Strategic Initiatives in Mental Health, AOD, Violence Prevention, and Wellbeing

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Objectives for Today

<table>
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<th>Learn</th>
<th>Learn innovative campus initiatives and campus collaborations to address issues of mental health, alcohol and other drugs, sexual violence prevention, and student wellbeing.</th>
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<tr>
<td>Examine</td>
<td>Examine avenues of campus collaboration and address challenges that lead to opportunities to develop and establish innovative programs and services.</td>
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<td>Engage</td>
<td>Engage in discussion to explore ways to develop collaborative initiatives to address issues of mental health, alcohol and other drugs, sexual violence prevention, and student wellbeing on respective campuses.</td>
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Strategic Initiatives

• Creating a campus mental health triage center;
• Developing a themed housing community and mentoring program focused on addressing sexual assault prevention;
• Establishing an HBCU collegiate recovery program (CRP);
• Development and launch of a comprehensive model and assessment of student wellbeing.
CARE: An Innovative & Collaborative Model for Mental Health Access

John M. Stein, Vice President for Student Life & Brandt-Fritz Dean of Students Chair
Administrative Lens – Evolution of CARE

- Administrative leaders recognized the growing need for innovation and increasing dissatisfaction with current mental health model

- Vice Presidents for Student Life and Campus Services charged a multidisciplinary clinical team to develop logistics of CARE

- Critical decisions around space, funding, staffing were made, and the hard questions were addressed:
  - Why not just add this as part of the existing Counseling Center?
  - How do we fund this?
  - Where’s the space for this new department?
  - How do we socialize clinical staff as well as the larger campus community to embrace a new model?
Administrative Lens – Evolution of CARE (continued)

• **Timeline**
  - Spring 2018 – Initial discussion of “Intake Center”
  - Fall 2018 – Implementation Team was Charged
  - Spring 2019 – Construction of New Pilot Space (half of Housing and Residence Life staff were displaced to a new office)
  - Spring 2019 – Naming of “CARE” by Students
  - Summer 2019 – Director of CARE was Hired
  - Fall 2019 - CARE Opened on the First Day of Classes
Our Goal

• A model with a single point of entry
• Rapid Triage (Walk in) with Risk Assessment
• Individualized Treatment Planning and Referral
• Provide some education, but not therapy per se

With the hope of reducing wait times, improving access to care, and reducing barriers to care.
Challenges

- Timing – aspirational goal to open center, but staff weren’t hired
- Space, funding
- Stakeholder buy-in (giving up a measure of control over intake systems)
- Problems using 2 different record-keeping systems
- Concerns over shared information
- Marketing to students
Lessons Learned

• Challenging to predict clinical flow
• “Goodness of fit” with hiring staff
• Technology
• Managing expectations of students, families, faculty, staff, etc.

• Translation of clinical flow plan with real-time flow
• Timing of same-day psychiatry appointments incompatible with student schedules
• Need for a “soft launch”