| Northeastern Illinois University | 5 | Chicago | 1 |
| Northern Illinois University | 9 | Chicago | 2 |
| Northwestern University | 8 | Chicago | 1 |
| Oakton Community College | 4 | Chicago | 2 |
| Olivet Nazarene University | 3 | Chicago | 1 |
| Parkland College | 3 | Springfield | 2 |
| Prairie State College | 4 | Chicago | 2 |
| Quincy University | 3 | Springfield | 1 |
| Rock Valley Community College | 3 | Springfield | 1 |
| Roosevelt University | 4 | Chicago | 1 |
| Rush University | 4 | Chicago | 2 |
| South Suburban College of Cook Co. | 5 | Chicago | 1 |
| SIU-Carbondale | 9 | Springfield | 1 |
| SIU-Edwardsville | 5 | Springfield | 2 |
| Southwestern Illinois College | 3 | Springfield | 1 |
| St. Xavier University | 2 | Chicago | 2 |
| Triton College | 4 | Chicago | 1 |
| University of Chicago | 7 | Chicago | 2 |
| UI-Springfield | 5 | Springfield | 2 |
| UI-Chicago | 11 | Chicago | 2 |
| UI-Urbana/Champaign | 15 | Springfield | 2 |
| University of St. Francis | 2 | Chicago | 2 |
| Waubonsee Community College | 2 | Chicago | 1 |
| Western Illinois University | 6 | Springfield | 2 |
| Wheaton College | 2 | Chicago | 1 |
| William Rainey Harper College | 4 | Springfield | 1 |
| Total | 303 | | |

APPENDIX A - PART II

Campus Security Awareness Training Participation Summary

Governor's Illinois Campus Security Task Force and Illinois Terrorism Task Force
IBHE - Training Session Participation Summary

On August 21st, a select group of Campus Security Task Force members, university personnel and other professionals with backgrounds in emergency planning and training reviewed the mandatory all hazard emergency planning k-12 schools are required to complete. The working group modified the existing K-12 All Hazard training framework into a program that would provide college and university personnel with information on how to plan for hazards of all types including natural hazards, technological hazards and man-made hazards.

Once the program was developed, the Illinois Board of Higher Education, on behalf of the Governor's Campus Security Task Force and the Illinois Terrorism Task Force (ITTF), coordinated a series of regional training sessions to help Illinois colleges and universities prepare for and respond to crisis situations of all types. Invitations for the "All Hazard Emergency Planning Sessions" were extended - via e-mail notification and links on numerous websites - to Illinois college and university administrators, emergency planning and security personnel and mental health professionals. The Illinois Board of Higher Education website provided detailed program information, a listing of colleges and universities by region, and an on-line registration and RSVP system.

During the fall of 2007, five "All Hazard Emergency Planning Sessions for Illinois Colleges and Universities" were scheduled and held across the state. The success of the first 5 "free" training sessions prompted the addition of a 6th encore session that was held on December 5, 2007 at Columbia College in Chicago. Overall, the planning sessions provided training to 200 individuals representing 96 colleges and universities and 7 agencies across the state.

| <u>Session</u> | <u>Date</u> | <u>Region</u> | <u>Host/Location</u> | <u>Attendance</u> | <u># Institutions</u> | <u># Agencies</u> |
|----------------------|---|----------------|-------------------------|-------------------|-------------------------------------|-----------------------|
| Session 1 | October 9, 2007 | Central | SEOC-Springfield | 32 | 19 | 6 |
| | <u>Institutions:</u> | | | | <u>Agencies</u> | |
| | 1 Blackburn College | | | | 1 Attorney General | |
| | 2 Bradley University | | | | 2 Board of Higher Education | |
| | 3 Carl Sandburg College | | | | 3 Department of Homeland Security | |
| | 4 Eastern Illinois University | | | | 4 Illinois Community College Board | |
| | 5 Illinois Central College | | | | 5 Office of the State Fire Marshall | |
| | 6 Illinois College | | | | 6 DCEO | |
| | 7 Illinois Valley Community College | | | | | |
| | 8 Illinois Wesleyan University | | | | | |
| | 9 John Wood Community College | | | | | |
| | 10 Lake Land Community College | | | | | |
| | 11 Lewis & Clark Community College | | | | | |
| | 12 Lincoln Land Community College | | | | | |
| | 13 MacMurray College | | | | | |
| | 14 Midstate College | | | | | |
| | 15 Richland Community College | | | | | |
| | 16 Spoon River College | | | | | |
| | 17 University of Illinois at Springfield | | | | | |
| | 18 University of Illinois at Urbana/Champaign | | | | | |
| | 19 Western Illinois University | | | | | |

| <u>Session</u> | <u>Date</u> | <u>Region</u> | <u>Host/Location</u> | <u>Attendance</u> | <u># Institutions</u> | <u># Agencies</u> |
|----------------------|---------------------------------|-----------------|----------------------------------|-------------------|--------------------------------|-----------------------|
| Session 2 | October 16, 2007 | Southern | John A. Logan College | 25 | 7 | 2 |
| | <u>Institutions:</u> | | | | <u>Agencies</u> | |
| | 1 John A. Logan College | | | | 1 Board of Higher Education | |
| | 2 Sanford Brown College | | | | 2 Department of Human Services | |
| | 3 Shawnee Community College | | | | | |
| | 4 Southeastern Illinois College | | | | | |
| | 5 SIU-Carbondale | | | | | |
| | 6 SIU-Edwardsville | | | | | |
| | 7 Southwestern Illinois College | | | | | |

| <u>Session</u> | <u>Date</u> | <u>Region</u> | <u>Host/Location</u> | <u>Attendance</u> | <u># Institutions</u> | <u># Agencies</u> |
|----------------------|-------------------------|-----------------------|----------------------|-------------------|---------------------------|-----------------------|
| Session 3 | October 29, 2007 | Northern A | IMSA-Aurora | 35 | 15 | 1 |
| | <u>Institutions:</u> | | | | <u>Agencies</u> | |

- 1 Aurora University
- 2 College of DuPage
- 3 Danville Area Community College
- 4 Harper College
- 5 Highland Community College
- 6 Illinois Mathematics and Science Academy
- 7 Joliet Junior College
- 8 Kaplan University
- 9 Kishwaukee College
- 10 Morton College
- 11 Prairie State College
- 12 Sauk Valley Community College
- 13 Triton College
- 14 Waubonsee Community College
- 15 Westwood College-DuPage

1 DCEO

| <u>Session</u> | <u>Date</u> | <u>Region</u> | <u>Host/Location</u> | <u>Attendance</u> | <u># Institutions</u> | <u># Agencies</u> |
|----------------------|-----------------------------|-----------------------|----------------------|-------------------|---------------------------|-----------------------|
| Session 4 | November 6, 2007 | Northern B | Elgin C.C. | 36 | 17 | 2 |

Institutions:

- 1 Argosy University-Chicago
- 2 Argosy University-Schaumburg
- 3 Aurora University
- 4 College of Lake County
- 5 DeVry University
- 6 Elgin Community College
- 7 Elmhurst College
- 8 Illinois Institute of Technology
- 9 IIT Technical Institute
- 10 Kaplan University
- 11 McHenry County College
- 12 Moraine Valley Community College
- 13 Northern Illinois University
- 14 Saint Xavier University
- 15 The Cooking & Hospitality Institute of Chicago
- 16 The Illinois Institute of Art-Schaumburg
- 17 Westwood College- Chicago O'Hare Campus

Agencies

- 1 Board of Higher Education
- 2 DHS-Mental Health

| <u>Session</u> | <u>Date</u> | <u>Region</u> | <u>Host/Location</u> | <u>Attendance</u> | <u># Institutions</u> | <u># Agencies</u> |
|----------------------|------------------------------|-----------------------|--------------------------|-------------------|---------------------------|-----------------------|
| Session 5 | November 27, 2007 | Northern C | Moraine Valley CC | 44 | 23 | 3 |

Institutions:

- 1 Chicago State University

Agencies

- 1 Attorney General

- 2 College of DuPage
- 3 DeVry University-Tinley Park
- 4 Fox College
- 5 Governors State University
- 6 Harold Washington College
- 7 Heartland Community College
- 8 Kankakee Community College
- 9 Knox College
- 10 Malcolm X College
- 11 Moody Bible Institute
- 12 Moraine Valley Community College
- 13 Northwestern Business College
- 14 Oakton Community College
- 15 Olive-Harvey College
- 16 Olivet Nazarene University
- 17 Prairie State College
- 18 Roosevelt University
- 19 Saint Xavier University
- 20 South Suburban College
- 21 The Illinois Institute of Art-Chicago
- 22 University of Illinois at Chicago
- 23 Westwood College-Chicago

- 2 Board of Higher Education
- 3 DHS-Mental Health

| | |
|--------------------|-----|
| TOTAL ATTENDANCE | 172 |
| TOTAL INSTITUTIONS | 81 |
| TOTAL AGENCIES* | 7 |

* Attorney General, Board of Higher Education, DCEO, Dept. of Homeland Security, DHS-Mental Health, Illinois Community College Board, Office of the State Fire Marshall.

Session 6 - Supplemental Campus Security Awareness Training Session – Columbia College

| Session | Date | Region | Host/Location | Attendance# | Institution # | Agencies |
|-----------|----------|-----------|------------------|-------------|---------------|----------|
| Session 6 | 5-Dec-07 | Northeast | Columbia College | 28 | 15 | 2 |

Institutions:

- 1 Buckingham Student Residence
- 2 City College of Chicago
- 3 Columbia College Chicago
- 4 Columbia College Chicago
- 5 Columbia College Chicago
- 6 East West University
- 7 Harrington College of Design
- 8 Institute of Design
- 9 MacCormac College
- 10 National Louis University
- 11 Robert Morris College
- 12 Roosevelt University
- 13 School of the Art Institute
- 14 School of the Art Institute
- 15 University Center Student Residence

Agencies:

- 1 Chicago OEMC
- 2 Chicago Police Department

The CSTF Campus Security Awareness Training Program will continue with additional training sessions, statewide, in FY09, at the direction of the Office of the Governor.

**APPENDIX A – PART III
CAMPUS SECURITY AWARENESS TRAINING
INITIATIVE SUMMARY**

CAMPUS SECURITY TRAINING INITIATIVE SUMMARY

The School Security Training Project funded by the Illinois Terrorism Task Force (ITTF) and co-sponsored by the Illinois State Board of Education has been expanded to include Illinois institutions of higher education for the FY07 grant. On April 29, 2007, Governor Blagojevich formed the Illinois Campus Security Task Force (CSTF) in response to the rampage shooting at Virginia Tech University. The CSTF was charged with identifying training needs and implementing programs that will help campus security officials to prepare for, respond to and recover from emergencies. In addition, the CSTF will examine security issues on campuses and develop protocols that will ensure the safety of students, faculty, staff and visitors at those campuses.

The Director of the Illinois Emergency Management Agency (IEMA) and the Chairman of the ITTF determined the immediate need for training higher education institutions could be provided by adapting the state's existing K-12 School Security Training Program. The highly successful "Multi-Hazard Emergency Planning for Illinois Schools" curricula provides a solid foundation for the higher education institutions security training program. This newly adapted training is entitled, "All-Hazard Emergency Planning for Colleges and Universities."

Strategy:

A two-phase training initiative was proposed to include a statewide training series of executive briefing seminars followed by Train-the-Trainer courses. These courses are designed to increase the capacity of higher education institutions to continue on-going review, assessment, training of staff, faculty and students, and testing of campus emergency plans. Upon completion of Phase I, an assessment will be completed by a committee comprised of representatives from the ITTF and CSTF. The assessment will include feedback from participant evaluations and a survey completed by the Community College Board. The information will be used to determine expanded training needs including subject matter and content for Phase II training.

Phase I is a series of five one-day training sessions targeting senior college and university administrators. The training is designed as an executive briefing by providing an introduction and awareness overview for senior campus officials with the following three goals:

1. Provide attendees with practical, accurate and timely information regarding Emergency Management Planning.
2. Demonstrate the linkage between effective Emergency Management Planning and learning.
3. Motivate attendees to review and revise their existing Emergency Operations Plans (EOP) to be consistent with "best practices."

Course Objectives:

- ✓ Recognize that emergency planning for campuses is community-based and continuing;
- ✓ Identify potential members of campus planning team;
- ✓ Identify types of hazards that present the highest risk for campuses and their potential damage (risk assessment);

- ✓ Assemble a planning team;
- ✓ Develop or revise a campus all-hazard emergency operations plan (EOP);
- ✓ Develop and implement a strategy for training and testing the plan; and
- ✓ Revise the EOP based on lessons learned from exercises and/or actual emergencies.

Course Content:

Introduction to Campus Emergency Planning Process This unit provides an awareness level overview of the emergency management planning components sequence including four phases: Mitigation/Prevention, Preparedness, Response, and Recovery. The importance of a continual planning process in collaboration with community partners and tailored to the individual campus is stressed. The National Incident Management System (NIMS) compliance requirements for higher education institutions are discussed and the components of a comprehensive all-hazards emergency plan are identified. Participants are encouraged to work in small groups to identify potential problems to emergency scenarios assigned.

Responding Using the Incident Command System This unit identifies the key roles and responsibilities of campus emergency management teams tasked with the tactical response to a critical incident. The action steps for forming these teams are outlined including screening, selecting, training, deploying and sustaining these teams. The role of senior campus decision makers in planning and staffing a campus Emergency Operations Center is addressed. Participants are tasked with identifying campus administration officials to assign to key emergency management positions.

Critical Incident Stress Management This unit emphasizes the importance of having a crisis intervention component as part of the recovery plan to provide immediate psychological first aid and critical incident stress management in the immediate aftermath of a traumatic event impacting the campus. The elements of a good recovery plan are identified and explained.

Crisis Communications The critical importance of having an effective crisis communication plan is stressed. The considerations for developing campus-wide emergency communications capability, based on multi-modal systems, not totally reliant on technology or single site based are outlined. Key recommendations from recent studies of campus emergency communications are provided. Recommendations for communication with the media, parents/next of kin, students, staff and faculty are discussed.

Virginia Tech Tragedy—Lessons Learned and Key Recommendations This unit synthesizes the findings of the Virginia Tech Review Panel, including a discussions of problems concerning incident response, emergency communications, the campus emergency plan and the campus emergency management organization. Lessons learned and key recommendation for improving campus security, campus police/public safety, mental health services, and emergency management operations are highlighted.

Schedule for Phase I training sessions:

- | | | |
|------------|-----------------------------------|--------------|
| • 10/9/07 | State Emergency Operations Center | Springfield |
| • 10/16/07 | John A. Logan Community College | Cartersville |
| • 10/29/07 | Illinois Math & Science Academy | Aurora |
| • 11/6/07 | Elgin Community College | Elgin |
| • 11/27/07 | Moraine Valley Community College | Palo Hills |

Phase I — Participant Evaluations:

To date, 96 higher education institutions have been represented in the six completed training sessions. Of the 200 attendees, 135 completed the training evaluation.

A summary of the 135 evaluations representing individual respondent quantitative ratings has been compiled by using a standard Likert scale. The evaluation information of the program is bifurcated by using qualitative dimensions of course content and training materials. The evaluation component of the individual host training site has not been included herein due to the lack of relevance regarding the focus on quality of program. Individual instructor ratings directly impact the quality of program ratings and are available for review. However, they do not appear in this report. The summary that appears in the following section reflects both quantitative and qualitative data. Individual qualitative feedback appears in actual form as presented on the evaluation.

Rating Scale

| | | | | |
|---------------------------|----------|----------|----------|--------------------|
| 5 | 4 | 3 | 2 | 1 |
| <u>Exceptional</u> | | | | <u>Poor</u> |

Rating — Course Content

| | | | | | |
|--|---------|--------|--------|-------|------|
| • Were the course objectives emphasized? | 5 (84) | 4 (50) | 3 (1) | 2 (0) | 1(0) |
| • Was the program organized to meet those objectives? | 5 (82) | 4 (52) | 3 (1) | 2 (0) | 1(0) |
| • Did the program provide current, relevant information? | 5 (102) | 4 (32) | 3 (1) | 2 (0) | 1(0) |
| • Did this course enhance your level of knowledge and skill? | 5 (82) | 4 (37) | 3 (14) | 2(1) | 1(1) |
| • Overall rating for this program? | 5 (90) | 4 (44) | 3 (1) | 2 (0) | 1(0) |

Rating — Training Aids

| | | | | | |
|---|---------|--------|-------|-------|------|
| Print quality of handouts | 5 (100) | 4 (32) | 3 (3) | 2 (0) | 1(0) |
| • Organization & relevancy of handout information | 5 (105) | 4 (28) | 3 (2) | 2 (0) | 1(0) |
| • Appropriate amount of handout material | 5 (102) | 4 (28) | 3 (4) | 2 (1) | 1(0) |
| • Quality and Relevancy of audio/visual aids | 5 (98) | 4 (34) | 3 (2) | 2 (1) | 1(0) |

What are strengths of this course?

Overwhelmingly the participants commented that the session was an excellent foundation course, well organized, with highly qualified presenters. Most enjoyed the small group activities. Attendees were pleased with the training material and resource CD. (See appendix for a listing of participant comments.)

How could this course be improved?

Most attendees agreed there is a need for expanded training with more depth on individual topics including small group activities. Several commented that the 4 hour session was too rushed, indicating a clear need to provide the same training format timeframe as provided for K-12 schools, reflecting a minimum 5 ½ hours including a working lunch.

Comments from Participants Not Reflected in Evaluations

Interaction with participants during training, at breaks and following the session revealed several significant issues. Many of the higher education institution administrators attending the sessions were not aware of the National Incident Management System (NIMS) and the compliance requirement for colleges and universities receiving state funds per the Governor's Executive Order #12, issued in 2004. Few campus administrators and campus police/security officials were aware there is a State Implementation Plan for NIMS and how that impacts colleges and universities. Additionally, most higher education institutions were not aware of the emergency declaration powers of the Office of the Governor, which could allow government agencies use of the institution's campus in a disaster. Many of these same higher education officials were not aware their campuses may be identified in local community disaster plans as resource sites. They were unaware that during public health emergencies their campus could be designated as medication distribution centers or shelters, feeding centers, temporary morgues, staging areas, and/or command posts and triage sites during community-wide disasters. It was apparent from conversations that few higher education institutions have a comprehensive all-hazard emergency plan. In fact, the smaller higher education institutions are less likely to have developed a campus emergency management organization; assigned key officials command positions; or created policies and procedures for responding to natural, technical or man-made hazards. Other than the major state universities, most participants did not know the role of a campus Emergency Operations Center and who should staff it. Only a few universities and colleges represented provide specific emergency response guidelines (functional procedures) and training for students, staff and faculty. Increasingly, more colleges and universities are using adjunct faculty instructors. However, none of the higher education institutions participating in this training provided their adjunct faculty with any emergency guidance material or training.

Written Participant Comments

What are strengths of this course?

- This is an excellent foundation course.
- Emergency response procedures.
- Great information for completing campus plans.
- This course gave a lot of information that really got me thinking. There are many aspects of this that were presented that I need to follow-up on.
- Well qualified and organized instructors.
- This course gives a good start to this type planning.
- Time length and quality of information.
- Good introduction with this topic. Raised issues that I need to follow-up on my campus. Raised level of awareness of how much has to be done to prepare. Handouts and resources are helpful.
- Material was presented in a way that it could be easily put into practice.

- Timely information.
- Knowledgeable speakers; handouts; group exercises.
- Awareness of resources.
- Knowledge base of organization of EOC.
- Very good content and tone of presenters. Very professional. Gave good direction for enhancing planning on campus.
- Application of systems.
- Knowledgeable people/instructors.
- Quality presenters.
- Current events up to date; thoroughly researched; was put in a concise, logical and mutually understood format. Trainers are experts in their field.
- Very good training. All presenters very qualified. Very quick pace, but effective.
- Great information, very needed.
- Knowledgeable instructors; educational.
- Really good vital information.
- Handouts, CD, type of instructors.
- It is to the point providing basic information.
- Breadth of information.
- A lot of information was presented quickly — Thanks.
- Great information — well defined and organized.
- Great presenters and wonderful resources.
- Networking with others and the speakers.
- Provides basic foundations of campus planning issues.
- Good content/timely information.
- Distribution of power point in paper and on CD. Ellis was overwhelmingly prepared and in control—good job.
- Comprehensive; good speakers who were knowledgeable.
- Session #1, 2 & 4 relevant. *(#3 – Critical Incident Stress management).
- Need to have a plan before it happens.
- The information shared.
- High level overview of what is needed, the components required and who to motivate to create an EOP for your campus.
- Up to date information.
- Identifies breadth and level of detail required to formulate comprehensive emergency response plan.
- Very useful information to take back and use.
- CD's with guides to designing plan; Roy Garcia offering his help with development of plan.
- The CD and referral information was very helpful.
- State shows its concern and support for the issues faced by campus law enforcement personnel.
- Great overview of topics and CD for follow-up.
- Identified key points — speakers.
- Good introductory info. Need more info on how to put an Emergency Response Plan together.
- PPT good; good speakers.
- This course should be taken by all college administrators and trustee boards.
- The presenters were engaging and excellent speakers. Great resource materials. Good organization.

- Great presenters.
- Great info for upper admin.
- How to start, coordinate, team requirements & elements needed. Good valuable info.
- Lots of info — small amount of time...well organized.
- Very helpful. A lot to think about.
- Opened eyes of class.
- Stress on NIMS—CISM and formal approach to emergency management.
- Described clear lines of responsibility in crisis situations. Potential scenarios helpful.
- Good intro course.
- Overall the presentation was excellent. Thank you for this opportunity.
- Real life teaching from instructors.
- Very current info & organized materials with recommendations.
- Instructors.
- Relevance, practicality.
- First activity was great. Speakers were appropriate in their knowledge and communication.
- Participation by audience.
- Provides an excellent overview of an evolving and complex issue.
- Provided materials and knowledge of presenters.
- Solid, concise session with good relevant information.
- Very good content and tone of presenters. Very professional. Gave good direction for enhancing planning on campus.

How could this course be improved?

- More time for hands on. If networking is important, then make group time with table tops high priority.
- Longer, but with more breaks and discussion group work.
- Length 8 or 16 hour course where when possible.
- Extend training time. It is worth more hours. There is so much to be learned, confirmed, re-confirmed, and encouraged.
- More depth should be provided to larger groups from each of our campuses.
- I wouldn't have minded a full day of instruction. It seemed like more information could have been disseminated. The stress management portion was the weakest.
- Perhaps have these workshops at various private school campuses and focus on faculty/staff.
- Keep doing what you are doing.
- Ideas to help attain administration support.
- Provide more examples of specific actions or plans. Perhaps break future sessions into campus size to better tailor presentations.
- Show more weaknesses or areas of improvement for crisis plans that might already exist. Specific minimum plan elements would be helpful.
- Make it a full day presentation with more opportunities for interactions.
- Need to have a follow-up session on how campuses are funding improvements and carrying out training for all staff, faculty and students.
- Not long enough!
- Longer.
- More breaks, better food.
- Perhaps a day long seminar instead of half day.
- Too much to comprehend ASAP.

- Probably need to add more hours to this presentation. Presenters seemed rushed and info presented is too important to rush through.
- Name tags and networking should be used.
- Could have used breaks, snacks/soda. This would have allowed more time for networking as well.
- Fine — no changes needed.
- Needed more detail; use a college as an example of a best practice; we need a checklist!!!
- Session #3, good info, but I can think of a few topics that would be more important, such as, more detail on NIMS, V-Tech, etc.
- Include more examples and allow more time for group activities.
- Speakers provided helpful examples of discussion points. It would be helpful to include some of these on handouts to provide reminders and focus post-program thinking.
- Concrete times and dates for follow-up trainings.
- Need more information on how to put an Emergency Response Plan together.
- Great! Keep it as it is.
- A little more time for how to and resources available.
- Maybe add another hour and another break. Group work was very informative, especially the ability share commonalities between institutions.
- 2 day program!
- Slow down, Bio on each instructor in handout w/contact info. Add Ready. Illinois as resource.
- Suggest that during ICS portion, illustrations be used w/ Fire Service and Police using seamlessly.
- More time for role plays and group discussions.
- Start on time and keep to schedule. The stress management section could be shortened considerably. It was cause for me not rating “content” a 5.
- Best practice for small colleges. Structure presentation according to available resources of institutions.
- Present the questions presenters raised in writing. At the on set of the day the 1st presenter offered several questions but did not answer directly.

APPENDIX A – PART IV

**RESPONSE TO CAMPUS EMERGENCIES:
ALL-HAZARD COMMUNICATIONS PLANNING
AND TECHNOLOGY CONSIDERATIONS**

January 9, 2008

ALL-HAZARD COMMUNICATIONS PLANNING AND TECHNOLOGY CONSIDERATIONS

The recent shootings at Virginia Tech highlighted the need to have the capability to perform a mass notification of faculty and students in the event of an emergency. There exists a need to develop and implement the most effective system of notification with adequate “back-up” systems to ensure maximum coverage.

Problems Identified by Various Studies

While the primary study reviewed was that of the University of Central Florida, additional information was gleaned from various Internet websites, such as colleges/universities, vendors, etc. The following shortcomings were identified.

- A multi-tiered approach is needed. No one system is 100% effective.
- Use of a “hard line” telephone is ineffective as 50% of faculty and students ignore a ringing telephone.
- Mass e-mailings are more effective, however, but are not an easy solution. One study indicates most students check e-mails frequently while faculty does not. Another survey found that the rate that both faculty and students checked their e-mail ranged from several hours to several days.
- While mass notification via public address systems in K-12 environments are effective, college campus environments do not lend well to this type of system. For example, college campuses most often have a variety of buildings and facilities which are often spread out on one or more sites.
- The majority of students (95%) did not know the different meanings between a steady and alternating warning siren.
- Most students do not listen to FM radios, therefore a college radio broadcast would have limited value

The studies also indicated that most respondents (95%) preferred notification via cell phone. Virtually all faculty and students carried cell phones. It should be noted however, that during the incident at Virginia Tech, accessing the cell phone network was difficult due to massive call volume.

Utilization Considerations

Types of incidents that may qualify for emergency notification are many and varied. The incidents may affect one, several, or all institutions. Some potential emergencies are as follows.

- Bombs/bomb threats
- Unauthorized entry – ranging from vandalism to hostage taking/mass murder
- Chemical, biological, radiological, nuclear, explosive terrorism
- Cyber-terrorism
- Medical emergencies, accidents, infectious diseases
- Criminal acts
- Facility emergencies – fire, hazmat

- Severe weather (Tornado)
- Floods
- Winter storms
- Extreme cold
- Earthquakes
- Suspicious packages

Communications Considerations: Available Technologies and Mediums

The Committee recommends that institutions develop a redundant system of communications methodologies to notify their faculty, staff and students about the status of campus operations during emergency situations or the presence of emerging threats to life safety. The technologies that are listed in this section represent a two-tiered approach to communications.

1. Tier 1 technologies are represented by the higher, more technologically advanced systems that either require state-of-the-art IT support, must be purchased from an outside agency, or the technology to implement the system typically may not be present on the institution’s campus and therefore the implementation of such a technology would require additional funding. Tier 1 systems typically will also have a greater probability of reaching a higher percentage of the target audience in a shorter time frame.
2. Tier 2 systems are those systems that are less technologically advanced, require minimal funding to expand their presence on campus, or the infrastructure exists such that implementation and use of the system requires little or no additional funding. Tier 2 systems will typically have a reduced capacity to reach large segments of the campus population in a short time frame.

Institutions are encouraged to identify multiple communication methods among those listed, depending on their student, faculty, and staff population. Schools with greater than 15,000 population should identify a minimum of three Tier 1 technologies and a minimum of three Tier 2 technologies for communicating during an emergency. Schools with a population of 5,000 to 15,000 should identify a minimum of two Tier 1 technologies supported by a minimum of two Tier 2 technologies. Schools with a population of less than 5,000 should have one Tier 1 technology in place supported by a minimum of two Tier 2 technologies. Factors which may impact the technologies selected include cost, existing IT infrastructure support, geographical location, existence of a technological base from which to work, local emergency management coordination, etc. The following list is not viewed as being all inclusive. The use of technologies other than those listed below should be evaluated on the basis of the Tier1/Tier 2 discussion presented above (see 1 & 2 above – this section) and reviewed with the local emergency management coordinator to assign a tier level status.

Below is a list of various technologies and mediums which may be utilized to communicate the existence of a hazard in the campus environment. Since no one method of communication is 100% effective, multiple approaches used in combination ensure greater probability of making contact with affected parties.

Note: Pros and Cons of each methodology are presented for consideration by the respective campus administrators.

- **Host based emergency notification system (i.e., instant voice and text messaging to home/cell phones, Blackberry devices, etc.)** - Tier 1 – Pro: state of the art technology with the ability to send mass text and email messages to large numbers of persons within a short time frame. Con: Cost to purchase and the potential need to upgrade existing IT infrastructure. Message delivery times may vary.
- **E-mail** - Tier 2 – Pro: An Information Technology based system that generally is present in most higher education based settings. Con: Limited in its ability to reach a large number of people, dependent upon the foundation for the IT system, and users must be logged on in order to receive the message.

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| Note: System becomes Tier 1 if the notification time to send the emergency email message is less than 20 minutes for the entire campus population. |
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- **Reverse 911 systems** - Tier 1 – Pro: Emerging state of the art and able to reach cell phone and land line systems. Con: Cost to purchase and the potential need to upgrade existing IT infrastructure.
- **NOAA Weather Radio** - Tier 1 – Pro: An existing system that is activated through the NOAA National Weather Service for broadcast to NOAA weather radios that are presently in use around campus. Reasonable cost if expansion of the number of radios is a necessity. Con: Requires further dissemination of the information beyond the individual monitoring the radio. Thus, a system also needs to be in place to train staff on how to react to a variety of emergency messages that they may receive.
- **Web announcements/intranet home page** - Tier 2 – Pro: An Information Technology based system that generally is present in most higher education based settings. Web page access is normally available through the IT support office or the Office of Public Affairs. Con: Limited in its ability to reach a large number of people, dependent upon the foundation for the IT system, and users must be logged on in order to receive the message.
- **Campus voicemail** – Tier 1 – Pro: Reasonably state-of-the-art technology delivering a clear, consistent message to all who register with the system. Situation updates are relatively easy. Con: Cost, if the information technology infrastructure to support the system is not in place, dependent on the ability of the system to deliver numerous messages in a short time frame.
- **Public address systems** Tier 1 – Pro: Able to project a direct message advising all persons within hearing distance of the nature of the emergency and responsive actions they should consider. Con: Cost if the infrastructure is not in place to support implementing such a system. Needs to have both an internal and external component in order to reach the majority of the populations.

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| Note: This system becomes Tier 2 if it is only an internal or an external system but not both. |
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- **Alarms/warning sirens** - Tier 1 – Pro: Able to reach a majority of the population and dependent on whether or not the alarms are audible both internally and externally. This system is Tier 1 if the alarms and warning systems can be heard both internally and externally. If the system is limited to either internal or external it should be viewed as Tier 2. Con: Cost if the infrastructure is not in place to support implementing such a system.

Note: Some fire alarm systems have this reverse notification capability with minimal funding for upgrade.

- **Code Blue phones** – Tier 2 – Pro: Able to reach members of the campus population with a direct message about the nature of the threat. Con: Cost if the infrastructure is not in place to support implementing such a system.
- **Electronic message boards** - Tier 1 or 2 (depending on the presence internally and externally to the buildings) – Pro: State-of-the-art messaging system to communicate a direct message to members of the campus population. Con: Expensive if not already in place or otherwise accessible to existing IT infrastructure. Location of the message boards dictates the number of people that can be reached.

Note: This is a tier 1 system if the campus elects to install message boards throughout the campus including the interior of campus buildings. This a Tier 2 system if it is limited to either internal or external use.

- **Flashing lights (exterior of building)** - Tier 2 (This is a tier 2 system because it is targeted at only those persons who are external to a building.) – Pro: Able to reach members of the campus population with a direct visual emergency notification. Con: Cost if the infrastructure is not in place to support implementing such a system. Also, it is unable to communicate the exact nature of the threat.
- **Coordinated use of public media outlets** – Tier 1 – Pro: Able to reach large segments of the campus population that have access to public media outlets. Con: Access to this information is limited and restricted from persons who are in class or otherwise don't have access to public media monitoring devices (radio and TV).
- **Radio announcements – college radio** - Tier 2 – Pro: Able to reach large segments of the campus population that have access to the college radio station. Con: Limited by the market share of the station. Additionally, access to this information is limited and restricted from persons who are in class or otherwise don't have access to public media monitoring devices (radio and TV).
- **Television – college cable TV** - Tier 2 – Pro: Able to reach large segments of the campus population that have access to the college TV and radio station. Con: Limited by the market share of the station. Additionally, access to this information is limited and restricted from persons who are in class or otherwise don't have access to public media monitoring devices (radio and TV)
- **Phone tree notification** – Tier 2 – Pro: A reliable system if the contact information database is routinely updated and individuals understand their role when notified of a campus emergency. Con: A relatively slow method of information dissemination dependent on persons fulfilling their responsibilities in a timely fashion. Also need to assure that the message does not change as it is passed along. Requires routine exercising.
- **Recorded emergency hotline** – Tier 2 – Pro: Delivers a direct and consistent message to all who call, inexpensive, quick turnaround time to upload the initial message and subsequent updates about the situation. Con: System capacity to handle large numbers of callers.
- **Flyers in residence halls/buildings** – Tier 2 – Pro: Delivers a direct and consistent message, inexpensive depending on the population, reasonable turnaround time subject to the limitations of utilities issues, dependent on delivery mechanism and posting sites or delivery plan. Con: Dependent on the delivery

mechanism and posting sites for distribution of the message, updates are difficult to manage.

All Hazard Planning Considerations: Developing Standard Operating Procedures

A thorough plan, designed to deal with a variety of emergencies should be developed, disseminated, and clearly understood by faculty, staff, and those outside agencies who may be tasked to respond to the institution. All plans should be multi-dimensional and should contain multiple contingencies to deal with a variety of potential circumstances.

- Site (building/venue) specific plan with contingencies
- Establish proactive measures/avenues (i.e., early warning system) for addressing emotionally disturbed students who may pose a security threat
- Threat classification system – related to the type and severity of the threat. (The classification level would determine the type and level of response, e.g., ILEAS, box alarm system model)
- In an emergency, immediate messages must be sent to the campus community that provide clear information on the nature of the emergency and actions to be taken. The initial messages should be followed by updated messages as more information becomes known.
- Evacuation plans (to include directions to safe area/rally point – to be provided in new student orientation, student handbook, posted on campus, etc.)
- Evacuation plans/movement to safe areas should address concerns such as snipers, improvised explosive devices, etc. Predetermined safe areas should be away from parking lots and potential sniper positions. The emergency plan should require that responding police secure/clear the safe area before students, faculty and staff are allowed to relocate.
- Shelter in place plans – Details to be provided in new student orientation, student handbook, posted on campus, mandated paragraph in course syllabus, etc.
- Direction/protocol for securing campus, i.e., perimeters, roadways, sectors/grids
- Require pre-planning/training exercises with responding agencies, e.g., annually during fall semester.
- Utilize NIMS Communication/ICS protocol
- Utilize active shooter/rapid deployment protocols

Command and Control

- Method(s) of emergency communication defined by threat (i.e., serious, immediate threats – all mediums; lesser threats (not immediate threats) – medium(s) of choice
- Campus Public Safety as well as administration officials should have the authority and capability to send an emergency message. Schools without police department or senior security official must designate someone able to make a quick decision without convening a committee.
- Definition of roles – police/security, administration, faculty, students, etc.
- Communication protocol for responding agencies (Starcom21)
- Establish a safety officer (predetermined designation for specially trained/briefed personnel)
- Identify (list) potential command post locations, staging areas, etc.

- Media plan and contact list
- Establish a reporting location/staging area(s) for responding parents, guardians, spouses, etc.

Administration and Logistics

- Identify items to be provided to potential responding agencies – site map, floor plan, emergency contact list, campus emergency plan, evacuation plans, etc.
- Establish a standardized numbering system for rooms and buildings. (No retrofitting to new standards until 40% or greater rehabilitation to structure.)
- Establish program/protocol for educating faculty/staff/students about warning system and campus emergency plan
- Form an in-house critical incident response team – identify roles/responsibilities, establish a task list
- Identify locations of various supplies that may be required, e.g., first aid supplies, water, etc.
- Establish a recovery plan to deal with the scaling down of the incident and other matters such as crisis counseling, etc.
- Each institution of higher education within the State of Illinois will conduct a minimum of one meeting with representatives from the school and local emergency service provider agencies who would be subject to respond to the school in the event of an emergency. This meeting would be for the purpose of reviewing the school's crisis and communications plans and recommending modifications, if necessary. The institution will be responsible for determining the extent of changes made subsequent to the suggestions, as well as their overall ability to adapt those changes into the operations of the institution.

Campus Self-Evaluation Criteria

The various categories below are intended to measure an institution's efforts at providing security, utilization of warning technologies and mediums, and the thoroughness of their all-hazard response plans. Meeting these standards, at any level, would be voluntary on the part of the institution. The premise of the categories listed is to encourage and assist colleges and universities in developing their all-hazard response as well as to provide a self-evaluation tool.

Selection of Response Options

- The communications plan should be multi-faceted and involve numerous mediums.
- The all-hazard response plan should be comprehensive and contain several contingencies.
- The selection of communications mediums should be those favored by the target group and should be effective for the institution.

Self-Evaluation Categories

Campus Law Enforcement/Security

- Full-time campus police, utilizing certified officers on a 24/7/365 basis. (This refers to a full-time police agency, not the scheduling of individual officers.)
- Part-time campus police, i.e., the agency does not operate on a 24/7/365 basis. (Does not refer to individual officers who work on a part time basis.)

- Unarmed security – employees of the institution
- Unarmed security – private contractors

Warning Technologies

- Host-based emergency system (i.e., instant voice and text messaging to home/cell phones, Blackberry devices, etc.)
- Reverse 911
- Campus voicemail
- NOAA Weather Radio
- Public address system
- Alarms/warning sirens
- Code blue phones
- Phone tree notification systems
- Electronic message boards
- Flashing lights on building exteriors
- E-mail
- Coordinated use of public media outlets
- Radio announcements (college radio)
- Television announcements
- Web announcements
- Printed flyers
- Recorded emergency hotline
- College emergency plan disseminated through school handbook

Emergency Plan Elements

- Published emergency plan with multiple contingencies
- Clearly defined roles for faculty/staff
- Clearly defined roles for responding agencies
- Identification of command post options
- Identification of staging area options
- Requirement that the evacuation plan indicates that no persons will be evacuated to a marshalling area until that area has been determined safe by law enforcement.
- Establish a protocol (and identify locations) for establishing a staging/marshalling area for parents, guardians, etc., who may respond to the campus in the event of an emergency
- Site plans/floor plans accessible and available to responders
- Site plans/floor plans provided to responders as part of the emergency planning/preparation process (plans in possession of responders before potential emergency situation)
- Establish a uniform means for describing/identifying sides of buildings, floors (levels), windows/doors, etc., to ensure clear communication and understanding among responding agencies.
- Pre-designated posts to facilitate establishing of perimeters, i.e., controlling access to/from location

- For multi-structure/multi-site facilities, establish designated sectors to facilitate the isolation/control of portions or sectors of the campus.
- Conduct a campus preparedness assessment, i.e, threat assessment, vulnerability assessment, solution implementation plan
- Conduct two emergency drills per year
- Require NIMS/ICS training for all campus police, security officers, and individuals involved in participating in the University response effort. (This may include campus health service, public works, etc.)
- Recommend NIMS/ICS training for campus administrators (identify specific administrators to be trained in the emergency plan)
- Require response to active shooter training for campus police
- Require training for faculty/staff regarding role/actions to be taken by faculty/staff in listed emergency situations
- Require safety orientation for all incoming students and their parents/guardians
- Establish a recovery plan to accommodate/facilitate the scaling down of the emergency response (e.g., resumption of school activities, safeguard/recovery of administrative and fiscal records, recovery/repair of information technology, repair of physical structures, etc.)

**APPENDIX A – PART V
UNIVERSITY OF ILLINOIS,
URBANA-CHAMPAIGN MODEL
ALL-HAZARDS RESPONSE PLAN**

**College/School/Department/Building Emergency
Operations Plan**

Note: This plan is presented as a useful guide and model. It is not presented as a substitute for your institution's development of its own, original, comprehensive, all-hazards response plan. As noted elsewhere in this CSTF Report to the Governor, your institution is strongly encouraged to develop its own all-hazards, NIMS compliant response plan.

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Foreword and Instructions for Creating a Plan

The objective of this template is to assist all campus units (regardless of their size) and/or buildings in the creation of an “all hazards” Emergency Operations Plan (EOP). The creation of an “all hazards” EOP is a crucial first step in the process of identifying the various emergencies and/or crises that can impact departmental operations. The plan will outline the steps necessary to minimize the scope and effect of the incident and to move as quickly as possible to recovery. Departments should understand that no level of planning will address the multitude of issues that can arise during an emergency and some decisions will have to be made “on time/on scene.”

This template, as presented, can be customized and is scalable to the size of the unit. Smaller, non-research based units such as certain Schools or Departments may wish to focus their efforts on the more common emergencies that are likely to occur. A listing of those would be as follows:

1. fire and explosion;
2. proper evacuation procedures including assistance for the disabled;
3. tornado preparedness;
4. earthquakes;
5. other weather related events (blizzard, flood, etc.);
6. active threat/active shooter/hostage situations;
7. bomb threats and/or suspicious package handling.

..... Similarly, larger schools or departments with a strong scientific based research program may need to address more complex issues related to issues such as the storage and risk of exposure from hazardous chemicals, technically complex and expensive scientific equipment and infrastructure, in addition to research continuity issues.

There are certain elements of emergency planning which should be included in all emergency operation plans. Examples include but are not limited to:

1. Departmental succession planning;
2. Identification of personnel who are critical to emergency response and a definition of their role;
3. Contact information for these key responders;
4. Communication plans for coordinating a response and communicating with emergency responders, and departmental and campus administration;
5. Departmental resources available to assist in an emergency response;
6. Hazard and risk assessments of critical departmental areas or exposures, etc.

The size of the incident dictates the size and type of the response. Emergencies that are contained within a single facility will be dealt with using primarily University resources assisted by community emergency response agencies. Multi-facility emergencies and/or a community based emergency may/will require a coordinated interagency “community based” response with the full support of the University’s resources.

The purpose of creating an EOP and conducting National Incident Management Systems (NIMS) training is to organize and integrate the University response, mitigation and recovery efforts with those of the County, State, and Federal government depending on the size of the emergency. Major disasters affecting the campus and its operations that result in requests from the County to the State for a declaration of a state of emergency require a NIMS based response on the part of the University in order to qualify for assistance.

Colleges are encouraged to review this template and determine the level of detail that is required for their area. Some, like the College of Law may be more detailed due to their size and organizational structure, whereas the College of Liberal Arts and Sciences may assign the “detailed planning” to its numerous subunits. Some hazards/risks will be found in all plans while others will be unique to the unit.

Some buildings that house numerous campus units may wish to create a “building oriented” plan by asking a few individuals to work in committee fashion to address the planning effort. Reminder: The templates provided on this website are scalable and able to be customized to meet the needs of the user.

For assistance or suggestions in the creation of your plan, please do not hesitate to contact the Office of Campus Emergency Planning at 333-1491. Depending on the unit, its size and complexity of operations, the EOP may be just a few pages addressing the most common of emergencies, risks, threats or hazards, or it could be fairly complex due to an increased scope of operations. The OCEP website and emergency operations plan templates can be found at www.ocep.uiuc.edu.

STATEMENT of NIMS / ICS COMPLIANCE

The **(College/School/Department/Building)** Emergency Operations Plan (EOP) is part of the overall campus emergency preparedness. The plans and procedures contained herein are subject to and compliant with the National Incident Management System (NIMS) and the Incident Command System (ICS). **(College/School/Department/Building)** senior executive staff and supervisory staff will establish a working knowledge of these emergency response principles and how they pertain to **(College/School/Department/Building)** emergency response actions.

Relationship to Campus Emergency Operations Committee (CEOC)

(College/School/Department/Building) provides educational, research, and public service contributions to the overall campus mission of teaching, research, and public engagement. In addition, the knowledge base within the **(College/School/Department/Building)** represents a substantial asset to the University of Illinois Urbana Champaign campus for responding to emergencies or disasters which may affect the campus operations. The research knowledge base, critical services, equipment, labor, specially trained staff, information and other resources of the **(College/School/Department/Building)** are essential to assist in campus emergency response and preparedness. Therefore, this document is considered as an appendix to the Campus Emergency Operations Committee Manual.

INTRODUCTION

The purpose of the **(College/School/Department/Building)** emergency operations plan is to provide a programmed response from units when conditions arise requiring an emergency response. Situations occurring which require implementation of this plan include, but are not limited to:

- Medical
- Chemical
- Fire / Explosion
- Major Loss / Interruption of Campus Services
- Natural Disasters
- Personnel

The goal of this emergency operations plan is to minimize disruption to the department academic mission during times of crisis and to meet the expectations of the taxpayers of the State of Illinois. In order to meet this goal, **(College/School/Department/Building)** staff must be prepared, trained, available, and willing to respond to major emergency situations with the resources of the unit.

This plan will provide the basis for training people to respond appropriately in major emergency situations. It is impossible to cover every type of emergency. This plan outlines the process and lists the resources available so that a person who is familiar with the plan may react properly. In the event of an emergency, **(College/School/Department/Building)** staff are expected to familiarize themselves with this document and their respective responsibilities.

This emergency operations plan is designed for any major emergency that may arise within the department. There may be some campus emergencies that are directed under other authority and have limited impact on the department, but for which, the department may need to be prepared to implement this plan.

Existing authority, whether established in the Campus Emergency Operations Committee Manual or a responding emergency agency from outside the University, will take precedence over authority established within this document until such time as the situation stabilizes and authority reverts back to **(College/School/Department/Building)**. (Example: A major fire being fought by city fire units, or a hostage situation.)

OBJECTIVES

In this section, review the objectives of this emergency operations plan. The text shown is suggested and is included for informational purposes only.

1. Assure continuing personal safety for departmental customers (faculty, staff, students, visitors, etc.) and personnel;
2. Minimize disruption to general campus and department services;
3. Provide emergency response services that are adequate to restore the situation to normal as soon as possible.
4. Assure that proper communications are established and maintained with the units' primary customer contacts (including students and their parents), emergency response assistance, and campus administrators;

Maintenance of the Document

In this section, present how the department plans to maintain this document to assure that it is current. A regular review should be scheduled to assure that someone has this responsibility and it is performed no less than annually. Identify who is responsible to review, revise, and update this plan. Again, the text shown is suggested to stimulate thinking.

- A group selected from the **(College/School/Department/Building)** will review the emergency operations plan at least annually.
- Departmental suggestions for improvement are encouraged and will be solicited.
- Text changes should be communicated to the **(College/School/Department/Building)** executive secretary (**phone**) for incorporation in the document.
- Critical plan reviews should occur either "post event" or in conjunction with the completion of a table top exercise.
- Tabletop or "live drill" exercises should be conducted at least semi-annually for the purpose of testing the plan and institutionalizing its concepts. Practice is essential.

ACTIVATION AND TRIGGER

In this section, discuss the process for activating the plan. Consider the types of situations that would trigger activation of this plan both during and after work hours. Determine who will be contacted and the manner in which they will be contacted. A "phone tree" system can be an effective method for bringing emergency response staff together but it is not always the most reliable. Does the unit have a need for an emergency contact system? The text shown is suggested to stimulate thinking.

The decision to implement this plan is the responsibility of the **(position title)** in **(College/School/Department/Building)**. The **(position title)** in **(College/School/Department/Building)** will accept this responsibility in the absence of the **(position title)**. Further succession authority is explained in the next section, "Emergency Management Team."

The following will trigger implementation of this emergency operations plan:

1. Notification of a campus emergency to **(College/School/Department/Building)** Administration from the Campus Emergency Operation Committee through the Division of Public Safety;
2. A routine outage response which escalates and is deemed major by the **[Facilities & services (?)]** Maintenance Group;

3. Severe weather related problems which threaten campus operations;
4. A major incident as defined in the Campus Emergency Operations Committee manual:
 - Major fire/explosion;
 - Major hazardous substance release;
 - Failure in the campus utility system to the extent that numerous buildings are affected;
 - An incident which creates the potential for fatality or major injuries;

After Hours Trigger

*Outline the procedures to be followed in the event that a crisis or emergency occurs on campus after hours and **(College/School/Department/Building)** Emergency Management Team personnel are **not** on duty.*

Emergencies which occur in (College/School/Department/Building) buildings after hours will result in a phone call made to the department head as shown in the Division of Public Safety listing of personnel to be called in an emergency (check on this with Cheryl Johnson).

If the **(position title)** is unavailable, the decision to implement this plan will be made by the first individual contacted by University of Illinois Police Department that is a member of the **(College/School/Department/Building)** Emergency Management Team. Once a decision is made to activate the emergency operations plan, the individual will contact other members of the (College/School/Department/Building) Emergency Management team and inform them to convene as soon as possible in **(room / building)**.

The **(College/School/Department/Building)** is responsible for maintaining the emergency contact information kept at the University of Illinois Police Department (Division of Public Safety) up to date.

EMERGENCY MANAGEMENT TEAM

In this section list the individuals who will be called together to assist in dealing with the emergency. Shown are the College Dean, Department head, Facilities manager, Financial Officer, and Safety Officer. These positions are listed for informational purposes and to stimulate thought processes about who will be needed to deal with emergency situations. The department is encouraged to outline their succession plan in the event that some members of the EMT are unable to report for duty during a particular emergency (e.g. infectious disease). The text shown is suggested to stimulate thinking.

Emergency Management Team - Individual Responsibilities

The **(College/School/Department/Building)** Emergency Management Team is comprised of:

- **Dean of (College/School/Department/Building)**
(name)
- **Department Head**
(name)
- **Facilities Manager**
(name)
- **Financial Officer**
(name)
- **Safety Officer**
(name)

- **Communications Liaison**
(name)
- **Other positions w/in the Department (??)**
(list names)
- **Administrative Secretary**
(name)

The **(position title – Dean/Dep’t Head)** will act as the chair of the Emergency Management Team and will coordinate the **(College/School/Department/Building)** response in compliance with this plan. They will also serve as the **(College/School/Department/Building)** liaison with the campus in conjunction with any campus events requiring activation of the Campus Emergency Operations Committee. If the **(position title)** is requested to assist the CEOC, then the fulfillment of the chair responsibilities will pass in the order of succession reflected in the above listing.

The individuals listed in this section are responsible to coordinate their unit responses to assure that the full measure of **(College/School/Department/Building)** resources are available to deal with the emergency. These resources include staff, material, and equipment as well as appropriate personal protective equipment. These individuals are also responsible to designate alternates to serve in their absence.

DETAILED AREAS OF RESPONSIBILITY

In this section, outline the duties and responsibilities of each member of the Emergency Management Team. Remember that the Dean may be involved as a liaison to the Campus Emergency Operations Committee. Therefore, this listing shows the Department Head as the chair of the department Emergency Management team. Give thought to who will assume the responsibilities of the chair in the event that the chair is absent. Thus a succession plan is needed in addition to each member of the Emergency Management Team delegating their responsibilities to a pre-designated alternate in the event of their absence. This assures that each area within the department will be represented unless there are unforeseen circumstances. Note: Redundancy cannot be planned for in all circumstances. The text that is shown is for consideration only and to stimulate thinking. One goal of the plan is to assure that this emergency operations plan is integrated with the CEOC in compliance with NIMS and ICS.

I. (Dean/ Department Head) – (Name)
Office (Cell) (Home) (Pager)

The **(position title)** is the Chairman of the **(College/School/Department/Building)** Emergency Management Team.

- Declare an event to be a critical incident. (Activate the **(College/School/Department/Building)** emergency operations plan)
- Assure that 911, the Chancellor, and the University of Illinois Division of Public Safety are notified if this emergency operations plan is activated.
- Notify the **(Dean)** of **(College)** that the emergency operations plan has been activated.
- Act as liaison with campus administration and external jurisdictions.
- In the event of a major hazardous substance release, the **(College/School/Department/Building)** should notify emergency services 9-911. For external (outdoor) releases it is recommended that the unit also notify the Facilities & Services Division of Safety and Compliance – Environmental Compliance (contact Dave Wilcoxon at 333-3655 or Cherrri Gray at 265-9818). For releases inside campus

buildings, the unit should notify the Division of Research Safety at 333-2755. It is also recommended that the **(College/School/Department/Building)** notify the Facilities & Services Code Compliance & Fire Safety Section (Craig Grant at 244-7215 or Alan Otto at 333-9711).

- f. Convene the **(College/School/Department/Building)** Emergency Management Team at **(Location)** or an alternate site, which would be the **(alternate location)**.
- g. Assure that **(College/School/Department/Building)**'s response includes one person fulfilling the responsibilities outlined in Sections that follow. Designate a communications liaison with the Office of Public Affairs and other campus units. If the Facilities & Services unit is providing major support to the unit, the **(College/School/Department/Building)** may consider assigning a ~~communications~~ liaison to assist in coordinating the F&S response activities.
- h. Designate a **(College/School/Department/Building)** field contact (if necessary) and establish communication with **(College/School/Department/Building)** field operations to receive information and direct field operations.
- i. Advise the Campus Emergency Operations Committee (as needed) concerning the status of **(College/School/Department/Building)**'s response and provide an assessment of the impact on affected facilities.
- j. Activate the Emergency Communication Plan if the department has one.
- k. Contact the Emergency Management Team in the event of an after hours emergency or institute the appropriate call-back procedure.

II. (Facilities mgr.) – (Name)
Office (Cell) (Home) (Pager)

The **(Facilities mgr.)** assumes responsibility for the activation of this plan and will chair the Emergency Management Team in the absence of the **(position title)**.

- a. Fulfill the role of the chair as outlined in Sections I above.
- b. Notify the Dean of **(College)** that the emergency operations plan has been activated.
- c. While acting as the chairman of the **(College/School/Department/Building)** Emergency Management Team, designate a liaison to the Campus Emergency Operations Committee when necessary.

The **(Position title / Facilities mgr.)** will provide essential manpower and equipment to:

- d. Assess the nature and extent of damage to stabilize and facilitate repairs.
- e. Activate the required resources to coordinate the **(College/School/Department/Building)** response.

*In the remainder of this section include any additional department facilities resources at the disposal of the **(Position title / Facilities Manager)** which may assist in the recovery effort.*

III. (Financial officer.) – (Name)
Office (Home) (Pager)

3rd level redundancy in case the remaining department persons are out. Is this needed??

The **(Position title)** assumes leadership to activate the emergency operations plan and manage the crisis with direct assistance and involvement of the **(Position title)**

- a. Fulfill the role of the chair as outlined in Sections I above.
- b. Notify the Dean of **(College/School/Department/Building)** that the emergency operations plan has been activated.

- c. While acting as the chairman of the **(College/School/Department/Building)** Emergency Management Team, designate a liaison to the **Campus Emergency Operations Committee** when necessary.
- d. Responsible for emergency procurement requirements, communication equipment and services, computer systems support, payroll assistance, and tool requirements.
- e. Coordinate with other campus units and/or other outside agencies to meet emergency purchasing/rental needs.
- f. The **(Financial Officer)** will staff the communication center.
- g. Maintain internal communication with the **(College/School/Department/Building)** staff.

IV. (Safety Manager within the College/Department) – (Name)
Office (Home) (Pager)

In this section identify any responsibilities that the Safety Officer (if there is one) will perform in conjunction with the emergency. The Safety Officer may be required to be at the emergency site and therefore unavailable to assume EMT duties that would be off site. The text shown is suggested to stimulate thinking.

- a. Fulfill the role of the chair as outlined in Section I above.
- b. Assess the situation to determine the regulatory agency reporting requirements and make the appropriate notifications to regulatory agencies.
- c. Advise the Emergency Management Team on matters relating to environmental and occupational safety and health requirements and procedures.
- d. Call in appropriate environmental, health, research, and/or safety staff support. Departmental and/or Research Safety staff will advise the Emergency Management Team in protecting the safety of student/faculty/staff/public and the environment to the greatest extent possible during a crisis. Contact information is as follows:
 - i. Facilities & Services Division of Safety & Compliance – Maureen Banks (Director – 244-0415), J. B. Webb (Assistant Director – 244-6272), David Wilcoxon (Assistant Director for Environmental Compliance - 333-3655), or Cherri Gray (Secretary – 265-9818.);
 - ii. Division of Research Safety – 333-2755;
 - iii. Facilities & Services Code Compliance & Fire Safety Section – Craig Gratnt (244-7215) or Alan Otto (333-9711).
- e. Departmental safety staff will (*assist or defer??*) to the Division of Research Safety to advise and provide technical resources on chemical, biological, and radiation incidents.
- f. Coordinate with the Division of Research Safety staff to achieve Emergency Management Team objectives based on the premise of student/faculty/staff/public and environmental safety.

V. Administrative Secretary – (Name)
Office Home

In this section identify any responsibilities that the Administrative Secretary (if there is one) will perform in conjunction with the emergency. Recording the proceedings of the EMT is a valuable tool for reviewing actions that are taken during a post event briefing for purposes of improving emergency response functions.

- a. Record activities of the Emergency Management Team
- b. Track action items
- c. Initiate calls to Emergency Communication Team prospective members as directed and inform them where to report.

- d. Assure that Emergency Communication Team members receive status update reports.

(College/School/Department/Building)
EMERGENCY OPERATIONS COMMAND CENTER – (Incomplete)

In this section you want to identify the location of the department emergency operations command center and outline the requirements for its operation. Shown are some things to consider although all of these may not be needed at the (College/School/Department/Building) level. The (College/School/Department/Building) will be receiving assistance from other campus resources and the department EOC should integrate fully with both the CEOC and any F&S response.

The **(College/School/Department/Building)** Emergency Operations Command Center will be a place where **(College/School/Department/Building)** personnel assemble to:

1. Determine the extent of the emergency,
2. Develop an action plan to handle the emergency,
3. Send information to those individuals carrying out corrective measures.

Recommended Specifications *(This section to be replaced with actual specifications of what's in the center)*

- The **(College/School/Department/Building)** should have redundant emergency power for all lights and receptacles.
- Provide seating for approximately (how many) people
- Maintain adequate cooling, heating, and ventilation during a power outage if possible.
- Maintain an adequate number of phones available during a power outage
- Facsimile machine available during a power outage
- Current campus drawings of department buildings
- Spare data lines for computers
- Television with VCR and cable
- Sufficient number of dry eraser boards
- Apparatus for viewing multiple drawings
- Overhead projector and screen
- Computer with access to the Internet, **(College/School/Department/Building)** servers, and campus Intranet

Emergency Communications ((College/School/Department/Building) call book plus the following):

(Review and modify upon final discussion regarding comm. sys.)

- A. Once the **(Position title / College Dean / Facilities mgr.)** or his designee declares the need for an emergency response, **(College/School/Department/Building)** shall notify the following agencies if they haven't been notified already:
- Emergency 9-911 (Only if the incident requires emergency responders)
 - University of Illinois Police Dept. (UIPD) at 333-1216
 - Chancellor's Office at 333-6290
 - Facilities & Services – Division of Safety & Compliance – Maureen Banks, Director (244-0415) or Cheri Gray, Secretary (265-9818)
 - Division of Research Safety – 333-2755;
 - Facilities & Services Code Compliance & Fire Safety Section – Craig Grant (244-7215) or Alan Otto (333-9711).

(Review & modify upon final decision regarding comm. Sys.)

How will the members of the Emergency Management Team be notified of the emergency?

- B. Members of the Emergency Management Team will be notified via:
- The campus telephone alert system;
 - **(College/School/Department/Building)** Emergency Call Schedule: Notifications to persons within **(College/School/Department/Building)** will follow the **(College/School/Department/Building)** Emergency Call Schedule (Appendix A) which is incorporated herein by reference;
 - Personal call received at home;
 - University of Illinois Police Department
- C. Individual Emergency Management Team members are responsible to notify the other members of their respective teams.

EMERGENCY COMMUNICATION PLAN AND PRIMARY CONTACT LIST

In this section, consider who should be included in the (College/School/Department/Building) primary contacts list. These could be students, faculty, staff, research granting agencies, other campus units with vested interests in the facility in question, etc. Once they have been identified, establish a method for contacting them and remaining in touch. Include the CEOC and/or other college offices. Remember, depending on the size or nature of the emergency, the unit may have departmental staff working in liaison with the CEOC. Some departments have created a laminated emergency phone card for essential personnel to keep in their wallet.

The College/School/Department/Building may wish to outline in this section their plan for communicating the status of unit operations to the general public either through the OPA or a designated spokesperson (approved by the campus). The Communication plan can also address the creation of public service announcements, include "canned" announcements for specific situations, etc.

The text shown is suggested to stimulate thinking.

The purpose of this plan is to insure that relevant Campus and College administrators receive accurate information from **(College/School/Department/Building)** for decision-making purposes during major emergencies. This program will be activated at the discretion of the chair of the EMT.

During an emergency, the chair of the EMT will designate a field contact that will be responsible to:

- monitor the situation,
- coordinate the response,
- make decisions designed to resolve the problem.

The designated field contact will remain in constant contact with the **(College/School/Department/Building)** Emergency Operations Command Center. A current **(College/School/Department/Building)** organizational chart is included as Appendix B.

(College/School/Department/Building) will further establish a Communication Team comprised of staff members that will be responsible for communicating with designated campus units concerning the status of the incident on a regular basis. The assignment of **(College/School/Department/Building)** contacts will occur as each incident unfolds. Members of the Communication Team will be responsible for keeping the designated customer contact list (following this section) informed of the status of the **(College/School/Department/Building)** emergency response. The nature and extent of the emergency will determine the number of persons assigned to the **(College/School/Department/Building)** Communication Team. The members of the Communication Team should be given scripted statements to be provided in response to general inquiries.

The unit should consider providing the same information to the Facilities & Services Service Office to respond to questions from the general campus population. The unit may wish to consider forwarding all questions to the Office of Public Affairs.

All media inquiries are to be forwarded to the UI News Bureau and Public Affairs office unless this has been deferred to a departmental spokesperson by an authorized campus administrator (Chancellor's Office or the Office of Public Affairs). Only the Dean of the College of X or their designee is authorized to make public comment on behalf of the **(College/School/Department/Building)**. Line supervisors and employees should refrain from making public statements, in order to avoid inaccurate or misleading communication.

List the customers on a priority basis, complete with full contact information. In the event of an emergency which would interrupt department operations, who should be involved/kept informed? Who are the stakeholders? What services and/or projects/research may be affected? Who needs to begin establishing their own contingency response plan to minimize potential damage from the event? This information needs to be updated regularly – every 6 months is recommended.

Operation of the Communication Team

The purpose of this section is to identify the individuals within the department who have the skills and requisite knowledge to assist in notifying department customers concerning the status and progress of the emergency response. Depending on the size of the department, this may be very few individuals and/or the Department Head or College Dean may believe that this is not essential depending on the circumstances. The text shown is suggested to stimulate thinking.

The Communication Team will be selected from the list of **(College/School/Department/Building)** employees that follows. The Administrative Secretary for **(College/School/Department/Building)**, who is also a member of the Emergency Management Team, will be responsible for contacting the appropriate number of individuals on this list for duty on the Communication Team. The Chair of the Management Team will be responsible for assuring that the Communication Team is adequately staffed based on the initial assessment of the crisis and nature of emergency response.

Members of the Communication Team will be assigned a customer group from the Primary Contact List. The Emergency Management Team will determine the size of the Communication Team and how many members of the Emergency Communication Team call list will be needed to respond to customer concerns. This number may fluctuate during the event. The Chair of the Emergency Management Team or their designee will be responsible for assigning the Communication Team members to their respective customers.

If the emergency occurs outside of normal business hours, the Communication Team will gather in room (designate the building and room number). It is the intention of the communication plan that customers affected by the crisis will receive updates at least hourly.

Once the Communication Team is called together they will be briefed on their responsibilities and the initial public statement concerning the emergency response. Unless the emergency occurs during other than normal business hours, it is anticipated that the first customer contacts will be made within the first hour of the event.

Questions from the customers to the members of the Communication Team (that they are unable to answer) must be forwarded immediately to the Emergency Management Team for discussion and

| | | |
|-----------------|--|----------|
| 2. Dr. Ned Hahn | 265-2213 (pager) 333-4291 333-0745 | 897-1588 |
|-----------------|--|----------|

Group III.

Division of Public Safety

| | | |
|------------------------|----------|--|
| 1. Krystal Fitzpatrick | 333-1216 | |
|------------------------|----------|--|

Vice Chancellor for Research

| | | |
|--------------------|----------|----------|
| 1. Charles Zukoski | 333-0034 | 367-5579 |
| 2. Melanie Loots | 333-0034 | |

Division of Research Safety

| | | |
|--------------------|----------|----------|
| 1. Irene Cooke | 244-7801 | 351-6364 |
| 2. Jennifer Bedell | 244-0416 | 355-8179 |

DEPARTMENT EMERGENCY CONTACTS LIST

List in this section the “essential personnel” within the department and the contact information for them. For some persons, this may be 24/7 contact information.

Communication Process Flow Chart

It is intended that each member of the **(College/School/Department/Building)** Communication Team will maintain regular communication with the Customer Contact units assigned to them as information becomes available and/or at least on an hourly interval. These communications will continue until the crisis is resolved. The flow chart that follows depicts information flow during a campus emergency.

Designated Field Contact
(College/School/Department/Building)
(Crisis Site)



Emergency Communication Team
(College/Department Emergency Operations Center)



Primary Contacts
UI Public Safety
Vice Chancellor – Research
Division of Research Safety
(List other contacts)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

If the department has acquired or stockpiled supplies of personal protective equipment it should be listed in this section and identified as to remaining quantities and location of storage. If special steps must be taken to relocate it from one area of campus to another, those facts should be noted here.

MISSION CRITICAL SERVICES

Identify and prioritize in this section the units' mission critical services. This should include the mechanisms in place to assure business continuity in the event of an emergency. How those services will be maintained or otherwise supported during a given emergency? Depending on the size of the unit and the importance of the activity (i.e. core campus function), the unit may wish to create separate appendices to this plan for the purpose of addressing major response activities to support core campus functions.

Maintenance of Critical Operations/Research

List in this section the various operations or research projects that must continue during an emergency. Also, define the procedures necessary to keep them operational. Who? What? When? Where? Identify critical time frames. What must happen in a given time period in order to protect these areas? Note: the Division of Public Safety maintains a list of room contents, assignments, and designated call back individuals for most campus areas.

Identification

List in this section any procedures you need to implement to assure proper identification of departmental critical staff. How will you determine that all persons working in the affected area and/or other areas of the department are properly and easily identified?

Hazards Present

List in this section all hazards that may be present which emergency responders should be aware of prior to entering the facility or area.

Emergency Shutdown Procedures

List in this section the various emergency shutdown procedures that can be used by departmental personnel or emergency responders to shutdown various systems.

EVACUATION PLAN

The areas covered by this plan include the following:

- List all department buildings -

The Office of Campus Emergency Planning (333-1491) and the Facilities & Services Code Compliance & Fire Safety Section (333-9711) will assist **(College/School/Department/Building)** personnel in developing an evacuation plan for each location occupied by **(College/School/Department/Building)** staff. A copy of this plan should be disseminated to each employee who works at these respective locations. Each plan will identify both a primary and secondary means of egress. It is recommended that egress routes be displayed where practical within the department.

Individuals reporting to satellite locations will be provided information on proper egress routes to be used in the event of an emergency. Persons assigned to work in University of Illinois buildings are responsible for their own safety. This means that regardless of where they are working, they should be mindful of the nearest points of egress to protect their own safety.

Consider egress routes, shelter in place options and locations, occupant notification procedures, gathering points or reassembly locations, method for accounting for employees, tools for communicating status of the evacuation, assistance for disabled faculty, staff, students.

Evacuation Plan Template *(revised 11/30/05)*

Evacuation decisions and/or “shelter in place” decisions should be clearly communicated to employees to assure that they follow proper protocols.

In this section, discuss, review and agree on the proper method for evacuating departmental facilities. Efforts should be made to identify rally points and “areas of rescue assistance” for persons with disabilities. Each building under department control should have their own evacuation plan which should be shared with all employees working in that facility. Departments should remind their staff that individuals still bear the responsibility for their own safety. All persons working or teaching in a facility should use common sense and possess a working knowledge of evacuation plans, rallying points, accounting for persons, and assisting persons with disabilities. Departments are encouraged to contact the local emergency response agency (fire department) to discuss and train on proper evacuation procedures, including the possible use of elevators during evacuation. Departments should consider the use of Braille in developing their evacuation diagrams. Teaching assistants and instructors in classroom buildings should review the evacuation procedures for their building on the first day of classes. Attached to this template are suggested guides for developing evacuation plans in classroom, office buildings, and residence halls.

1. **Review Elevator Use - Note: Elevators should not be used during a fire.** The use of elevators during certain other emergencies is acceptable. Departments are encouraged to consult with local emergency service providers to gain clear understanding of when those situations occur. Elevators can be critical assets during the evacuation of persons with disabilities.
2. **Display Routes for Evacuation** – Departments should clearly display evacuation routes from each facility and from each area within facilities. Displayed routes should depict the safest egress from an area and include the designated rallying point once outside the facility.
3. **Account for Employees** – The evacuation of campus facilities presents unique situations that are not experienced in a commercial or public school setting. For example, numerous departments may be assigned to one facility and one facility may house classes for numerous academic disciplines. Assigning responsibilities during an evacuation is important but in facilities as described above, timely and responsible evacuation often becomes the responsibility of a few key individuals. The University plan is to assign at least one floor coordinator and a backup person to carry out the responsibilities outlined in this evacuation plan. Responsibilities of the coordinator and/or backup will be to notify all persons within their area of the need to evacuate and where to assemble, check common areas and restrooms, meet the employees at the rally point to assure full evacuation, and report to Incident Command to brief the commander regarding the status of the evacuation. The coordinator may be asked to either use a bull horn or air horn to provide audible notification of the order to evacuate.

For buildings that house numerous general purpose classrooms, Teaching Assistants and Instructors are responsible to assure the orderly evacuation of students assigned to their classes when in session. This will include a checklist (included in this template) of procedures to follow during an evacuation.

Employees should be encouraged to help one another by directing them or making them aware to pass along important evacuation instructions once the decision has been made to evacuate a given facility.
4. **Pre-established Gathering/Rally Point** – Once the decision has been made to evacuate a facility, the employees should proceed in an orderly fashion to a pre-designated gathering

point or rally point to complete the accounting process as near as practical. The rally point should be located at a point that does not interfere with emergency response staging. The coordinator should report to the incident command site for briefing of emergency response personnel on the status of the evacuation. Employees who do not report to the rallying point are presumed to be still in the building and possibly in need of emergency rescue.

5. **Assisting Persons with Disabilities & Areas of Rescue Assistance** – Departments should maintain a clear record of the work assignments for persons with disabilities, especially if the disability would impair their ability to hear, see, or otherwise learn that a decision has been made to evacuate a given facility. This includes maintaining an awareness of individuals with disabilities who require assistance to egress from an upper floor or sub-ground level floor of a facility in the event that transportation via elevator is not possible. Seeking volunteers to assist persons with disabilities during an emergency is acceptable, but the individual volunteer should understand they are not an emergency responder. Their role is to assist in moving persons with disabilities either to an acceptable sheltering area, area of rescue assistance or otherwise designated tornado shelter. Accessible transportation is available either through DRES, MTD or possibly the Garage & Carpool.

List in the remainder of this section all persons with disabilities and the nature of their disability (sight, hearing, wayfaring, etc.). Note whether or not they require assistance during building evacuation. If so, note their location and contact information and the plan for assisting them.

6. **Tornado shelters** – Shelter areas, either inside or outside the facility, should be clearly designated on evacuation diagrams posted within the facility and clearly understood by all employees and coordinators who volunteer to assist during evacuation. Evacuation coordinators (floor coordinators) are encouraged to account for persons within the building once movement to the shelter area or gathering point is complete. This would include checking common areas and restrooms as long as doing so does not place the coordinator at greater risk for their personal safety. Sheltering in place is a common practice especially during tornadoes when satisfactory shelter exists within the facility. During a tornado warning event, individuals should seek shelter on the lower floors of their facilities; basements are preferred. Additional suitable areas for tornado sheltering include:
 - a. Interior Halls without Windows
 - b. Interior Rooms without Windows
 - c. Interior stair areas without windows
 - d. Restrooms without windows
7. **Exercises and drills** – Departments are encouraged to conduct an annual review of this plan. Regular exercises should be conducted to familiarize key staff with their roles during an evacuation. Assistance in planning and coordinating an exercise is available through the Urbana and/or Champaign Fire Departments, the Safety & Compliance unit within the Facilities & Services Division, and the Office of Campus Emergency Planning.

Departments are encouraged to review decisions regarding the designation of areas for rescue assistance and tornado shelters with the Facilities & Services Code Compliance & Fire Safety Section (333-9711) and the Office of Campus Emergency Planning (333-1491 prior to publication of such locations.

CHECKLIST

Evacuation Procedures for Teaching Assistants and Instructors

Teaching assistants and instructors are valuable assets during the evacuation of buildings which house unassigned general classroom space. As a result, TA's and instructors are responsible for performing certain duties in the event that an evacuation order is given for a facility where they have classes in session. These responsibilities only extend to the specific classes and students which they are teaching. Typically, notice of an evacuation order will be passed along to the TA or instructor from a floor coordinator who works for a department in the building or in the form of an audible alarm following the activation of a pull station or other alarm device.

Under no circumstances are TA's and instructors expected to place themselves in danger during a fire or other emergency for the purpose of exercising these duties. Thus, the assignment of these duties is based on the Good Samaritan principle of performing them so long as doing so does not place the TA or instructor at greater risk to their personal safety. Duties and responsibilities are as follows:

1. _____ Announce the evacuation to the class;
2. _____ Provide clear instruction as to the designated evacuation route and the gathering point;
3. _____ If possible count the number of students presently in the class so that an accurate count can be made at the rally point;
4. _____ Note any persons with disabilities and assist them with evacuation so long as doing so does not place the person with disability at risk of greater injury. The person with disability is the person to determine the amount of assistance they require. Recognize that the person with disability may elect to remain in the facility at a point of refuge or rescue assistance to await professional assistance from the emergency responders. If this occurs, assist the person if necessary to the point of refuge or rescue assistance and once the class has safely evacuated, notify the emergency responders of the location of the person with disability.
5. _____ Assist a designated floor coordinator if necessary to assure that other department personnel are safely evacuated. This could include checking commons areas, restrooms, etc.
6. _____ Once at the designated gathering (rally) point, account for the number of students that were in the class;
7. _____ Report to the incident command site on the status of the evacuation to include persons who may be missing, the location of persons with disabilities, and/or to answer questions with regards to the nature of the emergency.

TA's and Instructors should be aware that evacuation diagrams reflecting egress routes and gathering/rally points will be posted at exit stairways within campus facilities. They should proceed to the nearest exit stairway and direct their students accordingly. Gathering/rally points may vary from one building location to another. TA's and Instructors should encourage students to remain a safe distance away and not to proceed to the emergency response staging area where their presence may interfere with ongoing emergency operations.

Evacuation Plan – Administrative Office Bldg.

The following information is provided if it becomes necessary to evacuate the facility listed below due to fire, structural damage, contamination, or weather related emergency.

Bldg Name/Location Number: _____

Building Evacuation Coordinator: _____

- 1. 1st floor coordinator: _____
- 2. 2nd floor coordinator: _____
- 3. 3rd floor coordinator: _____
- 4. 4th floor coordinator: _____

Rally Point: In the event that it becomes necessary to evacuate this building, occupants are directed to report to:

Areas of Rescue Assistance: In the event that it becomes necessary to evacuate this building, staff personnel are directed to assist persons with disabilities in moving towards an “area of rescue assistance” or in the event of a situation that was imminently dangerous to life and health, an exterior rally point. Persons assisting individuals with disabilities are not emergency responders and must exercise common sense and judgment in providing such assistance. It is preferable to allow persons with disabilities to manage their own movement and extrication from a situation if that is possible and/or to wait for emergency response units properly trained in the rescue of persons with disabilities. The following areas have been deemed “areas of rescue assistance” for the respective floors of this facility:

First floor –

- a. _____
- b. _____

Second floor –

- a. _____
- b. _____

Third floor –

- a. _____
- b. _____

Fourth floor –

- a. _____
- b. _____

Fifth floor –

- a. _____
- b. _____

Note: In larger buildings, there will perhaps be a need for more than one area of rescue assistance per floor. Normally, one area of rescue assistance is preferred since this information aids emergency responders in search and rescue operations.

Persons with disabilities that require assistance for evacuation or movement to shelter:

Evacuation Plan – Residence Hall

The following information is provided if it becomes necessary to evacuate the facility listed below due to fire, structural damage, contamination, or weather related emergency.

(Insert Housing information with regards to planning)

Bldg Name/Location Number: _____

Building Evacuation Coordinator: _____

- 1. 1st floor coordinator: _____
- 2. 2nd floor coordinator: _____
- 3. 3rd floor coordinator: _____
- 4. 4th floor coordinator: _____

Rally Point: In the event that it becomes necessary to evacuate this building, all personnel (residents, advisors, support staff, etc.) are directed to report to:

Areas of Rescue Assistance: In the event that it becomes necessary to evacuate this building, staff personnel are directed to assist persons with disabilities in moving towards an “area of rescue assistance” or in the event of a situation that was imminently dangerous to life and health, an exterior rally point. Persons assisting individuals with disabilities are not emergency responders and must exercise common sense and judgment in providing such assistance. It is preferable to allow persons with disabilities to manage their own movement and extrication from a situation if that is possible and/or to wait for emergency response units properly trained in the rescue of persons with disabilities. The following areas have been deemed “areas of rescue assistance” for the respective floors of this facility:

First floor –

- a. _____
- b. _____

Second floor –

- a. _____
- b. _____

Third floor –

- a. _____
- b. _____

Fourth floor –

- a. _____
- b. _____

Fifth floor –

- a. _____
- b. _____

Note: In larger buildings, there will perhaps be a need for more than one area of rescue assistance per floor. Normally, one area of rescue assistance is preferred since this information aids emergency responders in search and rescue operations.

Persons with disabilities that require assistance for evacuation or movement to shelter:

In the event that evacuation is mandated and/or movement to an interior shelter is warranted, the assigned volunteer(s) will assist the individual with movement to the designated location.

| Name: | Location: | Volunteer(s): |
|--------------|------------------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

The person with disability is the person to determine the amount of assistance they require. Recognize that the person with disability may elect to remain in the facility at a point of refuge or rescue assistance to await professional assistance from the emergency responders. If this occurs, assist the person if necessary to the point of refuge or rescue assistance and once the class has safely evacuated, notify the emergency responders of the location of the person with disability.

Elevator use: Elevators can be valuable assets during evacuation for persons with disabilities. Check with emergency responders on the use of elevators during a given emergency to determine if their use is appropriate for that particular emergency.

Note: Elevators should not be used during a fire.

Accounting for employees:

Individuals listed as coordinators should make an attempt to verify the presence of persons on the job and to account for them once they have reached the rally point. The purpose will be to verify that all persons have safely evacuated the facility. This would include checking restrooms and common area space during evacuation.

Display routes for evacuation:

Departments are encouraged to display evacuation routes at prominent locations throughout the facility. Such displays should reflect the closest exit routes and the rally point.

Tornado Shelter:

Departments are encouraged to also reflect the tornado shelter location for the facility in question. Campus Risk Management, the Office of Emergency Planning, and/or the Facilities & Services Health and Safety section may be consulted with regards to proper tornado shelters in any particular facility. During a tornado warning event, individuals should seek shelter on the lower floors of their facilities, basements are preferred. Additional suitable areas for tornado sheltering include:

- Interior Halls without Windows
- Interior Rooms without Windows
- Interior stair areas without windows
- Restrooms without windows
- Extra mattresses and covers

Evacuation Plan – Classroom/Laboratory Building

The following information is provided if it becomes necessary to evacuate the facility listed below due to fire, structural damage, contamination, or weather related emergency.

Bldg Name/Location Number: _____

This is a classroom facility. Instructors are encouraged to familiarize themselves with the information contained in this document and to review the primary evacuation routes in the event that an emergency requires evacuation of this facility. Instructors are expected to take a primary role in assuring that students in their class are aware of the need to evacuate, to do so in an orderly manner, the location of the rally point and to assist as necessary any persons with disabilities in their class. If there are persons with disabilities in the class, please refer to “areas of rescue assistance” noted below. Other building contacts for evacuation information are noted in the section immediately following.

Building Evacuation Coordinator: _____

1st floor coordinator: _____

2nd floor coordinator: _____

3rd floor coordinator: _____

4th floor coordinator: _____

Rally Point: In the event that it becomes necessary to evacuate this building, all occupants are directed to report to:

Areas of Rescue Assistance: In the event that it becomes necessary to evacuate this building, staff personnel are directed to assist persons with disabilities in moving towards an “area of rescue assistance” or in the event of a situation that was imminently dangerous to life and health, an exterior rally point. Persons assisting individuals with disabilities are not emergency responders and must exercise common sense and judgment in providing such assistance. It is preferable to allow persons with disabilities to manage their own movement and extrication from a situation if that is possible and/or to wait for emergency response units properly trained in the rescue of persons with disabilities. The following areas have been deemed “areas of rescue assistance” for the respective floors of this facility:

First floor –

- a. _____
- b. _____

Second floor –

- a. _____
- b. _____

Third floor –

- a. _____
- b. _____

Fourth floor –

- a. _____
- b. _____

Fifth floor –

- a. _____
- b. _____

Note: In larger buildings, there will perhaps be a need for more than one area of rescue assistance per floor. Normally, one area of rescue assistance is preferred since this information aids emergency responders in search and rescue operations.

Persons with disabilities that require assistance for evacuation or movement to shelter:

In the event that evacuation is mandated and/or movement to an interior shelter is warranted, the assigned volunteer(s) will assist the individual with movement to the designated location.

| Name: | Location: | Volunteer(s): |
|--------------|------------------|----------------------|
|--------------|------------------|----------------------|

- 1.
- 2.
- 3.

Note for Laboratory (Research) facilities: Persons with disabilities who work in laboratory/research facilities at other than normal business hours (late at night) must assume primary responsibility for their own knowledge of available evacuation routes or notifying police or fire of their exact location in the event of an emergency which prevents evacuation. This assumes there is no one else around to assist them.

The person with disability is the person to determine the amount of assistance they require. Recognize that the person with disability may elect to remain in the facility at a point of refuge or rescue assistance to await professional assistance from the emergency responders. If this occurs, assist the person if necessary to the point of refuge or rescue assistance and once the class has safely evacuated, notify the emergency responders of the location of the person with disability.

Elevator use: Elevators can be valuable assets during evacuation for persons with disabilities. Check with emergency responders on the use of elevators during a given emergency to determine if their use is appropriate for that particular emergency.

Note: Elevators should not be used during a fire.

Accounting for employees:

Individuals listed as coordinators should make an attempt to verify the presence of persons on the job and to account for them once they have reached the rally point. The purpose will be to verify that all persons have safely evacuated the facility. This would include checking restrooms and common area space during evacuation.

Display routes for evacuation:

Departments are encouraged to display evacuation routes at prominent locations throughout the facility. Such displays should reflect the closest exit routes and the rally point.

Tornado Shelter:

Departments are encouraged to also reflect the tornado shelter location for the facility in question. Campus Risk Management, the Office of Emergency Planning, and/or the Facilities & Services Health and Safety section may be consulted with regards to proper tornado shelters in any particular facility. During a tornado warning event, individuals should seek shelter on the lower floors of their facilities, basements are preferred. Additional suitable areas for tornado sheltering include:

- Interior Halls without Windows
- Interior Rooms without Windows
- Interior stair areas without windows
- Restrooms without windows

SPILLS/RELEASES OF HAZARDOUS CHEMICALS OR OILS

In all situations, life threatening or not, anyone who discovers a release of a substance they suspect to be harmful to human health or the environment, should immediately report the release to the appropriate campus officials. This includes oil and chemical spills into a storm drain.

During normal work hours, if release is **LIFE-THREATENING** call:

1. **UIUC Public Safety (9-911)**
2. Then contact: Immediate Supervisor

If release is **NON-LIFE THREATENING** call:

1. Immediate Supervisor
2. Safety and Compliance (333-0340)
3. After hours call UIUC Public Safety (9-911)

Large Hazardous Materials Spills:

FD or UIPD is responsible for evacuation. If possible to do safely, shut down the source of the spill. Processes and buildings (particularly those processes involving flammable materials) should be shut down and secured, if possible, prior to leaving the area.

To all practicable extents, without endangering his or her own life, the witness to a release should try to obtain and convey the following information to the emergency contacts above:

- Location of the Release.
- Time of the Release.
- Type and quantity of substance released.
- Whether the release entered a storm sewer, the Boneyard Creek, or the Embarras River.
- Whether the release occurred inside a building, outside to the land, water, or air.
- Damages or injuries caused by the release, whether any life is threatened by the release.

Never add water to try to wash a spill into the ground or down a drain! If it is possible to do safely, and without contacting the substance, spills of hazardous chemical or oil (see **(College/School/Department/Building)** Spill Prevention Containment and Countermeasures Plan) should be contained by diking (using sand), or diverted to a safe area. Absorbent materials can be used to soak up most liquid chemicals with an oil base. Sewer manholes should be sealed to prevent entry of hazardous materials by placing heavy plastic over sewer manhole covers and weighing them down with sand.

Waste from a chemical spill cleanup, such as contaminated dirt, brooms, pads and absorbent, must be disposed of in accordance with State and Federal regulations. Consult Chemical Safety at 333-2755 for proper disposal. No special training is required for employees to clean up small oil spills on the ground or floor. Also, a sturdy bag with a few shovels or a single bucket of oily dirt/absorbent can be disposed of in a dumpster, as long as the soil is not dripping oil.

TORNADO PREPAREDNESS

Introduction

Natural disaster can strike at any time, destroying property and lives. Being prepared for natural disaster helps avoid panic and prevents further disaster. This section provides basic information you will need to know to help in preparing for a natural disaster.

Tornado Procedures

Champaign, Urbana, Champaign County, and the University of Illinois are prepared to keep a watchful eye on weather conditions and to warn the populace of impending tornadoes. This will be done by sounding the civil defense sirens, located in strategic positions throughout the campus, for a continuous three-minute unwavering blast. The sirens will be sounded only if a tornado is actually sighted or if the University is mentioned as being in the path of an approaching tornado. (Tornado warning sirens are tested on the first Tuesday of the month at 10:00 a.m.) The Public Safety Division, consisting of both the Police and Fire Departments, will also receive the warning.

If you are *outside* when you hear the warning siren, seek inside shelter, in the nearest building.

Once *inside* a building, go to the interior hallway or other enclosed area that is away from windows and on a lower floor of the building. Avoid going into auditoriums, gymnasiums, or other large rooms where roof collapse may be likely. In wooden buildings, such as houses, the least hazardous place is in the basement or under heavy furniture in the center of the building. Stay away from all windows.

In the event of injuries, give first aid to the best of your ability and notify emergency personnel as soon as possible at 911.

Tornado Warning Guidelines

All staff should read these tornado guidelines. A tornado warning alert is provided by sirens located throughout the campus. A continual siren at any time, except for the emergency test conducted the first Tuesday of each month at 10:00 a.m., indicates an emergency condition. It is presumed to be a tornado warning unless notified by officials to the contrary.

Tornadoes are unpredictable, therefore, you should avoid exterior windows, walls, and ceilings whenever possible. Caution and common sense by each individual is of utmost importance. In particular, actions that may cause panic should be avoided.

Individual Building Guidelines

In this section, units should develop specific tornado sheltering instructions for each location where staff are assigned to work. Sheltering instructions should include:

- ✓ Internal notification procedures for each specific location – how will the staff find out that a warning has been sounded? The following text is an example of how one campus unit determined to notify their staff:

The notification will be made through the hallway buzzer currently used for shift and lunch start and stop times. During a tornado warning, the buzzer will be activated. A series of short one second buzzer blasts for a 5 second time period will warn building occupants. The remaining F&S buildings listed above will rely on either the community emergency siren or the (*internal phone tree process*) or both for notification of tornado warnings.

- ✓ The designated tornado shelter for that building, instructions to staff for securing their work area prior to moving to the shelter, and directions to the shelter area. The following text is an example of one campus units instructions to staff:

You should quickly secure your work area (e.g., close doors and windows, shut down machinery, computers, etc. and move away from exterior doors and windows). Proceed into interior hallways and/or the basement. **Do not use the elevator.** The stairwell at the east main entrance, if available, should be used since tornadoes generally follow a southwest to northeast path.

- ✓ Acceptable alternative sites in the event that individuals are unable to make it to the primary shelter area in addition to areas to be avoided. The following text is an example of alternative acceptable sites.

Evacuate any occupied rooms at ground level. Floors below ground level, hallways, and rooms in the center of a building that are not on the top floor may be used as shelters. In the event of fire or personal injury, go to the nearest safe telephone to call for help.

- ✓ Instructions on what to do if caught outside and personal safety actions that can be taken. The following text is an example of one units instructions;

If working outside, seek shelter inside a building near the job site and follow instructions previously given. If working inside other Facilities & Services buildings, follow the tornado emergency procedure for that particular building. Protect your head. Get under a heavy desk, table or other sturdy furniture available, lie flat and put your arms over your head. If possible, cover your body with a blanket or whatever is available. After a tornado, do not re-enter damaged buildings. Be aware of down electrical lines, chemical releases, broken gas lines, and weak building structures.

- ✓ Description of how individuals will be notified when the situation is “all clear”.

Tornado Warning Siren Procedures

The decision to activate the sirens will be based upon the following situations:

- A funnel cloud or tornado which is threatening the U of I campus has been sighted by, or has been confirmed by, law enforcement or Fire Department personnel.
- A tornado has touched down within any of the three jurisdictions.
- A report of a radar echo of a tornado threatening the U of I campus has been received from the U.S. Weather Service.
- The report of a tornado or funnel cloud threatening the U of I campus has been received from the Champaign County ESDA emergency operations center.

The siren-warning signal is intended to advise all who hear it to take cover for a period of 30 minutes. Should the dangers outline above persist, the warning signal will be repeated every 30 minutes for as long as those conditions continue or as new similar situations develop.

Tornado Questions and Answers

March through October is “tornado season” in Central Illinois. However, a tornado can occur at any time of the year, day or night. Two of the most asked questions about tornadoes are:

Q. What is the difference between a funnel cloud and a tornado?

A. A funnel cloud is just what its name implies. It is a funnel-shaped cloud that does not touch the ground. When a funnel cloud does touch the ground, it is then referred to as a tornado.

Q. Where does Illinois rank in tornado frequency?

A. The Central United States is the area of maximum tornado frequency. Of the central states, Illinois ranks eight in frequency. Although Illinois has a high rate, the probability of a tornado striking twice in exactly the same place is once in 500 years.

Commonly Used Terms

Tornado Watch: Weather conditions are favorable to produce these storms. You should be alert to changing weather conditions and a “tornado warning” being announced.

Tornado Warning: A tornado has been sighted in the area.

Tornado Preparedness Kit

Departments may wish to consider preparing a tornado preparedness kit for storage in the shelter. Such a kit would assist in keeping the occupants informed on the status of the storm and would include the following:

1. NOAA weather radio – A NOAA weather radios with Specific Area Message Encoding (SAME) technology is recommended. This allows a department to program the radio for only those watches and warnings within a one or two-county area (such as Piatt and Champaign since most severe weather comes from the west). This minimizes the number of alerts a department will receive and decreases the likelihood that the radio will be turned off due to too many unrelated notifications. Some of these radios can also be "de-programmed" for alerts such as flood watches. These radios are available locally at many retailers and are also available “on-line”.
2. Flashlight (w/ extra batteries);
3. AM/FM radio with battery backup (and extra batteries);
4. Television (if possible and the power is still on);
5. Telephone (cell or land line) to contact emergency authorities –cell phones often times are the first form of communication lost during an emergency due to overloading of the system. A land line that does not require electricity is preferred, since many of the modern day land lines are inoperative without electrical power
6. Signaling device, such as an air horn, if people become trapped. The universal signal for distress is three quick bursts of any loud noise. For example, 3 quick bursts from an air horn. This might be helpful in the event of structural collapse.

Distribution and Exercising the Plan

Departments should distribute the plan and assure that all staff members are familiar with its contents. It is recommended that departments exercise their plan routinely. A good way to do this is by conducting a table top exercise where occupants can discuss the procedures, preparations, and their individual roles, responsibilities, and assignments during an emergency. A “live drill” is recommended once a year and don’t always do it at a convenient time such as after supper.

Tornado Signage

Departments should assure that their designated tornado shelters are properly signed to inform staff, students and visitors of the shelter location. Recommendations on the type of signage are available from the Office of Campus Emergency Planning (333-1491) or the Facilities & Services Office of Code Compliance and Fire Safety (Alan Otto 333-9711)

Updates as of 8/20/07 –

- Tornado Warning Guidelines – Removed the statement, “Statistics have indicated that the northeast interior corner of the building is the safest.”
- Deleted text referring to leaving windows open to relieve pressure variances.

FIRE AND/OR EXPLOSION

Each person should be continually on the alert for fire safety hazards. If hazards are observed, they should be reported to their supervisors.

Some examples of the most frequent fire safety hazards are:

- Permitting aisles, corridors, and routes of egress to become obstructed.
- Using extension cords, ungrounded plugs, and non-over current protected multiple outlet adapters for various small appliances. These are NOT PERMITTED and will only overload the electrical circuit.
- Illegal storage in corridors, fan rooms, equipment rooms, under stairways, etc. THESE AREAS MUST BE KEPT CLEAR AT ALL TIMES.
- Improper handling and storage of chemicals and flammable liquids. These must be limited to acceptable quantities and stored only in approved cabinets.
- Wedging open of fire resistive doors. These doors are designed to slow the spread of fire. Keep them closed at all times.
- Improper smoking habits. Smoke only in permitted areas, and discard ashes in approved ashtrays.

Be Prepared:

- Know the exit routes from your office, floor, and building. Study these in advance. It is easy to get disoriented during an actual emergency.
- Know the location of fire extinguishers and how to use them. Read the directions before an emergency. Report missing extinguishers immediately.
- Always assess the safety of putting out the fire yourself before doing so. Only attempt to extinguish small fires if you will not be endangering yourself or others in the process.
- Always allow yourself a clear route of escape from the fire should it get out of control.

In the Event of a Fire:

- Leave fire area and close doors.
- Actuate nearest wall-mounted fire alarm.
- Notify EMERGENCY 9-911 reporting the location of the fire if known.
- Evacuate the building, and keep clear of all exits.
- Report to Police or Fire Officer if anyone is suspected of being in the building after general evacuation.

- Do not use elevators.

When Fire Alarms Sound - Do the Following:

1. Evacuate the building quickly even though alarm is suspected to be false.
NOTE: It is mandatory for all University buildings to be evacuated upon sounding of the building fire alarm unless a test has been announced.
2. Do **not** use elevators.
3. Do **not** re-enter the building; keep clear of the evacuated area until authorized by the Fire Officer or Police.

Fire Do's and Don'ts:

- **Do** report the fire – don't assume someone else will call. Call the Fire Department at 9-911.
- **Do** activate the nearest alarm box. Know their locations.
- **Do** close doors – they will slow the spread of fire.
- **Do** use stairs to vacate the building. Assemble outside.
- **Don't** congregate in the stairways – keep to the right and keep going until it is safe to exit. Always move down and out.
- **Don't** panic – remain calm. Help is on the way.

”ACTIVE THREAT” (TEMPLATE)

Background Information for departments developing this template for their Emergency Operation Plan - Each individual is responsible for their own safety. In any response to an “active threat” on the UIUC campus, the Division of Public Safety will implement any and all means necessary to neutralize the threat. The University of Illinois Police Department will utilize all resources both on a proactive and reactive basis to ensure the safety of our campus community; in most cases a response to an “active threat” will involve a coordinated response from multiple law enforcement agencies. Remember, campus emergency preparedness is everyone’s concern! A significant number of issues regarding personal safety are included in this template. The information presented in blue font is considered as optional text. Each College/School/Department/Building must individually decide whether or not to include this optional information in their “active threat” plan.

Law Enforcement Tactics –

The following text is optional for units to include in their “active threat” preparedness.

Law enforcement priorities during an “active threat” situation have changed since the incident at Columbine High School. Police response tactics, as witnessed during recent events, are to respond to the threat immediately and take such action as is necessary to neutralize the threat as quickly as possible. The safety of all persons involved in an “active threat” incident is of paramount importance and responding officers will forego assistance to injured parties for the express purpose of meeting and neutralizing the threat, and thereby reducing the overall number of casualties.

Introduction:

1. Description: An “active threat” is defined as any incident which by its deliberate nature creates an immediate threat or presents an imminent danger to the campus community.
2. Types of “active threats”:
 - a. Active shooter
 - b. Hostage/barricaded subject
 - c. Sniper
 - d. Suicide/Homicide bomber
 - e. Known or suspected terrorist threat (biological/chemical threat)

Notification Procedures:

In the event that an “active threat” becomes apparent in any campus location (internal or external) the threat should be reported immediately (as soon as it is safe to do so) through one of the mechanisms that follow:

1. Call 9-1-1 (from non-university phone)
2. Call 9 9-1-1 (from university phone)

Campus notification procedures:

Following is a list of existing campus systems for notifications to faculty, staff, students and their parents in the event that an “active threat” would be identified on the UIUC campus. The systems listed here represent the primary means which the campus will use to send safety information to the general campus population. Options 1, 2, & 3 may be activated almost simultaneously.

The UIUC campus will use the following systems (listed in priority order) to notify campus faculty, staff, students, and parents of an existing “active threat” to UIUC.

1. Mass Messaging / Emergency Communications (“UI-Emergency”) –
(NOTE: This system is expected to be operational at the beginning of the Fall 2007 semester.)

2. Email
3. NOAA weather radio
4. Internet – website
5. Phone tree
6. 265-UIPD

In addition to the above means of communication, the University will also seek to use public mass media (radio and TV) for appropriate announcements to keep the UIUC campus informed.

The following text is optional for units to include in their “active threat” preparedness.

Individuals are encouraged to minimize the use of personal cell phones unless it is to report on the status of the incident to assure their personal safety or the safety of others. Mass use of cell phone systems typically result in system overloads and the general failure of the system until traffic diminishes.

Departmental notification procedures:

UIUC College/School/Department/Buildings should develop internal notification systems and practice/exercise them routinely at least twice a year. Internal contact lists should be reviewed at least twice a year to be kept current and the unit should assure that contact information held at the Division of Public Safety is current. The following text is suggested for inclusion in the unit Emergency Operation Plan.

The College/School/Department/Building has established an internal notification system to keep their staff informed on the status of any “active threat”. Systems that will be used to inform staff of the initiation of an “active threat” situation include:

- internal phone trees;
- paging systems;
- public address systems;
- bull horns, or;
- air horns.

Note: If a non-traditional form of communication is used as an alert mechanism, each staff person must be trained to respond appropriately and to recognize the alert.

For detailed information on the actual contact list, either include that information here or refer to an existing appendix (if one exists). Information on the specifics for implementing these systems need to be clearly defined to assure that the activation process is understood. Redundancy is recommended to assure that if the person to whom this responsibility has been assigned is absent from work, there is someone else who can fulfill that responsibility and he/she clearly understands the process.

Notifications to persons occupying public space:

Departments are encouraged to review the areas surrounding their departmental space to include public spaces in their notification procedures. Such areas include classrooms, seminar rooms, conference rooms, lecture rooms, lounges, and restrooms. During an “active threat” situation, there is no guarantee that persons occupying such space will receive a notification that an “active threat” exists. Therefore, departments are encouraged to establish mechanisms to notify persons in these areas (as long as it is safe to do so) of the status of an active threat situation. In buildings where there are multiple departments the coordination of these procedures will reduce the responsibility on any single department. In this section, the department can include a listing of those spaces and an assignment of responsibility to notify persons who occupy those spaces of an existing “active threat”.

The College/School/Department/Building has identified the following public spaces within its area of control. Notifications of an “active threat” situation will be made to persons in these areas as long as it is safe to do so without endangering departmental personnel. These spaces are:

List associated public spaces here.

Guidelines for Protection

The following guidelines are intended to provide information to individuals who have found shelter and/or found themselves engaged in an “active threat” situation. They are intended to improve both individual and group levels of personal safety.

The following text is optional for units to include in their “active threat” preparedness.

“Active threat” situations are very dynamic and they evolve quickly. Individuals need to assess their situation and be prepared to make decisions in a matter of seconds. An “active threat” situation typically does not last for a long period of time unless it evolves into a hostage situation.

Individual / Group Safety:

1. Stay calm and assess the situation, determine the location of the threat if possible;
2. Call 9-1-1 as soon as it is safe to do so;
3. Evacuate the area by a safe route if possible, if not seek an area of safe refuge. If it is known that the threat is of a chemical or biological nature and the decision is made to evacuate, be sure to evacuate to an area that is either uphill (higher ground) or at least in the opposite direction from the prevailing wind. Do not evacuate in the direction that the wind is blowing during such an attack or threat.
4. If you must seek a safe refuge, secure all doors and windows as quickly as possible and barricade as many items between you and the threat as possible (i.e. tablet arm chairs, tables, cabinets, etc.).
5. Render first aid to injured persons that may be in or near your area. Do this so long as it is safe to do so. Simple first aid includes applying direct pressure to the wound and elevate if possible. (Include other first aid items here)
6. Do not attempt to make contact (verbal or physical) with the individual responsible for the threat unless no other option is available.
7. If you must have contact with the individual posing the threat, attempt to find some cover (solid objects) to place between you and the individual.

Items 8, 9, & 10 are optional for units to include in their “active threat” preparedness plans.

8. Be prepared to combat the subject individually to neutralize the threat if your life is in imminent danger. Active resistance increases the chance of survival, but this is strictly a personal decision.

9. If you are barricaded in a room, identify objects which could be used as missiles or weapons to deter the threat from pursuing you at your location. Examples may be student desks, keys, shoes, belts, books, cell phones, iPods, book bags, laptops, pens, pencils, etc. or any item capable of being launched at an attacker. Articles of clothing can be used for protection against a knife wielding attacker.
10. If you are fortunate to be in a group, develop a plan as a group for how you will combat the attacker posing the threat should he/she gain access to your area of refuge. Frequently it is possible to overwhelm an attacker if multiple people resist or attack from different directions at the same time. While this reduces the risk of numerous serious or fatal injuries to the group as a whole, the chances of someone being injured is still present. This is a risk that the group must accept with any plan.
11. Once in a secure location, DO NOT open the door for anyone but the Police. This includes others seeking refuge, as this may be a ploy by the attacker to gain access.
12. DO NOT approach police officers as they attempt to locate and neutralize the threat. During this time, the officers are trained to seek out and respond to the threat, which could include the use of deadly force. They are not able to assist with the evacuation or medical assistance to injured parties. Once the threat has been neutralized, the officers will return immediately to organizing the evacuation of the facility and obtaining or providing emergency medical procedures.

The following text is optional for units to include in their “active threat” preparedness.

- 13. IMPORTANT: During “active threat” situations, the decision to resist the threat is an individual decision that no one person can make for anyone else. An aggressive resistance may assist with your personal safety, the safety of the group, and increase the chances of survival. There are NO guarantees when offering resistance that NO one will be injured.**

Recommended Best Practices

1. Be prepared and aware of your environment! Anticipate the unexpected.
2. Implement “active threat” preparedness into each department’s emergency operations plan.
3. Practice these emergency operations plans once implemented so each department will have general guidelines on how to react in a crisis.
4. Monitor co-workers and others for signs of stress or severe depression. Report any concerns to your supervisor.
5. Early detection of individuals having personal or family problems or demonstrating odd or threatening behavior is the best method for reducing the likelihood of “active threat” events. The University has exceptional resources to assist these persons through the Faculty Staff Assistance Program (244-5312) or the University of Illinois Psychological Emergency Service (244-7911).

BOMB THREAT PROCEDURES

All calls regarding bomb threats must be documented as though they are real. In the event of a bomb threat, the following actions will be initiated. It is critical that the individual receiving the call must do the following:

1. Let the caller finish the message without interruption.
2. Let the caller talk, document the message exactly and listen for the following clues:
 - Caller's sex and approximate age.
 - Noticeable conditions affecting speech, such as drunkenness, laughter, anger, etc.
 - Peculiarities of speech, such as accent, speech impediment, tone, pitch, etc.
 - Background noises audible, such as music, traffic, talking, machinery, etc.
3. When the caller has given the message, try to keep the person in conversation. The following key questions should be asked if possible:
Where is the bomb located?
 - What time will it explode?
 - When was it placed?
 - Why was it placed?
4. Note the exact time the threat was made.
5. Notification must be made immediately to Emergency 9-911 and to the Division of Public Safety, 333-1216. Based on assessment and evaluation action will be taken as deemed necessary.

EARTHQUAKES

The following are some helpful tips that should be practiced daily to help prepare for an earthquake:

- Identify what equipment you should shut down if time permits.
- Look around your area and decide where the safe spots are, under sturdy tables, desks or against inside walls.
- Determine where the danger areas are: near windows, hanging objects, tall unsecured furniture (bookcases, cabinets, appliances), chemical sites. Most casualties in earthquakes result from falling materials.
- Store flammable and hazardous chemicals in proper cabinets.
- Keep breakables and heavy objects on lower shelves whenever possible.
- Make sure latches on cabinets, process tanks, storage tanks, and closets are secured.

Safety Tips

- Stay indoors if already there. If you're in a high-rise building, do not use the elevator or man lifts.
- If you're outdoors, stay in the open, away from buildings, trees, and power lines. Don't go near anything where there is a danger of falling debris.

Emergency Procedures

After an earthquake, follow these guidelines:

- Check for injuries and follow first-aid procedures.

- Be prepared for aftershocks. Earthquakes sometimes occur in a series of tremors, which could last for a period of several days. Aftershocks may last from a few seconds to as long as 5 minutes.
- Don't re-enter damaged buildings. Aftershocks could knock them down.
- In the event of a fire or personal injury, go to the nearest safe telephone to call for help.
- Be alert for gas and water leaks, broken electrical wiring, downed electrical lines, or ruptured sewer lines. Whenever possible, turn the utility off at the source. If you do enter a building, use atmospheric testing equipment to check for leaking chemical or gas lines. If problems are detected, leave the building quickly, and notify your supervisor or the communication center.
- Know your shutdown procedures.

OVERNIGHT ACCOMMODATIONS

Emergency conditions on the campus, including inclement weather conditions, may make it necessary for departments to request that some of their employees remain on campus at the end of the duty day, to guarantee their availability during the course of the evening or on the next duty day. When this is necessary, staff may be accommodated in guest housing provided by either the Illini Union or University Housing. Department heads will approve the cost of the accommodations from departmental funds if the employees are being held on campus at the request of the department. The rates established for such accommodations have been reduced to cover out-of-pocket costs, and are as follows:

| | |
|--------------------|--------------------------------|
| Illini Union | \$45.65 single; \$48.40 double |
| University Housing | \$40.00 single or double |

Reservations for these accommodations may be made by calling the Illini Union, 333-3030; or University Housing, 333-7111. If a need is anticipated, department heads should call during the course of that day to alert the Illini Union or University Housing of their estimated needs, to make certain that accommodations are available.

Employees who are in need of overnight housing accommodations on campus because they choose to stay or have been warned by highway officials not to drive due to impassable roads may arrange for accommodations in the Illini Union or University Housing on a space-available basis at special rates, which must include overhead charges. The rates are as follows:

| | |
|--------------------|-----------------------------|
| Illini Union | \$62.25 single; \$66 double |
| University Housing | \$50.00 single or double |

The telephone numbers listed above should be used to reserve accommodations.

ACCIDENT INVESTIGATION PROCEDURES

Accident Investigation Team

When an accident resulting in major injury or major loss of property occurs on the campus, the initial emergency response is the responsibility of the city fire departments and campus police departments. Once it is determined that there is no criminal activity associated with the accident, the department head or **(College Dean)** may appoint an accident investigation team to conduct a follow-up investigation.

Purpose and Composition

The purpose of the accident investigation will be to determine the causes leading up to the event so that the University, its employees, and the public can be protected and future incidents can be prevented.

The Accident Investigation Team will be chaired by the Dean or his designee and may consist of a representative from Division of Research Safety, unit managers, supervisors, and employees. Campus Risk Management, the Office of Emergency Planning, and the Division of Research Safety may also play a role in this effort.

Depending upon the nature of the accident, in consultation with campus legal counsel, representatives from other units, such as human resources, and the department where the accident took place may be asked to join the team.

APPENDIX A – UIUC MODEL ALL-HAZARDS PLAN

**(College/School/Department/Building)
EMERGENCY CALL SCHEDULE**

| TITLE | NAME | WORK | CELL | PAGER | HOME |
|------------------------|-------------|-------------|-------------|--------------|-------------|
| Department Head | | | | | |
| Ass't Department Head | | | | | |
| Unit Heads(???) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| IT Services | | | | | |
| Human Resources | | | | | |
| Manager System Support | | | | | |
| Purchasing Coordinator | | | | | |
| Safety Officer | | | | | |

Appendix B - UIUC MODEL ALL-HAZARDS PLAN

(College/School/Department/Building) Organizational Chart

APPENDIX C- UIUC MODEL ALL-HAZARDS PLAN

(College/School/Department/Building)

Additional Emergency Response Vendor/Equipment Contacts & Resources

The following list is shown to reflect other persons/units the (College/School/Department/Building) may wish to contact in order to assist in an emergency response. The text shown is provided to stimulate thinking.

This list has been produced to assist in the response and recovery in the event of a major catastrophe that exceeds the capacity of the **(College/School/Department/Building)**. In addition, the University maintains a Disaster Recovery Contract within the Purchasing Division to assist in obtaining additional recovery needs, services, and equipment. The Purchasing Division Contact is listed below.

| <u>Assist Contact/Unit</u> | <u>Contact Person</u> | <u>Day #</u> | <u>Night #</u> | <u>Cell #</u> |
|----------------------------|-----------------------|--------------|----------------|---------------|
| UI Purchasing Division | | | | |

Disaster Recovery Specialists:

Environmental Services:

Equipment rental:

Public Works Departments:

Facilities & Services:

Service Office

333-0340

After Hours

Public Safety

333-1216

333-1216

APPENDIX D - UIUC MODEL ALL-HAZARDS PLAN

(College/School/Department/Building) EMERGENCY RESPONSE TASK LIST

Staff Responsibilities

I. Before emergency

A. Policies and Procedures:

_____ The Department Head and his/her direct reports will meet once a year to review the plan and any changes proposed by the review team.

_____ Review of procedures with appropriate campus and local emergency response units.

_____ Review Communications Plan with customer contacts and update as necessary.

B. Training

_____ A once a year manual simulation exercise followed by critical review.

II. During emergency

A. Emergency Operations Center (EOC):

_____ *(College/School/Department/Building)* administrative personnel convened at EOC.

_____ Notification to campus leadership.

_____ Communication established with Command Center personnel at the site.

B. Emergency Equipment/Services/Supplies:

_____ Cellular phones, two-way radios or other communications

_____ Vehicle and equipment support to assure continued campus operation with minimal disruption of regular service.

_____ Manpower services as deemed necessary by the Emergency Management Team.

_____ Emergency supplies to affect repairs or provide continuing services as necessary.

I. After Initial emergency:

_____ Assist with temporary relocation of student(s) residents.

_____ Assist with temporary relocation of campus offices; classes; events; etc.

_____ Assist with liability assessment.

I. Post emergency:

_____ Evaluate emergency procedures, including all tasks outlined above.

_____ Revise procedures as appropriate.

APPENDIX E - UIUC MODEL ALL-HAZARDS PLAN

EMERGENCY INCIDENT CRITIQUE SHEET

At the conclusion of any campus or *(College/School/Department/Building)* emergency incident, it is critical to have select personnel involved in the incident review what went well and what could be improved. You may attach additional sheets as needed.

1. Date of incident: _____

2. Name of incident: _____ YES NO

3. Were you notified in a timely fashion? _____

4. Was the incident well coordinated?..... _____

In no, please comment: _____

5. Did you have available the necessary equipment? _____

If no, please comment: _____

6. Of the equipment you used, was it in serviceable condition?..... _____

If no, please comment: _____

7. Was there good cooperation and coordination between different work units? _____

If no, please comment: _____

8. During the incident, what went well? _____

What did not go well? _____

What would be your recommendations for improvement? _____

Name: _____ Date: _____

APPENDIX F - UIUC MODEL ALL-HAZARDS PLAN

CRITICAL FACTORS ASSESSMENT SHEET

During an emergency this sheet can be used to identify any issues of significance which occur that severely impact the units operations or emergency response. This appendix identifies the impact, tracks the review towards, and provides follow-up towards resolution of the problem.

Date of the Emergency: _____

Description of the Emergency:

Issue # 1 -

1. Variance that occurred (describe):
2. Resulting problem and the estimated time delay:
3. Review of this problem was assigned to:
4. Identify the findings and proposed resolution of the problem:
5. Date this issue is due to be resolved:

Issue # 2 –

1. Variance that occurred (describe):
2. Resulting problem and the estimated time delay:
3. Review of this problem was assigned to:
4. Identify the findings and proposed resolution of the problem:
5. Date this issue is due to be resolved:

Issue # 3 –

1. Variance that occurred (describe):
2. Resulting problem and the estimated time delay:
3. Review of this problem was assigned to:
4. Identify the findings and proposed resolution of the problem:
5. Date this issue is due to be resolved:

Issue # 4 –

1. Variance that occurred (describe):
2. Resulting problem and the estimated time delay:
3. Review of this problem was assigned to:
4. Identify the findings and proposed resolution of the problem:
5. Date this issue is due to be resolved:

Issue # 5 –

Issue # 6 –

APPENDIX G - UIUC MODEL ALL-HAZARDS PLAN

EMERGENCY EQUIPMENT(GENERATOR) LIST

Use this page to identify internal and external resources for emergency equipment needs in the event of an emergency. This may be unique equipment that the unit already possesses and/or specialized equipment that must be brought in by a vendor to support critical research and/or salvage elements of a departmental operation. Additionally, the campus may have in place a "Disaster Recovery Contract for Services" from specialized, pre-approved vendors to assist with critical response and recovery services to protect priceless collections, artifacts, rare books, data, research, etc. These services are normally in addition to or beyond the scope of a University unit to provide and may include "freeze-drying of wet materials, smoke remediation, air purification, etc.) The information that follows reflects portions of typical information regarding some campus resources.

The Garage and Carpool maintains a list and map of all emergency generators and their "fill" locations. For questions call 3-3912 or 3-7583.

| | | |
|-----------|--|---|
| 31014-00 | (College/School/Department/Building) TOOL ROOM HONDA GENERATOR | (College/School/Department/Building)-PPSB |
| 31017-100 | (College/School/Department/Building) TOOL ROOM GENERAC GENERATOR | (College/School/Department/Building)-PPSB |
| 31266-90 | (College/School/Department/Building) TOOL ROOM ONAN GENERATOR/PORTABLE | (College/School/Department/Building)-PPSB |
| 31280-70 | (College/School/Department/Building) TOOL ROOM FAIRBANKS GENERATOR | (College/School/Department/Building)-PPSB |
| 31281-70 | (College/School/Department/Building) TOOL ROOM FAIRBANKS GENERATOR | (College/School/Department/Building)-PPSB |

APPENDIX H - UIUC MODEL ALL-HAZARDS PLAN

EMERGENCY OPERATIONS PLAN CHANGES

Use this page to track major changes and/or updates in this plan.

APPENDIX I - UIUC MODEL ALL-HAZARDS PLAN

CRITICAL RESEARCH AREAS

In major research buildings this appendix can be used to track unit infrastructure that supports, maintains, or is essential to the continuation of a safe working environment. If resources are available, this list can provide insight into the staging of resources which could mitigate the effects of a given incident.

1. **Building –**

Supercold Freezers (located in the following rooms with pre-positioning of the noted resources as indicated):

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Cold Rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Animal Rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Fume Hoods in rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Pre-positioning of the resources as indicated will mitigate the effects of an electrical/steam outage and should occur as quickly as possible once it is learned that an outage will exceed 4 (??) hours duration.

2. **Building –**

Supercold Freezers (located in the following rooms with pre-positioning of the noted resources as indicated):

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Cold Rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Animal Rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Fume Hoods in rooms:

| Room # | Resource | Resource Positioned |
|--------|----------|---------------------|
|--------|----------|---------------------|

Pre-positioning of the resources as indicated will mitigate the effects of an electrical/steam outage and should occur as quickly as possible once it is learned that an outage will exceed 4 (??) hours duration.

**APPENDIX A – PART VI
EMERGENCY MEDICAL TECHNICIAN TRAINING
RESOURCES AND REFERENCE MATERIALS FOR
HIGHER EDUCATION CAMPUSES**

DIVISION OF EMERGENCY MEDICAL SYSTEMS AND HIGHWAY SAFETY

The overall mission of the Division of Emergency Medical Systems and Highway Safety (EMS) is to assist in reducing death and disability resulting from all-hazards and function as Illinois' lead agency for a statewide EMS/Trauma System.

EMS System Components / Functions

- 62 EMS Systems
- Resource, Associate and Participating Hospitals
- EMS Medical Directors
- Ambulance Service Providers
 - 639 Transport Agencies
 - 666 Non-Transport Agencies
- EMTs & Other Pre-Hospital Providers
- Pre-Hospital Run Reports
- EMS for Children
- Hospital By-Pass Monitoring
- 11 POD Hospitals
 - Lead hospital in a region
 - Responsible for disaster coordination of medical response
 - Assess blood, beds, needs (i.e. decontamination capabilities) availability in region
 - Development of regional response plan
- Trauma Centers
 - Level I - 19
 - Level II - 44
 - Level I Pediatric - 4

EMT Training Programs

The State of Illinois EMT training programs are based the United States Department of Transportation National Standard Curriculum.

An application to the Illinois Department of Public Health Division of EMS must be submitted by an EMS System at least 60 days prior to the first class of all EMT training programs.

The training for each level must consist of at least:

- EMT-Basic – 110 hours didactic; 10 hours clinical
- EMT-Intermediate – 200 hours didactic; 150 hours clinical
- EMT-Paramedic – 450 hours didactic; 500 hours clinical

EMT Testing

After completion of an approved training program, candidates must take a written examination. The candidates have the choice of taking either the State of Illinois exam or the National Registry of Emergency Medical Technicians (NREMT) exam.

If a candidate fails to achieve a passing grade (70%) after three attempts within one year of the date of the first attempt, the candidate is required to retake the training program before challenging the exam again.

2007 EMT Testing Numbers

| STATE EXAM EMTs TESTED January 1 - December 31, 2007 | |
|--|---------------|
| Level | Number Tested |
| EMT-Basic | 2,144 |
| EMT-Intermediate | 95 |
| EMT-Paramedic | 700 |
| Total Tested | 2,939 |

| NATIONAL REGISTRY EMTs TESTED January 1 - December 31, 2007 | |
|---|---------------|
| Level | Number Tested |
| EMT-Basic | 1,057 |
| EMT-Intermediate | 2 |
| EMT-Paramedic | 97 |
| Total Tested | 1,156 |

Licensed Pre Hospital Personnel

- ECRN – 4,031
- EMD - 1,896
- EMT-B - 20,470
- EMT-I - 1,191
- EMT-P - 12,033
- FR - 6,679
- FRD - 7,228
- LI - 1,085
- PHRN - 270
- TNS - 2,419
- **TOTAL – 57,302**

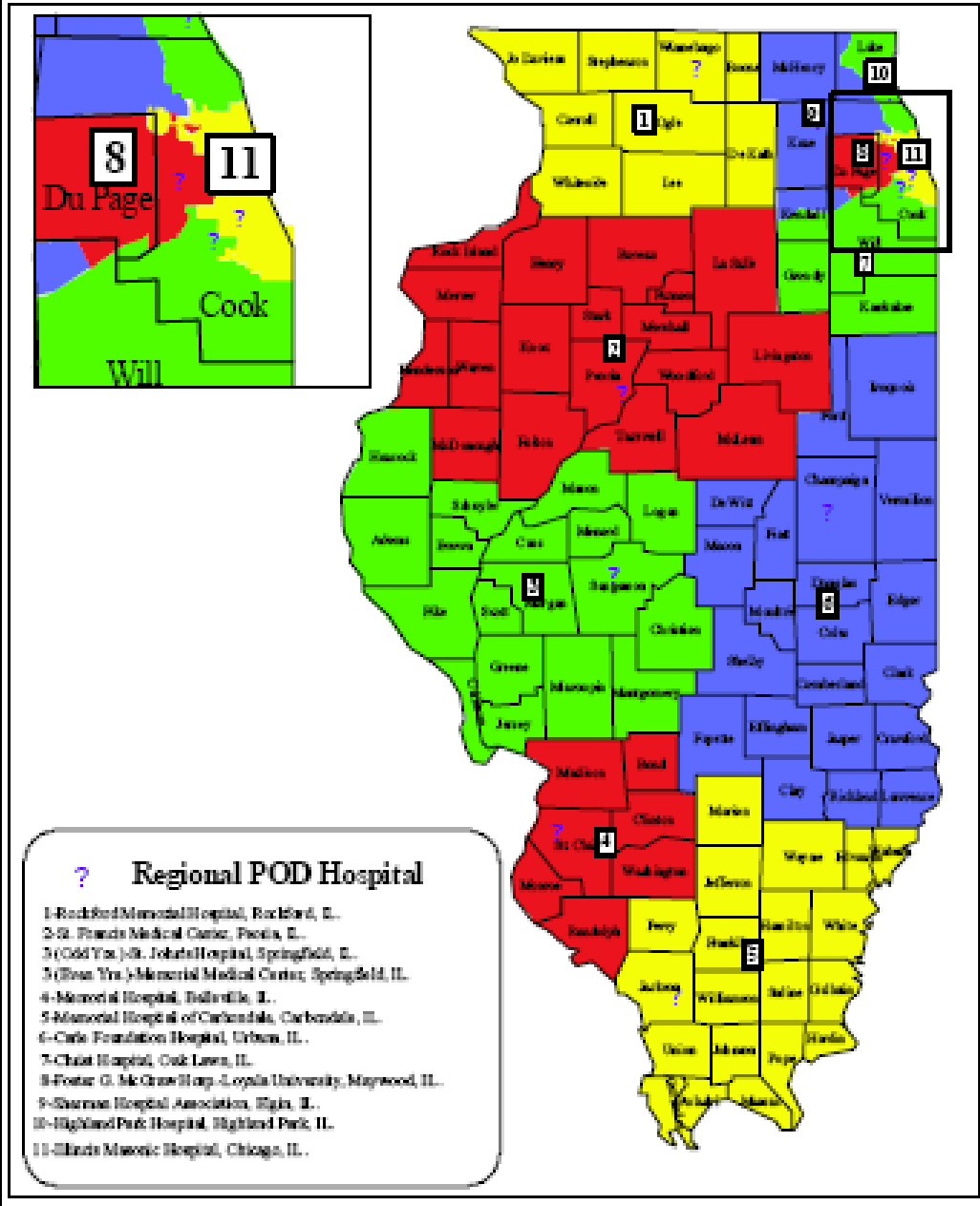
EMS Systems within the hospitals hold training classes, and occasionally a class will be held at a college.

If the college or the EMS System wants to hold a class, they must submit the course syllabus along with information on the Lead Instructor to the Regional EMS Coordinator to obtain a Site Code. The course must be approved as meeting the I-99 DOT curriculum and assigned a site code in order for the students to take the Illinois EMT licensure exam.

A person can also elect to take the National Registry of EMT exam and get a license from them. If a person does this, and took the training from a course with an IL site code, the EMS System coordinator can submit the necessary paperwork to get an Illinois license.

If the training was outside of Illinois, the person can apply for an Illinois license through Reciprocity.

Illinois Department of Public Health Emergency Medical Services Regions



IDPH Emergency Response Coordinator Coverage

Mike Arbise
Emergency Response Coordinator

IDPH Peoria Regional Office

5415 N. Univeristy, Flr 1

Peoria, IL 61614

Office: (309) 693-5382

Cell: 309/229-0456

Fax: (309) 693-5118

Pager: 309-495-3044

Email: Michael.arbise@illinois.gov

Personal Cell: (217) 622-8618

Assigned Coverage Area: Peoria East Region

(Bureau, Cass, Henry, LaSalle, Logan, Peoria, Putnam, Marshall, Mason, Menard, Stark, Tazewell, Woodford)

M. Masood Athar, M.D.

IDPH Rockford Regional Office

4302 North Main

Rockford IL 61103

Office: (815) 967-3874

Cell: (815) 238-7942

Fax: (815) 987-7822

Pager: (815) 480-8145

Text pager:

8154808145@page.metrocall.com

Email: MASOOD.ATHAR@illinois.gov

Home Phone: (815) 335 2884

Personal Cell: (815) 541-2290

Assigned Coverage Area: Rockford

Region (Boone, Carroll, DeKalb, Jo Davies, Lee, Ogle, Stephenson, Whiteside, Winnebago)

Emergency Coverage Counties:

(Fulton, Henderson, Knox, Mercer, Rock Island, Warren)

Lynne E. Reagan, R.N., M.H.S.A.,
Emergency Response Coordinator

IDPH Champaign Regional Office

2125 South First Street

Champaign, Illinois 61820-7401

Office: (217) 278-5937

Cell: (217) 722-9364

Home: (217) 352-4489

Fax: 217/278-5959

Pager: 217/353-1152

Email: lynne.reagan@illinois.gov

Assigned Coverage Area: Champaign Region

(Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, Vermillion)

Jonece Tyler, BS, ASCP(MT), MPH
Emergency Response Coordinator

122 S. Michigan Ave. Room 1405

Chicago, IL 60603

Office: (312) 814-3881

Cell: (815) 761-2055

Fax: (312) 793-7963

Email: JONECE.TYLER@illinois.gov

Text pager: [8157612055@vtext.com](tel:8157612055)

Home phone: (773) 429-1909

Home fax: (773) 429-1909

Home cell: (773) 208-6155

Home email: jst7447@aol.com

Assigned Coverage Area:

West Chicago and Bellwood Regions

(Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will)

Stephen F. Westbrook
Emergency Response Coordinator
Marion Regional Office
2309 West Main St.
Suite 106
Marion, IL 62959
Desk Phone: (618) 993-7046
Office Phone: (618) 993-7010
Cell: (618) 267-3338
Fax: (618) 993-7052
Pager: (618) 221-0074
Text pager: [6182210074@archwireless.net](tel:6182210074)
Email: STEPHEN.WESTBROOKS@illinois.gov
Home Phone: (618) 833-6149

Assigned Coverage Area: Marion Region (Alexander, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White, Williamson)

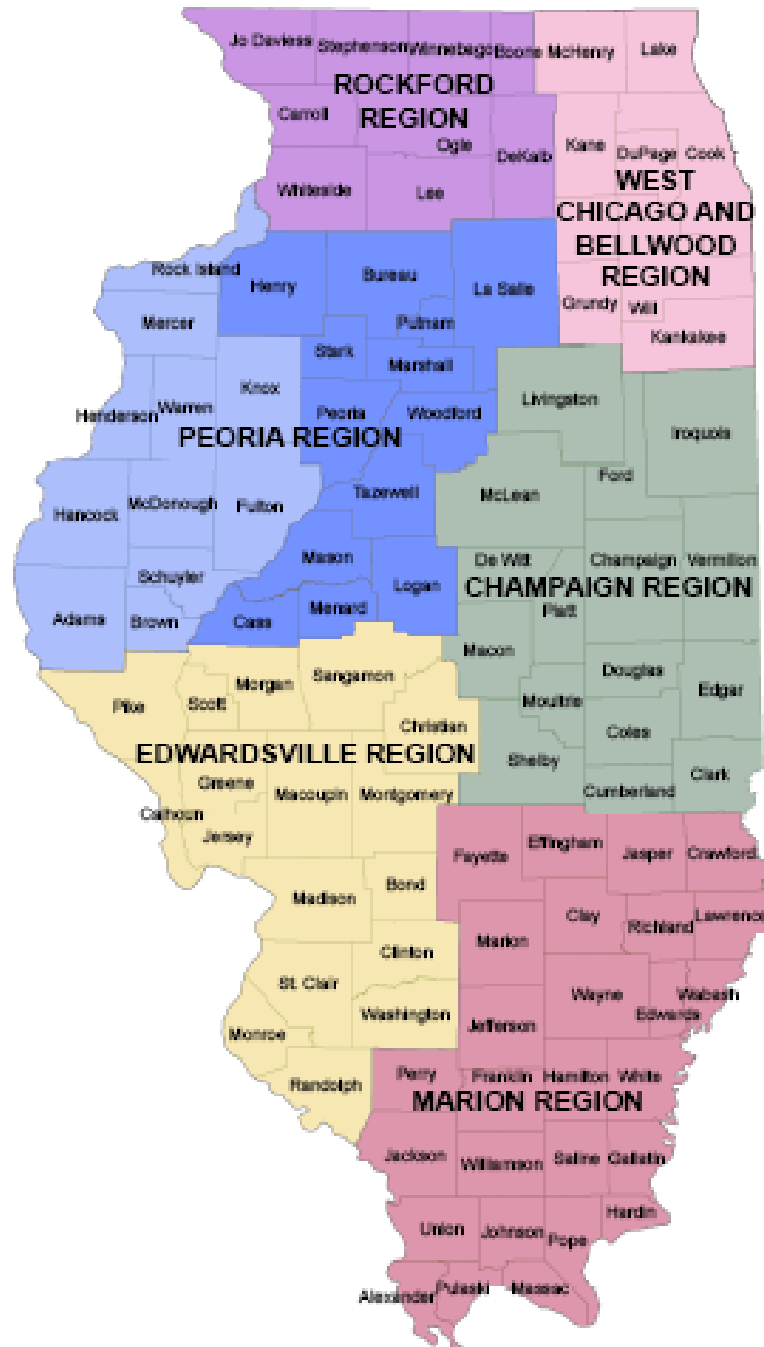
Matt Roberts
Volunteer Coordinator
Office: (217) 557-3769
Cell: (217) 299-7811
Pager: (217) 467-0193
Email:
MATTHEW.ROBERTS@illinois.gov
Home: (217) 241-2550

Emergency Coverage Counties:
Adams, Brown, Hancock, McDonough, Schuyler)

Amy J. Stewart, BS, MPH, CERC, CPHA
SNS Coordinator
Office: (217) 557-3771
Cell: (618) 967-6613
Fax: (217) 557-4471
Pager: (618) 261-6012
Email: AMY.STEWART@illinois.gov
Home Phone: (217) 532-2323
Emergency Coverage Counties:
Edwardsville Region (Bond, Calhoun, Christian, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Morgan, Pike, Randolph, Sangamon, St. Clair, Scott, Washington)

ERC Listing and Assigned Regions/Counties – as of 4-4-08

Illinois Department of Public Health Emergency Preparedness Regions



October 2007

APPENDIX A – PART VII
Campus Community Emergency Response Team (C-CERT)
For Higher Education Institutions

Campus Community Emergency Response Team (C-CERT) Program Fact Sheet

The Campus Community Emergency Response Team (C-CERT) training, a 20 hour, three-day train-the-trainer course conducted by the Department of Homeland Security through Michigan State University, is designed to enhance the preparedness of citizens and first responders in campus communities nationwide for all hazards, including natural disasters and terrorist attacks involving weapons of mass destruction (WMD). The original CERT program was developed by the Los Angeles Fire Department in the early 1990s in response to earthquake disasters, was later adapted as an “all-hazards” course by the Federal Emergency Management Agency (FEMA), and is now delivered on a quarterly basis through the Illinois Emergency Management Agency (IEMA) and the Citizen Corps program.

Specifically, the Campus CERT program targets campus police, public safety, security, emergency management, EMS, risk management, facilities management, community relations or outreach, environmental health and safety, or any other appropriate personnel who may be tasked with recruiting, training and leading CERT teams at their respective academic institutions. During the 20-hour train-the-trainer course, attendees will study the following modules: disaster preparedness, fire safety, disaster Medical Operations—Parts 1 & 2, light search and rescue operations, CERT organization, disaster psychology, terrorism and CERT, and disaster simulation.

There are two separate course prerequisites which must be completed prior to attending the C-CERT Train-the-Trainer program: **1.** Complete IS-100 Introduction to Incident Command System (ICS) and IS-700 National Incident Management System (NIMS): An Introduction. Both of these online independent study courses are accessible through the Federal Emergency Management Agency Emergency Management Institute (FEMA-EMI) at <http://training.fema.gov/IS/crslst.asp>. **2.** Complete Basic CERT training or be a current CERT instructor. This is preferred, but participants will be accepted if they have at least completed the online independent study course IS-317 Introduction to Community Emergency Response Teams (CERT) accessible through FEMA-EMI at <http://training.fema.gov/IS/crslst.asp>.

Other items provided at the training include C-CERT “start-up” materials and equipment (up to 24 CERT backpacks per jurisdiction); maximize networking and sharing of best practices or other resources through the C-CERT Web site and other sources; provide Web-based refresher, specialized or supplementary C-CERT training modules and exercise templates to C-CERT trainers; provide guidance for establishing campus Citizen Corps Councils; provide guidelines and sample syllabi for establishing CERT as an accredited academic course.

Illinois has negotiated with Michigan State University for the course to be delivered at Harper College in Palatine, Illinois, on August 5 -7, 2008 for 50 trainers. Registration for the course will be conducted through the Illinois Emergency Management Agency, Illinois Terrorism Task Force and the Illinois Citizen Corps Council. Registration forms will first be provided to the Illinois Citizen Corps Council registered local programs on April 1, 2008, with a deadline of May 15, 2008. Only one application per Citizen Corps Council will be accepted. The Illinois Citizen Corps Council may need to evaluate the amount/variation of applicants and will advise applicants of their acceptance after May 15, 2008. Depending upon the amount of remaining spots, IEMA will then work with the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB) to

register other institutions not represented through the Citizen Corps Councils. Final registration for this group will conclude on June 30, 2008.

The following costs will be covered for the training course: lodging (direct billed through IEMA) for three nights, continental breakfasts, coffee service, lunches and afternoon break refreshments. All other expenses, including mileage and dinner, are the responsibility of the attendee. These types of costs can be covered under Citizen Corps Program grants already in existence if applicable; no new grants or funds will be issued specifically for this training.

No continuing education credits or IEMA certificates will be issued for this one-time course. However, if the C-CERT is well-received and attended, that may be changed. The cost for Michigan State University and the Illinois Emergency Management Agency to offer this course again will cost up to \$50,000 a class.

For further information regarding the C-CERT program, please visit the Michigan State University website at <http://c-cert.msu.edu/>. For logistical information and registration forms, please contact Illinois Citizen Corps Program Manager, Michelle Hanneken, at 217-557-4758 or by email at michelle.hanneken@illinois.gov.

**APPENDIX A – PART VIII
PUBLIC CAMPUS SECURITY
EXPENDITURE SURVEY REPORT**

ILLINOIS BOARD OF HIGHER EDUCATION

Campus Security Expenditure Survey Report Summary

(\$ in 000's)

| | FY2007 Actual* | | | Future Initiatives |
|----------------------------------|-----------------------------|-------------------|-------------|----------------------------|
| | State Approp. & Income Fund | Non-Approp. Funds | All Funds | Additional Funding Needs** |
| Chicago State University | \$ 1,746.9 | \$ 529.0 | \$ 2,275.9 | \$ 3,351.5 |
| Eastern Illinois University | 721.6 | 1,097.4 | 1,819.0 | 10,488.0 |
| Governors State University | 785.5 | - | 785.5 | 1,715.0 |
| Illinois State University | 1,279.2 | 58.0 | 1,337.2 | 3,890.0 |
| Northeastern Illinois University | 1,112.1 | 275.9 | 1,388.0 | 1,171.0 |
| Northern Illinois University | 2,952.7 | 1,434.3 | 4,387.0 | 2,500.0 |
| Western Illinois University | 1,542.5 | 396.6 | 1,939.2 | 2,808.3 |
| | | | | |
| Southern Illinois University | \$ 5,003.4 | \$ 1,436.0 | \$ 6,439.4 | \$ 8,640.1 |
| Carbondale | 2,383.6 | 799.5 | 3,183.1 | 4,435.1 |
| Edwardsville | 2,046.7 | 542.1 | 2,588.8 | 3,760.0 |
| School of Medicine | 573.1 | 94.4 | 667.5 | 445.0 |
| | | | | |
| University of Illinois | \$ 12,238.9 | \$ 1,704.7 | \$ 13,943.6 | \$ 6,469.8 |
| Chicago | 6,337.8 | 1,143.5 | 7,481.3 | 3,251.0 |
| Springfield | 958.2 | 252.2 | 1,210.4 | 1,818.8 |
| Urbana/Champaign | 4,942.9 | 309.0 | 5,251.9 | 1,400.0 |
| | | | | |
| Total | \$ 27,382.8 | \$ 6,931.9 | \$ 34,314.7 | \$ 41,033.7 |

* As reported by institutions in RAMP documents and campus security expenditure survey.

** Estimates subject to change.

NOTE: Includes Public University expenditures for Personnel, Equipment, Commodities/Supplies, and Other.

NOTE: This survey was requested by the Illinois House Appropriations – Higher Education Committee on February 22, 2008. The survey’s results, as presented below, were submitted to the Higher Education Committee on March 24, 2008.

**APPENDIX A – PART IX
EXCERPT FROM 2004 NATIONAL SUMMIT ON
CAMPUS PUBLIC SAFETY, CAMPUS LAW
ENFORCEMENT SUMMIT REPORT**

2004 National Summit on Campus Public Safety. Campus Law Enforcement Summit Report. U.S. Department of Justice Office of Community Oriented Policing Services. 2004

This excerpt from the 2004 Campus Law Enforcement Summit is presented as an informative opinion on the nature, organization and issues facing campus law enforcement in Illinois. It is not presented as a formal finding or opinion of the State of Illinois Campus Security Task Force. The findings and descriptions provided below should be attributed solely to the authors of the report whose citation is provided above.

Differences in Security and Police Operations

The characteristics of security and police services on the nation's college and university campuses vary considerably. This variance inhibits community policing, collaboration, policy development, training, and other activities, and weakens response capabilities to homeland security. The following four primary types of security and police services are common to the nation's college and university campuses:

1. Campus police department: A full-service agency that functions as part of the university. Officers have full police powers.
2. Security department or operation: A service agency that functions as part of the university. Security personnel do not have full police powers and rely on municipal, county, or state police for support in criminal matters.
3. Contract security: A private firm contracted to provide security services to the university. The firm relies on municipal, county, or state police for support in criminal matters.
4. Local or state police: A municipal, county, or state police agency that provides police operations or services to the university by contract or agreement.

On large campuses, police and security operations may be provided by a combination of the above services, with some services contracted to private vendors while others are maintained as the responsibility of the campus police or security agency. Some security operations rely heavily on the use of off-duty police officers from local jurisdictions, working secondary employment, to supplement university personnel.

The type of police or security operation may vary within the same university system. Among major state university systems (California, Florida, Pennsylvania, and Texas, for example) the police or security operation may differ from campus to campus. Each segment of the university system may have its own police department, with its own uniforms, insignia, training operations, and policies. There may be little or no support or sharing of resources from one campus to another. Some officials attending the summit stated that this is driven by the autonomy of campuses, the desire to sustain individual identity, the need to maintain flexibility in serving specific constituents, and budget. Other officials cited tradition and unwarranted parochialism as driving the disparity of operations.

Some university police and security operations are responsible for patrolling areas that surround campuses through formal agreement with the local or state law enforcement authority and/or legislation. In one jurisdiction, for example, the university police department patrols roadways, private businesses, and residential dwellings in an eight-block area of the city in which its buildings are located. The city police department provides no primary patrol in the area.

Campus police and security operations are made more complex by variations in the university or college's oversight authority. The chief of the university police department or director of security often reports to a member of the university's management team, such as the director of facilities and grounds, vice president for academic affairs, or dean of student services.

Educating campus leaders about public safety is paramount.

APPENDIX A – PART X

UIUC Guidance on National Incident Management System (NIMS) Compliance Training

NOTE - UIUC has identified 4 campus groups (in addition to our community based first responders) that we consider to be "operationally driven, pre-designated first responders". UIUC is requiring individuals within these units to complete the NIMS training as mandated by FEMA for their respective levels of authority within their group. We are following a "top down" approach and recommend a conservative approach to the issue of training "entry level employees". We have separately identified the individuals who will be required to attend Command & General Staff training and have planned for redundancy in this area.

For individuals with administrative level/policy decision making responsibilities (i.e. Chancellor's Office, Vice Chancellors, Provost, etc.) we are **requiring** IS100 and IS700 training and recommending that they consider taking IS200 and IS800.

For other members of the campus administrative body (Deans, Directors, and Department Heads) we are recommending that they attend IS100 and IS700. Individuals with facility manager responsibilities are required to attend/complete IS100 and IS700 training, since they will be supporting the efforts of the EOC during an emergency.

UIUC Guidance on National Incident Management System (NIMS) Compliance Training

Executive Summary Update of 04/10/08

The Federal Emergency Management Agency continues to revise its compliance information for Colleges and Universities. This information is disseminated through the various state Emergency Management Agencies. The latest information indicates that persons required to receive NIMS compliance training include those individuals “who are pre-designated first responders and operationally driven during an emergency and those who are pre-designated policy/decision makers assigned to work in an Emergency Operations Center (EOC)”. University of Illinois at Urbana campus pre-designated first responder groups are comprised of individuals from Fire, Police, Emergency Medical Services, Public Health, Public Works officials and their respective upper and middle management, first line supervisors, and emergency response entry level personnel. The pre-designated policy/decision makers for the University of Illinois Urbana campus are represented by the Campus Emergency Operations Committee (CEOC) Core Group.

This interpretation of the NIMS compliance matrix effectively alters those persons on the University of Illinois Urbana campus who are required to attend NIMS compliance training to include the following courses: Incident Command System IS100, IS200, IS300, IS400, IS700, and IS800.

Note: The above information was presented to the Champaign County Emergency Management Coordinators group by Dan Smith (Illinois Emergency Management Agency representative) on 11/13/07.

This revision of the University of Illinois at Urbana campus NIMS compliance assessment identifies four campus groups which have various responsibilities during an emergency. They are Critical Incident Management (CIM) units, CEOC Core Group members, Resource Support (RS), and General Support (GS) units, all of which either will or might have responsibilities during an Urbana campus emergency. The aforementioned groups are realigned and identified as follows:

Critical Incident Management (CIM) Units

University of Illinois at Urbana CIM units are identified as those units “who are pre-designated first responders and operationally driven during an emergency.” They include the following University units and community agencies (those outside the campus framework) that are responsible for providing emergency response service to the campus:

- a. **Fire** – Urbana Fire Department (UFD) & Champaign Fire Department (CFD) including their respective mutual aid agreement partners;
- b. **Police** – University of Illinois Police Department;
- c. **Emergency Medical Services** – Carle and Provena emergency medical services provide the majority of EMS support to the University;
- d. **Public Works** – Facilities & Services, University Office for Facilities Planning & Programs (specifically utilities personnel at Abbott Power Plant);
- e. **Public Health** –McKinley Health Center (provides both public health support and EMS support to the Urbana Campus).

OCEP will review this information with unit leaders in order to identify the upper management, middle managers, first line supervisors, and certain entry level positions that require appropriate NIMS compliance training. NIMS compliance for these units will be based on FEMA

recommendations for “pre-designated first responders who are operationally driven during an emergency”. This includes personnel who will be fulfilling responsibilities either in the Unified/Incident Command Post or in the field.

Note: OCEP recommends a conservative approach to the training of entry level workers and is available to assist or participate in any unit discussions on this matter.

1. NIMS Training Required – (NOTE - UIUC recommends that Critical Incident Management Units approach this conservatively, especially as parties approach the issue of training entry level workers.)
 - a. Level 4 – Upper Management - Command and General Staff – IS100, IS200, IS300, IS400, IS700, & IS800
 - b. Level 3 – Middle Managers – IS100, IS200, IS300, IS700, & IS800
 - c. Level 2 – First Line Supervisors – IS100, IS200, & IS700
 - d. Level 1 – Entry Level Emergency Response Workers – IS100 & IS700
2. NIMS Training Recommended – Not applicable.
3. NIMS Training Optional – Not applicable.
4. OCEP Role – OCEP will provide IS100, IS200, and IS700 training. IS800 is taken on-line. OCEP will work with the Illinois Fire Service Institute (IFSI) to bring IS300 and IS400 training to campus as needed. The OCEP will assist all units with scheduling convenient times for additional required NIMS training.

The following list represents University of Illinois at Urbana staff who have been identified as “required” to attend the 5 day NIMS – “Command and General Staff” training (IS300 & IS400):

1. Public Safety – COP, **ACOP, Lieutenants (3), Sergeants (9), Director of OCEP, NIMS instructor (Short);**
2. Facilities & Services – Director of Planning (Coleman), Director of Maintenance (Wegel), Director of Campus Services (Voitik), **Director of Safety & Compliance (Banks), and Sup’t. of Building Maintenance (Henson).**^{1 2}
3. McKinley Health Center – Director (Palinkas) and **Ass’t. Director of Clinical Services (Lawrance);**
4. University Office of Facilities Planning and Programs – **Director of Utilities (Erickson)** and 1 representative from Abbott.

Total Command & General Staff = 25, **(10 completed)**

Campus Emergency Operations Committee (CEOC) Core Group (Supplemental I) -

Members of the CEOC Core Group are closely aligned with the Critical Incident Management units because they are pre-designated to come together as policy makers to manage the impact of the event on the campus. Additionally, they serve in an advisory capacity to the UI representatives on the Regional Emergency Coordination Group. They differ from the CIM units in that they are not operationally driven due to the fact that they are policy decision makers instead of emergency responders. Their pre-designation as policy decision makers requires them to have a basic understanding of the Incident Command System and the processes used to manage the incident or emergency by first responders. Members of the CEOC Core Group are as follows:

¹ The Executive Director of Facilities & Services (Dr. Dempsey) is currently a member of the CEOC and would receive only ICS100 & ICS700, unless additional training is desired.

² Bob Mann has completed Command & General Staff School.

1. Chancellor's Office – Herman, Rawles and Adams;
2. Vice Chancellor for Academic Affairs and Provost – Katehi, Watkins and Livingstone, Andrechak (Finance), and Cole (Human Resources);
3. Vice Chancellor for Student Affairs –Romano, Riley;
4. Vice Chancellor for Research – Zukoski, Cooke (DRS), **Goodly, Peper (DAR), & Morin (AACUP)**, Loots and Guenther;
5. Office of Public Affairs – Kaler and Unger;

Recommendations for NIMS training for members of the CEOC Core Group are as follows:

- a. NIMS Training Required - IS100 and IS700 (NOTE – UIUC advises that the issue of who to train should include some level of redundancy and be approached conservatively. One can always provide additional training for someone that has been missed in the first round of training.)
- b. NIMS Training Recommended - IS200 & IS800
- c. NIMS Training Optional – IS300 and IS400 (Command & General Staff) - Some units may designate other persons to attend additional advanced incident command training (IS300 and IS400) for succession purposes.
- d. OCEP Role – OCEP will provide IS100, IS200, and IS700. IS800 is taken online. OCEP is available to assist in discussions concerning advanced IS300 and IS400 training.

Note: Upper level administrators of the Core Group may designate members of their staff to serve in their respective roles and to receive the required NIMS training. Names highlighted above have attended advanced Command & General Staff – IS300 & IS400.

Resource Support (RS) Units (Supplemental I) –

Resource Support (RS) units are identified in Supplemental I and represent additional emergency response resources that may be called upon during an emergency to provide vital institutional or research based knowledge to support the first responders' efforts in the field. RS units typically possess resources which would be required or beneficial to a campus/community response and/or their core function or mission may present significant risks or liability exposures.

Select Deans, Directors, and Department Heads (D, D, & DH), some middle managers, and potentially a few first line supervisors from approximately 40 identified units (see Supplemental I) may be assigned to assist the Campus Emergency Operations Committee Core Group or asked to assist the Unified/Incident Command in a resource support role.

Examples of resource support units include Housing, CITES, Legal Counsel, University Administration units, the research based sciences such as biology, engineering, veterinary medicine, agriculture; administrative units like Assembly Hall, DIA, Campus Recreation, and high risk units such as Microelectronics, DRES/Beckwith, Beckman Institute, Institute for Genomic Biology, etc.

Note: Resource support units are strongly encouraged to assure that appropriate staff members attend IS100 and IS700 training. The Office of Campus Emergency Planning is available for consultation on matters relating to personnel who will benefit from NIMS orientation.

1. NIMS Training Required – IS100 and IS700 (individuals with facility manager responsibilities ONLY)
2. NIMS Training Recommended - IS100 and IS700 (NOTE – UIUC advises that the issue of who to train should include some level of redundancy and be approached conservatively. One can always provide additional training for someone that has been missed in the first round of training.)

3. NIMS Training Optional – (NOTE – *UIUC advises that some units may feel there is benefit to having additional members of their staff, either middle managers or front line supervisors to have the additional 200 level IC course.*) All remaining NIMS courses. IS200 might be beneficial for select individuals as determined in discussions with the unit. Some units may designate other persons to attend additional advanced incident command training (IS300 and IS400) for succession purposes. IS800, the National Response Plan, can be taken “online”.
4. OCEP Role – OCEP will provide IS100, IS200, and IS700. OCEP is available to assist in discussions concerning advanced training.

General Campus and Miscellaneous Administrative Unit personnel –

Members of the D, D, and DH list from the humanities, non-scientific research associated areas, or other campus administrative units (i.e. law, math, library science, printing services, alumni assoc, etc.) including some middle managers, and potentially a few first line supervisors represent a group of general campus and administrative unit personnel who do not have a direct role in emergency response. Recommendations for NIMS training for members of this group are as follows:

1. NIMS Training Required – IS100 and IS700 (Individuals with facility manager responsibilities ONLY)
2. NIMS Training Recommended - IS100 and IS700 to provide a basic understanding of how a campus incident will be managed.
3. NIMS Training Optional – (NOTE – *UIUC advises that some units may feel there is benefit to having additional members of their staff, either middle managers or front line supervisors to have the additional 200 level IC course.*) All remaining NIMS courses. IS200 might be beneficial for certain individuals within the unit. Some units may designate other persons to attend additional advanced incident command training (IS300 and IS400) for succession purposes. IS800 can be taken “online”.
4. OCEP Role – OCEP will provide IS100, IS200, and IS700 and is available to assist with scheduling additional advanced training as the unit desires.

IMPORTANT NOTE: There are 18 persons who have completed Command & General Staff training, 8 of which do not require it under this revised assessment. These 8 individuals represent additional resources that can be called upon to serve in the Unified Command Post for succession planning purposes.

Questions concerning this assessment should be directed to the Office of Campus Emergency Planning (OCEP) at 333-1491.

H:master ocep/emergency planning/NIMS/NIMS Executive Summary 041008

Supplemental I – Breakdown of Campus Units

Critical Incident Management Units

1. **Division of Public Safety (Core Group member)**
2. **Facilities & Services (Core Group member)**
3. **McKinley Health Center**
4. **University Office of Facilities Planning & Programs (Abbott & Utilities)**

Campus Emergency Operations Committee Core Group

1. Chancellor's Office
2. Provost and Vice Chancellor for Academic Affairs
3. Vice Chancellor for Student Affairs
4. Vice Chancellor for Research
5. Public Affairs

Resource Support (RS) units

1. Housing (see note)
2. CITES (see note)
3. University Administration (OBFS, AITS, Purchasing)
4. Campus Legal Counsel
5. College of Agriculture and Environmental Sciences
6. College of Business
7. College of Communications & WILL TV/AM-FM
8. College of Engineering
9. College of Education
10. College of Law
11. College of Liberal Arts and Sciences
12. College of Fine and Applied Arts
13. College of Veterinary Medicine
14. College of Applied Health Sciences
15. College of Medicine
16. Graduate College
17. Academic and Staff Human Resources
18. Faculty Staff Assistance Program
19. Division of Intercollegiate Athletics
20. Assembly Hall
21. Division of Research Safety
22. IACUC and Lab Animal Care
23. Disability Resources and Educational Services (disabled UI population)
24. Krannert Center for the Performing Arts
25. Library
26. Spurlock Museum
27. Krannert Art Museum
28. Beckman Institute
29. Micro and Nanotechnology
30. Institute for Genomics Biology
31. National Center for Supercomputing Applications

32. Seibel Center
33. University Foundation
34. Alumni Center
35. Admissions & Records
36. Illini Union
37. University High School
38. Child Development
39. State Geological Survey
40. State Natural History Survey
41. State Water Survey
42. Waste Management Research Center
43. Willard Airport/Flightstar
44. Certified Housing (includes Greek Housing)
45. Campus Recreation

Note: The following persons from Housing & CITES have completed advanced Command & General Staff – IS300 & IS400. **Director of Housing Facilities (Humlicek), Glenn Embertson, Randall Cetin, Stan Yagi**

APPENDIX B
PREVENTION AND MENTAL HEALTH

APPENDIX B – PART I
MENTAL HEALTH AWARENESS RESOURCES

MENTAL HEALTH AWARENESS RESOURCES

I. Sample Policies

A. Ecological Approach

Developed by National Association of Student Personnel Administrators (NASPA), this approach looks to prevent illness (physical and mental) through taking into account the school's physical setting, social environment, administrative action, and student affairs personnel training. The booklet, entitled "Leadership for a Healthy Campus," explains the Ecological Perspective, describes environmental components, provides designs on how to use the Ecological Perspective on Campus, and list of additional resources and references. <http://naspa-sql.naspa.org/help/hhekc/docs/EcologyBooklet.pdf>

B. "Supporting Students: A Model Policy for Colleges and Universities"

This model policy was developed by attorneys from the Bazelon Center after consultation with mental health experts, higher education administrators, counselors and students. It is a model policy to help colleges and universities develop a non-discriminatory, non-punitive approach to students in crisis because of mental health problems. The document offers a response to serious mental health problems among college and university students and schools' lack of consensus on what to do when such students are in crisis. There is a collection of best practices that all colleges and universities can adopt. <http://www.bazelon.org/pdf/SupportingStudents.pdf>

II. Sample Programs

A. ACHA-National College Health Assessment (NCHA)

The American College Health Association-National College Health Assessment is a research survey that can assist colleges in collecting precise data about their students' health habits, behaviors, and perceptions to better structure mental health services to their campus' needs. The survey gathers information pertaining to substance abuse, sexual health, weight, nutrition and exercise, mental health, and personal safety and violence. <http://www.acha-ncha.org/overview.html>

B. ADAPT Program

Action for Depression Awareness, Prevention, and Treatment is a campus-based program with an integrated awareness, education, and treatment approach. Provides National Depression Screening Day, Online Screening Program Training sessions with new/returning Resident Assistants; educates students during class about signs/symptoms of stress and depression, adaptive ways to cope with stress, treatment for depression; Depression Awareness training session for faculty and undergraduate teaching assistants in the Freshman 101 course; Collaborate with Journalism Department; Counseling Center staff participated in the Health and Wellness Fair; Samaritan Award Program; Events; promotes outreach efforts throughout year; Publishes research articles; and holds *Innovative Community-based Approaches to Addressing College Student Depression and Suicide Prevention: A Working Conference*. http://muse.jhu.edu.proxy.uchicago.edu/journals/journal_of_college_student_development/v047/47.1field.pdf

C. Catharsis Productions

Catharsis Productions is a production company that sponsors a college-touring sexual assault awareness program, “Sex Signals.” Combining improvisational comedy, education, and audience participation, “Sex Signals,” a two-person show, explores mixed messages, gender role stereotypes, and unrealistic fantasies combining for misunderstandings in a realistic context. The show has been performed over 1,000 times on over 400 campuses.

<http://www.catharsisproductions.com/>

New supplemental discussion programs, as well as guides to holding conversations after the show, can be found here: http://www.bass-schuler.com/Riders/SS%20Rider-COMplete_UPDATED2006.htm

D. College *Response*

College Response promotes prevention, early detection and treatment of prevalent, under-diagnosed, and treatable mental health disorders and alcohol problems on college campuses. Through online and in-person screening tools, *College Response* provides confidential and effective programs for: depression, bipolar disorder, anxiety, post-traumatic stress disorder, eating disorders, and alcohol problems. Also offers kits/materials that can be utilized by college health and counseling centers, professors, student groups, athletic teams and Greek organizations to conduct an informative event that educates students. Year-Round online screening, customized by a college for its own website, is available. (A sample screening can be found here: <https://www.mentalhealthscreening.org/screening>)

<http://www.mentalhealthscreening.org/college/index.aspx>

E. The Jed Foundation Programs

The Jed Foundation is the nation’s leading organization working to prevent suicide and promote mental health among college students. The organization’s major initiatives are rooted in the “Prescription for Prevention” model that defines a comprehensive suicide prevention and mental health promotion framework for colleges and universities. Their programs, informed by both clinical and public health perspectives, target the full range of audiences who can influence college mental health, including students, colleges, politicians, mental health professionals and parents.

<http://www.jedfoundation.org>

1. CampusCare

This program offers a structured, collaborative, strategic planning process addressing student wellness, mental health, and suicide prevention on an individual college campus. The program will send consultants to campuses to develop a strategic plan to better address these topics. The program is composed of three parts: (1) need assessment; (2) inventory and audit; and (3) synthesis and recommendations. It is a collaborative effort between The Jed Foundation and two national centers at Education Development Center, Inc., The Center for College Health and Safety, and the Suicide Prevention Resource Center.

<http://www.jedfoundation.org/CampusCare.php>

2. The Transition Year Project

This is a research project aimed at creating a resource guide for parents and students who are in their last year of high school, transitioning to college. The research consists of a literature review and a survey of parents/students about their comfort level in talking

about mental health issues, the stigma attached to mental health problems, warning signs, what actions to take when warning signs are found, how to contact/learn about your school's resources, and how to build students' "resiliency and decision-making skills." This could be a good project for campuses to undertake for their incoming freshman, as a prevention move to unstable mental health.
<http://www.jedfoundation.org/transitionproject.php>

3. ULifeline™

This is a website for college students that brings you information on the signs and symptoms of depression and links you with the best sources of help, such as your college counseling center. (1250 colleges and universities participate) www.ulifeline.org

4. Half of Us

This is a pro-social campaign launched by The Jed Foundation and MtvU to decrease the stigma around mental health issues and encourage help seeking.
<http://www.halfofus.com/>

F. Mpower: Musicians for Mental Health

Sponsored by National Mental Health Association (NMHA), Mpower is a new youth awareness campaign that is harnessing the power of music to change youth attitudes about mental health and fight the stigma facing the 1 in 5 youth with mental health problems. Working with a diverse coalition of artists, music industry executives, mental health advocates and youth leaders, Mpower is dedicated to reaching out to today's youth about a range of mental health issues, including depression, substance abuse, anxiety, eating disorders and suicide, and providing important resources and information to encourage those in need to seek help. The program produces concert tie-ins, special events, media activities, PSAs, educational forums and web-based outreach, and empowers millions of young people to get informed and take action.
<http://www.mpoweryouth.org/aboutMission.htm>

G. TeenScreen

TeenScreen is a confidential program that is trying to ensure that all teens have access to a voluntary mental health "check-up," because early detection of mental issues and referral to support is imperative. Although for ages 11-18, the screening protocol can be adapted for a college setting. The website also provides background information on teen depression and other mental issues, examples of screening model sites and partnerships, and screening instruments and programs.
<http://www.teenscreen.org/>

III. Information Resources

A. ADS Center: Resource Center to Address Discrimination and Stigma

The SAMHSA ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, provides information and advice on countering discrimination and stigma associated with mental illness. The SAMHSA ADS Center provides: information about what works to reduce stigma and discrimination, training and technical assistance to help create

anti-discrimination and anti-stigma initiatives, information about and how to connect with effective campaigns and programs that already are in place, information about available publications, events, research and issues of relevance regarding discrimination and stigma, a comprehensive bibliography of literature addressing discrimination and stigma, resources and information about the unique needs of special populations, information for employers, realtors/landlords, medical providers, educators, faith groups, policy makers, and the media, and information on the rights of people who have mental illnesses. The ADS Center's staff is available by phone, mail, and e-mail to provide counsel and assistance.
www.stopstigma.samhsa.gov/action/collegelife.htm

B. American Psychological Association

The APA website has an enormous amount of information about mental health, mental illness and violence. Brochures and booklets are available to order in hard copy.
<http://www.apa.org>

Specific resources include:

1. *Change Your Mind about Mental Health*

This offers tips and tools to promote adolescent and young adult understanding of mental health problems and to reduce the stigma associated with mental health. It explains mental health problems, offering “real life” examples of depression, anxiety, eating disorders, and even severe depression. The document offers ways to spot mental health problems in others and in oneself, simple ways to get help or help a friend as a means of prevention, and addresses the stigma attached to mental health problems directly with a section “It’s All in the Attitude.”

http://www.apahelpcenter.org/dl/change_your_mind-about_mental_health.pdf

2. *Controlling Anger—Before it Controls You*

This provides a definitive explanation of anger, clarifies healthy modes of anger and frustration expression and why “holding it in” and “letting it all hang out” are too extreme to be healthy, tips for self-evaluation of mental health and ability to handle anger, and promotes acceptance in asking for help.

<http://www.apahelpcenter.org/articles/pdf.php?id=29>

3. *Stress Managing Tips for Parents, and Stress Managing Tips for Students, in the Aftermath of the Virginia Tech Shootings*

Two separate articles, these supply strategies for coping with stress, distress, anger, and grief after a traumatic campus event, promotes knowledge of violence warning signs, and encourages strong parent-child relationships to serve as strength through difficult periods and also as a prevention to violence.

<http://www.apahelpcenter.org/articles/pdf.php?id=153>

<http://www.apahelpcenter.org/articles/pdf.php?id=151>

4. *What is Mental Illness?*

This aims to decrease the uncertainty and stigma surrounding mental illness by enumerating facts about mental illness, its prevalence among children and adults in the United States, its causes, and the role of psychiatrists. It provides a list of resources for further reference.

<http://www.healthyminds.org/multimedia/whatismentalillness.pdf>

C. Bazelon Center for Mental Health Law

The Bazelon Center is one of the nation's leading legal advocates for people with mental disabilities. It works to protect and advance the rights of adults and children who have mental disabilities through legislation and litigation, policy advocacy, public education, and technical support for local advocates. Their website includes information about their extensive publications, grassroots advocacy issues, legal reviews and services, relevant news articles, and links to other resources.

<http://www.bazelon.org>

Specific resources include:

1. *Integration of Primary Care and Behavioral Health: Report on a Roundtable Discussion of Strategies for Private Health Insurance*

This is a follow-up report on Bazelon's 2004 study *Get it Together: How to Integrate Physical and Mental Health Care for People with Serious Mental Disorders*, which focused on public-sector initiatives. This complementary study of private-sector strategies is intended to teach about mutually beneficial innovations and address the problems of a fragmented and uncoordinated service system. The study summarizes barriers to the integration of care, discusses the issues and recommendations put forth at the Roundtable, lists recommendations organized by relevant stakeholders, and offers overall analysis. The Center notes that stakeholder groups need more compelling and organized research, especially with a fiscally-driven approach, before stakeholders stop blaming each other and recognize their shared interest in resolving problems in health care services. The recommendations cover improvements to treatment, collaboration, and integration. They also include a checklist of recommendations for general interested parties, primary care providers, health plans, employers as purchasers of health care, academic institutions and professional societies, and state and federal policymakers. *Note: Students, families, campus administrators, and policymakers can review these recommendations in evaluating or transforming mental health care services available on college or university campuses. Purchasing health insurance and choosing mental health services are important decisions.*

<http://www.bazelon.org/issues/general/publications/RoundtableReport.pdf>

2. *Get it Together: How to Integrate Physical and Mental Health Care: Executive Summary*

Recognizing that people with serious mental disorders often have serious physical health care problems and face severe barriers to integrated care; the Bazelon Center examined four different service delivery models for effective integrated care for individuals with severe mental disorders. These include the embedding of primary care providers within public mental health programs, unified programs that offer mental health and physical health care through one administrative entity, initiatives to improve collaboration between independent office-based primary care and public mental health, and collocation of behavioral health providers in primary care offices. The first three approaches were successful in overcoming barriers to integrated care for people with serious behavioral disorders and the fourth approach, co-location, was best for consumers with mild to moderate mental illnesses.

Note: Students, families, campus administrators, and policymakers can review these recommendations in evaluating or transforming mental health care services available on college or university campuses. Students and other individuals often struggle with the co-morbid affects of mental illness, physical health, and various treatment methods.

<http://www.bazelon.org/issues/general/publications/getittogether/execsummary.pdf>

3. *Supporting Students: A Model Policy for Colleges and Universities*

This is a comprehensive template for schools developing an appropriate policy on helping students with mental health problems. It conforms to the Bazelon Center's standards for accommodating and helping people with mental health difficulties and provides background information about depression in college-age students and ineffective institution policies. Formatted so schools need only to fill in its specific name, the policy ranges from privacy concerns to school attitude towards mental health problems and treatment, to establishing peer and personal support services, the relationship between the school, the student client, and the counseling service provider, course load and housing accommodations, and procedures for leaves-of-absence, disciplinary action, and awareness education.

<http://www.bazelon.org/pdf/SupportingStudents.pdf>

D. Counseling Center Village

This web site, hosted by the University of Buffalo, includes multiple resources for educational/mental health pamphlets, workshop outlines, staff training, policy and procedures manuals, and sample forms, all contributed by university counseling centers throughout the United States.

<http://ccvillage.buffalo.edu/>

E. Mental Health America (formerly National Mental Health Association)

The MHA website includes a great deal of information on mental illnesses, treatments and medications, crisis management, etc.

<http://www.mentalhealthamerica.net>

Specific resources include:

1. *Mental Illness in the Family: Recognizing the Warning Signs and How to Cope*

This fact sheet explains that mental health disorders are common and widespread. It provides ideas on how to cope daily with having a mental illness, and also for family members of a person with a mental illness, such as acceptance of attitude, handling unusual behavior, and establishing a support network. It also includes an extensive list of Warning Signs for detecting a possible mental illness in adults, older children and pre-adolescents, and younger children, such as confused thinking, prolonged depression, excessive fears, social withdrawal, substance abuse, change in sleeping and/or eating habits, poor grades, hyperactivity, and persistent aggression.

<http://www1.nmha.org/infoctr/factsheets/11.cfm>

2. *Mental Illness and the Family—Stigma—Building Awareness and Understanding*

This fact sheet attempts to dispel negative stigma surrounding mental illnesses by providing comprehensive information about mental health, why stigma itself exists, and pitting common misconceptions directly against the truth. It lists and explains the Five Major Categories of Mental Illness: Anxiety Disorders, Mood Disorders, Schizophrenia, Dementia, and Eating Disorders.

<http://www1.nmha.org/infoctr/factsheets/14.cfm>

3. More detailed accounts of specific disorders are available throughout the website, and easy-to-read fact sheets can be located at:
<http://www1.nmha.org/infoctr/factsheets/index.cfm#general>
4. *Signs of Depression Checklist* <http://www1.nmha.org/infoctr/factsheets/depression.pdf>
Coping with Stress Checklist <http://www1.nmha.org/infoctr/factsheets/stress.pdf>
Both of these checklists work well as handouts for self-evaluation. The depression checklist lists very prevalent signs of depression, such as those listed on the fact sheets above, and advises that if five or more of the signs are found, a professional should be consulted. The stress checklist supports healthy stress management, and provides ideas for coping with everyday stress to prevent it from affecting other aspects of one's life and escalating into a more serious mental health.

F. National Alliance on Mental Illness (NAMI)

NAMI provides a significant amount of information on mental illnesses, recovery and support programs, as well as policy guides and research resources.

<http://www.nami.org/>

Specific resources include:

1. *About Mental Illness:*
Important facts about mental illness and recovery (Could be used as a handout or flyer)
http://www.nami.org/TextTemplate.cfm?section=about_mental_illness
2. *Violence Tool Kit: Media Response Strategies* (in reporting on violent tragedies)
The Tool Kit provides approaches, talking points, guidelines, example press releases, authoritative facts, and reports centering on violence in a broader mental illness context.
http://www.nami.org/Content/NavigationMenu/Press_Room/NAMI_Violence_Tool_Kit.pdf
3. *National StigmaBuster Flyer*
Educational facts and information to help advocate for compassionate understanding of mental illnesses, and encouraging treatment.
http://www.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/national_stigma_flyer.pdf

Local StigmaBuster Flyer
Strategies and tips on eliminating ignorance, prejudice, and discrimination against people with mental illnesses on a local level.
http://www.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/local_stigma_flyer.pdf
4. *In Our Own Voice: Living With Mental Illness*
In NAMI's Education, Training, and Peer Support Center, this is an informational brochure about the NAMI recovery education program. Presentations are given by trained consumer presenters for other consumers, family members, friends, professionals, and lay audiences, and cover issues frequently faced by those dealing with severe mental illnesses.

http://www.nami.org/Content/NavigationMenu/Find_Support/Education_and_Training/Education_Training_and_Peer_Support_Center/In_Our_Own_Voice/IOOV.pdf

5. *Key Program Topics:*

This is a list and description of the presentation topics and key issues people frequently face while living with mental illness. These include dark days, acceptance, treatment, coping strategies, and successes, hopes, and dreams.

http://www.nami.org/Template.cfm?Section=In_Our_Own_Voice&Template=/ContentManagement/ContentDisplay.cfm&ContentID=28541

6. *2007 NAMI Convention PowerPoint Presentations*

The convention information is comprehensive and inclusive of various mental health issues, providing important references. The PTSD Take-Home Education Packet, Parents and Teachers as Allies, and Consumer Family Satisfaction Teams are particularly relevant for family and school involvement in campus security and increasing support for students with mental health issues.

<http://www.nami.org/TextTemplate.cfm?section=convention>

G. The National Association of Social Workers (NASW)

NASW is the largest association in the country representing professional social workers.

Their website has several mental health and violence resource brochures and policy papers available for the public. Varieties of pamphlets that outline “best practices” are available on-line and can also be purchased through the Association in hard copy. The NASW web site also contains a variety of position papers and resource links on: adolescent health, behavioral health, clinical social work, and violence.

<http://www..socialworkers.org>

1. *Youth Bullying: A Guide for Social Workers*

Examines bullying from a social worker perspective, in terms of both youth who bully and victims, and suggests prevention and intervention strategies focused on youth and on environmental and relational factors.

2. *Fall, 2006 School Shootings Position Statement*

3. *NASW Standards*

Varieties of pamphlets that outline “best practices” are available on-line and can also be purchased through the Association in hard copy. Some of the titles include standards for the following practice areas: School Social Work Services, The Practice of Social Work with Adolescents; Clinical Social Work; Social Work Practice with Clients with Substance Use Disorders.

H. National Mental Health Awareness Campaign

A nationwide nonpartisan public education campaign launched as part of the 1999 White House Conference on Mental Health. It is dedicated to battling the stigma, shame, and myths surrounding mental disorders that prevent so many people from getting the help they need.

<http://www.nostigma.org/>

- I. National Education Association: Crisis Communication Guide and Toolkit
This includes 33 tools educators can use to teach students how to prepare for an emergency crisis, how to respond in the event of a crisis, and how to cope with the after-effects. These tools include samples, templates, and ready-to-copy fact sheets to help respond to a broad array of crises. Review the contents and use the resources to create your own "ready" files. Provides links to its Crisis Toolkit and other helpful resources, as well as a general overview of the local school administration's role in crisis management. There are four parts: "Being Prepared—Before a Crisis," "Being Responsive—During a Crisis," "Being Diligent—Moving Beyond a Crisis," and "Hands-On Assistance—Tools for Educators Guide."
<http://www.nea.org/crisis/b1home.html>, <http://www.nea.org/crisis/b2home.html>,
<http://www.nea.org/crisis/b3home.html>, <http://www.nea.org/crisis/b4home.html>

- J. Substance Abuse and Mental Health Services Administration (SAMHSA)
SAMHSA is an agency of the US Department of Health and Human Services and was established to focus attention, programs, and funding on improving the lives of people with or at risk of mental and substance abuse disorders. It collaborates with state and national, community-based, and faith-based organizations as well as public and private sector providers. There is much information, and many programs for review on their site.
<http://www.samhsa.gov/>
 1. *Mental Health Questions*
This page provides a brief, simple overview of mental health issues, providers, and the role the federal government plays in the SAMHSA administration.

IV. Organizations Supporting Student Run Mental Health Initiatives

- A. Active Minds
Active Minds is a nonprofit organization headquartered in Washington, DC that develops and supports student-run mental health awareness, education, and advocacy chapters on college campuses across the country. It is the nation's only peer-to-peer organization dedicated to the mental health of college students. As registered chapters of Active Minds, student groups benefit from 24/7 technical support from the Active Minds national office as well as an association with their college/university. The chapters aim to increase awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community.
www.activemindsoncampus.org

- B. NAMI on Campus
NAMI on Campus affiliates are student-run, student-led organizations that provide mental health support, education, and advocacy in a university or college setting. The mission is to improve the lives of students who are directly or indirectly affected by mental illness, increase the awareness and mental health services on campus, and to eliminate the stigma students with mental illness face.
http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NA MI_on_Campus.htm

C. National Mental Health Awareness Campaign

A nationwide nonpartisan public education campaign launched as part of the 1999 White House Conference on Mental Health, the campaign is dedicated to battling the stigma, shame, and myths surrounding mental disorders that prevent so many people from getting the help they need. Their website

<http://www.nostigma.org/>

V. Funding Sources

A. General Grants Database

This is a portal of information on grants available to any person seeking funds. Browsing by category and advanced search are available to narrow the choices, and funding opportunities specific to higher institutions can be found.

www.grants.gov

B. SAMHSA Database

SAMHSA, the Substance Abuse and Mental Health Services Administration, sponsors a wide variety of mental health related grant programs; this website provides details on grant programs, examples of past grantees, opportunities to apply online, and general information for potential applicants.

<http://www.samhsa.gov/grants/>

Specifically for building mental health supports within schools, SAMHSA developed The Safe Schools/Healthy Students (SS/HS) Initiative, which is a federal grant program designed to prevent violence and substance abuse in schools and communities.

<http://www.sshs.samhsa.gov/>

VI. Sample Handouts/Brochures

Many of the previously listed organizations have handouts and brochures in addition to the samples listed below.

A. Disaster Tips Wallet Card: Having Trouble Coping?

This is a very short list of stress related symptoms with a referral number for the National Suicide Prevention Hotline. This information deals exclusively with depression and suicide prevention, so is not inclusive of other solutions (i.e., mental health, substance abuse, or family treatment). It is a useful quick guide to emergencies.

http://www.samhsa.gov/MentalHealth/NSPL_Disaster_Tips_Wallet_Card.pdf

B. DoDEA Crisis Management Guide, February 2007

The Department of Defense Education Activity issued a comprehensive guide describing crisis prevention, preparedness, response, and recovery, and includes attachments addressing each area.

http://www.dodea.edu/instruction/crisis/resources/docs/DoDEA_Crisis_Manag_Guide_07.pdf

C. How to Deal with Grief

This SAMHSA publication distinguishes between grief and depression, suggesting that grief is a process with a different timeline and solution for each person. It provides links to other

resources, such as the Depression and Bipolar Support Alliance, National Alliance on Mental Illness, NIMH, National Mental Health Associations, and some online resources such as GriefNet, Growth House, and Transformations.

http://www.samhsa.gov/MentalHealth/Anxiety_Grief.pdf

D. In the Wake of Trauma: Tips for College Students

This is a short, easy-to-read handout providing tips to cope with a traumatic event. It also includes a list of helpful information resources, a treatment center locator, and help-line phone numbers.

<http://download.ncadi.samhsa.gov/ken/pdf/KEN01-0092/KEN01-0092.pdf>

E. The Long-term Impact of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life

The handout cites examples of personal uncertainties, family relationship changes, work disruptions, and financial worries that may contribute to the long-term impact of a traumatic event. Also includes tips on how to survive the road to recovery from a traumatic event.

http://mentalhealth.samhsa.gov/publications/Publications_browse.asp?ID=160&Topic=Stress+and+Anxiety

F. National Center for School Crisis and Bereavement

This guide is designed to help school administrators, teachers, and staff respond to the needs of all members of a school after a traumatic event. It includes outlines for crisis team interventions, grief counseling protocol and services, notification procedures, and how to deal with the possible impact on learning.

<http://www.cincinnatichildrens.org/NR/rdonlyres/23F1FA33-6DFB-4FCA-8CB2-F55549CACBC0/0/bereavementguidelines.pdf>

G. Taking Charge: An Introductory Guide to Choosing the Most Effective Services for the Mental, Behavioral, and Emotional Health of Youth Within a System of Care

This guide provides a “roadmap” or path to help youth and families move through the process of seeking help. It is not meant to be a stand-alone document; rather, it is one tool among many designed to help youth and families become better partners with their mental health providers in deciding the best course of treatment. The guide gives examples of the emotional and behavioral disorders that are most commonly diagnosed in adolescents and provides an overview of the various intervention options available. The guide closes with an example scenario presenting a conversation that could take place between a family worried about their child abusing substances and a health-care provider.

<http://www.tapartnership.org/advisors/TakingCharge.asp>

H. Tips for Managing and Preventing Stress: A Guide for Emergency Response and Public Safety Workers

This is a clear handout that outlines organizational and team approaches to controlling stress, as well as individual approaches for stress prevention and management.

<http://download.ncadi.samhsa.gov/ken/pdf/KEN01-0098R/KEN01-0098R.pdf>

I. Tips for Survivors of a Traumatic Event: Managing Your Stress

Provides easy-to-read stress management tips, ways to understand a traumatic circumstance, recognize the effects of stress, and information of changes that may occur after the event.

<http://download.ncadi.samhsa.gov/ken/pdf/NMH05-0209/NMH05-0209.pdf>

J. What a Difference a Friend Makes

This publication is aimed at friends and family of people with mental illness. In an effort to reduce the stigma of mental illness and to underscore the importance of friendship and companionship in recovery; it suggests treating mental illness like other health conditions, and presents a positive view that people with mental illness can recover and manage their conditions and lead productive, happy lives. It also counters various myths and provides further resources for help.

<http://www.whatadifference.samhsa.gov/docs/NASC.pdf>

K. “Say It Out Loud”

This is the mental health public awareness campaign sponsored by the State of Illinois Department of Human Services, Division of Mental Health.

<http://www.mentalhealthillinois.org>

L. Emergency survival actions

Actions that person can take to protect themselves during an actual life-threatening situation

<http://www.wikihow.com/Survive-a-School-or-Workplace-Shooting>

APPENDIX B - PART II
VIOLENCE PREVENTION RESOURCES

VIOLENCE PREVENTION RESOURCES

I. Sample Policies

A. The Appropriate and Effective Use of Security Technologies in U.S. Schools: A Guide for Schools and Law Enforcement Agencies

This is a report from the National Institute of Justice in the US Department of Justice discussing security concepts and operational issues, video surveillance, metal detection, entry-control technologies, duress alarm devices and their role in crisis management, and other resources. Their recommended model for a violence prevention plan contains: Deterrence, Detection, Delay, Response/Investigation, and Consequences.

<http://www.ncjrs.gov/school/toc.html>

<http://www.ncjrs.gov/school/home.html>

B. Critical Incident Stress Management Presentation

This informative handout and PowerPoint presentation outline from the NASPA National Conference held at Boston College in 2001 gives a general intervention and response team for people who have participated in a traumatic or stressful incident. It is intended to lessen the impact of a critical incident and accelerate the recovery process in a college environment. Its general principles (“main values”) can also be used as guidelines for pre-incident violence prevention programs.

http://crisis.tamu.edu/resources/present/BC_NASPA2001.pdf

This website provides CISM related resources and coping tips. It also has sample reporting forms for initiating an inquiry and reporting on the counseling process.

<http://www.bc.edu/offices/cism/>

C. Early Warning, Timely Response: A Guide to Safe Schools

This is a document by the Center for Effective Collaboration and Practice of the American Institutes for Research geared towards youth and young adults, but can be altered to fit a college setting. It is a comprehensive guide to the early warning signs of violence and troubling behaviors, as well as action steps for prevention, intervention, and response. The sections include: Introduction, Characteristics of a School that is Safe and Responsive to All Children, Early Warning Signs, Intervention: Getting Help for Troubled Children, Developing a Prevention and Response Plan, Responding to Crisis, Conclusion, and Methodology/Research Support.

<http://cecp.air.org/guide/guide.pdf>

D. National Summit on Campus Public Safety: Strategies for Colleges and Universities in a Homeland Security Environment

This report provides information about key issues, recommendations, and other information on campus safety and violence prevention. Of key interest, the *Recommendations/ Action Steps Related to Campus Safety/ Security* is located on pages 47-65. It is recommended that relevant stakeholders create a national collective, establish a national agenda with short- and long-term direction, and promote cooperation and collaboration. Campus administrators, police and security agencies, and federal agencies and professional associations should work together to operate a safe campus through prevention and response through an all-hazards approach to preventing and managing crises. Colleges and universities should strengthen

operations and administrative functions, including personnel decisions and training. This should all reflect the diversity in the culture or type of college and university campus.
<http://www.cops.usdoj.gov/mime/open.pdf?Item=1561>

E. Preventing Violence and Promoting Safety in Higher Education Settings: Overview of a Comprehensive Approach

A report by the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, US Department of Education on the scope, causes, approaches, and model programs to violence on college campuses. It suggests possible influences, which can be used to identify different levels for potential interventions. It also urges broad spectrum approaches and recommends collaborative principles for designing effective campus violence interventions.

<http://www.higheredcenter.org/pubs/violence.pdf>

F. Threat Assessment in Schools: A Guide to Managing Threatening Situations and Creating Safe School Climates

This document generated by the US Department of Education and the US Secret Service is geared towards adolescents and young adults, but general enough to be applicable to college campuses. It also provides sample topics, questions, and procedures for an immediate and long-term campus crisis prevention plan.

http://www.secretservice.gov/ntac/ssi_guide.pdf

http://www.ustreas.gov/uss/ntac/ssi_guide.pdf

II. Sample Programs

A. The Center for the Prevention of Violence Against Women

This project involves collaborations among judicial affairs, the counseling center, the women's center, and public safety. The program is designed by Marshall University in West Virginia to: provide advocacy services for victims and increase student awareness of the availability of these services; educate students about how to report these crimes; establish networks of advisers and mentors to students among faculty, staff, and other university personnel; increase awareness of violence against women on campus among university and local police departments through a media campaign and training programs for officers; and develop educational content about violence against women and incorporate this material into existing courses and freshman orientation.

<http://www.higheredcenter.org/pubs/violence.html>

B. Comprehensive Framework for School Violence Prevention

This describes the many different models and distillable ideas for school violence prevention programs. Frameworks include: administrative approaches, school security, school-wide education, student counseling, alternative education, and community involvement. It also provides a guide on selecting programs for a comprehensive, appropriate plan.

http://eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1b/5f/28.pdf

C. Cornell Advocates for Rape Education

The group works toward a community characterized by mutually respectful relationships. Students, staff and faculty from a wide variety of disciplines develop administrative initiatives, prepare and distribute educational materials, promote and develop educational programs, provide consultation to parents, campus administrators, other universities and government officials, conduct evaluations of sexual assault educational efforts, present at national conferences, propose and initiate campus policy issues, and maintain a website to provide extensive information about sexual assault. They focus their efforts on educating community responsibility and collaboration, monitoring campus community needs, and advocating for institutional and social change. This program can be adjusted for general violence prevention, not just sexual or intimate relationships.

<http://www.gannett.cornell.edu/campushealth/CARE.html>

<http://care.cornell.edu/history.html>

D. Mentors in Violence Prevention: A Bystander Approach to Prevention

The Center for the Study of Sport in Society at Northeastern University created this leadership training program enlisting student-athletes and student leaders to work together to prevent rape, battering, and sexual harassment. It aims to raise awareness about the level of men's violence against women, challenge the thinking of mainstream society, open dialogue between men and women, and inspire leadership by empowering people with concrete options to effect change.

<http://www.sportinsociety.org/vpd/mvp.php>

This is a video of student leaders interacting with members of the MVP Program:

http://www.sportinsociety.org/vpd/mvp_video.php

E. Multicomponent Approach to Campus Violence

The University of Northern Colorado approaches campus violence prevention from many fronts. It requires all incoming freshmen to attend "Stop, Look, Listen" (SLL), a two-hour workshop which explores health and safety issues geared toward promoting personal health and safety. Sexual Assault Free Environment (SAFE), a campus and community committee, meets monthly and includes representatives from the assault survivors advocacy program (ASAP), the counseling center, the dean of students, residential life, campus police, the alcohol and drug office, Greek life, and the district attorney's office. There is also an ongoing review of incidents and potential problems, campus and community partnerships, coordinated alcohol and violence reduction efforts, and a strong emphasis on victim support. Their program is an important model for your consideration.

<http://www.higheredcenter.org/pubs/violence.html>

F. Project TEAMWORK

The Center for the Study of Sport in Society at Northeastern University also has a multi-racial, mixed gender team trained to work with middle and high school students to combat all forms of discrimination, and teach practical conflict resolution skills. After completing the PTW curriculum, students form Human Rights Squads and promote social justice issues in their schools and communities, raise the awareness of young people around the issues of inequality and discrimination, teach practical conflict resolution skills, and empower them to make positive changes in society. This program could easily be adapted to a college campus as a peer education/violence prevention program.

<http://www.sportinsociety.org/vpd/ptw.php>

G. National Social Norms Resource Center

The NSNRC is an independent center that supports, promotes, and provides technical assistance in the application of the social norms approach to a broad range of health, safety and social justice issues, including alcohol-related risk-reduction and the prevention of tobacco abuse.

<http://www.socialnorms.org>.

Rather than trying to change behavior via accentuating the risks (i.e., scare tactics), the social norms approach uses methods to correct negative misperceptions (example: overestimations by college students of alcohol use by other students), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. It is an evidence-based, data-driven process, and a cost-effective method of achieving large-scale positive results. Although most of the positive results documented in the literature to date have used social norms to address alcohol use, a number of universities, high schools, communities, and organizations are using this approach to address other issues as well, such as tobacco abuse prevention, seat-belt use, sexual assault prevention, and academic performance. A guidebook on a method of developing social norms messages and a marketing program to promote them is available at:

<http://www.socialnorms.org/pdf/Guidebook.pdf>

H. Take the Pledge: What Men Can Do to Stop Violence Against Women

This initiative by the US Department of Justice looks to engage men as allies in preventing violence against women, and reach out to other men and youth. The website provides links to organizations and institutions around the country that are addressing the role of men in ending violence against women through providing positive role models and life/skills lessons, education/awareness campaigns, abuser intervention, social change and community organization, and the thoughtful application of theory and research. The programs can be generalized to a college campus. Participating organizations include: Adelphi University Sports Leadership Institute, Emerge, Family Violence Prevention Fund: Coaching Boys into Men, Family Violence Prevention Fund: Founding Fathers Campaign, Men Against Sexual Violence, Men Can Stop Rape, Men Stopping Violence, Mentors in Violence Prevention, One in Four, Inc., and White Ribbon Campaign.

<http://www.usdoj.gov/ovw/pledge.htm>

I. University Counseling and Advising Network (U-CAN)

U-CAN at Cornell University is a problem-focused early intervention program designed to facilitate early identification of problems that might lead to aggression or self-harm.

Through five basic initiatives, the cross-disciplinary collaboration and coordination of existing services helps increase early identification of “students in distress.” The original program transitioned into the *Campus Network for Students in Distress* initiative, which promotes a cooperative environment and helps the campus community prevent harm to self or others. Its major activities include training people not in formal helping roles to identify and reach out to students in distress; offering student-centered consultation by U-CAN staff to support faculty and staff in working with individual students; providing program-centered consultation to assist departments/divisions in developing organizational practices and protocols (i.e. sharing information, etc.); instituting a “network forum” to enable networking and continuing education for student service professionals; outreach by U-CAN staff to

identified students in distress who might be reluctant to accept referrals to formal counseling services

<http://www.higheredcenter.org/pubs/violence.pdf>

<http://www.gannett.cornell.edu/campushealth/Network/Network.html>

III. Information Resources

A. U.S. Department of Education

The Office of Safe and Drug-Free Schools administers, coordinates, and recommends policy and program activities focusing on health, mental health, environmental health, physical education, drug-violence prevention at the state and national level, character and civic education, and policy and cross-cutting programs in elementary, secondary, and higher education.

<http://www.ed.gov/about/offices/list/osdfs/index.html>

1. *Campus Security*

Information and links to the *Handbook for Campus Crime Reporting*, statutes and regulations, data on campus crime, and other resources for students and families covering diverse topics such as the Family Policy Compliance Office, Office on Violence Against Women, Community Oriented Policy Services, College Drinking Prevention, US Department of Education's Higher Education Center on Alcohol and Other Drug Abuse and Violence Prevention, study abroad warnings and information, and the FBI Crime Reporting Systems.

<http://www.ed.gov/admins/lead/safety/campus.html>

2. *Federal Student Aid Handbook*

This Handbook provides consumer information that a higher education institution must provide to students, the Department, and the public, including campus security.

<http://ifap.ed.gov/IFAPWebApp/currentSFAHandbooksPag.jsp>

B. US Department of Justice

1. *Campus Security*

The DOJ website on campus security provides publications and research centers on campus safety and violence prevention from the Office on Community Oriented Policing Services, other government publications, and related documents. These include videos, discussion guides, reports, programs or campaigns, as well as links to other websites, such as the "campus crime" section of the National Center for Victims of Crime.

<http://www.cops.usdoj.gov/files/ric/CDROMs/CampusSafety/toc.htm>

2. *Judicial Oversight Demonstration Initiative*

This initiative tests the idea that a coordinated community response to domestic violence that ensures a focused judicial response and a systematic criminal justice response can improve victim safety and service provision, as well as increase offender accountability. The demonstration sites implemented a coordinated multi-agency initiative by forming partnerships with multiple entities working to address domestic violence, as well as implementing a strong research component to evaluate whether enhanced judicial

oversight and extensive graduated sanctions for offenders, and comprehensive services for the victims, reduced repeat offenses and increased accountability of both offenders and the system. Increased administrative or local judicial oversight of violent offenders and strengthened disciplinary protocols would reduce violent infractions in campuses or residences.

<http://www.usdoj.gov/ovw/jodi.htm>

3. *Violence Against Women Act Measuring Effectiveness Initiative*

A partnership of research institutions and governmental agencies aim to develop program-specific collection of quantitative and qualitative data relevant to grant monitoring, feedback to grantees and the public, long-term planning, and reporting to Congress. With consultation with grantees and field experts, these instruments are designed to measure data on staffing, victim services, criminal justice case processing, relevant grant services, status of grantee progress on project goals and objectives, significant areas of remaining need, grantees' assessments of changes that have resulted from funded projects in their communities.

<http://www.usdoj.gov/ovw/vawa.htm>

C. Higher Education Center for Alcohol and Other Drug Prevention

Violence Prevention in Higher Education

Provides links to electronic mailing lists and discussion groups related to campus violence prevention, fact sheets and presentations, publications, and other resources. It includes tips, presentation slides, manuals/guidelines, and checklists. It covers topics such as emergency preparation, hate crimes, hazing, rape and sexual assault, responding to a violent or traumatic event, riots and campus disturbances, stalking, suicide, vandalism, and victims/survivors.

<http://www.higheredcenter.org/violence/>

D. Illinois Violence Prevention Authority

IVPA is a state agency that coordinates funds and evaluates violence prevention efforts in Illinois. IVPA has informational resources on all forms of interpersonal violence.

<http://www.ivpa.org/grants.html>

E. The National Association of Social Workers (NASW)

NASW is the largest association in the country representing professional social workers. Its website has several mental health and violence resource brochures and policy papers available for the public. A variety of pamphlets that outline "best practices" are available on-line and can also be purchased through the Association in hard copy. The NASW web site also contains a variety of position papers and resource links on: adolescent health, behavioral health, clinical social work, and violence.

<http://www..socialworkers.org>

1. *Youth Bullying: A Guide for Social Workers*

Examines bullying from a social worker perspective, in terms of both youth who bully and victims, and suggests prevention and intervention strategies focused on youth and on environmental and relational factors.

2. *Fall, 2006 School Shootings Position Statement*

3. *NASW Standards*

Varieties of pamphlets that outline “best practices” are available on-line and can also be purchased through the Association in hard copy. Some of the titles include standards for the following practice areas: School Social Work Services, The Practice of Social Work with Adolescents; Clinical Social Work; Social Work Practice with Clients with Substance Use Disorders.

F. National Campus Security Summit 2007, University of Central Oklahoma

1. Webcast of “Threat Assessment and the Campus Environment.”

The speaker, Shawn VanSlyke, is a Supervisory Special Agent for the Behavioral Analysis Unit, National Center for the Analysis of Violent Crime in Quantico, Virginia. He is also the NCAVC's Program Manager for the Domestic Terrorism, Workplace Violence and School Violence programs. Need RealPlayer.

http://campussecuritysummit.ucok.edu/streaming/video/ncss_threat1.rm

2. Webcast of “Psychology of Rage: Assessing Risk of Violence.”

The speaker, Dr. John Call, is a forensic psychologist, an attorney, and president of Crisis Management Consultants, Inc. CMC, Inc. Need RealPlayer.

http://campussecuritysummit.ucok.edu/streaming/video/ncss_rage1.rm

G. University of Minnesota Center for Violence Prevention and Control

This center weblinks to many violence research centers and violence related publications, including general topics, alcohol and violence, child abuse, elder abuse, gun violence, intimate violence, violence against women, school violence, workplace violence, and youth violence.

<http://www1.umn.edu/cvpc/linksviolence.html>

IV. Organizations Supporting Campus Violence Prevention

A. Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

Managed by the U.S. Department of Education, the Center helps higher education and community leaders develop, implement, and evaluate programs and policies to reduce student problems related to alcohol and other drug use and interpersonal violence through a comprehensive approach to prevention. Central to this approach is a mix of environmental management strategies to address the institutional, community, and public policy factors that contribute to these problems. The Center provides trainings, technical assistance, and publications to support these efforts; also promotes innovative program development to improve student education, campus-based media campaigns and social norms campaigns, early intervention, treatment, recovery strategies, and enforcement.

<http://www.higheredcenter.org/>

B. National School Safety Center

This is a website providing resources, publications, training information, and firearm information for educators, parents, and reporters. It includes a handout of campus safety recommendations, a checklist of characteristics for students at risk of committing violent crimes at school, and contact information for other agencies dealing with violence prevention and research. The organization also provides a school safety assessment to

identify the practices and places most important to ensuring school safety; it can be altered for use on a college campus, but is primarily geared towards K-12 schools. The informational brochure explains the program and highlight important factors for the strategic evaluation and facilities audit.

<http://web.archive.org/web/20030325143334/www.nssc1.org/>
<http://www.schoolsafety.us/>

C. National Youth Violence Prevention Resource Center

The *College Students Webpage* provides information and bulleted tips on campus violence prevention issues, and coping. It discusses elements of effective school violence prevention plans, how parents and health practitioners can help make schools safer, resources for researchers and evaluators, and other articles or web-based resources. It also includes tips, a topic index, and fact sheets for parents and guardians, as well as a hotline for teens.

<http://www.safeyouth.org/scripts/topics/college.asp>

D. Office of Postsecondary Education

This is a resource website with information and funding opportunities, research, and proposals concerning postsecondary education and programs. These include Policy, Planning, and Innovation, the Fund for the Improvement of Postsecondary Education, Higher Education Programs, and Student and Teacher Development Services.

<http://www.ed.gov/about/offices/list/ope/index.html>

E. Security On Campus, Inc

Provides advocacy, information, and referral services related to campus violence and crime for prospective and current college students, parents, campus community members, and victims of campus crime, focusing on the prevention of campus violence and crimes and on assisting campus crime victims in pursuing their legal rights, through building awareness and safety on college campuses and working for legislation to protect students.

<http://www.securityoncampus.org/>

F. Networks and Associations: School Safety, Higher Education

The following are websites that provide databases and comprehensive lists for agencies, administrators, and mental health professionals. Contact information, useful links, resources, and information can be found at each of these.

1. *Higher Education Associations*: Can contact about regional/state/local affiliates and conferences. <http://www.ntlf.com/html/lib/assoc/index.htm>

2. *Institute for Educational Leadership*: www.iel.org

3. *American Association of School Administrators*: www.aasa.org

4. *National Association of School Psychologists*: www.nasponline.org

V. Funding Sources

A. US Department of Education

1. *Office of Safe and Drug Free Schools, Programs/Initiatives*

The Office provides information and weblinks regarding several OSDFS programs. The most relevant are Grants to States to Improve Management of Drug and Violence Prevention Programs, State Formula Grants for SEAs, Alcohol and Other Drug

Prevention Models on College Campuses, School-Based Student Drug Testing Programs, Grant Competition to Prevent High-Risk Drinking and Violent Behavior Among College Students, School Emergency Response to Violence, Readiness and Emergency Management for Schools, and Safe Schools/Healthy Students Discretionary Grants. Colleges or universities could apply for grants or review grantee programs that might be applicable for different types of schools.

<http://www.ed.gov/about/offices/list/osdfs/programs.html#policy>

2. *Office of Postsecondary Education*

This Office provides funding opportunities, research, and proposals concerning postsecondary education and programs. The most pertinent is the Fund for the Improvement of Postsecondary Education, Higher Education Programs, and Student and Teacher Development Services.

<http://www.ed.gov/about/offices/list/ope/index.html>

B. US Department of Justice

Office on Violence Against Women, Grants to Reduce Violent Crimes Against Women on Campus

The Campus Program is designed to encourage institutions of higher education to adopt comprehensive, coordinated responses to domestic violence, dating violence, sexual assault, and stalking. Campuses must adopt protocols and policies that treat violence against women as a serious offense and develop victim service programs in partnerships with community-based nonprofit victim advocacy organizations, local criminal justice agencies, and civil legal agencies. This coordinated community response is intended to enhance victim safety and hold offenders accountable. Institutions of higher education must develop services and programs tailored to meet the specific needs of victims and address the underlying causes of violence against women on their campuses by instituting prevention programs.

http://www.usdoj.gov/ovw/campus_desc.htm

<http://www.ojp.gov/newsroom/2000/vaw00230.htm>

VI. Sample Handouts/Brochures

Many of the previously listed organizations have handouts and brochures in addition to the samples listed below

ACHA Campus Violence White Paper 2005

http://www.acha.org/info_resources/Campus_Violence.pdf

ACHA Campus Violence White Paper 2006

<http://publications.naspa.org/cgi/viewcontent.cgi?article=1674&context=naspajournal>

ACHA Sexual Violence Prevention Guidelines 2007:

http://www.acha.org/info_resources/ACHA_SexualViolence_Statement07.pdf

Campus Safety Evaluation

<http://www.securityoncampus.org/students/tips.pdf>

Characteristics of Youth Who Have Caused School-Associated Violent Deaths Checklist

- <http://www.schoolsafety.us/Checklist-of-Characteristics-of-Youth-Who-Have-Caused-School-Associated-Violent-Deaths-p-7.html>
- Complete Crisis Planning Guide for Schools and Communities
<http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>
- Crisis Planning Cheat Sheet: accompanies “Complete Crisis Planning Guide for Schools and Communities”
<http://www.ed.gov/admins/lead/safety/crisisplanning.pdf>
- DOE Crisis Planning Booklet
http://www.ustreas.gov/uss/ntac/ssi_guide.pdf
- DOE School Go-Kits
<http://www.ed.gov/about/offices/list/osdfs/gokits.pdf>
- Guidelines for School Administrators for Reinforcing School Safety
http://www.nasponline.org/resources/crisis_safety/schoolsafety_admin.pdf
- Safe Communities-Safe Schools Model
<http://www.colorado.edu/cspv/publications/factsheets/safeschools/pdf/FS-SC02.pdf>
- SMARTSchoolTool
<http://www.ni2cie.org/downloads/SMARTflyer.pdf>
- Warning Signs, APA
http://apahelpcenter.org/dl/warning_signs-of_youth_violence.pdf
- Violent Crime on the College Campus Briefing Paper
www.svrc.net/Files/ViolentCrimeBP.pdf
- Working Together to Create Safe Schools Handout
http://www.schoolsafety.us/pubfiles/working_together.pdf

**APPENDIX B - PART III
SUBSTANCE ABUSE RESOURCES**

SUBSTANCE ABUSE RESOURCES

I. Sample Policies

A. Changing Social Culture on Campus: A Study of Existing Alternative Programming Initiatives

This article describes the need to change the social focus on college campuses away from alcohol and onto safer, alcohol-free activities. It describes the implementation of a social norms campaign, and overviews two leading programs at the time of publication: West Virginia University's *WVUp All Night* and Pennsylvania State University's *Late Night Penn State* are both offer free, alcohol-alternative programming on the weekends, drawing students to safe, fun activities in order to curb the dependence on weekend binge drinking on campus.

http://www.sahe.colostate.edu/Journal_articles/Journal2003_2004vol13/Social_Culture.pdf

B. Lessons from Prevention Research

These National Institute for Drug Abuse InfoFacts outlines 16 principles that parents, schools, and communities can use as a foundation for drug abuse prevention programs.

<http://www.nida.nih.gov/pdf/infofacts/Prevention04.pdf>

C. The Network Standards

The Network comprises voluntary member institutions that agree to work towards a set of standards and share resources aimed at reducing alcohol and drug-related problems at colleges and universities. The Standards serve as guidelines and institutional frameworks organized around policy, education and student assistance, enforcement, assessment, and community collaboration. Institutions of higher education use these standards for effective prevention approaches with research-based individual, educational, and environmental strategies.

<http://www.thenetwork.ws/>

<http://www.thenetwork.ws/standards.html>

D. Principles of Prevention

The White House Office of National Drug Control Policy developed a set of research-based principles for substance abuse prevention programming. It also provides information on programs, strategies, research, publications, and resources for prevention, as well as treatment, funding, student drug testing, drug-free workplace, drugs and sports, and a community prevention listserv. The reference guide also includes a number of very good prevention principles and program protocols.

<http://www.whitehousedrugpolicy.gov/prevent/practice.html>

http://www.ncjrs.gov/ondcppubs/publications/prevent/evidence_based_eng.html

E. Substance Abuse Chartbook

Developed by Brandeis University's Institute for Health Policy for the Robert Wood Johnson Foundation, this report discusses the context, patterns, and consequences of substance abuse, including alcohol and drugs, tobacco, and illicit drugs. Pages 75-116 deal explicitly with paradigms to combat substance abuse, including public attitudes, the media, illicit drug control, community-based approaches, alcohol and cigarette taxes, restrictions,

treatments, and cessation programs. These programs can be used as-is or modified for a particular campus.

<http://www.rwjf.org/files/publications/other/SubstanceAbuseChartbook.pdf>

II. Sample Programs

A. AlcoholEdu

Developed by Cornell University, AlcoholEdu is a two-hour web-based alcohol education program designed to assist students in making healthy decisions regarding alcohol use in college. Based on students' responses to a confidential questionnaire at the beginning of the program, AlcoholEdu provides personalized information based on gender and drinking behavior including: how expectations influence behavior, alcohol's effect on learning and memory, recognizing and responding to an alcohol-related emergency, and blood alcohol concentration and low-risk drinking strategies

<http://www.gannett.cornell.edu/top10Topics/alcoholEdu.html>

B. Best Papers on Alcohol and Other Drug Use and Abuse and Campus Life

The Institute for Alcohol-Related Workplace Studies at Cornell University instituted the Harrison M. Trice Award, which encourages undergraduate student involvement and engagement in analyzing the impact of alcohol and drug abuse on campus culture, as well as producing informative papers.

<http://www.gannett.cornell.edu/campushealth/AOD/triceAward.html>

<http://www.ilr.cornell.edu/smithers/research/trice.html>

C. Brief Alcohol and Other Drug Screening and Intervention for College Students

BASICS is a multiple session questionnaire-and-feedback service designed by Cornell University to assist students in examining their own behaviors in a judgment-free environment. It is available for students who want to explore their alcohol and other drug use, and sometimes required when a student violates Cornell's Code of Conduct concerning alcohol and drug abuse. BASICS provides students a structured opportunity to assess their own risk, identify potential changes that could work for them, and help them to reduce their risk for developing future problems

<http://www.gannett.cornell.edu/counseling-support/BASICS.html>

D. Brief Alcohol Screening and Intervention of College Students

BASICS is a selective or indicated prevention program developed at the University of Washington prompting high-risk college students to change their alcohol use patterns. The program aims to motivate students to reduce risky behaviors rather than focus on a specific drinking goal through questionnaires and structured interviews. Students can be referred through routine medical screening or by other campus professionals, including counselors, administrators, residential advisors, and other campus community members. BASICS is identified as a Model Program by the U.S. Department of Health and Human Services and as a Tier 1 Strategy by the National Institute on Alcohol Abuse and Alcoholism.

<http://www.colorado.edu/cspv/blueprints/promising/programs/BPP15.html>

<http://www.ruf.rice.edu/~wellness/documents/BASICS.pdf>

E. Challenging College Alcohol Abuse

CCAA is a social norms and environmental management program developed by the University of Arizona and MOST of US to reduce high-risk drinking and related negative consequences among college students (18 to 24 years old). CCAA uses a campus-based media campaign and other strategies to address misperceptions about alcohol and make the campus environment less conducive to drinking. Studies have shown that college students tend to perceive their peers' level of drinking to be higher than in actuality, which influences their own drinking behavior. CCAA's media campaign addresses these misperceptions by communicating norms using data from surveys conducted at the university, educating students on less-known or less-understood facts related to alcohol, and offering an opportunity to change the "public conversation" around alcohol use among students, staff, and the local community.

<http://www.mostofus.org/whatwedodetail.php?id=15>

A review of the program by SAMHSA's National Registry of Evidence-based Programs and Practices:

http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=96#ratings

F. Cultivating Healthy Opportunities In College Environments

CHOICES is an educational intervention developed by Western Connecticut State University aimed at students who are not yet showing any signs or symptoms of alcohol problems. The program is most effective for high-risk subgroups, such as first-year students and athletes. In practice, CHOICES has been used as a "universal" prevention program for the campus population and as a first response for sanctioned students.

<http://www.wcsu.edu/choices/>

A review of the program can be found at:

<http://www.ruf.rice.edu/~wellness/documents/Vistas05.art36.pdf>

G. Let's Talk About It

This is an interactive activity designed by Rutgers University to provoke discussion and self-awareness about drinking-related behaviors and perceptions among college students. It is a simulation/game that encourages discussion of alcohol-related choices and behaviors among students and their peers. The manual describes the simulation and provides instructions for its use. Step-by-step guides for setting up the simulation and a detailed debriefing guide are also included so that facilitators will be able to talk with students about their experiences and how these experiences apply to their everyday lives. It also includes a CD-ROM with PowerPoint slides and game scenarios.

http://commhealthissues.rutgers.edu/index_files/Page512.htm

H. Midwestern Prevention Project: Integrative Behavior Perspective

This Blueprints for Violence Prevention Model Program uses the conceptual framework of Person x Situation x Environment. MPP helps youth recognize social pressures to use drugs and provides training skills in how to avoid drug use and drug use situations. It uses well-coordinated, community wide strategies focused on the school program, but also includes parent, media, and community organization components. All components involve regular meetings of respective deliverers (e.g., community leaders for organization) to review and refine programs. The school program uses active social learning techniques (i.e., modeling, role playing, and discussion, with student peer leaders assisting teachers), homework assignments designed to involve family members, and continuing school boosters. The parent education and organization program involves a parent-principal committee that meets

to review school drug policy, and parent-child communications training. The final component includes mass media programming, community organization and training, and local health policy change regarding tobacco, alcohol, and other drugs all convey a consistent message supporting a non-drug use norm.

<http://www.colorado.edu/cspv/blueprints/model/programs/MPP.html>

<http://www.colorado.edu/cspv/blueprints/model/programs/details/MPPdetails.html>

I. RU Sure?

This is a substance abuse reduction program at Rutgers University aimed at correcting misconceptions about the social prevalence of drinking. Focusing on first-year students more specifically than the general population, the university polled its students on their alcohol habits and ran a public relations campaign to reduce the perception that “everyone drinks” and advocate safer activities. The school is also building coalitions with local bars and businesses and law enforcement to enact the “We Check for 21” slogan, which tries to decrease underage drinking.

http://commhealthissues.rutgers.edu/index_files/Page563.htm

J. Smart Women Campaign

This media effort was designed by Cornell University to help students think critically about alcohol, specifically about its effects and consequences across genders. The campaign offers empowering messages that reinforce protective behaviors and suggest ways to reduce the risk of harm associated with heavy drinking. They have prominently displayed a number of colorful and informative posters in residence halls, Greek houses, and various academic and support offices across campus. They have also recently added a “Smart Men” component to educate men. Central goals of the campaign include: building upon knowledge gained through participation in AlcoholEdu, acknowledging “Smart Women’s” capacity for healthy decisions about drinking, understanding differences in physiological response to alcohol consumption that occur for women and men challenging women’s motivations for wanting to “drink like a man”, offering strategies for adopting additional protective behaviors at events where alcohol is consumed, translating a woman’s ability to use good judgment in one area of her life to her ability to maintain low risk drinking behaviors, and knowing how and when to seek help a friend or for oneself to mitigate the risks of intoxication.

<http://www.gannett.cornell.edu/top10Topics/alcohol-tobacco-drugs/AOD/smartWmn.html>

K. *WVUp All Night*

Up All Night is intended to give West Virginia University (WVU) students a safe, fun, attractive alternative to the typical college scene of overindulgence in alcohol or other drugs. The late-night program is hosted in the student union on Thursdays, Fridays, and Saturdays, featuring free soft drinks and food (as well as a midnight breakfast bar on Friday and Saturday nights until 2 AM), study rooms with snacks, bowling, lectures and presentations, dances, concerts, comedy clubs, late-night movies, interactive entertainment such as game show formats, forums, and panel discussions. Professors and educational speakers also are included in Up All Night programming. The program is scalable to meet each college or university’s particular environment.

<http://higheredctr.org/natl/2004/detail.html>

III. Organizations Promoting Substance Abuse Prevention

A. US Department of Education

1. *Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention*

The Center helps college and community leaders develop, implement, and evaluate programs and policies to reduce student problems related to alcohol and other drug use and interpersonal violence through a comprehensive approach to prevention. Central to this approach is a mix of environmental management strategies to address the institutional, community, and public policy factors that contribute to these problems. It also provides trainings, technical assistance, and publications, in addition to promoting innovative program development to improve student education, campus-based media campaigns and social norms campaigns, early intervention, treatment, recovery strategies, and enforcement.

<http://www.higheredcenter.org/>

<http://www.higheredcenter.org/pubs/model.html>

2. *Office of Postsecondary Education*

This website provides information and funding opportunities, research, and proposals concerning postsecondary education and programs. These include Policy, Planning, and Innovation, the Fund for the Improvement of Postsecondary Education, Higher Education Programs, and Student and Teacher Development Services.

<http://www.ed.gov/about/offices/list/ope/index.html>

3. *Office of Safe and Drug-Free Schools*

This agency administers, coordinates, and recommends policy and program activities focusing on health, mental health, environmental health, physical education, drug and violence prevention at the state and national level, character and civic education, and policy and cross-cutting programs in elementary, secondary, and higher education.

<http://www.ed.gov/about/offices/list/osdfs/index.html>

4. *OSDFS Programs/Initiatives*

This website provides information and weblinks regarding several OSDFS programs. The most relevant are Grants to States to Improve Management of Drug and Violence Prevention Programs, State Formula Grants for SEAs, Alcohol and Other Drug Prevention Models on College Campuses, School-Based Student Drug Testing Programs, Grant Competition to Prevent High-Risk Drinking and Violent Behavior Among College Students, and character and civic education programs.

<http://www.ed.gov/about/offices/list/osdfs/programs.html#policy>

B. US Department of Health and Human Services

1. *Center for Substance Abuse Prevention: Centers for the Application of Prevention Technologies*

CSAP's Central CAPT supports the application of evidence-based substance abuse prevention programs and strategies at the regional, state, and local levels. It provides information on how to acquire technical assistance in implementing a prevention program, how to set up specific trainings, including those for faculty and peer-educators, and example curricula, videos, books, and publications.

<http://captus.samhsa.gov/central/central.cfm>

<http://captus.samhsa.gov/home.cfm>

2. *National Institutes of Health: National Institute of Drug Abuse*

NIDA's extensive website provides multimedia information to students, young adults, parents, teachers, medical and health professionals, researchers, and consumers. It covers many different types of drugs and related information, and includes fact sheets. NIDA Notes also provides materials and research by and for clinicians, researchers, administrators, policymakers, and the public. A limited number of Drug Abuse Prevention Research Dissemination and Applications materials can be purchased through SAMHSA's National Clearinghouse, but many handbooks, worksheets, resource manuals, etc. would need to be purchased from the National Technical Information Service.

<http://www.nida.nih.gov/>

http://www.nida.nih.gov/NIDA_Notes/NNIndex.html

3. *Substance Abuse and Mental Health Services Administration*

SAMHSA's comprehensive website includes many programs and campaigns, action plans, fact sheets, grant information, statistics, publications, and other resources on substances abuse problems and mental health problems. They include self-tests on alcohol abuse or drug use costs, and an extensive list of topical information. They also provide weblinks to measurement and data collection tools, which campuses can adapt as a tool for self-accountability and outcome reports in evaluating and improving their own programs. SAMHSA's National Clearinghouse for Alcohol and Drug Information includes a number of publications, guides, programming, and resources on substance abuse prevention, as well as the PREVLINe (Prevention Online) fast topical search tool.

<http://www.samhsa.gov/>

<http://www.samhsa.gov/grants/tools.aspx>

<http://ncadi.samhsa.gov/>

http://www.nationalfamilies.org/parents/pipp_booklet/bibl.html

C. National Institute on Alcohol Abuse and Alcoholism

This website provides numerous fact sheets, links to larger report documents, and links to resources on the web for students, parents, and college administrators about trends in alcohol use on college campuses. The NIAAA College Materials include several reports and papers, fact sheets and brochures, presentations, and links to several prevention programs. The link for College Presidents provides a list of college alcohol policies and evaluations, and example prevention curriculum. The NIAAA-supported Task Force on College Drinking issued a report in 2002 about the trends, prevalence, and consequences of binge drinking on campus that also includes recommendations for college policies and collaboration between campuses and researchers.

<http://www.collegedrinkingprevention.gov/>

<http://www.collegedrinkingprevention.gov/CollegePresidents/>

<http://www.collegedrinkingprevention.gov/media/TaskForceReport.pdf>

IV. Information Resources

A. Education Development Center, Inc.

1. *Health and Human Development Programs*

This website includes many links to documents describing effective prevention strategies, social marketing, how to evaluate a program's usefulness, fact sheets on evaluated programs and trends in "high risk behaviors," as well as publications on the prevalence of alcohol and drug abuse and violence, injury, and suicide connections.
http://hhd.org/abouthhd/whatwedo_topics_alcohol.asp

2. *The Center for College Health and Safety*

This online resource provides data, overviews of environmental management application, and tips on a comprehensive public health approaches to address alcohol and drug use, violence, and mental health wellness among students.
<http://www.campushealthandsafety.org/>

B. Faith and Service Technical Education Network

This website provides articles, guidelines, tips, recommended reading and resources, and checklists for a number of substance abuse prevention strategies. The FASTEN Substance Abuse Toolkit features articles, information, curriculum reviews, and resources lists on project development, implementation, and evaluation. It includes a number of prevention curricula and model programs. FASTEN recommends *A Matter of Balance: Personal Strategies for Alcohol and Other Drugs* as a comprehensive prevention/application workbook for young adults, which can be purchased from CNS Publications, Inc.

<http://www.fastennetwork.org/qryArticleDetail.asp?ArticleId=67D52FA0-48A2-49BE-9CD7-16F744B29165>

<http://fastennetwork.org/qryArticleDetail.asp?ArticleId=67D52FA0-48A2-49BE-9CD7-16F744B29165>

C. Substance Abuse Prevention and Intervention

This portion of UCLA's School Mental Health Project On-line Clearinghouse provides articles, education modules, practice notes, resource aid packets, technical assistance, and other relevant documents and resources on the Internet and in print.

http://smhp.psych.ucla.edu/qf/p3001_03.htm

D. Southern Illinois University Carbondale: CORE Research Group

This website provides survey forms for college policymakers to utilize within their communities to evaluate the prevalence of alcohol and drug abuse on campus in order to establish well-informed policies. They include long, short, community college, campus norms, faculty and staff forms, and an interactive web example form.

http://www.siu.edu/departments/coreinst/public_html/

E. Substance Abuse Treatment, Prevention, and Policy

This Open Access, peer-reviewed online journal provides a number of articles in fields aimed at reducing substance abuse including: legislation, correctional supervision, medical treatment and screening, mental health services, research, and program evaluations. Published by BioMed Central, SATPP encompasses all aspects of substance abuse research, and focuses on policy issues.

<http://www.substanceabusepolicy.com/>

F. White House Initiative on Educational Excellence for Hispanic Americans

1. *Alcohol and Drug Abuse on College Campuses*

Geared towards college students, parents, and prospective students, this website discusses the problems and concerns with alcohol and drug abuse on college campuses. It also includes information on what colleges are doing to address alcohol and drug problems, as well as examples of programs and policies that have a positive influence on campus culture. They also explain the rationale behind these simple, effective institutional tips.

<http://www.yic.gov/drugfree/alcabuse.html>

2. *Post-Secondary Education*

This website provides resources, tips, strategies, and worksheets to help students succeed in college, plan ahead, and have a satisfying college experience.

<http://www.yic.gov/postsecondary/index.html>

3. *Safe and Drug Free Schools*

This website provides information for parents, students or peers, and concerned individuals about alcohol and drug abuse as part of the. It discusses the scope of the problem, signs, causes, preventative and reactive measures, and other resources. It covers early childhood through post-secondary education, and the Violence Prevention section focuses on bullying, school safety, and gang prevention, as well as coping and prevention strategies for students and parents. The latter two topics might be applicable for college students, particularly in an urban setting, and could be revised for older students and adult advisors.

<http://www.yic.gov/drugfree/prevention.html>

<http://www.yic.gov/drugfree/index.html>

G. White House Office of National Drug Control Policy

The ONDCP provides much information on prevention, treatment, drug facts, publications, enforcement, science and technology, state and local profiles and resources, and funding resources related to drug use. It includes a number of programs, strategies, research, publications, resources, and principles on preventing drug abuse. It also provides contact information of state and metropolitan organizations working within national networks on awareness, reduction, and enforcement issues.

<http://www.whitehousedrugpolicy.gov/prevent/index.html>

<http://www.whitehousedrugpolicy.gov/statelocal/index.html>

V. Funding Sources

A. The Substance Abuse Policy Research Program

The SAPRP funds substance abuse policy research that can help reduce the harm caused by alcohol, tobacco, and drug use in the U.S. It also provides many weblinks to other resources on addiction policies and resources. Its Knowledge Assets website provides comprehensive information focused on particular substance abuse issues for policy makers, journalists, and researchers.

<http://www.saprp.org/>

<http://www.saprp.org/KnowledgeAssets/Knowledge.cfm>

B. US Department of Education

1. *Office of Postsecondary Education*

This website provides information about funding opportunities, research, and proposals concerning postsecondary education and programs. These include Policy, Planning, and Innovation, the Fund for the Improvement of Postsecondary Education, Higher Education Programs, and Student and Teacher Development Services.

<http://www.ed.gov/about/offices/list/ope/index.html>

2. *OPSE's Gaining Early Awareness and Readiness for Undergraduate Programs*

The Teacher and Student Development Programs Services initiated GEAR UP, which offers state and partnership grants. State grants are competitive six-year matching grants that must include both an early intervention component and a scholarship component. Partnership grants are competitive six-year matching grants that support early intervention programs designed to increase college attendance and success and rise the expectations of low-income students.

<http://www.ed.gov/programs/gearup/index.html>

3. *Office of Safe and Drug-Free Schools Programs/Initiatives*

This website provides information and weblinks regarding several OSDFS programs. The most relevant are Grants to States to Improve Management of Drug and Violence Prevention Programs, State Formula Grants for SEAs, Alcohol and Other Drug Prevention Models on College Campuses, School-Based Student Drug Testing Programs, Grant Competition to Prevent High-Risk Drinking and Violent Behavior Among College Students, and character and civic education programs.

<http://www.ed.gov/about/offices/list/osdfs/programs.html#policy>

C. US Department of Health and Human Services

1. *National Institute on Drug Abuse Information for Researchers*

This website provides information on funding opportunities, grants, contracts, projects, resources, research dissemination, ethics and policy, data sets for secondary analysis, and weblinks to other resources.

<http://www.nida.nih.gov/researchers.html>

2. *Substance Abuse and Mental Health Services Administration Grants*

SAMHSA offers grant opportunities for a variety of programs. The most relevant are: Campus Suicide; Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention; Campus Screening, Brief Intervention, Referral, and Treatment; State SBIRT; Medical School Residency Program SBIRT; Special Programs SBIRT; Targeted Capacity Expansion; Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services; and Substance Abuse, HIV, and Hepatitis Prevention for Minority Populations in Communities of Color.

<http://www.samhsa.gov/grants/>

<http://www.samhsa.gov/Grants/2008/fy2008opps.aspx>

D. White House Office of National Drug Control Policy

This website provides an overview of drug-related funding opportunities, training and technical assistance, equipment procurement programs, publications, and other resources from various private and public organizations.

<http://www.whitehousedrugpolicy.gov/funding/index.html>

<http://www.whitehousedrugpolicy.gov/funding/prevent.html>

<http://www.whitehousedrugpolicy.gov/funding/other.html>

VI. Handouts/Brochures

- A. Alcohol, Other Drugs, and College: A Parent's Guide
This web-based flyer describes the scope, steps, and questions parents and prospective college students concerned about alcohol and substance use on campuses.
<http://www.higheredcenter.org/pubs/parents.html>
- B. Checking out Colleges: Questions to ask School Officials about Alcohol and Other Drug Prevention
This suggests a list of questions, people, and campus communications systems as sources of information about substance abuse prevention on college campuses.
<http://www.higheredcenter.org/pubs/articles/ask-officials.html>
- C. Environmental Strategies: To Combat Underage Drinking on College Campuses and in Surrounding Communities.”
This brochure provides an outline for colleges to implement prevention programs, risk factors, and methods to utilize media on and around campus.
http://www.oasas.state.ny.us/ud/OASAS_TOOLKIT_CE/documents/envstrategies.pdf
- D. A Guide for Parents of First-Year College Students
The Virginia Department of Alcoholic Beverage Control developed a booklet to help parents talk with their college-age children about drinking. It includes information on alcohol regulations, penalties, dangers, intervention techniques related to the campus environment, as well as helpful resources.
<http://www.higheredcenter.org/parents/va-abc.pdf>
- E. The Network Standards
This handout describes the recommended guidelines for institutional membership in the Network, a national substance abuse prevention initiative aimed at institutions of higher education and their surrounding communities.
http://www.thenetwork.ws/documents/TheNetwork_Standards.pdf
- F. Smart Men: Know there's more to a party than partying
This poster provides recommendations of things men should look for and consider during a party or situation with potential alcohol use, as well as inspirational messages.
http://www.gannett.cornell.edu/downloads/AOD/Smartmen_fridgePdf.pdf
- G. Smart Men: Know to pre-game with food
This poster provides recommendations on different ways to reduce the impact of alcohol consumption and improve decision-making, as well as inspirational messages
http://www.gannett.cornell.edu/downloads/AOD/SM_CellPhone_reduced.pdf
- H. Smart Women: Know what to take to a party
This poster provides recommendations of things that a woman should bring to a party to enhance good decision making before, during, and after alcohol use.
http://www.gannett.cornell.edu/downloads/AOD/SW_Bed_reduced.pdf

- I. Smart Women: Understand gender matters when it comes to thinking
This poster provides a link to the website describing the different considerations women have when consuming alcohol, and its gender-specific impact on health, function, and safety.
<http://www.gannett.cornell.edu/downloads/AOD/Smart%20Women%2020%20pdf.pdf>
<http://www.gannett.cornell.edu/top10Topics/alcohol-tobacco-drugs/AOD/genderMatters.html>
- J. Using the Quality Improvement Process to Implement Guidelines.
This PowerPoint presentation details the process and benefits of continuous quality improvement efforts in implementing substance abuse programs.
www.oqp.med.va.gov/cpq/SUD/R/09-WillenbringImplementation.ppt

APPENDIX B - PART IV
Ideas for Distribution of Resource Materials

IDEAS FOR DISTRIBUTION OF RESOURCE MATERIALS

| <u>STUDENTS</u> | <u>VISITORS / GENERAL PUBLIC</u> |
|---------------------------------|----------------------------------|
| Registration/welcome packets | Flyers |
| Student orientation sessions | Seminars |
| Greek system | Posters |
| Welcome events | Website |
| Classroom presentations | Bookstores |
| RAs/ dorms / off-campus housing | Visitor Centers |
| Campus health services | Map areas |
| Graduate advisory sessions | |
| Campus health services | <u>FACULTY / STAFF</u> |
| Student organizations | Faculty/staff orientations |
| Theater/movie events | Web-based orientations |
| Sport events | Department meetings/bulletins |
| Health fairs; screening days | Conferences/workshops |
| Campus ministries | Unions |
| Student employment offices | EAP Programs |
| Emails | Employee benefit fairs |
| Websites | Training for key staff: |
| | - Security |
| | - Fire marshals |
| | - Coaches |
| | - Campus ministries |
| | - Campus health services |
| | - Student advisors |
| | Teaching effectiveness trainings |
| <u>FAMILY MEMBERS</u> | |
| Admission Packets | |
| Mailings to parents | |
| Parent Email Lists | |
| Alumni gatherings | |
| Crime report notices | |
| Websites | |
| | <u>ADMINISTRATORS</u> |
| | President's associations |
| | Provost/chancellor offices |

APPENDIX B - PART V
Recommended Prevention and Awareness Policies

RECOMMENDED PREVENTION AND AWARENESS POLICIES

1. Campuses could ensure, as a matter of policy, that all student and staff orientation sessions include a module on violence and mental health awareness and prevention;
2. Campus websites could, as a matter of policy, contain a link to violence and mental health awareness and prevention materials. All members of the campus community could be notified of the link on the website.
3. Campuses could, as a matter of policy, require that certain staff groups, such as campus security, health services, counselors, resident advisors, coaches, student/minority affairs staff, etc., receive training on mental health and violence prevention, warning signs, and response protocols.
4. Campuses could, as a matter of policy, include a commitment to a zero tolerance for violence of any kind and not be silent on sanctions for such behaviors.

APPENDIX B - PART VI
Threat Assessment Teams
Purpose and Policy Recommendations

THREAT ASSESSMENT TEAMS – PURPOSE AND POLICY RECOMMENDATIONS

INTRODUCTION

Fortunately much that has been written to this point provides us with great insights and direction as to how to develop and assess the different levels and scope of interventions universities and college can or should take in the understanding of Threat Assessment. Clearly, the seminal work is “*THREAT ASSESSMENT IN SCHOOLS: A GUIDE TO MANAGING THREATENING SITUATIONS AND TO CREATING SAFE SCHOOL CLIMATES*” UNITED STATES SECRET SERVICE AND UNITED STATES DEPARTMENT OF EDUCATION report of May 2002.¹

Our increased awareness of the problems of violence in our schools at every level has prompted policy makers, educators, law enforcement officials, mental health professionals, and parents to ask and expect answers to two central questions:

- "Could we have known that these attacks were being planned?" and, if so,
- "What could we have done to prevent these attacks from occurring?"

The purpose of our actions in this section of the Campus Security Task Force report is to analyze an exploration of the potential for adapting the threat assessment investigative process developed by the Secret Service for use at all local colleges and universities.

BACKGROUND

The Secret Services developed the Exceptional Case Study Project (ECSP) out of their core mission to assess threats against the President and other Secret Service protectees, and to generate a better understanding of attacks against these public officials to comprehensively advise them during investigations of threats against their protectees and the development of strategies to prevent harm to these public officials.

Several critical points of dramatic and key importance from that report are summarized here:

- Incidents of targeted violence at school are rarely sudden, impulsive acts.
- Prior to most incidents, other people knew about the attacker's idea and/or plan to attack.
- Most attackers did not threaten their targets directly prior to advancing the attack.
- There is no accurate or useful "profile" of students who engage in targeted school violence.
- Most attackers engaged in some behavior, prior to the incident, which caused concern or indicated a need for help.
- Most attackers were known to have difficulty coping with significant losses or personal failures. Many had considered or attempted suicide.
- Many attackers felt bullied, persecuted, or injured by others prior to the attack.
- Most attackers had access to and had used weapons prior to the attack.
- In many cases, other students were involved in some capacity.
- Despite prompt law enforcement responses, most shooting incidents were stopped by means other than law enforcement intervention.

These findings about the pre-attack behaviors of perpetrators of targeted violence are critical. These findings validate that a "fact-based" approach of the threat assessment process is the only evidence based manner to carry out threat assessment programs. The process relies primarily on an appraisal of actual behaviors, rather than on stated threats or traits, as the basis for determining whether there

is cause for concern. These findings are the basis for pursuing an adaptation of this threat assessment process for use by university and college administrators, their local law enforcement officials and the mental health provider at the school or in the local jurisdiction.

FOSTERING THE CAMPUS CLIMATE AND CULTURE

The school or campus culture in its entirety can be the first and most dramatic force in providing a safe, violence-free environment. Climates that champion respect, trust, openness and emotional stability enhance safety. The following summary statements are submitted for your consideration and represent a synopsis of larger more comprehensive findings.

REPORT IT: Studies are clear that most perpetrators of school shootings shared their potentially lethal plans with other students, but that students who knew of planned attacks rarely told adults. Because of this fact Schools must cultivate an atmosphere of trust and respect internally with students, faculty and staff. That culture must encourage students, faculty and staff to report any and all potential information in a systemized fashion .

LISTEN TO EVERYTHING: Since investigations are likely to find that different people in the student's life may have different pieces of the puzzle it is then the task of the Threat Assessment team to gather all potentially relevant pieces of information into a coherent inquiry.

THINK BEHAVIORS AND ACTIONS: Because studies clearly and repeatedly show that there is no accurate or useful "profile" of students who engage in targeted school violence, do not try to use, develop, or worse yet, rely on profiles. The use of profiles is not an effective approach to identify those students who may pose a risk for targeted violence. Assessments should solely focus on a student's behaviors and actual communications at this specific point in time. The application of a guided and focused inquiry is indispensable in order to accurately determine if that student appears to be planning or preparing for an attack.

ACTION AND SUPPORT: The need to quickly provide or to be able refer the student to appropriate clinical services or other supportive resources is paramount since we know that most attackers have had difficulty coping with significant losses or personal failures, and many had considered or attempted suicide.

ZERO TOLERANCE: Bullying prevention programs have been shown to have significant impact in reducing overall violence on campuses.

NO WEAPONS: Most attackers had access to and had used weapons prior to the attack. Schools should be aware of the provisions of the Federal Gun-Free Schools Act and fully enforce these.

TIME IS SHORT: Despite often superlative law enforcement responses, most attacks were stopped by means other than law enforcement intervention, i.e. suicide, and most were extraordinarily brief in duration.

PARTNERSHIPS: An "integrated systems approach" using various resources or departments from the university or college in a full partnership of trust and collaboration should guide all threat assessment inquiries and investigations.

FOCUS: The **ONLY** true concern or question in a threat assessment inquiry or investigation is whether a student poses a threat, not whether the student has made a threat. This assessment instead has to balance both the threat itself with an assessment of the person making the threat to determine the likelihood of the manifestation of the threat into reality.

After-action reports about incidents of campus violence offered specific and detailed recommendations that are abbreviated here:

- Developing redundant systems to provide instant campus-wide alerts;
- Reviewing and enhancing campus emergency plans;
- Formatting a policy requiring that all disruptive student behavior be reported to the single point of contact or threat assessment team;
- Supporting and enforcing a ban on all guns on campus;
- Increasing the training for public safety and first responder personnel plus including mental health professionals in those trainings;
- Increasing the use of background checks for all firearm sales and a concurrent restriction on the sale of firearms to persons with mental illnesses; and
- Forming a threat assessment team that can be trained to assess and then deal with disruptive student behavior in the future.

POLICY DEVELOPMENT

It is essential to remember that the purpose of a Threat Assessment team is to assemble all relevant information about the threat itself. Then the Team should determine whether the behaviors and actions of the person making the threat confirm the likelihood of the manifestation of that specific threat into the reality of an action. This entire process must be guided by completing a thorough, structured assessment. The following items are points that should be addressed in the development of the school's policy for Threat Assessment Teams.⁶ The policy should:

1. Develop and support a comprehensive open reporting mechanism, "No secrets," within the university or college. This reporting mechanism must be supported by a data collection tool that: a) allows for real time submission and acceptance of incident information as submitted by all university employees and students and b) allows the investigator to rank the reported behavior by level of severity upon initiation of any investigation or intervention. There should be a mechanism in policy that compels the Threat Assessment team to track and review daily all currently open and pending investigations for the addition of new information, the re-determination of acuity, and the development of action plans as related to updated information.
2. Address the integration of all other campus, local and regional emergency management resources such as crisis management plans, emergency response procedures, CISDT protocols, and other existing campus risk management programs.
3. Establish the composition of the Threat Assessment Team with clear identification of the membership. The team should be permanently constituted to meet on a regular basis. Recommendations for membership on this Team are: Student Affairs administrator, the

Director of the campus counseling center and a representative from campus law enforcement as permanent members. The team is charged with recommending specific action steps that would include behavioral interventions, and/or conduct or disciplinary actions and/or law enforcement interventions. You should not expect that law enforcement actions or recommendations alone will be either needed or appropriate in a majority of assessed or investigated cases. Partnerships are important on the Team and law enforcement brings great resources to the table in terms of investigational techniques and ‘other’ data retrieval sources. In addition they are often first responders to all aberrant behavior events. Keep the Team smaller than larger and accessible to each other. In addition, establish and maintain a confidential and trusting relationship.

4. Promote and focus on the intent of investigation as being the provision of referrals (with attendant follow-up for compliance) to professional interventions and support resources (including peer supports) for the particular student as early in the investigational phase as possible, and before crisis or suicidal threats.
5. Outline an expectation to deliver a professional fact-based (behavior-based) threat assessment.
6. Be able to retrieve and gain existing knowledge about students using all available campus data streams (i.e. residential hall reports, law enforcement logs, disciplinary hearing documents, conduct complaints, absenteeism reports etc).
7. Outline required training for Team members on critical intervention techniques.
8. Develop a scoring or ranking system for each separate reported threat of violence. The ranking system should include a score/rank that triages the level of student distress into a specific level of acuity, severity or criticality. This system should advise criteria or benchmarks that tell members when to move inquiries into investigations and recommendations into actions. This system should support the development of distinct recommendations or actions which are separate, unique and individualized to the corresponding levels of escalating behaviors i.e. matching interventions and/or support with each threat.
9. Establish clear protocols for faculty and staff on how to respond to students in distress in academic and residential settings; and provide comprehensive training on these protocols.
10. Document the full listing of resources available in the of community at large (city, county, state) and communicate university expectations and limitations clearly to these community agencies, legal entities and service providers.
11. Provide a comprehensive summary understanding of and expectation for full compliance with FERPA, HIPAA and state statutory requirements for counselor confidentiality.
12. Assemble the Team for an after-action analysis to review all phases of the investigated event. These reviews should be mandatory especially for those most highly ranked or scored threats of violence.

THE THREAT ASSESSMENT INVESTIGATION

The actual process of the investigation should proceed assessing each of the following critical factors as taken from Secret Service¹ recommendations:

1. What are the student’s motive(s) and goals?
 - Does the situation or circumstance that led to these statements or actions still exist?
 - Does the student have a major grievance or grudge? Against whom?
 - What efforts have been made to resolve the problem and what has been the result?

- Does the potential attacker feel that any part of the problem is resolved or see any alternatives?
2. Have there been any communications suggesting ideas or intent to attack?
 - What, if anything, has the student communicated to someone else (targets, friends, other students, teachers, family, others) or written in a diary, journal, or Web site concerning his or her ideas and/or intentions?
 - Have friends been alerted or "warned away"?
 3. Has the subject shown inappropriate interest in any of the following - school attacks or attackers; weapons (including recent acquisition of any relevant weapon); incidents of mass violence (terrorism, workplace violence, mass murderers).
 4. Has the student engaged in attack-related behaviors?
 These behaviors might include: developing an attack idea or plan; making efforts to acquire or practice with weapons; casing, or checking out, possible sites and areas for attack; rehearsing attacks or ambushes.
 5. Does the student have the ability to carry out an act of targeted violence?
 - How organized is the student's thinking and behavior?
 - Does the student have the means, e.g., access to a weapon, to carry out an attack?
 6. Is the student experiencing hopelessness, desperation, and/or despair?
 - Is there information to suggest that the student is experiencing desperation and/or despair?
 - Has the student experienced a recent failure, loss and/or loss of status?
 - Is the student known to be having difficulty coping with a stressful event?
 - Is the student now, or has the student ever been, suicidal or "accident-prone"?
 - Has the student engaged in behavior that suggests that he or she has considered ending their life?
 7. Does the student have a trusting relationship with at least one responsible adult?
 - Does the student have at least one relationship with an adult where the student feels that he or she can confide in the adult and believes that the adult will listen without judging or jumping to conclusions? (Students with trusting relationships with adults may be directed away from violence and despair and toward hope.)
 - Is the student emotionally connected to—or disconnected from—other students?
 - Has the student previously come to someone's attention or raised concern in a way that suggested he or she needs intervention or supportive services?
 8. Does the student see violence as an acceptable—or desirable—or the only—way to solve problems?
 - Does the setting around the student (friends, fellow students, parents, teachers, adults) explicitly or implicitly support or endorse violence as a way of resolving problems or disputes?
 - Has the student been "dared" by others to engage in an act of violence?
 9. Is the student's conversation and "story" consistent with his or her actions?
 - Does information from collateral interviews and from the student's own behavior confirm or dispute what the student says is going on?
 10. Are other people concerned about the student's potential for violence?
 - Are those who know the student concerned that he or she might take action based on violent ideas or plans?

- Are those who know the student concerned about a specific target?
 - Have those who know the student witnessed recent changes or escalations in mood and behavior?
11. What circumstances might affect the likelihood of an attack?
- What factors in the student's life and/or environment might increase or decrease the likelihood that the student will attempt to mount an attack at school?
 - What is the response of other persons who know about the student's ideas or plan to mount an attack? (Do those who know about the student's ideas actively discourage the student from acting violently, encourage the student to attack, deny the possibility of violence, passively collude with an attack, etc.?)
12. What are the 'protective' factors that may mitigate the risk?
- Does the student have family, friend or community support systems in place?
 - Does the student have close attachments to peers or adults?
 - Does the student have NO history of substance abuse, violence, or law enforcement activity?
 - Does the student have NO history of suicidal or homicidal threats or ideations?
 - Does the student NOT have access to weapons?

REFERENCE MATERIALS:

1. *Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates* (2002). Published by the United States Secret Service and the United States Department of Education. Retrieved on October 28, 2007 from: http://www.secretservice.gov/ntac/ssi_guide.pdf.
2. Report of the Virginia Tech Review Panel. (2007). Retrieved September 17, 2007 from: <http://www.vtreviewpanel.org/report/index.html>.
3. Hinker, L. (2007). Overview of the findings and recommendations of the April 16 tragedy internal review committees. Retrieved October 5, 2007 from: <http://www.vtnews.vt.edu/story.php?relyear=2007&itemno=459>.
4. U.S. Department of Education (2004). Retrieved October 5, 2007 from: <http://www.ope.ed.gov/security/Search.asp>
5. The Chronicle of Higher Education (2004). *Almanac*. Retrieved October 5, 2007 from: <http://chronicle.com/free/almanac/2004/nation/nation.htm>
6. Risk Mitigation through the NCHERM Behavioral Intervention and Threat Assessment Model at <http://www.ncherp.org/whitepapers.html>

Model Policy Template

I. Threat Assessment and Violence Prevention Policy

II. Policy Statement and Purpose

III. Threat Assessment Team

IV. Purpose and Procedures

V. Threat Assessment Team Members

VI. Threat Assessment Process

VII. Referral Process

VIII. Threat Assessment Content Protocol

IX. Threat Assessment Team Case Review

APPENDIX B - PART VII
Report of Survey Results from the
Early Intervention and Mental Health Services Workgroup

Report of Survey Results from the Early Intervention and Mental Health Services Workgroup

Executive Summary:

This survey (Appendix B – Part VIII) has opened a window into the mental health needs, wants, and goals of Illinois colleges and universities. In some ways, the counseling services offered at these institutions are encouragingly broad. Most offer individual mental health counseling, crisis intervention, consultation with faculty/staff, training for faculty/staff, and wellness/prevention programs. However, there are some key shortcomings. Research has shown that several key problems are growing amongst college students, including substance abuse, eating disorders, and psychopathology of such severity (e.g., Bipolar Disorder, Major Depressive Disorder, Anxiety Disorders) that medication is needed for effective treatment. Unfortunately, the services that address these problems are offered at the fewest counseling centers: 26% offer substance abuse treatment, 39% offer eating disorder treatment, and 25% offer on-site medication management. Insofar as many college counseling centers are in the business of treating students with mental health concerns, it would seem wise for more of them to offer services in these growing areas of student psychopathology. A case could be made that those students with these higher level psychiatric needs simply should seek help from providers within the community. This may be possible for schools in more urban settings, but access to services in rural communities is limited and in many cases, regardless of setting, students are reluctant to seek services off campus. This is especially true if they need to pay out of pocket for services. Currently, 90% of the institutions that offer counseling services provide this help at no cost. A review of the findings of this report will show that a majority of the institutions (82%) with counseling services maintain and prefer a model of providing help for students on campus. The reader is directed to Section 5 for comments on the pros and cons of contracting out for mental health services.

This survey produced insight into the diverse wants and needs of Illinois colleges and universities along with some helpful recommendations. Half of the 40 respondents (N=20 or 50%) from schools without counseling services indicated it was a low priority to add a mental health counselor position at their institution. The reasons for this are unclear but may be related to the size or mission of the institution. Regardless, these schools would greatly benefit from identifying a person or office on their campus that could provide mental health counseling referrals for students and employees alike. Only half of the 40 institutions (N=20 or 50%) without mental health counseling services offer training to their faculty and staff on how to identify and refer a distressed individual, whereas 85% of the schools with counseling services offer training to some, most, or all of their faculty and staff. The issue of staff training, for the identification and referral of people in need of assistance at all Illinois colleges and universities needs to be explored further.

For institutions with counseling services available, it seems clear that the majority (64%) of the respondents, who were predominantly directors of counseling or health centers, would benefit from receiving training in the process of involuntary hospitalizations. These professionals recognize the value of improving collaboration with campus security. Two-thirds (63%) do not participate in collaborative training with first responders. However, the interest in doing so (92% of the 45 that answered the question) is quite high.

One final point worth mentioning is that overall in Illinois, we do a good job of providing counseling services or referral information to our students, but there are barriers to overcome. We must also examine the barriers (cost of mental health care, availability of services, quality of care) our employees and citizens face when trying to access mental health counseling services.

The ultimate hope of this survey is to bring about dialogue throughout Illinois colleges and universities about the mental health needs of students, faculty and staff. Collaboration is the key; whether it is between campus and community mental health providers, administrators and employees, faculty and students, community colleges and universities, or mental health professionals and law enforcement personnel/first responders. We share common concerns and want to prevent tragic incidents from happening on our campuses. Let's keep the lines of communication open to bring about improvements in our systems, allowing us to foster the growth and development of our most precious resource, our students.

Report:

One of the questions posed by the Campus Security Task Force (CSTF) was, "Do college students in Illinois have access to mental health services on or off campus?" A follow up question pertained to discovering where there may be gaps in services. To answer these questions, the CSTF *Awareness, Prevention and Mental Health Issues Subcommittee* broke into working groups and the *Early Intervention and Mental Health Services* work group was charged with the task of surveying all institutions of higher education in Illinois to identify needs and gaps in mental health services.

After a review of various survey instruments, a survey was designed, approved in October of 2007, and submitted to the Illinois Board of Higher Education for the creation of a web-based version (see Appendix B – Part VIII Mental Health Survey). The web-based survey was completed and tested in December of 2007. On January 4, 2008, a letter with survey instructions was mailed to the presidents of the 183 colleges and universities in Illinois requesting that they identify the person at their institution who was most informed about mental health issues and who could complete the survey. Assurances were made to the participants that their responses would be confidential with results only being reported in aggregate form.

A follow-up reminder letter was sent on January 17, 2008, in order to increase the sample size. Of the 183 institutions contacted, a total of 112 completed the survey yielding an excellent response rate of 61.2%.

Of the 112 institutions surveyed, a total of 72 colleges and university (64%) reported they had mental health counseling services on their campus. The individuals who completed the survey identified themselves as primarily directors of counseling services or directors of health services. The surveys that were received from the remaining 40 colleges and universities (36%) and that did not have mental health counseling services were completed by top-level administrators (e.g. Vice Presidents, Deans, etc.).

The following report is divided into seven sections. Section 1 includes results from questions posed to all 112 college/universities. Section 2 includes results from questions posed to the 40 Illinois colleges/universities that do not offer mental health counseling services. Section 3 outlines results from questions posed to the 72 Illinois colleges/universities that do offer mental health counseling services. It should be noted that only select survey questions were included in this report; therefore the questions below are not in numerical order. Narrative comments in response to questions are included as Sections 4-7.

Individuals interested in examining the raw data should contact Jim DiTulio, chair of the *Early Intervention and Mental Health Services* work group.

Section 1

Results from questions posed to all 112 colleges/universities

Institutional information:

Public or Private: Of the 112 institutions surveyed, 51 (46 %), are public and 61 (54%) are private.

Rural or Urban: Of the 112 institutions surveyed, 32 (29%) are rural, 70 (63%) are in urban settings while 10 (9%) chose not to answer.

Enrollment: Our survey had good representation from schools of various sizes, with the largest group (39%) consisting of schools with enrollments of 1,001 – 5,000.

| Enrollment | Frequency | Percent |
|-------------|-----------|---------|
| Below 1000 | 29 | 25.89 |
| 1001-5000 | 43 | 38.39 |
| 5001-10000 | 14 | 12.50 |
| 10001-15000 | 14 | 12.50 |
| Over 15001 | 12 | 10.71 |
| Total | 112 | 100.00 |

Availability of mental health services in the community:

Question #1. *Do you have mental health counseling services available to students or employees in your community? If yes are the services minimal, moderate, or extensive?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 104 | 92.86 |
| No | 8 | 7.14 |
| Total | 112 | 100.00 |

| | | |
|-----------|-----|--------|
| Minimal | 22 | 19.64 |
| Moderate | 28 | 25.00 |
| Extensive | 54 | 48.21 |
| DNR | 8 | 7.14 |
| Total | 112 | 100.00 |

Findings: The majority (93%) of respondents indicated mental health counseling services are available to students or employees in the community; however 20% rated these services as minimal.

Recommendations: Improve the level of mental health services offered in the community. One way to do this is to increase funding to support and improve existing resources. Another suggestion is to expand the radius of “community” here by establishing connections and helping to improve transportation to more distant communities that may have greater service availability. A third is to implement technology, such as video conferencing, to allow people in remote locations access to specialized treatment providers.

Section 2

Results from the 40 Illinois colleges/universities that do not offer mental health counseling services

It should be noted that while almost half of the 40 institutions without mental health counseling service on campus (19 or 47.5%) are small schools of less than 1,000 students, 14 of these (35%) have enrollments of 1,000-5,000, 5 of these (12.5%) are from schools with enrollments of 5,000-10,000 and 2 of these schools (5%) have enrolments of between 10,000-15,000. All of these colleges and universities were asked to answer a unique set of survey questions. Some of these questions, along with the data and recommendations are as follows:

Question #1. *Do you believe there is a need for a mental health counselor position on your campus?*

| | Frequency | Percent |
|--------------------|-----------|---------|
| Low priority | 20 | 50 |
| Moderate Priority | 15 | 37.5 |
| High Priority | 3 | 7.5 |
| Very High Priority | 2 | 5.0 |
| Total | 40 | 100 |

Findings: Half of the 40 respondents (N=20 or 50%) indicated it was a low priority to add a mental health counselor position at their institution while 13% (N=5) indicated it was a high or very high priority.

Recommendations: It is unclear from this question why half of the respondents from schools without counseling services indicated adding a counselor position was a low priority. This may have to do with the structure, function, and mission of smaller sized colleges and universities. For the 13% of schools that do see this as a priority, the individual institutions should work with their partners to collaborate to do whatever is needed to achieve this objective. These schools are presumably at zero counselors right now, and the step up to having at least one counselor could be tremendously beneficial for them.

Question #2. *If a student or employee is in need of mental health counseling services, is there an office/person responsible for providing referral information?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 33 | 82.5 |
| No | 7 | 17.5 |
| Total | 40 | 100 |

Findings: The majority of the 40 respondents (N=33 or 83%) have an office/person responsible for providing referral information while 7 institutions (18%) do not.

Recommendations: Every college and university in Illinois is encouraged to identify an office or person responsible for providing mental health counseling referral information for students as well as employees. This will improve the likelihood that a person in need of mental health services will locate appropriate assistance. This referral information needs to be widely disseminated to staff/faculty/students at regular intervals (perhaps via email) to maximize usefulness of this person/office.

Question #3. *Does that individual or office have emergency procedures in place for handling an individual in crisis, including individuals who are a danger to themselves or others?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 26 | 65 |
| No | 14 | 35 |
| Total | 40 | 100 |

Findings: Of the 40 schools that do not have mental health counseling services, just under two-thirds (26 or 65%) have emergency procedures in place for the office or person responsible for providing mental health referral information. The remaining numbers of schools (14 or 35%) do not have such procedures in place.

Recommendations: Establish emergency procedures at every college/university in Illinois for the office/person on campus responsible for providing mental health referral information. It is reasonable to assume that a student or employee with a personal or mental health crisis would contact such an office and be in need of immediate assistance. Many institutions in Illinois do have such procedures in place, and it may be useful for those without them to survey those procedures from similarly sized schools in forming their own.

Note: the remaining three questions in this section were also posed to the respondents in section 3 (see Section 3)

Question #5. *Do faculty and staff receive training on how to identify and refer a student or employee in need of mental health services?*

| | Frequency | Percent |
|--------------|-----------|---------|
| No | 20 | 50 |
| Yes, some do | 19 | 47.5 |
| Yes, most do | 0 | 0 |
| Yes, all do | 1 | 2.5 |
| Total | 40 | 100 |

Findings: Half of the 40 institutions (N=20 or 50%) without mental health counseling services on campus do not provide training to faculty and staff on how to identify and refer a student or employee in need of mental health counseling services. The remaining institutions (N=19 or 48%) provide “some” training and one offers training to all faculty and staff.

Recommendations: Faculty and staff (broadly defined as any employee not teaching) have daily interactions with students and employees and are likely to become aware of an individual in need of mental health counseling assistance. However, most lack training in the identification and referral of individuals in need of help. It is recommended that all Illinois colleges and universities initiate such training programs for all employees. Ideally, this training would be conducted by a mental health professional and could include other service providers, for example, law enforcement personnel could teach how to handle aggression and hostility.

Question #6. *Do employees at your institution have access to mental health services such as through an employee assistance program?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 25 | 62.5 |
| No | 15 | 37.5 |
| Total | 40 | 100 |

Findings: Thirty eight percent (N=15) of the 40 institutions without mental health counseling services on campus do not have mental health services available to their employees.

Recommendations: At a minimum, employees should be provided referral information of community resources; ideally, Employee Assistance Programs should be available at every college and university in Illinois.

Question #7. *One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.*

Findings: There were 26 comments in reply to Question 7. Some of the comments did not fit into any general category and consisted of one or two comments on one topic. However, there were comments that fit into two categories: twelve community colleges mentioned limited resources to meet the mental health needs of their students; and there were seven comments on the need for more training, two mentioned their concerns of liability as it relates to mental health services and FERPA, and another specifically mentioned the need for the state to provide training. (See appendix D for written comments to question #7)

Section 3

Results from the 72 Illinois colleges/universities that do offer mental health counseling services:

Availability of mental health services on campus:

Question#1. *Please rate your mental health counseling services on campus as minimal, moderate, or extensive.*

| | | |
|-----------|----|--------|
| Minimal | 21 | 29.16 |
| Moderate | 41 | 56.94 |
| Extensive | 10 | 13.88 |
| Total | 72 | 100.00 |

Findings: Forty-one of the 72 respondents (57%) rated their services as moderate, 29% rated their services as minimal, and 14% felt they had extensive services.

Recommendations: Almost 30% of our sample rated their college counseling services as “minimal”. Illinois should take steps to improve the level of mental health services at many of our institutions of higher education.

Client Intake:

Question #1. *When clients initially contact the [counseling] center (whether by phone or in person) is immediate triage available?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 63 | 87.50 |
| No | 9 | 12.50 |
| Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (N=63 or 88%) are able to see students immediately to determine client need. The number of centers that do not offer immediate triage is relatively small (N=9 or 13%) with a wait of no more than 3 days.

Recommendations: All college and university counseling centers should make arrangements for students in crisis to be seen as soon as possible in order to determine level of care needed, and specifically to assess for danger to self or others. If a waiting list must be used, students should first be assessed for level of need before they are placed on a waiting list.

Question #3. *Do you have a waiting list?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 13 | 18.06 |
| No | 59 | 81.94 |
| Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (82%) do not have a waiting list but of the ones that do (N=13 or 18%) the wait varies from three days to 3 weeks.

Recommendations: The use of a waiting list creates an unnecessary barrier to accessing mental health services. We recommend that every effort be made to avoid the use of waiting lists. Increased financial support for additional mental health counselor positions is one suggestion. The International Association of Counseling Services (IACS) recommends a ratio of one full time counselor per every 1,000-1,500 students. Another suggestion is to make modifications in staffing patterns to cover peak periods of demand for services.

Question #5. *Does your institution have a formal mechanism for new students to indicate their need for psychiatric medication and/or mental health counseling services (e.g. via mental health questions on pre-registration medical history forms)?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 27 | 37.50 |
| No | 45 | 62.50 |
| Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (N= 45 or 63%) do not have a formal mechanism in place.

Recommendations: Establish a formal mechanism for new students to indicate their need for psychiatric medication and/or mental health counseling services. This could be implemented through the medical history forms that many institutions require; part of the procedure for students in need should include informing them of services available to them on and off campus.

Treatment and Services Offered:

Question #5. *Does your institution have the following treatment teams in place?*

| Crisis Response team | | | Threat Assessment Team | | | Emergency Review Team | | |
|----------------------|-----------|---------|------------------------|-----------|---------|-----------------------|-----------|---------|
| | Frequency | Percent | | Frequency | Percent | | Frequency | Percent |
| Yes | 59 | 81.94 | Yes | 39 | 54.17 | Yes | 39 | 54.17 |
| No | 13 | 18.06 | No | 33 | 45.83 | No | 33 | 45.83 |
| Total | 72 | 100.00 | Total | 72 | 100.00 | Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (N=59 or 82%) have a Crisis Response Team that will respond to traumatic events, but a smaller number have a Threat Assessment Team (N=39 or 54%) and an Emergency Review Team (N=39 or 54%). The Threat Assessment Team consists of professionals charged with determining actions to be taken with individuals who may be a danger to self or others. The Emergency Review Team consists of professionals that meet on a regular basis to discuss students of concern (broadly defined). Their responsibilities would be to make sure follow-up services are provided, and students do not "fall through the cracks." The latter group has a prevention focus.

Recommendations: Every college and university in Illinois should explore the need, if any, for all three of these teams and identify key people to serve on them. These teams may not be appropriate or possible for some institutions, but it will be worth the time to explore the matter.

Financing of Services:

Question #1. *Does your counseling center charge a fee for personal counseling?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 7 | 9.72 |
| No | 65 | 90.28 |
| Total | 72 | 100.00 |

Findings: The vast majority of the 72 colleges and universities surveyed (N=65 or 90%) do not charge a fee for personal counseling services while a small number (N=7 or 10%) do.

Recommendations: The majority of colleges and universities in Illinois are to be commended for recognizing the value of offering free personal/mental health counseling services to their students. These schools provide access to care for all students, not just the ones with financial resources. The institutions that do charge for services are encouraged to review the pros and cons of this practice.

Question #2. *Is student insurance required at your campus?*

| | | |
|-------|----|--------|
| Yes | 26 | 36.11 |
| No | 46 | 63.89 |
| Total | 72 | 100.00 |

Findings: Just less than two-thirds of the 72 colleges and universities surveyed (N=46 or 64%) do not require students to have insurance, whereas 26 (36%) do.

Recommendations: None. Requiring students to have insurance is one way to ensure students have access to care but this policy decision should be up to each institution to decide.

Question #5. *Are you aware of the Patient Assistance Program?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 38 | 52.78 |
| No | 34 | 47.22 |
| Total | 72 | 100.00 |

Findings: A little less than half of the 72 colleges and universities surveyed (N=47%) were unaware of the existence of the Patient Assistance Program.

Recommendations: Several participants commented they were unaware of the Patient Assistance Program until the survey called this to their attention. The program, sponsored by pharmaceutical companies, allows students, with limited financial means, access to psychotropic medications for free or at a reduced cost.

Mental Health Services Staffing:

Question #2. *Does your center have formal or informal agreements with mental health clinics (MH), substance abuse providers (SA) or private practitioners (PP)?*

| | MH | SA | PP |
|---------------------------|----|----|----|
| Formal agreements with: | 6 | 3 | 2 |
| Informal agreements with: | 38 | 36 | 32 |

Findings: A small number of institutions have formal agreements with mental health providers (N=6 or 8%), substance abuse providers (N=3 or 4%) and private practitioners (N=2 or 3%). Approximately half have informal agreements with mental health providers (N=38 or 53%), substance abuse providers (N=36 or 50%) and private practitioners (N=32 or 44%).

Recommendations: Agreements, whether formal or informal, help assure continuity of care between university counseling services and community providers and should be encouraged.

Question # 3. *Do you subcontract out any counseling services?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 12 | 16.67 |
| No | 59 | 81.94 |
| DNR | 1 | 1.39 |
| Total | 72 | 100.00 |

Findings: A small percentage of centers (N=12 or 17%) subcontract out counseling services while the majority (N=59 or 82%) do not.

Recommendations: None. The reasons for and against this practice are available in written responses (see written questions 3a, 4a, and 4b in appendix E) with the vast majority of respondents opposed to the practice.

Psychiatric Services:

Question #1. *Please estimate the percentage of your center's clients taking psychotropic medications.*

| Estimated % of clients taking meds. | Frequency | Percent |
|-------------------------------------|-----------|---------|
| 0 | 9 | 12.50 |
| 1 | 1 | 1.39 |
| 2 | 2 | 2.78 |
| 5 | 6 | 8.33 |
| 10 | 7 | 9.72 |
| 12 | 1 | 1.39 |
| 13 | 1 | 1.39 |
| 15 | 4 | 5.56 |
| 20 | 10 | 13.89 |
| 24 | 1 | 1.39 |
| 25 | 8 | 11.11 |
| 28 | 1 | 1.39 |
| 30 | 4 | 5.56 |
| 35 | 8 | 11.11 |
| 40 | 2 | 2.78 |
| 49 | 1 | 1.39 |
| 50 | 3 | 4.17 |
| 70 | 1 | 1.39 |
| 75 | 2 | 2.78 |
| Total | 72 | 100.00 |
| | | |

Findings: There was a large variation in the response of this question, from 9 individuals who said none of their clients are taking medication to 2 who said 75% of their clients are taking psychotropic medications.

Recommendations: None. It should be noted that even though no recommendations are made based on these data, the use of psychotropic medications play an important role in improving the lives of students and in treating mental illness; therefore, every effort should be made to have this service readily available.

Hospitalizations: Voluntary and Involuntary:

Question #1. *Would your on-campus mental health and health providers benefit from information and training on involuntary hospitalizations, specifically the process of completing Petitions for Involuntary/Judicial Admissions and Certificates?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 46 | 63.89 |
| No | 26 | 36.11 |
| Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (N=46 or 64%) answered that they would benefit from training on the process of completing Petitions for Involuntary Judicial Admissions and Certificates.

Recommendations: Appropriate University and College personnel should participate in training programs on involuntary hospitalizations. The training should include how to complete Petitions for Involuntary/Judicial Admissions and Certificates, and they should attend on-going updates on changes in regulations. The Illinois Department of Human Services, Division of Mental Health (DMH) offers these programs on an annual basis. Universities and Colleges should contact DMH for information when these programs are offered.

Relationship with Campus Security:

Question #1. *Does your primary mental health care provider, either on-campus or in your community, work closely with first responders (Campus Police/ Security/ Public Safety/ Local Law Enforcement, EMS)?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 64 | 88.89 |
| No | 8 | 11.11 |
| Total | 72 | 100.00 |

Findings: The majority of the 72 colleges and universities surveyed (N=64 or 89%) have a close working relationship with first responders where as a small number (N=8 or 11%) do not.

Recommendations: Campus mental health providers that do not have a good working relationship with their first responders should open up a dialogue with these professionals to improve collaboration of services. One step toward this goal would be to have representatives from these various professions participate in joint training programs.

Question #4. *Does your center participate in collaborative training with first responders and mental health providers?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 26 | 36.11 |
| No | 45 | 62.50 |
| DNR | 1 | 1.39 |
| Total | 72 | 100.00 |

Findings: Just less than two-thirds of the 72 colleges and universities surveyed (N=45 or 63%) do not participate in collaborative training with first responders. However, the interest in doing so (92% of the 45 that answered the question) is quite high as evident in the chart below.

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 41 | 91.11 |
| No | 4 | 8.89 |
| Total | 45 | 100.00 |

Recommendations: Establish statewide training programs for first responders. First responders, as referred to in this survey, include mental health providers, campus police/security/public safety/local law enforcement, and emergency medical care providers. Not only will these various professionals benefit from the content of the training, but they can also benefit from the improved relationships and team building that can occur. Working in collaboration is better than working in isolation.

Question 5. *Please provide comments, questions, or concerns on public safety and its relationship to mental health services*

Findings: See written responses to these questions in appendix F, Comments On Public Safety.

Faculty and Staff:

Note: These last two questions were also asked of the 40 Illinois colleges/universities that do not offer mental health counseling services. Below are the results of the 72 institutions that do offer mental health counseling services.

Question #1. *Do faculty and staff receive training on how to identify and refer a student or employee in need of mental health services?*

| | Frequency | Percent |
|-----------|-----------|---------|
| No | 11 | 15.28 |
| Yes, some | 45 | 62.50 |
| Yes, most | 15 | 20.83 |
| Yes, all | 1 | 1.39 |
| Total | 72 | 100.00 |

Findings: A small percent (15% or N=11) of the 72 institutions that offer counseling services do not provide training to faculty and staff. A majority of institutions provide training for some, most, or all of their employees (N=61 or 85 %). Half of the 40 institutions (N=20 or 50%) without mental health counseling services on campus do not provide training to faculty and staff on how to identify and refer a student or employee in need of mental health counseling services.

Recommendations: Faculty and staff (broadly defined as any employee not teaching) have daily interactions with students and employees and are likely to become aware of an individual in need of mental health counseling assistance. However, some are lacking training in the identification and referral of individuals in need of help. It is recommended that all Illinois colleges and universities initiate such training programs for all employees. Ideally, this training would be conducted by a mental health professional and could be combined with a section on how to handle an aggressive or hostile person taught by a law enforcement officer.

Question #2. *Do employees at your institution have access to mental health services such as through an employee assistance program?*

| | Frequency | Percent |
|-------|-----------|---------|
| Yes | 61 | 84.72 |
| No | 11 | 15.28 |
| Total | 72 | 100.00 |

Findings: Approximately 15% of the 72 institutions with mental health counseling services for students do not have mental health counseling services available to their employees. Whereas, 38%

of the 40 institutions without mental health counseling services for students do not have mental health services available to their employees.

Recommendations: At a minimum, employees should be provided referral information of community resources; ideally, Employee Assistance Programs should be available at every college and university in Illinois.

Conclusion:

Question #1. One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.

Findings: For a complete list of comments to this question, please see appendix G.

There were 50 comments from the 72 colleges/universities that have mental health counseling services available to students. While some colleges did not have any comments, others had multiple comments.

There were 14 comments on the need for more funding; 7 wanted more resources; 6 comments on the increasing severity of cases; 5 on the lack of adequate insurance for students. There were comments on the lack of understanding of counselors' roles on the part of administrators and others; and the need for networking, psychiatric services, and training.

Section 4

General Comments from the 40 colleges/universities without mental health counseling services

Note: Information identifying an individual or institution has been removed from this document in order to maintain participant's anonymity.

Question 7. *One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.*

- Given the wide variety of students at the community college there is a huge need for counseling services to be provided.
- We are a small commuter campus where students spend 12-16 hours a week in class. When a student approaches us for help we refer them to agencies in the XXXX area.
- For our type of school I believe we have good coverage for students and our staff and faculty.
- Our institution is coordinating training with an external agency to provide training for all employees, specifically front desk employees, to identify and refer students to our Counseling Office or the external agency.
- The Student Assistance Program established for our students is not located on campus - as such, students have to physically leave campus to make an appointment with a counselor. Additionally, no professionals are on campus to address immediate concerns of students. Staffs have been trained to address issues as they arise; however a professional counselor is not physically on-campus. Confidentiality is also an issue - some faculty and staffs are concerned about FERPA rules applying to students and who they can talk to to help the student. The next step for our campus will be to bring an individual on campus that can provide a physical presence for immediate accessibility for our students.
- Anecdotally, faculty and counselors at our institution report an increase in college students needing (not necessarily desiring) mental health counseling. It appears there are a growing number of students with either undiagnosed or untreated mental illnesses attending community colleges. With the assistance of a "true" mental health counselor on staff, we could propose better action and/or follow up with students displaying behaviors consistent with mental illness.
- The size of most community colleges makes it unlikely the institutions can afford to have mental health services in place for students and employees. Perhaps there could be some investigation into the potential partnership between either various community colleges in a particular region or between community colleges and universities they normally feed.
- The rural nature of our institution, being a commuter campus, and having no full-time security personnel and being outside the city limits create some difficulty in managing emergency situations.
- See question 4 above. I do not know how long a person not in need of immediate assistance would wait for an initial appointment, an issue because it highlights a gap in communications between providers and the college.

- We are in the process of determining if it is feasible to hire, contract, or coordinate efforts with another agency. EAP applies to students as well as employees, so we have reliable assistance until we find something that can help on our campus.
- Our campus will work on developing and implementing a training to recognize the signs of a mental health issue and what actions to take in a crisis.
- It would be beneficial for the local community to have an in-patient, intensive out-patient, and partial hospitalization psychiatric services.
- It would be nice to hear from state officials on available training opportunities.
- We are a community college so while we provide some assistance on campus what we do is primarily referrals. However, I am seeing a growing number of students on campus who could benefit from services that do not seem to seek them from the community that I think would seek them from us.
- Our students attend part-time. They are required to have full time jobs that most likely offer healthcare with mental health services
- It is very important for colleges and universities to provide services health care services to students that should include mental health. Many larger institutions have counseling centers, but with a lack of funding and resources many community colleges are limited in what can be provided. At our community college, 10% of the accommodations requested are due to a psychiatric disability. This is based on the number of individuals who choose to self identify.
- We realize our deficiency in this area after doing this survey; never giving it a conscious thought since an occurrence has happened. We solicit any available assistance in becoming more effective, and will begin to address this important need for our institution.
- If funding became available, a certified mental health counselor could be utilized district-wide.
- Because we do not have a Mental Health Provider on campus, the availability for an appointment is dependent on which facility the student chooses to access.
- We need to facilitate more training with staff/faculty regarding mental health issues. Our College has established linkage relationships with Community Counseling Centers of Chicago and Metropolitan Battered Women's Network to help our student population learn to identify external stressors that may affect their well-being. Both agencies currently provide trainings to our staff and students to become certified counselors, particularly in the field of domestic violence and sexual assault. One of the major problems we have is allocating funding to create a counseling center in campus. There are State requirements to obtain licenses and certifications; our college currently does not have the availability to get them.
- In schools the size of mine with limited staff and no real MH expertise the only resources we have are in the community. It would be helpful to have ready made, easy to use reference material that we can use as opposed to trying to build our own which is probably incomplete, outdated and full of all sorts of gaps. Better yet having it on line where it could be accessed immediately and always current would be a great help. Also training, I sure that we as an institution would have a very difficult recognizing the hidden signs of mental illness, so training would be invaluable.
- XX College is a small, non-profit, private college. Current enrollment is about 60 students. We are not in a position to offer counseling on health matters, but our Dir. of

Academic Advising would try to help the student and her family find a doctor or community resource.

- Having mental health services available on a community college campus would provide great assistance for our students. It would be especially helpful for assessing students who self-identify that they are in crisis or who are referred to us with concerns from faculty. I think it would be preferable to provide such a service on campus through contractual agreements with local agencies rather than the institution employing its own mental health counselors.
- Our career college provides referral services and information for students in need of mental health counseling. The community has a great deal of available resources for these students. This has proven adequate for our small, 100% commuter college.
- With the addition of five educational centers we need to extend the same services to these new areas as well.
- Our College has questions about liability issues and FERPA interpretations. As a small, rural institution there are resource concerns related to both personnel and/or funding to secure community mental health assessment services for students.

Section 5

Sub contracting mental health counseling services

Note: Information identifying an individual or institution has been removed from this document in order to maintain participant's anonymity.

Question 3 *Do you subcontract out any counseling center services?*

Question 3A *If yes, which services are subcontracted?*

- All of our services are contracted out through Student Resource Services.
- Domestic Violence, Sexual Assault, and Stalking
- Therapy, Substance abuse assessment and counseling, Psychological evaluations, and therapy, Psychiatric evaluations and Med checks
- Local community mental health service provides assessment in the emergency room and does all screenings for involuntary hospitalizations. Local hotline serves as “dispatch” to reach counselor on call.
- EAP services for employees only
- Student assistance services
- We contract out for evaluations to assess learning disabilities and cognitive/emotional functioning.
- Supervision of a counselor to obtain LPC and LCPC.
- Note for Question 1: This staffing pattern includes Counseling Center, Wellness Center and psychiatric clinic. All three units are separate but in the same building and work closely together in providing mental health and substance abuse treatment to our students.
- Psychiatric services are delivered by a consulting psychiatrist who obtains an annual contract.
- Only psychiatric services through our health center.
- Smoking Cessation
- Overnight consultation and intervention

Question 4. *Has your college/university considered subcontracting or formalizing a contractual relationship with any outside (non-university) provider for any or all of counseling center services?*

Question 4A *. If yes, what was your decision and rationale?*

- The organization that we have contracted out with provides the students with greater resources than we as an institution could provide.
- Yes, we have a strong mental health team and the need is great in our region.
- Received grant funds to contract with and outside provider for needed services
- Yes, we have an informal agreement with a local Psychiatrist
- See above Rationale, there is only one counselor on campus and we can get varied services with our contract
- Considered contracting out more extensive after hours crisis intervention, but decided not to because the value added by having university-based providers was too important to our community. Our staffs have the unique blended expertise of understanding college student development and the college environment and mental health expertise. Also, our crisis intervention work dovetails with our involvement as consultants to the residence halls and to the Student Behavioral Intervention Team, allowing seamless involvement in addressing needs of students of concern.

- Yes, for employees
- We needed a resource to refer students to for instances when our Counselors felt the student needed additional services that the Counselor was not able to provide.
- In the past there has been discussion about having a Psychiatrist subcontracted for student medication management, but no action was formally taken.
- XXXX is exploring a myriad of ways to expand Counseling Services.
- Not other than psychiatric.
- Currently one of our licensed clinical psychologists is on contract with the College. The rationale was that the College could not afford to hire her on permanently, so would retain her on an annual contract basis.
- They have the credentials to supervise interns (non licensed practitioners) also it is more cost effective given the size of our institution.
- I am a new director and am considering contractual relationships to increase the range of services available especially for substance abuse.
- Provides additional support when agency is not “open for business”
- Under consideration.

Question 4B. *If no, what was your rationale for not considering subcontracting?*

- We hire what we need on campus
- A need is not perceived to exist at this time.
- No, low level of need and absence of funding
- Our students operate through our affiliate's system. That institution would make these decisions.
- Huge advantage to having mental health professionals integrated into student affairs and the school more generally
- Able to adequately address the issues and needs
- Committed to providing services on campus.
- We are satisfied with the present service plan
- Not needed at this time.
- At this time, needs appear to be adequately met through on campus services and referrals to community mental health centers and private practitioners.
- The present employed professionals have been sufficient until now.
- Quality control
- On campus services are available and off campus providers are available.
- Not needed at this point. We are able to accommodate our numbers without subcontracting and there are enough available resources off campus to take care of our current student needs.
- Keeping services in house allows us to better monitor services and link mental health services to other activities on campus. Therefore, developing a clinical training program which utilizes psychology trainees (externs, interns and postdocs) seemed a more cost-effective way of increasing capacity, better integrating mental health with other campus-based support services, and keeping close tabs on the level of mental health services offered.
- At this time, the local community has good resources for mental health, psychiatric, and drug & alcohol assessment and counseling. College counselors have good contacts with local professional providers and we have not had need to subcontract for use of these services.

- We are currently in discussion for this consideration; however, no formal decisions have been made.
- We are a public, urban institution that is designed to provide a quality education, at an affordable cost to those individuals in our school district. We are not a mental health facility.
- See above.
- Lack of need at the present time
- We feel it's better to bring services on-site and would like to contract with a psychiatrist on site.
- We provide services at the College and we are commuter institution. Students get these resources in their community.
- The community has exceedingly minimal counseling services. The Counseling Center is known to have the most extensive counseling services in the area.
- We have not considered the pros and cons of subcontracting. Currently, we are able to meet students' needs for individual counseling with a minimum to no waiting list.
- Has not been a necessity at this time
- We are an academic institution (community college).
- Being a non-residential Community College, we have not had the level of need to warrant such a contract.
- We are not in a financial position to consider subcontracting at this time.
- We are in the process of hiring a full time clinical psychologist and can meet the needs of most of the student body here at Health Services.
- No. We are in a rural area with few mental health resources. Therefore it is important to offer needed services to our students within the University. Additionally the CC staffs are able to be better advocates for students than community mental health providers. We are more effective in negotiating the University environment.
- We haven't had a large enough number of incidents to formalize a contract.
- At this time we are too small of a campus to consider subcontracting for outside professionals.
- Goal is to obtain funding to pay for substance abuse certification or hire professional with that credential. Currently, still referring to outside agencies of which there are many.
- Intensive psychotherapeutic counseling is not expressed nor perceived as an unmet need within our small student body.
- Funding
- These services are available in Chicago.
- I am not involved in these decisions.
- First, we have limited resources in our rural community. Our community mental health center struggles to keep up with the demands just from the general community. College counseling is a specialty area and the college counselor/mental health professional is intimately involved with the university. A contracted mental health provider could provide therapeutic services but they would not be aware of the people, programs, services, opportunities, and overall mission of the university. More than half of our clients are dealing with normal developmental concerns. Community mental health providers do not have the time for these “minor” problems, they cannot bill insurance for V codes, and if students had to pay for this help out of pocket they would not do it. We contribute to our students' education, growth, and development and justly so are valued by our institutions. Support the profession of college counseling with appropriate funding rather than increasing demand on community providers who are already overwhelmed.
- Our current model fits our needs.

- We have not seen the need.
- No available funds.
- Not at this time
- We are able to handle our current needs and felt we could provide better services for our students if it remained “in house.”
- University students receive superior service from University staff professional practitioners.
- Not necessary.
- We would have to see a particular benefit / need to see how that would work and it's benefit
- There is a fairly wide network of social services available in the Chicago community.
- We believe our students benefit more from a consistent counseling staff who are dedicated to provide services specific to the campus population and are experienced in the issues facing all college students. Research within our community has shown us that an in-house counseling staff is less costly and more efficient. We are also able to work collaboratively with faculty and staff, especially within the student affairs division to recognize and treat problems more quickly and effectively. This helps with retention of our students. Our clients foster relationships with the staff and are more likely to follow through with treatment recommendations.
- Students best served by clinicians who are university employees.
- We do a very good job of providing counseling services on campus and feel that subcontracting would reduce the quality of services available to our students.
- Budgetary constraints
- “Don't believe it would be any more cost efficient, nor offer the students better services. We utilize a broad range of referral sources and are not bound to one facility.”
- We haven't had a need to procure sub-contracting services.
- Budget and available public and private community services.
- Services available within the overall university and its medical system are rather comprehensive; includes counseling center, psychology department outpatient clinic, and university medical center and its clinics (which includes inpatient and outpatient psychiatric services).
- No need

Section 6 Relationship with Campus Security

Note: Information identifying an individual or institution has been removed from this document in order to maintain participant's anonymity.

Question 5. *Please provide questions, comments, or concerns on public safety and its relationship to mental health services*

- None.
- Am answering questions to the best of my knowledge based on interaction with our affiliate. In many cases, we do not know what training mechanisms they have in place.
- We have an outstanding relationship with our university police. We have nurtured the relationship for many years. They are invaluable during times when we need to have a student escorted to a hospital emergency room.
- My center would be interested in participating in collaborative training with first responders and mental health providers if offered.
- In many instances, they are closely related. Collaborative training would be welcomed to clarify various roles in each area.
- We would be very interested in trainings.
- Need more collaboration
- Our office would be happy to provide some in-service with our internal campus security on dealing with public safety and its relationship to mental health services/issues. We assume that off-campus Local Law Enforcement and EMS staffs are trained in these areas.
- Public Safety and the Counseling Office work closely on issues of mental health and threat assessment. This involves informal consultations, formal training, and collaboration on Crisis Management Teams.
- Our campus contracts with the County Sheriff's Dept. for our own campus security. These officers receive training and we have an excellent working relationship between our counseling staff/administration and these County Officers.
- There must be collaboration and total communication between public safety and the Counseling Office to help insure safety on campus. Each office should share information that is critical and warranted.
- Our campus police office is under-resourced. We have a good relationship with them, but I am very concerned about their ability to handle a large-scale incident because of limited staffing.
- Working closely together between our counseling and police is very important. Outside providers, such as ambulance services, may not have the training needed.
- While we have not collaborated in training to date, there are plans underway to set up training with various University constituencies.
- The relationship between Campus Security and Counseling Services is ever strengthening through more collaborative efforts on campus.
- The Counseling Center would be very interested in providing more training in mental health issues with campus security, public safety, local law enforcement and EMS. Collaborative training would also be very welcome.
- The Counseling Center staff and security officers work very well together.

- Chief of Police on campus and the Director of Counseling have been in communication about utilizing a community training program for campus police officers.
- We have had a very close relationship with Campus Police for years. We provide training to each other's staff on our areas of expertise. We work collaboratively in responding to crises and making referrals back and forth. We have very accessible and open communication 24/7.
- Our campus security work very well with the counseling center, and would appreciate any opportunity to learn more about crisis management, best practices, and/or other training that would make us both more effective.
- My concern relates to students who are not clients of the center who have mental health needs but who choose not to seek treatment. I am also concerned about the lack of a Student Concerns Committee.
- The university maintains close ties with students, stays updated with the conditions and behaviors that foster threat of harm within the campus community & deems carte blanche expenditure on mental health services to be of unproven value at managing security & ensuring safety on campus.
- I would welcome any participation in combined meetings with the local law enforcement and local mental health centers.
- Counseling services and public safety struggle with issues of confidentiality. I am not sure what can be done with that. Mental health professionals have a duty to protect a client's confidentiality while public safety officers have a duty to gather as much information as possible and take action. It would help both sides to understand the limitations, roles, and responsibility of each profession. It would be helpful to develop a "threat assessment team" comprised of police and mental health people but we would need to find a way to work collaboratively while maintaining confidentiality, until we have grounds to break it.
- Our Campus Security staffs all have law enforcement backgrounds. They are all very sensitive to and play a critical role in how mental health issues are handled. They are observant of our students. How they handle emergent issues absolutely sets the tone for how events can unfold. The mental health training they get through their law enforcement background should be mirrored for all campus safety personnel.
- We have an excellent relationship with our police department. Unfortunately, we do not have the resources (i.e., time and staff) to train the faculty and staff of the university. We rely on our webpage to get the information out to the employees.
- We enjoy a good working relationship with our campus police department.
- We are a very small campus and in a sense, that makes communication easier. I am not sure about (in spite of previous statement) how to answer the above questions regarding our first responders
- We regularly meet with our first responders and campus security to discuss early recognition, emergency protocols and referrals. We believe on-going training is always a good practice
- Excellent relationship exists between Public Safety and the Counseling Center.

Section 7

General Comments from the 72 colleges/universities that have mental health counseling services available to students

Note: Information identifying an individual or institution has been removed from this document in order to maintain participant's anonymity.

Question #1. *One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.*

- The severity of student needs is increasing based on the availability of medication for mental health disorders. I do not believe that there is great understanding of how to use HIPPA to the benefit of the student and the university, which sometimes causes a breakdown in communication and an increase in risk for universities.
- Our ability to participate fully in this survey is limited because we are dependent on a much larger affiliate academic campus for medical and counseling services. Our students pay a Student Activity fee for access to these services but we have no involvement in their management or content.
- “The best decision we made as an institution was to contract with Student Resource Services for our counseling needs. We would not be able to hire a sufficient number of personnel to handle the number of students that require the services they provide. Currently we have been under contract with them for two years and have seen more than 13% of our student population use SRS on a quarterly basis. I would be interested in helping IBHE with this growing concern in any way possible.

Regards, XXXXXXXX

- “As a private institution, our mental health resources are entirely dependent on institutional finances. I wish there were public resources we could tap.
- Confidentiality laws in this state are written with community mental health centers in mind. Integrating perspectives from others, such as colleges and universities, would help.”
- Counseling services is located in the same office and shares the same receptionist as the Dean of Students and the Dean of Residence Life (both can kick a student out of school). We need a separate location and our own receptionist to protect privacy.
- More resources are necessary to educate and support the needs of the problems being faced. Stress is high and assistance is greatly needed.
- The biggest concern that I have is that the types and amount of services across the country that colleges and universities offer are so varied. Some schools have no or limited resources while others may have much more. The other major problem that I see is educating conduct officers, e.g., Deans of Students etc, about the difference between behavior and mental health concerns. There is a fear or misunderstanding on the part of conduct officers that if a student is suspected of having a mental health issue or in fact is know that he/she does that the conduct officer can do nothing related to conduct. In essence the mental health issue overshadows the disruptive behavior by the student. This should not be the case. Just because a student has mental health concerns does not give them liberty to be disruptive. This is not to say, however, that conduct officers cannot be sensitive and work closely with mental health professionals to make sure that

the student gets the help that he/she needs; they also need to be held accountable for their behavior.

- Access to mental health services for students without insurance is poor. Even if students receive initial emergency mental services and treatment, continued care and monitoring of prescribed medication is inadequate, particularly in rural areas.
- An observation of current trends indicates that many, many more truly psychiatrically disturbed individuals are attending this institution with more and more need for ongoing and continued help. The number and level student needs are beginning to out pace the current resources. This strains the ability to continue to serve those that have greater potential for academic success.
- “There is much confusion about the role of mental health counselors on a commuter campus. Sometimes faculty and staff think a counselor can come to a classroom and take a disruptive student ““away””, when it is more of a public safety issue.
- Training for all staff is necessary to identify whom to call and when. The concept of a team approach for crisis/threat assessment is excellent.”
- We are in the process of creating a campus notification plan and are creating response teams and review teams. We would like training on responding during and after a crisis for mental health providers and training for our security personnel on identifying and working with students with a mental health concern. We are getting ready to assist our faculty and staff with identifying mental health concerns and how to easily facilitate a referral. We are also working on information for our students on how they can identify a mental health concern with a fellow student and how to facilitate a referral. We would be glad to have trainings and/or information regarding these areas of need.
- We need funding and more collaborative training between all stakeholders
- Our present services seem appropriate for our student population at this time. As our population grows, we may need to revisit our needs.
- While there may appear to be a variety of community-based mental health services available in large metropolitan areas, many of our students are not able to utilize those resources due to financial constraints, transportation issues or other personal/family obstacles. Consequently, on-campus access to services becomes particularly important for most of our students.
- There has been an increase in students who need counseling intervention and/or referral to local mental health resources. While our campus has had at least one licensed counselor and a good number of community resources for referral, the need for increased professional resources and the necessary funding has become an issue to be addressed.
- Our community college is fairly young and just beginning to add this level of service for our students. We are at the stage of assessing the need and cost of this service. If there is a process available to us to assess need, that would be helpful. While we are fortunate to have adequate community mental health services, those services are full and the waiting time averages 3 weeks. I believe we will increase our mental health services in the years to come. We are starting a peer education program focusing on wellness issues this semester.
- Our campus has only one on-site counselor who is also on 24/7 call, and is also coordinator of special needs services with no clerical support except students. We do have contracted services from an agency in the community but the on-site situation needs to be addressed.
- We are seeing an increase in students seeking mental health services. Thus we've had to create and become more aware of the various services within our community.

- Our major concern is with the continuity of care following discharge from a hospital setting. Another concern is with information sharing about previous treatment at time of admission to the university.
- Cost of services can be somewhat prohibitive. Area - regional workshops on identification of mental health conditions and appropriate interventions at the “first responder” level.
- Increase in students presenting mental health issues. It would be helpful to have resources for faculty in identifying mental illnesses.
- “Sometimes the referral process can be hindered by geographical boundaries and financial constraints of community agencies. It seems like there should be more focus on issues related to gun control with individuals who have psychiatric and sociopathic conditions.”
- Funding has been and remains an issue: we are under-resourced to provide for students' mental health needs. We also lack psychiatric services and strongly believe that students would be more likely to utilize a psychiatrist if it were at a convenient center that they have already developed a positive relationship with (i.e. us). Cost to pay for an outside psychiatrist (and medication) is clearly another barrier. Additionally, we would like to do more work in the prevention realm for the entire community.
- “Affordable and quality services in the community for specific mental health needs such as medication management, substance abuse, and eating disorders.
- Effectively tracking student once he/she returns to school after a psychological crisis.”
- There is growing concern of how to manage students on campus with emerging highly significant psychological/emotional issues and behaviors of harm to self or others. The demand for services, managing crises (we provide 24/7 on call services through our center), training others, and being a resource for various areas on campus with continued struggles of increasing financial support for additional needed staff, staff professional development and outreach services to students is a serious concern. In our more rural area, a lack of significant community resources also drains the University mental health services as well. We have set the goal for the past few years to focus on wellness and supporting student wellness initiatives. Our goal in the process is to work collaboratively with other departments to promote wellness in various areas across campus. Most university counseling centers, such as us, are engaged in reacting to the significantly distressed and often there is not much time and resources for the promotion of mental health wellness to the larger student population. However, we have found the work on our wellness initiatives is having a positive impact on the student population. The main thing that needs to be done to improve mental health services on University campuses is to provide financial support so that there is sufficient staff size, services and training in the mental health area.
- Cost for mental health services in the community (when our wait list is in effect) continues to be a barrier for students to obtain treatment. This is especially true for medications and hospitalizations. I will look into the Patient Assistance Programs as an additional resource.
- We are concerned that all students receive the help they need as quickly as possible. We are committed to that end.
- It must be understood we are a community college. We do not have a counseling center as such. We employ trained Counselors trained mainly as Guidance Counselors.
- It would be very helpful to have statewide funding for public institutions to support mental health counseling services. There should also be facilitation of relationships between educational institutions and outside agencies so that we have an established network of possible referrals.

- I would like for the State of Illinois to provide grant money for universities, including private universities, to increase the funding for mental health awareness, prevention, and treatment.
- “Since we are a large public university in a rural area we have taken the responsibility to create comprehensive treatment for our students’ mental health needs. However, as the severity of students' problems continue to increase so does the demand for services. The CC is in need of additional staff to effectively respond to this increase in demand and severity. Additionally, there are few resources for residential treatment / in-patient mental health and substance abuse in the area given the demand. Please note that numbers for mental health providers includes Counseling Center, Wellness Center, and Psychiatric Clinic combined.”
- Although we rely primarily on outside services to which we refer our students, funding for these programs has been dramatically cut in recent years. This causes great concern
- I believe the list serve AUCCCD is very useful, but often one step removed from actually sharing concerns with a live body. My direct supervisor has NO mental health experience and often does not understand the scope of my duties. I would like to be supervised by another mental health professional of at least someone in my field. Budgets are a huge issue, or should I say the lack there of. Money for setting up an appropriate office environment is extremely important, but is often not noticed. Yet I am to “fix” students and make them well so the academic part of higher education can go on. BETTER UNDERSTANDING of social and emotional issues among our students by all on campus is vital.
- See above
- Most of the huge gaps in our services are due to limited funding.
- 1.) The questions related to the percentages of insurance coverage were difficult. The program we offer through the school is not school sponsored. I help students find access to insurance programs that best suit their needs even if it is not school sponsored. I do this by listening to their coverage needs and then directing them to resources that can help fit programs to their needs.
- 2.) In reference to the question under the heading of Treatments and Services Offered (#1), I want to be clear that the college offers Counseling, not Individual Psychotherapy. Counseling is not one of the options in the list of services available. I refer students who want Individual Psychotherapy to providers in private practice or in the local mental health centers. We focus on providing short counseling and connecting students to appropriate services in their community. Thank you.
- My primary concern is the increasing severity of mental health issues in the students we see, and not having enough qualified senior staff to meet the clinical needs of these students. Most of our clinical services are provided by masters-level doctoral

There are many colleges and universities that either have no personal/mental health counseling services or an inadequate number in relation to the size of the institution. According to the International Association of Counseling Services, the recommended ratio is one full time counselor for every 1,000 to 1,500 students. College counselors are an important, under-recognized group of professionals who quietly work behind the scenes to help students in their growth and development. College counselors are also in a position to provide interventions for students exhibiting difficulties of either a clinical (depressed and suicidal) or non-clinical (e.g. relationship problems) nature. Lastly, I have grave concerns about community mental health services in the state of Illinois. Counselors working in those settings have caseloads that are ridiculously high forcing them to operate under a factory mentality of “patch em up and ship em

out.” This is not to mention the extensive amount of paper work they must complete. They should not be seeing more than 5 clients a day. People who are financially secure have access to quality mental health care services, while people with limited means must seek help at the overly taxed community mental health centers. Provide more financial support for mental health care services, both community and college, in the state of Illinois.

- In my interactions with counseling colleagues at public colleges/universities throughout Illinois, I get the distinct impression they are overwhelmed. In many of those cases (particularly in rural settings), the college counseling services are an individual's only avenue for mental health care. While it's great to look at how mental health issues are addressed in college settings to avoid other instances like Virginia Tech, we need to also pay attention to what's happening outside our college campuses. What is the real availability of family and individual counseling in our communities? The tragic events that have occurred on college campuses are flash points - but with events like the Von Maur shooting in Omaha, or the instances in the 80's and 90's in postal facilities, the flashpoints can be anywhere. The gap in services is not limited to the colleges. I'm also hearing troubling stories from colleges in other states either cutting back or getting out of the business of college-based mental health services altogether. They are pressed beyond their abilities and the institutions realize the liability of not doing the job well. I'd hate to see this trend, because I think college counseling/mental health services fulfill an important need in the lives of many young people.
- Seminarians during the admissions process are required to have a thorough series of psychological tests to determine fitness to engage the formation program here. Candidates with serious problems are not admitted, but rather are asked to receive therapy and then, if it seems advisable, re-apply.
- “As a mental health service for a university of XX,XXX, we are underfunded and therefore understaffed. We provide the same services, training, and outreach functions as similar departments at similar universities, but with approximately one-half of the staff. We rely heavily on practicum students to help with the demand for counseling. Our FTE therapist ratio is 1:2600 as compared to the national ratio of 1:1500. Available community resources are minimal, especially for those who cannot pay out of pocket or have insurance. Our students seem to either not carry health insurance or do not use it.
- As for the student insurance, if the provider is in their “network,” coverage is at 80%, but outside of the network is only 60%. Most students could not afford the co-payments. Alcohol/Substance abuse treatment is very limited to a 1,500 maximum per year and all other mental health treatment is limited to a total of 20 sessions per year, again at the 80/60% coverage levels depending on the network status. There is NO coverage for prescription medications. Again, most students do not have this kind of income.
- I think that we are blessed with a very good student mental health system and a very supportive University who provides us the resources we need to provide good care for our students.
- My simplistic answer (in part) to the issues addressed above is: people need to know people. I realize anything can occur and there can never be “fail-safe” systems. But, personal knowledge goes a long way.
- One of the gaps we have encountered is referring clients for urgent psychiatric evaluations (those clients who don't necessarily need hospitalization but who nonetheless appear to be deteriorating or otherwise in need of urgent psychiatric evaluation and pharmacological intervention). This is difficult to find in the community, especially for students who don't have adequate health insurance.

- “As a commuter (community) college we serve students who have limited access to health and mental health resources due to poverty. We also have difficulty identifying and serving these students because they are often on campus for short periods of time and have job and family commitments. It is clear that academic success is impeded by these issues and we see medical withdrawals related to mental health problems. I am working to develop outreach programs that can provide increased access to wellness and health programs for these students who are at the highest risk of adverse outcome/academic failure because of their multiple risk factors. We have rich community resources but they are not available to many of these students due to lack of health insurance that covers mental health services.
- Psychiatric medication needs are a large issue in our population including medications for depression and anxiety. We have no psychiatrist and our APN and consulting physician does not provide Psych med mgmt services.
- We offer the best service possible within the constraints of our college health center budget. Our biggest concern is the cost of referrals to outside mental health agencies and the affordability of medication. Even with access to public assistance programs, we struggle to find appropriate sources for psychiatric evaluation and medication for our students.
- Four comments:
Clarification of student health insurance benefits:
 - 3.a. 80% coverage, 25 outpatient visits max.
 - 3.b. 80% coverage, 30 days max. for mental health care
 - 3.c. 80% coverage, 25 outpatient visit max., 30 inpatient days max for drug abuse, and same coverage as for any other sickness for alcoholism
 - 3.d. Plan maximum is \$250,000 for all causes with the above limits in place for mental health conditions

Clarification of 405 ILCS 5/3-501 regarding applicable limits on independent access to outpatient psychotherapy by 17-year-olds, and to what entity the term ““consent”” applies, would be helpful.

Increased state support for campus-based mental health services would provide invaluable support for students during their academic careers.

Thank you for doing this survey.

- My concerns are stated under Question 2 in the Hospitalizations section. Thanks for developing and distributing this survey. I look forward to hearing about the findings and any subsequent training that may be available.
- Our current services are offered on a limited part-time basis. We will review our needs at the end of this academic year.
- As counseling positions are vacated (3 in the last 6 yrs), they are not being filled. It could be that at some point in the future campus security may be the sole first responders to crises. The number of students receiving personal and career counseling continues to diminish.
- Survey response clarification: “Financing of Services” #3a-c: services must be provided at the university's Medical Center and Clinics or a contracted network provider, unless they meet Emergency Care guidelines or are preauthorized. #3d: this \$500,000 figure refers to a lifetime maximum for total treatments.

APPENDIX B - PART VIII
MENTAL HEALTH SURVEY TEXT

Survey of Campus Mental Health Service Availability and Related Topics
State of Illinois - Campus Security Task Force
Early Intervention and Mental Health Services Working Group

Please answer the following questions as accurately and honestly as you can with using the last twelve months as a timeframe. This is not a survey of what should be offered on college campuses across Illinois, but rather is aimed at describing the current status of mental health counseling services available to college students in Illinois. Your responses are confidential with results being reported only in aggregate form. The survey will take approximately 20-30 minutes to complete. If you have any questions or require clarification regarding the survey items, please feel free to contact the Working Group chair Jim DiTullo (JE-Ditullo@wu.edu). Thanks for your participation!

As the designated person on your campus to complete this survey, please indicate your primary professional identity:

- Counseling Center Director
- Health Center Director
- Director of a combined center (health/counseling/wellness, etc.)
- Dean/ Vice President of Student Affairs
- Dean/Vice President of Academic Affairs
- President
- Other: specify

Institutional information :

Is your institution:

1. Public or Private
2. Rural or Urban

Please indicate the size of your student body using annual unduplicated headcount enrollment:

- Below 1000
- 1001-5000
- 5001-10000
- 10001-15000
- Over 15001

Availability of Mental Health Services on Campus

Do you have mental health counseling services available to students or employees on your campus?

- Yes
- No

If YES, are the services minimal or extensive?

- Minimal
- Moderate
- Extensive

Availability of Mental Health Services in Community

Do you have mental health counseling services available to students or employees in your community?

- Yes
- No

If **YES**, are the services minimal or extensive?

- Minimal
- Moderate
- Extensive

Availability of Mental Health Services on Campus

1. Do you believe there is a need for a mental health counselor position on your campus?
 - Low priority
 - Moderate priority
 - High priority
 - Very high priority
2. If a student or employee is in need of mental health counseling services, is there an office or person responsible for providing referral information?
 - Yes
 - No
 - a. If **YES**, please specify the office or position
3. Does that individual or office have emergency procedures in place for handling an individual in crisis, including individuals who are a danger to themselves or others?
 - Yes
 - No (but this will be addressed)
4. For individuals who are not in need of immediate assistance, on average how long will an individual need to wait for an initial appointment with a mental health provider?
 - 0-3 days
 - 4-7 days
 - 1 week
 - 2 weeks
 - 3 weeks
 - 4 weeks or longer
5. Do faculty and staff receive training on how to identify and refer a student or employee in need of mental health services?
 - No
 - Yes, some receive training
 - Yes, most receive training
 - Yes, all receive training
6. Do the employees at your institution have access to mental health services such as through an employee assistance program?
 - Yes
 - No
 - a. If **YES**, estimate the quality of this program or services
 - Poor
 - Fair
 - Good
 - Excellent
7. One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.

Note: If you are unable to complete the survey at once, please click "SAVE", and then "LOGOUT". You will be able to log back in later to complete the survey. Please do not click on the "SUBMIT" button until you are finished and ready to submit the survey. Once you click on "SUBMIT", you will not be able to log back in.

Client Intake

1. When clients initially contact the center (whether by phone or in person) is immediate triage available?
 - Yes
 - No
 - a. If NO, how long do students typically wait for an initial contact (in days)?
2. After triage, is it common for students to be placed on a waiting list before they can begin counseling?
 - Yes
 - No
3. Do you have a waiting list?
 - Yes
 - No
 - a. If YES, What is the average number of students on your waiting list (i.e. # of students waiting to be seen):
4. Regardless of whether you have a waiting list, please estimate the average length of time students will wait to be seen.
 - 0-3 days
 - 4-7 days
 - 1 week
 - 2 weeks
 - 3 weeks
 - 4 weeks or longer
5. Does your institution have a formal mechanism for new students to indicate their need for psychiatric medication and/or mental health counseling services (e.g., via mental health questions on pre-registration medical history forms)?
 - Yes
 - No

Treatments and Services Offered

1. Please check to indicate if the service is offered on-site, if established linkages for treatment are available in the community, or if neither is available: (check all that apply)

| Service | On-Site | In Community | Neither |
|--|--------------------------|--------------------------|--------------------------|
| Individual psychotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Group therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crisis intervention/Emergency services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rape/Sexual assault | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychological assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peer counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating disorders treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training for residential staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultation for residential staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training for faculty/staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Consultation for faculty/staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wellness programs (e.g., stress management, sleep hygiene, diversity, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Violence risk assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric treatment/medication management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Please estimate the percentage of clients who require referral to outside agencies in order to obtain needed treatment %

a. Of those referred, what percentage is referred for (should add to 100%):

Mental Health service only

Substance abuse treatment only

Combined Mental Health/Substance Abuse treatment

b. Please estimate the usual wait time for students to be accepted into referral sites

0-3 days

4-7 days

1 week

2 weeks

3 weeks

4 weeks or longer

3. For clients who need to be referred off campus, do you conduct referral tracking or follow-up?

Yes

No

a. If YES, how do you conduct referral tracking and/or follow-up?

b. If NO, do you have any comments or additional information to provide?

4. Do you have a limit on the number of counseling sessions students may receive?

Yes

No

a. If YES, what is that limit?

b. If NO, do you have any comments or additional information to provide?

5. Does your institution have the following teams in place?

- a. Crisis Response Team : A team called in to respond to a traumatic event.
 Yes
 No
- b. Threat Assessment Team: A team charged with determining actions to be taken with identified individuals of concern who may be a danger to self or others.
 Yes
 No
- c. Emergency Review Team: A group that meets frequently to discuss students of concern (broadly defined) to be sure follow up services have been offered, that students don't fall through the cracks, and that appropriate actions are being taken.
 Yes
 No

Financing of Services

1. Does your counseling center charge a fee for personal counseling?

- Yes
- No – If NO please proceed to item #2
- a. If you answered **YES** do you use a sliding scale fee scale?
 Yes
 No
- b. If a sliding fee scale is used, upon whose resources is it based?
 Student's resources
 Student's family resources
- c. Do you bill for all services provided?
 Yes
 No
- d. Do you set reimbursement (billing) solely on parental insurance coverage plan?
 Yes
 No

2. Is student insurance required at your campus?

- Yes
- No

3. Does your college/university offer student insurance for a fee?

- Yes
- No – If NO please proceed to item #4.
- a. If **YES** please indicate the percent of coverage provided for outpatient mental health services: _____ %
- b. What is the percentage of coverage for inpatient hospitalization? _____ %
- c. What is the percentage of coverage for rehabilitation programs? _____ %
- d. What is the insurance plan's maximum per year for outpatient treatment? \$ _____
- e. What is the insurance plan's deductible? \$ _____

4. Is your Center supported by a mandatory fee? (check all that apply)

- Yes, one that is specifically identified as being for the Counseling Center

- Yes, through a Student Health fee
 - Yes, through a general student life fee
 - Yes, Other. Please specify:
 - No
5. Are you aware of the Patient Assistance Program for medications typically from pharmaceutical companies?
- Yes
 - No
6. Do you use these programs?
- Yes
 - No
- a. If NO, why not?

Mental Health Service Staffing

1. Please list the number of full-time equivalents (FTEs) you employ or contract with during a standard academic year of August through May. Use decimals (0.5- 1/2) for employees who are less than full time. For staff with multiple credentials, select the one that best describes them.
- Licensed Clinical Psychologists
 - Licensed Clinical Social Workers (LCSW)
 - Licensed Clinical Professional Counselors (LCPC)
 - Licensed Professional Counselors (LPC)
 - Certified Drug & Alcohol Abuse Counselor (CADAC)
 - Non-licensed doctoral level mental health providers
 - Non-licensed master level mental health providers
 - Non-licensed bachelor level mental health providers
 - Other: Specify
 - Psychiatrists (indicate hours per month)
- a. Of all the staff, how many counselors are Certified Drug & Alcohol Abuse Counselor (CADAC)
2. Does your center have agreements with local mental health clinics (MH), substance abuse providers (SA), or private practitioners (PP)?
- a. Formal agreements with (check all that apply): MH SA PP
 - b. Informal agreements with: (check all that apply): MH SA PP
3. Do you subcontract out any counseling center services?
- Yes
 - No
- a. If YES, which services are subcontracted:

4. Has your college/university considered subcontracting or formalizing a contractual relationship with any outside (non-university) provider for any or all of counseling center services?

a. If YES, what was your decision and rationale?

b. If NO, what was your rationale for not considering subcontracting?

Psychiatric Services

1. Please estimate the percentage of your center's clients taking psychiatric medications: _____ %
2. If your center offers on-site psychiatric treatment, is there a separate cost for medication management?
 Yes
 No
 - a. If YES, how much is charged for the initial intake session? \$ _____
 - b. If YES, how much is charged for the recheck? \$ _____
3. Does your center have agreements with a local hospital for inpatient psychiatric care?
 Yes
 No
4. Does your center have agreements with a program for residential substance abuse treatment?
 Yes
 No

Hospitalizations: Voluntary and Involuntary

1. Would your on-campus mental health and health providers benefit from information and training workshops on involuntary hospitalizations, specifically the process of completing Petitions for Involuntary/Judicial Admissions and Certificates?
 Yes
 Not necessary
2. What problems, if any, do you experience with voluntary and involuntary hospitalizations?

Relationship with Campus Security

1. Does your primary mental health provider, either on campus or in your community, work closely with first responders (Campus Police/Security/Public Safety, Local Law Enforcement, EMS)?
 Yes
 No
2. Do your first responders (Campus Police/Security/Public Safety, Local Law Enforcement, EMS) receive training on how to identify mental health conditions?
 Yes
 No
3. Do your first responders (Campus Police/Security/Public Safety, Local Law Enforcement, EMS) receive training about how and where to refer persons in crisis to mental health services?
 Yes
 No
4. Does your center participate in collaborative training with first responders and mental health providers?
 Yes
 No
 - a. If **NO**, would your center be interested in participating in collaborative training with first responders and mental health providers if it were offered?
 Yes
 No
5. Please provide comments, questions or concerns on public safety and its relationship to mental health services.

Faculty and Staff

1. Do faculty and staff receive training on how to identify and refer a student or employee in need of mental health services?
 No
 Yes, some receive training
 Yes, most receive training
 Yes, all receive training
2. Do the employees at your institution have access to mental health services such as through an employee assistance program?
 Yes
 No
 - a. If **YES**, estimate the quality of this program or services
 Poor
 Fair
 Good
 Excellent

Conclusion

One of the primary reasons for this survey is to understand where there may be gaps in mental health services for students in higher education throughout Illinois and to seek your opinion on what needs to be done to improve these services. Please take a moment to comment on any concerns, questions, or plans you have about mental health counseling services at your college or university, the local community, and the state.

Note: If you are unable to complete the survey at once, please click "SAVE", and then "LOGOUT". You will be able to log back in later to complete the survey. Please do not click on the "SUBMIT" button until you are finished and ready to submit the survey. Once you click on "SUBMIT", you will not be able to log back in.

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APPENDIX C
LEGAL

APPENDIX C – PART I

Recommended Campus Legal Policies and Legal Issues Checklist

The Campus Safety Task Force Legal Group suggests that colleges and universities (1) should have a clear understanding of, and (2) may create or update policies, guidelines or protocols relative to the following:

- The type of information that can be exchanged between mental health providers and campus officials about students and campus personnel and the circumstances under which such an exchange is appropriate.
- The joint response plan between local law enforcement and the campus to address emergencies on campus.
- The inclusion of violence and threat of violence in the student code of conduct as behavior that may result in suspension, dismissal, or expulsion and how a violation of that standard may impact enrollment and/or housing status and appeal rights.
- The campus' position regarding weapons on campus.
- The intra-campus coordination of information sharing among campus housing, law enforcement, health professionals, and administration, including who has access to which information, delineating what level of information can be shared with whom amongst campus emergency responders.
- The identity of the lead agency in an emergency, recognizing that it may change depending on the nature of the emergency.
- The contact people available for students and campus personnel in reporting a dangerous or potentially dangerous person on campus.
- The new (effective June 1, 2008) standard for involuntary civil commitment as it applies to transport and/or removal of individuals from campus.

APPENDIX C – PART II

Family Educational Rights and Privacy Act of 1974, as amended (FERPA) 20 USC 1232g 34 CFR Part 99

Summary of FERPA Provisions Relevant to Crisis Situations³

General Rule: An educational agency or institution may not have a **policy or practice** of disclosing education records, or personally identifiable information from education records other than directory information, without the prior written consent of a parent or “eligible student” (one who is at least 18 years of age or attends a postsecondary institution). Education records do not include:

- Records that are **kept in the sole possession of the maker**, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the records.
- Records **created and maintained by a law enforcement unit** for law enforcement purposes.
- **Employment records**, so long as they are maintained separately from any Education Record.
- Records **made or maintained by a physician, psychiatrist, psychologist or other recognized professional** or paraprofessional that are used in connection with treatment of the student and are disclosed only to individuals providing the treatment.
- Records that only contain **information about a person after that person is no longer a student** at the educational institution, such as alumni files.

Exceptions: There are several instances in which “education records” **may** be disclosed without written consent, however, FERPA **does not require** that records be disclosed unless the student specifically requests disclosure (to him/herself or a third party). The following is a list of exceptions that may be relevant in crisis situations:

| BEFORE AND DURING A CRISIS | | | |
|--|---------------------|--|---|
| Statutory Language | Cite | Protection | Interpretation |
| The disclosure is in compliance with a health or safety emergency. | 34 CFR 99.31(a)(10) | <p>Disclosure only to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals.</p> <p>Some factors to consider are: (1) the severity of the threat to the health and safety of those involved, (2) the need for</p> | <p>The parties to whom the disclosure is made do not have to be other university officials.</p> <p>Disclosure is O.K. if it is to protect the student <u>OR</u> other individuals.</p> <p>FERPA’s restrictions apply only to information derived from student education records, not to personal knowledge derived from direct, personal experience with a student.</p> |

³ Note Disclaimer at end of Summary.

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| | | the information, (3) the time required to deal with the emergency, and (4) the ability of those to whom a disclosure is made to deal with the emergency. | <i>Department of Education, Office of Family Policy Compliance (OFPC):</i> “The Department has consistently interpreted this provision narrowly by limiting its application to a <i>specific situation</i> that presents <i>imminent danger</i> to students or other members of the community, or that requires an <i>immediate need</i> for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals... Typically, law enforcement officials, public health officials, and trained medical personnel are the types of parties to whom information may be disclosed under this FERPA exception....” <i>3/11/05 Family Policy Compliance Officer (FPCO) Letter to Strayer University.</i> |
| The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have a legitimate educational interest. | 34 CFR 99.31(a)(1) | Each institution must define for itself who qualifies as a “school official” and what is a “legitimate educational interest” and give annual notice of its definitions to its students. | The DOE has given the following model definitions: <i>School Official</i> —A person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted as its agent to provide a service instead of using University employees or officials (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees, or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks. A school official has a <i>legitimate educational interest</i> if the official needs to review an education record in order to fulfill his or her professional responsibilities for the University. May consider adding the following to the definition of legitimate educational interest: “ <i>maintaining the safety and security of the campus.</i> ” There need not be an emergency situation for this exception to apply. |
| The disclosure is to a parent of a dependent student. | 34 CFR 99.31(a)(8) | Students must be defined as a dependent under Section 152 of the Internal Revenue Code of 1954 (proof is required). | <i>OFPC:</i> Proof of dependency may include a copy of the parents’ most recent federal income tax form. Or, institution may ask students to pre-identify as a dependent at the time of registration. <i>10/29/93 FPCO Letter to University of New Mexico.</i> <i>Quote from Discussion with LeRoy Rooker (FPCO):</i> “The “dependent student” exception to FERPA’s general consent rule applies in domestic situations because that provision specifically references the IRS rules. There is no comparable provision for international students. Consent is required unless one of the other exceptions applies.” A recommended practice would be to encourage a student in crisis to inform his/her parents of the situation before making the decision to contact the |

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| | | | parents without the student’s consent. Before contacting parents and where possible, a college should determine whether informing the parents may be detrimental to the student (e.g., where a parent is the cause of the crisis). |
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| The disclosure does not include “education records” as that term is defined. | 34 CFR 99.3 | A “record” means any information that is recorded in any way, including, but not limited to, handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche. | FERPA’s restrictions apply only to information derived from student education records, not to personal knowledge derived from direct, personal experience with a student. However, it is still good practice to limit the disclosure of such information on a need-to-know basis in order to comply with other privacy laws that could apply. |
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AFTER A CRISIS

| Statutory Language | Cite | Protection | Interpretation |
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| The disclosure is in connection with a disciplinary proceeding at an institution of post-secondary education. | 34 CFR 99.34(a)(14) | Only if , through the school’s disciplinary proceedings, it is determined that (1) the student is an alleged perpetrator of a crime of violence or non-forcible sex offense; and (2) there has been a finding that the perpetrator violated the institution’s rules or policies. “Crime of violence” includes arson, assault offenses, burglary, criminal homicide, forcible sex offenses, destruction, damage/vandalism of property, kidnapping/abduction, and robbery. | There are no restrictions on disclosure or re-disclosure of the final results of a disciplinary proceeding. <i>3/10/03 FPCO Letter of Technical Assistance.</i> Disclosure can be made to the public. |
| The disclosure is to the victim of an alleged perpetrator of a crime of violence or non-forcible sex offense. | 34 CFR 99.31(a)(13) | Disclosure may only include the final results of the disciplinary proceedings conducted by the institution with respect to the alleged crime or offense, regardless of whether the institution concluded a violation was committed. | The final determination can be shared with the victim whether or not the alleged perpetrator is found “guilty” of a violation of the University’s discipline code. |
| The disclosure consists of information the University has designated as “directory information”. | 34 CFR 99.37 | Institution must give public notice to students in attendance at the institution of (1) the types of personally identifiable information that the institution has designated as directory information, (2) the student’s right to refuse to let the institution designate any or all of those types of information about the student as directory information (opt-out provision), | Be careful not to release directory information combined with other non-directory information. For example, if the media seeks the names of student victims of a violent act on campus, the University could not release those names without consent assuming that the institution’s spokesperson derives those names from an education record. The names of students may be directory information, but the fact that they were victims of a crime or violent act is not directory information. However, the University could confirm whether or not a victim is a student if the inquiry is something like, “I understand that John Doe was one of the people hurt during the incident, is |

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| | | and (3) the period of time within which a student must notify the institution in writing that he/she does not want any or all of those types of information about the student designated as directory information. | John Doe a student at University?” Assuming that John Doe has not opted out of sharing directory information and that the University has designated names as directory information, the University could confirm whether or not John Doe is a student. |
| The disclosure is to officials of another school, school system or institutions of postsecondary education where the student seeks or intends to enroll. | 34 CFR 99.34(a)(2) | Must (1) make a reasonable attempt to notify student at last known address unless disclosure is initiated by the student, <i>or the institution’s annual notification includes a notice that the institution forwards education records to other agencies or institutions that have requested records and in which the student seeks or intends to enroll</i> , (2) give the student, upon request, a copy of the record that was disclosed, (3) give the student, upon request, an opportunity for a hearing under subpart C. | This could be used, for example, to alert another school to the erratic or inappropriate behavior of a current student. Of course, the information shared should be factual and on a need-to-know basis. This can be advantageous to a student in crisis. The next institution may pick up where the previous institution left off in monitoring the student and providing appropriate services to him/her. |
| The disclosure is to comply with a judicial order or lawfully issued subpoena. | 34 CFR 99.31(a)(9) | The institution must first make a reasonable effort to notify the student in advance of compliance except where the disclosure is in compliance with a federal grand jury subpoena or any other subpoena issued for law enforcement purposes and the court has ordered that the existence and contents of the subpoena not be disclosed. | The subpoena or court order must be valid (e.g., from a court having jurisdiction over the institution). <i>FPCO Letter of Finding re: Sufficient Notice to Student of Subpoena:</i> FPCO found that 6-7 days advance notice is sufficient, noting the following: “. . .we encourage educational agencies and institutions to strive to provide a sound and sensible time period to allow a parent or eligible student to take action to quash a subpoena. . . Further, while regular mail is a normal means of notification, we also encourage educational agencies and institutions in an effort to notify students before compliance with a subpoena, to consider using certified mail, telephone, or facsimile as appropriate supplemental means of notification.” Be sure that the information you supply is responsive to the subpoena/court order. |
| The disclosure is to a parent of a student regarding a student’s violation of any federal, state, or local law, or of any rule or policy of the | 34 CFR 99.31(a)(15) | Only if (a) the institution determines that the student has committed a disciplinary violation with respect to the use or possession, and (2) <i>the student is under the age of 21 at the time of the disclosure to the parent.</i> | Institutions are encouraged to develop a policy about disclosure under these circumstances. |

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| institution, governing the use or possession of alcohol or a controlled substance. | | | |
| The disclosure is to the U.S. Departments of Homeland Security or Immigration and Customs Enforcement for Education Records of international Students attending the University under an F-1, M-1 or J-1 visa. | § 641(c)(2) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), as amended, (8 U.S.C. § 1372) | FERPA shall not apply to aliens described in subsection (a) of § 641 to the extent that the Attorney General determines necessary to carry out the SEVIS program. | <i>See FPCO Letter to AACRAO re: Sevis and Disclosures to DHS/ICE, August 27, 2004.</i> This letter provides a rather detailed list of information that can be disclosed to DHS/ICE. For instance, for students who fall “out of status” (e.g., are dismissed from the institution for disciplinary reasons), the disclosure of this dismissal to the Department of Homeland Security is not only permitted by FERPA, but required by IIRIRA. Note: Technically, this disclosure is made with the student’s consent. A consent is required when students submit their I-20. It is not a “FERPA” consent, but it is a consent. |
| “...FERPA would not prohibit an educational agency or institution from disclosing records relating to a deceased student.” | 11/22/91 FPCO letter to University of Nevada System | FERPA would also not compel the disclosure of such records. The Educational agency may exercise its own discretion with respect to disclosure of records relating to deceased students. | Common law privacy protections generally die with the person. The same is true for FERPA protections. |

Enforcement & Penalties: Responsibility for administering FERPA has been assigned to the Family Policy Compliance Office within the Department of Education. This office reviews and investigates complaints of a **policy or practice that violates FERPA** and attempts to bring about compliance through voluntary means. The penalty for noncompliance can be the withdrawal of DOE funds from the institution, but action to terminate funding generally will be taken only if compliance cannot be secured by voluntary means. In the 33 years that FERPA has been in existence, no institution has had their federal funding withdrawn as a result of a violation of FERPA. There is no private right of action for violation of FERPA, though a student may allege a common law violation of his/her privacy rights.

Consent: Keep in mind that a student may consent to the disclosure of certain information. As such, if the disclosure does not fit into one of the exceptions, it’s always a good idea to ask the student to permit the disclosure. A valid consent must contain (1) the identity the person or group of people to whom the disclosure is to be made, (2) a description of the records to be disclosed, and (3) the purpose of the disclosure, and must be both signed and dated by the student.

Re-disclosure: Those individuals who receive information under one or more of the 15 disclosure exceptions set forth in § 99.31 may not generally re-disclose that information to any other party without appropriate written consent of the student. 34 CFR § 99.33.

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APPENDIX C – PART III

Mental Health and Developmental Disabilities Confidentiality Act 740 ILCS 110

General Rule: Mental health records and information may be released only with the written, witnessed authorization of the client (or their representative, guardian, power of attorney, etc) or by a specific court order.

Exceptions: There are many exceptions to that General Rule, and several exceptions are relevant to the issue of campus violence. Records and communications may be disclosed without consent in the following circumstances:

| Circumstance | Statutory Cite | Immunity or protection for disclosure |
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| When, and to the extent, a therapist, in his or her sole discretion, determines that disclosure is necessary to initiate or continue civil commitment proceedings under the laws of this State or to otherwise protect the recipient or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the recipient or by the recipient on himself or another; | 740 ILCS 110/11(ii) | Any person, institution, or agency, under this Act, participating in good faith in the making of a report under the Abused and Neglected Child Reporting Act or in the disclosure of records and communications under this Section, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such action. For the purpose of any proceeding, civil or criminal, arising out of a report or disclosure under this Section, the good faith of any person, institution, or agency so reporting or disclosing shall be presumed. |
| When, and to the extent, in the therapist's sole discretion, disclosure is necessary to warn or protect a specific individual against whom a recipient has made a specific threat of violence where there exists a therapist-recipient relationship or a special recipient-individual relationship; | 740 ILCS 110/11(viii) | Same as above. |
| In judicial proceedings under Article VIII of Chapter III and Article V of Chapter IV of the Mental Health and Developmental Disabilities Code and proceedings and investigations preliminary thereto, to the State's Attorney for the county or residence of a | 740 ILCS 110/11(vi) | Same as above |

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| <p>person who is the subject of such proceedings, or in which the person is found, or in which the facility is located, to the attorney representing the recipient in the judicial proceedings, to any person or agency providing mental health services that are the subject of the proceedings and to that person's or agency's attorney, to any court personnel, including but not limited to judges and circuit court clerks, and to a guardian ad litem if one has been appointed by the court, provided that the information so disclosed shall not be utilized for any other purpose nor be redisclosed except in connection with the proceedings or investigations;</p> | | |
| <p>When, and to the extent disclosure is, in the sole discretion of the therapist, necessary to the provision of emergency medical care to a recipient who is unable to assert or waive his or her rights hereunder;</p> | <p>740 ILCS 110/11(iii)</p> | <p>Same as above.</p> |
| <p>A facility director who has reason to believe that a violation of criminal law or other serious incident has occurred within a mental health or developmental disability facility shall report that violation or incident and the identity of individuals with personal knowledge of the facts related to the violation or incident to the appropriate law enforcement and investigating agencies. In the course of any investigation conducted pursuant to a report made under this Section, any person with personal knowledge of the incident or the circumstances surrounding the incident shall disclose that information to the individuals conducting the investigation, except that information regarding a recipient of services shall be limited solely to information relating to the factual circumstances of the incident.</p> | <p>740 ILCS 110/12.1</p> | <p>No specific language</p> |
| <p>Upon the request of a peace officer or prosecuting authority who is conducting a bona fide investigation of a criminal offense, or attempting to apprehend a fugitive from justice, a facility director may disclose whether a person is present at the facility. Upon request of a peace officer or prosecuting authority who has a valid forcible felony warrant issued, a facility director shall disclose: (1) whether the person who is the subject of the warrant is present at the facility and (2) the date of that person's discharge or future</p> | <p>740 ILCS 110/12 (d)</p> | <p>Any person, institution, or agency participating in good faith in disclosing such information in accordance with this subsection (d) is immune from any liability, civil, criminal or otherwise, that might result by reason of the action.</p> |

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| <p>discharge from the facility. The requesting peace officer or prosecuting authority must furnish a case number and the purpose of the investigation or an outstanding arrest warrant at the time of the request.</p> | | |
| <p>If the United States Secret Service or the Department of State Police requests information from a mental health or developmental disability facility, as defined in Section 1-107 and 1-114 of the Mental Health and Developmental Disabilities Code, relating to a specific recipient and the facility director determines that disclosure of such information may be necessary to protect the life of, or to prevent the infliction of great bodily harm to, a public official, or a person under the protection of the United States Secret Service, only the following information may be disclosed: the recipient's name, address, and age and the date of any admission to or discharge from a facility; and any information which would indicate whether or not the recipient has a history of violence or presents a danger of violence to the person under protection. Any information so disclosed shall be used for investigative purposes only and shall not be publicly disseminated. ... For the purpose of this subsection (a), the term "public official" means the Governor, Lieutenant Governor, Attorney General, Secretary of State, State Comptroller, State Treasurer or member of the General Assembly. The term shall also include the spouse, child or children of a public official.</p> | <p>740 ILCS 110/12 (a)</p> | <p>Any person participating in good faith in the disclosure of such information in accordance with this provision shall have immunity from any liability, civil, criminal or otherwise, if such information is disclosed relying upon the representation of an officer of the United States Secret Service or the Department of State Police that a person is under the protection of the United States Secret Service or is a public official.</p> |
| <p>Required Reporting Acts Allowing Disclosures</p> | | |
| <p>Abused and Neglected Child Reporting Act</p> | <p>740 ILCS 110/11 (i)</p> | <p>Any person, institution, or agency, under this Act, participating in good faith in the making of a report under the Abused and Neglected Child Reporting Act or in the disclosure of records and communications under this Section, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such action. For the purpose of any proceeding, civil or criminal, arising out of a report or disclosure</p> |

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| | | under this Section, the good faith of any person, institution, or agency so reporting or disclosing shall be presumed. |
| Sex Offender Registration Act; | 740 ILCS 110/11 (ix) | Same as above. |
| Rights of Crime Victims and Witnesses Act; | 740 ILCS 110/11 (x) | Same as above. |
| Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act; | 740 ILCS 110/11 (xi) | Same as above. |
| Section 55 of the Abuse of Adults with Disabilities Intervention Act. | 740 ILCS 110/11 (xii) | Same as above. |
| Additional Exceptions Allow for Disclosures | | |
| In the course of providing services and after the conclusion of the provision of services, a therapist may disclose a record or communications without consent to: (1) the therapist's supervisor, a consulting therapist, members of a staff team participating in the provision of services, a record custodian, or a person acting under the supervision and control of the therapist; | 740 ILCS 110/9 (1) | Information may be disclosed under this Section only to the extent that knowledge of the record or communications is essential to the purpose for which disclosure is made and only after the recipient is informed that such disclosure may be made. A person to whom disclosure is made under this Section shall not redisclose any information except as provided in this Act. |
| In the course of providing services and after the conclusion of the provision of services, a therapist may disclose a record or communications without consent to: (4) an attorney or advocate consulted by a therapist or agency which provides services concerning the therapist's or agency's legal rights or duties in relation to the recipient and the services being provided; | 740 ILCS 110/9 (4) | Same as above. |

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| <p>In the course of providing services, a therapist may disclose a record or communications without consent to any department, agency, institution or facility which has custody of the recipient pursuant to State statute or any court order of commitment.</p> | <p>740 ILCS 110/9</p> | <p>Same as above.</p> |
| <p>Records and communications may be disclosed in a proceeding under the Probate Act of 1975, to determine a recipient's competency or need for guardianship, provided that the disclosure is made only with respect to that issue.</p> | <p>740 ILCS 110/10 (a)(5)</p> | <p>No specific language</p> |
| <p>Records and communications of the recipient may be disclosed in investigations of and trials for homicide when the disclosure relates directly to the fact or immediate circumstances of the homicide.</p> | <p>740 ILCS 110/10(a)(9)</p> | <p>No specific language</p> |