

MANAGING STUDENT MENTAL HEALTH AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

**Findings From a Critical Issues Forum with
Campus Public Safety Leaders**

**Sponsored by the
Historically Black Colleges and Universities –
Law Enforcement Executives and Administrators
and the
National Center for Campus Public Safety**

December 2016



Contents

Executive Summary	3
Background	4
<u>Participants</u>	6
Discussion of Challenges	7
Recommendations	9
<u>Human Resources</u>	9
<u>Training</u>	10
<u>Policies</u>	11
<u>Procedure</u>	12
<u>Communication</u>	12
<u>Culture</u>	13
Conclusion	13
Appendix A: Mental Health Resources for IHEs	14

This project was supported by Grant No. 2013-MU-BX-K011 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Executive Summary

Student mental health programs and services are in large demand at institutions of higher education (IHEs) throughout the United States, and many are facing substantial challenges in meeting that demand. Those challenges, in turn, have many IHEs re-evaluating their services to prevent and intervene in incidents involving persons with mental health concerns.

To learn more about the specific challenges IHEs, and Historically Black Colleges and Universities (HBCUs) in particular, face in preventing and intervening in incidents involving persons with mental health concerns, the National Center for Campus Public Safety (NCCPS) partnered with the Historically Black Colleges and Universities-Law Enforcement Executives and Administrators (HBCU-LEEAA) to facilitate a forum on July 12, 2016. The forum included 38 campus public safety executives and professionals from 28 HBCUs in 14 states. Participants discussed challenges they face related to mental health on campus but did not evaluate tactics or policies at specific HBCUs.

From this forum, a series of findings emerged:

- The need for mental health services is outpacing the growth in staffing and budgets for mental health services at many HBCUs.
- Too few campus safety officials and first responders are adequately trained in recognizing mental illnesses or responding effectively to persons in distress.
- HBCUs need clearer policies, more uniform procedures, and broader communication efforts to manage mental health incidents more effectively and efficiently.
- The social stigma attached to mental health is especially strong on campuses, and campus leaders exacerbate this when they do not prioritize mental health programs.

As a result of this discussion, forum participants developed recommendations for addressing the challenges faced in preventing and intervening in incidents involving persons with mental health concerns.

Background

A growing national discourse on mental health is taking place in America, and that discourse is present at many of the country's college and university campuses – campuses that are often struggling to meet their campus community's mental health needs because they are under-resourced or lack sufficient training, policies, and procedures.

Much of that discourse focuses on the sheer volume of mental health support needed at institutions of higher education (IHEs) today. Nearly one in five college-age adults (18-25 years old) suffers from a mental illness, according to the Substance Abuse and Mental Health Services Administration, and more than 7% had serious thoughts of suicide in the previous year. Nearly one in ten (8.81%) college-age adults had at least one major depressive episode in the previous year.¹

Eleven percent of students at IHEs use campus mental health services, and a growing number of students are looking to their campuses for help. According to a 2015 survey by the Association for University and College Counseling Center Directors, 73% of IHEs have seen the severity of student mental health concerns and related behaviors on their campuses rise in just one year.² Similarly, a 2015 survey by the Center for Collegiate Mental Health found that of 93 IHEs studied, the number of students seeking services at counseling centers jumped 29.6% between the 2009-2010 and the 2014-2015 academic years. This represents more than five times the growth rate in enrollment at those IHEs.

The study also found that the number of counseling center appointments grew by 38.4% over the same time period — more than seven times the growth rate in enrollment.³

From the Association for University and College Counseling Center Directors Annual Survey 2015

“Anxiety continues to be the most predominant and increasing concern among college students (47.3%), followed by depression (40.1%), relationship concerns (32.5%), suicidal ideation (20.2%), self-injury (12.8%), and alcohol abuse (10.6%). On average, 26.1% of students seeking services take psychotropic medications.”

Source: http://www.aucccd.org/assets/documents/aucccd_2015_monograph_public_version.pdf

¹ Substance Abuse and Mental Health Services Administration, “National Survey on Drug Use and Health: Comparison of 2011-2012 and 2012-2013 Model-Based Prevalence Estimates (50 States and the District of Columbia),”

<http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/ChangeTabs/NSDUHsaeShortTermCHG2013.htm>

² Association for University and College Counseling Center Directors, “The Association for University and College Counseling Center Directors Annual Survey,” Sept. 1, 2014 through Aug. 31, 2015.

<http://www.aucccd.org/assets/documents/aucccd%202015%20monograph%20-%20public%20version.pdf>

³ Center for Collegiate Mental Health, “2015 Annual Report,” http://ccmh.psu.edu/wp-content/uploads/sites/3058/2016/01/2015_CCMH_Report_1-18-2015.pdf

Accordingly, IHEs have understandably become more concerned about how to best support student mental health. However, many IHEs are having a difficult time addressing those concerns and meeting the growing demand for robust mental health programs on campus that are accessible and effective. Students seem to be noticing, too. In a 2012 study by the National Alliance on Mental Illness, nearly a quarter of college students (23%) said their IHEs were unsupportive of mental health issues. Additionally, nearly three quarters (73%) of students said they experienced a mental health crisis while at college. More than one third of those respondents (35%) said their IHEs did not know about the crisis, while 31% said their IHEs knew about their crisis but the IHE's response was only fair or poor.⁴

The National Center for Campus Public Safety (NCCPS) has taken the lead in identifying these challenges and soliciting recommendations for addressing them. Established in 2013, the NCCPS is a clearinghouse for information, research, training, promising practices, and emerging issues in campus public safety. It connects all forms of campus public safety, professional associations, advocacy organizations, community leaders, and others to improve and expand services to those who are charged with providing a safe environment on the campuses of the nation's colleges and universities.

The mission of the Historically Black Colleges and Universities Law Enforcement Executives and Administrators (HBCU-LEEA) is to protect and secure all students, faculty, staff, and guests of all HBCU campuses, to provide and share data which ensures quality law enforcement and security response to campus incidents, to comply with the Jeanne Clery Act and provide protective programs and training to HBCU-LEEA members, and maintaining the highest standards in promoting security and law enforcement for all HBCUs.

From the Center for Collegiate Mental Health 2015 Annual Report

“A subgroup of mental health variables have demonstrated worrisome increases over the last five years, making it clear that some specific aspects of college students’ mental health are changing and in need of focused consideration. For example, the average demand for counseling center services grew at least five times faster than average institutional enrollment. In addition, the last five years of data suggest that students seeking services are more likely to endorse ‘threat to self’ indicators such as serious suicidal thoughts and self-injurious behaviors, both of which increase the urgency for everyone involved. Finally, this year’s report finds that the growing percentage of students with ‘threat to self’ indicators are provided with nearly 30% more services. Collectively, these three trends represent a perfect storm for college counseling centers.”

Source: http://camb.psu.edu/wp-content/uploads/sites/3058/2016/01/2015_CCMH_Report_1-18-2015.pdf

On July 12, 2016, the NCCPS and the HBCU-LEEA partnered to conduct a forum discussion that included 38 campus public safety executives and professionals from 28 HBCUs in 14 states. The

⁴ National Alliance on Mental Illness, “College Students Speak: A Survey Report on Mental Health,” 2012. https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf

goal of the forum was to identify challenges and potential solutions, including available resources, to assist the HBCU community in preventing and intervening in incidents that involve persons experiencing mental health concerns. The group also drafted recommendations to mitigate those challenges. A summary of the forum discussion and available resources (Appendix A) follows.

Participants

Latrice Anderson, Florida Memorial University

Gloria Blaire, Livingston College

Steve Bowser, Spelman College

Bruce Bulluck, J.F. Drake State Community & Technical College

Joseph Chevalier, Morehouse School of Medicine

Julian Coaxum, Dillard University

Troy Covington, Norfolk State University

Randel Davis, Bethune-Cookman University

Edna Drake, Tougaloo College

Lewis Eakins, Idaho State University

Ruth Evans, Lincoln University

Edward Fuller, Crime Stoppers Northeast Florida

David Glover, Hampton University

Becky Goudy, e2 Campus

Willie Gray, Jackson State University

Leonard Hamm, Coppin State University

Melvin Harris, Oakwood University

Lindsey Horton, Jackson State University

Lee James, Johns Hopkins

Nicole Johnson, Shaw University

Odetta Johnson, North Carolina Central University

Brian Jordan, Howard University

Amy Lukes, Ohio Program for Campus Safety and Mental Health

Calvin Matthews, Jackson State University

Joseph Nelson, South Carolina State University

Anita Phillips, Philander Smith College

Greg Robinson, Tennessee State University

Joi Simmons, Delaware State University

Maxcie Thomas, University of Arkansas - Pine Bluff

Alan Van Norman, Allied Barton

Ernest Waiters, Bowie State University

Tremont Walker, Clark Atlanta University

Leron Weeks, Mississippi Valley State University

James Weldon, Voorhees College

Adrian Wiggins, Morgan State University

Melvin Williams, Bethune-Cookman University

Charles Wilson, North Carolina A&T State University

Gwen Wortham, Shaw University

Discussion of Challenges

The forum participants identified challenges they experience related to preventing and intervening in incidents that involve students experiencing mental health concerns. Generally, those challenges fall into six broad categories:

1. **Human resource needs.** Many HBCUs lack adequate staff to provide counseling, manage programs, lead teams, or provide specialized therapy for their growing population of students with mental health needs. This results in extended waits for service, inadequate service, and more pressure on existing staff.
2. **Training needs.** Forum participants indicated their campuses experience challenges with providing the right training to the right people, due to lack of available resources. As a result, not enough staffers, including campus safety officers, have the skills to recognize the signs of mental illness or to respond effectively to incidents involving students experiencing mental health concerns.
3. **Policy needs.** Campuses do not always have detailed, written policies that describe the fundamental roles, responsibilities, and mutual aid required to provide mental health services to their students both on and off campus.
4. **Procedural issues.** IHEs can be inconsistent or deficient in the tactical steps they take to prevent and intervene in incidents involving students experiencing mental health concerns. These inconsistencies and deficiencies can lead to insufficient information collection about potential threats, improper response protocols, poor incident documentation, and other consequences.
5. **Communication obstacles.** Although colleges and universities largely support more communication among departments, parents, community partners, medical providers, and

By the Numbers: Counseling Centers

- **20%:** *students seen in counseling centers who utilize more than 50% of all appointments.*
- **1:** *most common number of appointments per client per year.*
- **5.86:** *average number of appointments per client.*
- **61%:** *amount of counseling center staff's time spent on providing direct clinical service.*
- **39%:** *amount of counseling center staff's time spent on supervision, training, meetings, teaching, and other activities.*
- **71%:** *students who said counseling services helped their academic performance.*
- **57.9%:** *proportion of campuses that do not provide an active crisis hotline for students.*

Sources: items 1-3, Center for Collegiate Mental Health, "2015 Annual Report," http://cemb.psu.edu/wp-content/uploads/sites/3058/2016/01/2015_CCMH_Report_1-18-2015.pdf; items 4-7, Association for University and College Counseling Center Directors, "The Association for University and College Counseling Center Directors Annual Survey," 2015. http://www.aucccd.org/assets/documents/aucacd_2015_monograph_public_version.pdf

law enforcement, several participants said regulatory requirements restrict or have a chilling effect on that communication. The policies of external partners also affect what campus officials know and when they know it, creating hurdles in effective response and program management.

- 6. Cultural barriers.** Participants indicated that the social stigma around reporting mental health concerns, combined with less than ideal leadership engagement, is creating significant barriers that hinder efforts to prevent or intervene in incidents that involve students experiencing mental health concerns.

Recommendations

The participants identified a broad range of recommendations that could help campuses overcome their challenges regarding preventing and intervening in incidents that involve persons experiencing mental health concerns.

Human Resources

Recommendation #1: Pursue alternative sources of funding.

HBCUs must be creative in securing revenue sources. Nearly 8 out of 10 (79%) respondents in the Association for University and College Counseling Center Directors 2015 Annual Survey said the operating budgets for their counseling centers either remained the same or were reduced in the past year.⁵ Forum participants said applying for federal grants is certainly a viable option but added that if mental health services leaders are able to tie service and outcome data to academic performance, they may also be able to apply for Title III funding provided by the Department of Education for IHEs that serve low-income students.⁶ They also noted that HBCUs could look into opportunities for community grants and sponsorships, or partnerships with private companies that may provide equipment or funding.

Recommendation #2: Prioritize gaining administrative engagement on mental health services.

Forum participants said HBCU leaders might overlook the importance or the need for robust mental health services on campus because they lack data about their value or effectiveness. By collecting and presenting data that demonstrates how mental health services affect the institution's enrollment, attrition, student satisfaction, and branding, campus mental health leaders may be able to increase the visibility of and support for services at the higher levels of the institution's administration. Participants also recommended utilizing real world incidents at other IHEs as momentum for conducting campus training and exercises to raise awareness about the prevalence of campus mental health issues in America.

⁵ Association for University and College Counseling Center Directors, "The Association for University and College Counseling Center Directors Annual Survey," 2015. <http://www.aucccd.org/assets/documents/aucccd%202015%20monograph%20-%20public%20version.pdf>

⁶ <http://www2.ed.gov/programs/idedtitle3a/index.html>

From the Center for Collegiate Mental Health 2015 Annual Report

“The lifetime prevalence rate for serious suicidal ideation (i.e., “I have seriously considered suicide”) has increased substantially over the last five years from 23.8% to more than 32.9%. This is a considerable change, especially in the context of other indices that are decreasing, flat, or increasing only slightly.”

Source: http://cchb.psu.edu/wp-content/uploads/sites/3058/2016/01/2015_CCMH_Report_1-18-2015.pdf

Recommendation #3: Prioritize student buy-in regarding support for campus mental health services.

Mental health leaders should attend student senate meetings and talk about mental health issues and resources on-campus. For the HCBU community, discussions surrounding how mental health issues impact people of color uniquely and other campus cultures associated with mental health are important. This builds positive interactions with student leaders, fostering a relationship built on trust, which facilitates better information sharing. Engaging more with parents about the programs and services available on campus can generate support for these programs as well.

Training

Recommendation #4: Broaden the training.

HBCUs must include more people from across campus in mental health response training, and they must modernize the training for ease of access and allow people in other campus disciplines to obtain the training online or electronically. This reduces location, timing, and scheduling issues as well.

Recommendation #5: Conduct joint exercises.

Forum participants said tabletop exercises are critical, efficient ways to evaluate situations and lessons learned. Discussion-based exercises allow for a thorough review of policies, plans, and procedures in a more cost-effective fashion than operations-based exercises. Tabletop exercises help to quickly uncover gaps in engagement and process steps.

Recommendation #6: Explore training partnerships.

Participants said HBCU administrators might overlook training resources, many of them free or low cost, from community mental health groups, local health departments, federal government agencies, and nonprofit organizations (see Appendix A for a list of available resources). Surveying other campus departments may also reveal novel training or tactical resources that can help prevent or respond to incidents involving students experiencing mental health concerns.

Recommendation #7: Create better assessments of the IHE’s mental health policies, practices, services, and resources.

In order to come up with appropriate solutions, IHEs must assess what is working and not working so they can improve their training. Assessing people, materials, equipment, shelters, hospitals, and other programs is an important step, according to forum participants.

Policies

Recommendation #8: Require more detailed written policies.

Campus mental health teams must make a point of creating detailed, vetted documentation for the rules and procedures that apply to providing mental health services and programs. These policies should be written for all types of responders, and they should obtain senior-level and legal counsel approval, as well as input from appropriate departments. National organizations and accreditation groups may also have input, and their external evaluations could lend weight to the IHE's credibility and liability coverage. Several participants noted that formal accreditation by the International Association of Campus Law Enforcement Administrators or the Commission on Accreditation for Law Enforcement Agencies may be wise to demonstrate the presence of best practices at the IHE, for example. Campuses should also ensure their policies are campus wide in scope and do not inadvertently assume just one group is "handling it." Some participants recommended hiring policy consultants to review existing policies.

Recommendation #9: Develop MOUs.

Participants recommended that IHEs have signed memoranda of understanding (MOUs) with all critical partners so all parties know their roles, responsibilities, and expectations before incidents involving students with mental illness occur. MOUs also bring more accountability to the prevention and intervention processes. Campus safety teams, mental health offices, counseling center professionals, and external health and law enforcement partners should all be parties in MOUs.

Recommendation #10: Create internal and external policy repositories.

Writing policies can be a difficult task. Participants recommended establishing a national repository for policies and best practices for evaluation procedures. This could provide useful templates to campuses, assuming they're consistent with state laws and are from accredited organizations and schools. A repository could also lead to benchmarking guidelines for policy development.

Recommendation #11: Provide for transitional services.

IHEs may not be specific enough in their policies regarding how they will transport students to locations to receive mental health treatment, and how they will accompany, guide, counsel, or chaperone students off campus to critical care facilities and services. Participants recommended placing particular emphasis on transport and transitional services in the institution's mental health policies.

Procedure

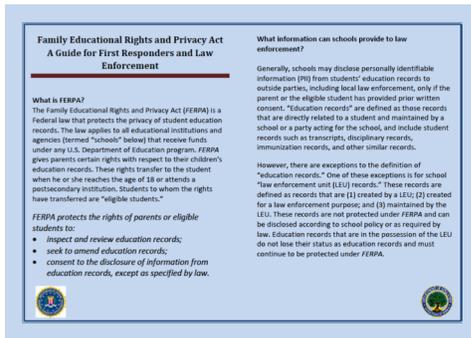
Recommendation #12: Establish standardized practices for mental health responses.

Based on the discussion, HBCUs' mental health response procedures appear to vary widely. The participants felt this wide variation creates risks for IHEs and more uniformity and best practices should form around "acceptable" or "standard" responses.

Recommendation #13: Require after-action reports.

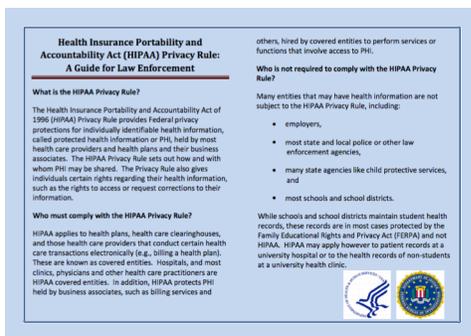
After-action reports of real world incidents inform administrators about the effectiveness of their training. This information helps teams improve, provides insights into coverage gaps, and analyzes differences in expectations. Participants recommend creating after-action reports for all response situations involving persons experiencing mental health concerns.

Family Educational Rights and Privacy Act (FERPA): A Guide for First Responders and Law Enforcement



Source: <https://ucr.fbi.gov/office-of-partner-engagement/active-shooter-incidents/ferpa-guide.pdf>

Health Insurance Portability and Accountability Act (HIPAA): A Guide for Law Enforcement



Source: <https://ucr.fbi.gov/office-of-partner-engagement/active-shooter-incidents/hipaa-guide.pdf>

Communication

Recommendation #14: Work with a legal team.

Participants noted that federal privacy regulations (e.g., FERPA) do have exceptions available to IHEs in certain circumstances that allow them to relay student information to third party critical care providers. They noted that campuses should engage their legal teams to determine when it is appropriate to share student information with third parties, which will in turn help guide and define policy, as well as mitigate liability risk.

Recommendation #15: Create a written list of critical partners.

Administrators are struggling to ensure the right partners get critical information in a timely manner. To improve this situation, participants recommended campuses create written lists of critical partners and share those lists with other IHEs to ensure no organizations are out of the loop when an event occurs. Participants also recommended creating a checklist for communicating with critical partners so all information is conveyed appropriately.

Recommendation #16: Review MOUs annually.

Forum participants recommended that IHEs review their MOUs at least once a year with their partners. Doing so ensures the MOU language is still viable and strengthens the relationship between campuses and their critical partners. It also provides an opportunity to update the agreement for new or emerging circumstances.

Culture

Recommendation #17: Encourage self-reporting during orientation.

Administrators cannot force students to disclose mental health conditions, but forum participants recommended asking for voluntary self-disclosure during orientation. This could be incorporated into ongoing anti-stigma campaigns that would allow IHEs to make vulnerable students aware of their available services and more willing to seek assistance.

Conclusion

The recommendations developed as a result of this forum are the first step in addressing mental health at HBCUs. Ongoing communication between public safety and other officials is paramount to help address the challenges and increasing need for supportive and effective mental health services for students with differing mental health needs. Partnerships with off-campus providers can augment campus-based services that may help provide a larger mental health network that will benefit both IHEs and students.

Appendix A: Mental Health Resources for IHEs

Name	Description	Notable Resources	URL
Active Minds	Voice of young adult mental health advocacy nationwide	Program to aid students in creating structural and policy change on their campuses	http://activeminds.org/
American Academy of Child & Adolescent Psychiatry (AACAP)	Professional medical association dedicated to treating and improving the quality of life for children, adolescents, and families affected by mental illness	Clinical practice guidelines; Diversity and Cultural Competency Curriculum for Child and Adolescent Psychiatry Training	http://www.aacap.org/
American College Counseling Association (ACCA)	Professional association for counseling, psychology, and social work fields	Counseling standards	http://collegecounseling.org/
American College Health Association (ACHA)	Networking base for college health professionals	Policy guidelines, recommendations, and position statements to assist college health professionals	http://acha.org/
American Foundation for Suicide Prevention (AFSP)	Funds research, educational programs on suicide prevention	"The Truth About Suicide: Real Stories of Depression in College" educational program for IHEs to integrate suicide prevention into campus life	https://afsp.org/
American Medical Association (AMA)	Promotes scientific advancement, improved public health, and invested in the doctor and patient relationship	Continuing medical education; patient education materials	https://www.ama-assn.org/
American Mental Health Counselors Association (AMHCA)	Organization for licensed clinical mental health counselors	Webinar archives	http://www.amhca.org/
American Psychiatric Association (APA)	Advocates for humane care and effective treatment for all persons with mental illness	Online hub for on-demand education, transcripts, and learning portfolios	https://psychiatry.org/
American Psychological Association (APA)	Largest scientific and professional organization representing psychology in the United States	Office of Continuing Education in Psychology; Office of Program Consultation and Accreditation	http://www.apa.org/
Association for Behavioral Health and Wellness (ABHW)	Advocacy organization for managed behavioral health organizations	Advocacy for insurance payments regarding mental health care	http://abhw.org/

Association for University and College Counseling Center Directors (AUCCCD)	Innovates, educates, and advocates for collegiate mental health	Various; requires registration	http://www.aucccd.org/
Black Mental Health Alliance (BMHA)	Training, consultation, support groups, resource referral, public information, and educational resources	Clinician referrals, depression screenings, and periodic workshops, trainings and symposiums	http://blackmentalhealth.com/
Center for Collegiate Mental Health (CCMH)	Research network focused on providing accurate and up-to-date information on the mental health of today's college students	Standardized Data Materials, Titanium listserv	http://ccmh.psu.edu/
Commission on Accreditation for Law Enforcement Agencies (CALEA)	Accredits public safety services	Written directive regarding the interaction of agency personnel with persons suspected of suffering from mental illness	http://www.calea.org/
Crisis Intervention International (CII)	Facilitate understanding, development and implementation of Crisis Intervention Team CIT programs	Training course in CIT	http://citinternational.org/
Crisis Text Line	Free 24/7 support for those in crisis	Hotline	http://www.crisistextline.org/
Federal Bureau of Investigations (FBI)	National Security Organization	Law enforcement bulletins on mental health; national crime data	https://www.fbi.gov/
Federal Emergency Management Administration (FEMA)	Disaster mitigation, preparedness, response, recovery, education, and references	Crisis Counseling Assistance & Training Program; Emergency Management Institute	https://www.fema.gov/
Higher Education Mental Health Alliance (HEMHA)	Advocacy actions, policy development and review, practice dissemination, and the promotion of research across the mental health continuum	"Postvention: A Guide for Response to Suicide on College Campuses"; "Balancing Safety and Support on Campus"	http://hemha.org/
Historically Black Colleges and Universities — Law Enforcement Executives and Administrators (HBCU-LEEA)	National organization of police chiefs, executives and security directors that advance campus public safety	Accreditation; annual conference	http://hbcu-leea.org/
International Association of Campus Law Enforcement Administrators (IACLEA)	Advances public safety for educational institutions by providing educational resources, advocacy and professional development	Loaned Executive Management Assistance Program (LEMAP)	http://iaclea.org/

International Association of Chiefs of Police (IACP) - University/College Police Section	Organization that serves as the professional voice of law enforcement	Leadership, management, administration, and international training	http://www.iacp.org/University-College-Police-Section
International Association of Counseling Services (IACS)	Accreditation association for university and four year college counseling services	Standards for University and College Counseling Services	http://iacsinc.org/home.html
JED Foundation	Promotes emotional health and suicide prevention among college and university students	Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities	https://www.jedfoundation.org/
Mental Health First Aid (MHFA)	Eight-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders	Mental Health First Aid course teaches risk factors and warning signs, strategies to help someone in both crisis and non-crisis situations, and where to turn for help	https://www.mentalhealthfirstaid.org/cs/
Mentalhealth.gov	Division of Department of Health and Human Services	Basics for recognizing disorders	https://www.mentalhealth.gov/
National Alliance on Mental Illness (NAMI)	Grassroots mental health education, advocacy and support organization	Research, public policy	http://www.nami.org/
National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)	National voice for county and local behavioral health and developmental disability authorities	Legislative policy, newsletters	http://nacbhdd.org/
National Association of State Mental Health Program Directors (NASMHPD)	Member organization representing state executives responsible for public mental health service delivery system	National Center for Trauma Informed Care	http://nasmhpd.org/
National Board for Certified Counselors (NBCC)	Independent certification organization	Examination preparation	http://www.nbcc.org/
National Center for Injury Prevention and Control (NCIPC)	Sponsored by the Centers for Disease Control and Prevention	Online knowledgebase	http://www.cdc.gov/injury/
National Commission on Certification of Physician Assistants (NCCPA)	Provides certification programs that reflect standards for clinical knowledge, clinical reasoning and other medical skills and professional behaviors	Certification guidelines and requirements	http://www.nccpa.net/
National Council for Behavioral Health (NCBH)	State associations of addiction services	Best practices	https://www.thenationalcouncil.org/

Office on Violence Against Women (OVW)	Component of the U.S. Department of Justice, provides federal leadership in developing the national capacity to reduce violence against women	Training	https://www.justice.gov/ovw
Police Executive Research Forum (PERF)	Police research and policy organization; provider of management services, technical assistance, and executive-level education	Use-of-Force Guiding Principles, mental health research and publications	http://www.policeforum.org/
Substance Abuse and Mental Health Services Administration (SAMHSA)	Agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation	Grants; variety of programs	http://www.samhsa.gov/
TargetSolutions	Public safety online training management system	Software	http://www.targetsolutions.com/
The Steve Fund	Dedicated to the mental health and emotional well-being of students of color	Crisis text line, scholarships, newsletters	http://www.stevfund.org/
VTV Family Foundation	Increase school safety by enhancing safety practices, creating expert training programs, raising safety awareness through media, educating political leaders on safety policies and if tragedy strikes, deploying crisis response teams	Crisis Response Team	http://www.vtvfamilyfoundation.org/