

# WELLNESS RESOURCE CENTER STRATEGIC PLAN

2018  
REVISION



COLORADO COLLEGE  
**The Wellness  
Resource Center**

# Wellness Resource Center Strategic Plan: 2018 Revision

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### Executive Summary

The Wellness Resource Center approach to wellness is holistic and multidimensional, and our mission statement emphasizes that individual wellness is embedded within an inclusive, healthy community. Our model also emphasizes that wellness is an active process in which individuals learn and make choices that move them toward achieving their full potential. Indeed, the habits of self-care, critical thinking, and community engagement that our students develop at CC will serve them long after graduation as they encounter new challenges in their worlds of work, relationships, and community.

A holistic wellness framework contributes significantly to student flourishing and thriving by helping individuals reach their full potential through a collaborative, strengths-based approach that recognizes and addresses the whole person living within the broader community.

Organizations as diverse as Gallup and the American Association of Colleges and Universities recognize that wellness is inextricably linked to success in higher education and in life. It may be obvious that illness and injury can impede learning and discovery, but it is also true that wellness, which includes resilience and confidence **enables** exploration, discovery, and learning. When flourishing and thriving, students are driven by a sense of purpose and connection to values, which **ignite** their excitement and engagement with learning opportunities. And, as students engage in a quest for knowledge and an understanding of the interconnected nature of our world, they also **deepen** their own complex understanding of themselves as full human beings. In the words of Donald Harward (2016), "Attending to well-being is to realize a fundamental dimension of the purpose of higher education!"

The time is right to update the Wellness Resource Center Strategic Plan. Significant progress has been made on the priorities and initiatives identified in the original WRC strategic plan created in 2014. Additionally, other campus initiatives like the JED Campus Project, Equity in Mental Health Framework Pilot, and the update to the CC Strategic Plan, which share synergies with WRC goals, have generated meaningful attention and energy. We can capitalize on this momentum by refining and clarifying our strategic initiatives, and by investing in developing capacity across campus to support student and community wellbeing.

### Key Priorities for the Wellness Resource Center:

- Provide leadership, coordination, and integration of campus health and wellness initiatives.
- Assess and identify trends and priorities through community engagement, data collection, and analysis using culturally sensitive and competent strategies.
- Develop and implement high priority evidence-based strategies to reduce harm and capitalize on individual protective factors and community protective factors to help individuals reach their full potential and foster a healthy inclusive campus community.

### **Priority 1: Leadership, coordination, and integration of campus health and wellness initiatives.**

The WRC collaborative approach to program development is consistent with the initiatives in the revision of the CC Strategic Plan: Building on the Block: 2.0, such as “Develop new ways to connect efforts that support the curricular and co-curricular. More intentionally connecting academic departments to student life and other offices could increase collaboration and eliminate redundancy.” Because we utilize a holistic model and approach, we consistently strive to connect our work to student learning inside the classroom, and to engage partners across campus to extend our reach, increase the impact of our programs, and reduce redundancy. Addressing over-programming is a divisional and campus-wide priority. As the campus works to reduce overall programming, we will need to better prioritize, integrate, and coordinate offerings. Because of our holistic, public-health approach, the WRC is well positioned to play a key role in helping to set priorities for health and wellness-related programming, as well ensuring that the programming offered on campus is developed with best practices and evidence in mind. We will also work to connect wellness related events and programs across campus, and provide leadership to integrate and coordinate campus health and wellness initiatives within the broad framework of a holistic, multi-dimensional model. Developing strategic college-wide relationships and collaborations will be a key to success in better integrating and coordinating programming.

#### **Integrating Academic and Co-Curricular Experiences:**

The 2014 WRC Strategic Plan emphasized articulating and promoting a comprehensive holistic wellness model because students clearly articulated the desire to live integrated lives. This approach continues to resonate with students, as reflected in the updates to the CC Strategic Plan focused on connecting the CC experience. Over the last several years, the WRC has been developing programming designed to create space for reflection, build self-awareness, and empower students to expand their notions of success to include failure, resilience, and growth. Because holistic wellness is essentially a collaborative endeavor, we have developed many successful collaborations across offices and departments. Moving forward, we will build upon this foundation to contribute to the institutional goal of helping students integrate their academic and co-curricular experiences with a focus on the following:

#### **Connecting the Curricular and Co-Curricular: Case Study 1**

In the springs of 2018, the WRC collaborated with Feminist & Gender Studies, The Butler Center, and the Counseling Center to bring researcher Dr. Quenette Walton to campus. She gave a public lecture titled, “Bridging the Gap: An Intersectional Exploration of Mental Health Disparities Among Middle-class African American Women.” On the following day, she facilitated a convergence class with students from two classes (Dr. Chantal Figueroa’s Global Women’s Health, and Dr. Heidi Lewis’ Feminist Theory), and had a lunch-time conversation with students from several student organizations (Black Women at CC, Mind Body Soul, GROW, and NAMI on Campus). This collaboration is an example of the way the WRC works to directly connect co-curricular prevention and health promotion and education with the academic curriculum. Opportunities like this enrich and integrate students’ learning.



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- Capitalize on our collaborative model of wellness promotion and education to invigorate the block by developing relationships and programming that connect curricular and co-curricular programming across disciplines.
- Invest in developing capacity across campus to support student and community wellbeing by building on successful professional development programs and collaborative programming.
- Build upon the Failure & Resilience Project and continue collaborations with offices like Innovation, Outdoor Education, Arts and Crafts, and the Fine Arts Center to encourage students in building creativity, taking risks, and recovering from failure. These kinds of initiatives also support the mental health promotion efforts discussed in more detail below.
- Build upon successful programming designed to build self-awareness and reflection to help students reflect on, link, and integrate students' academic and co-curricular experiences.

### Providing Leadership to Prioritize, Integrate, and Coordinate Campus Programs

In our work with students, we often hear that they feel overwhelmed by everything they have on their plates, and the wealth of campus programming makes it difficult to choose where to invest time. With regard to health and wellness-related programming, we will need to better prioritize, integrate, and coordinate offerings. Grounded in the trend analyses that we conduct, the WRC can provide leadership in setting priorities informed by an understanding of the interconnections between diverse wellness issues (i.e., mental health, suicide, substance abuse, violence, etc.). We can also utilize our theory-driven and evidence-based Public Health approach to help ensure that the programming offered on campus is developed with best practices and evidence in mind. Areas of focus for this initiative include:

#### **Connecting the Curricular and Co-Curricular: Case Study 2**

In the fall of 2018, the WRC collaborated with the Crown Faculty Center and Campus Activities and Residential Life to bring sleep researcher Dr. Roxanne Prichard to campus. While on campus, she consulted on best practices with the Wellness Resource Center staff and the Residential Life Coordinators, presented at a Crown Faculty lunch about the connections between sleep and academic performance/success, facilitated a "Sleep 101" workshop for students, staff, and faculty, and gave a public lecture titled, "Cell Phone Use: a Mediating Factor of Undergraduate Health & Wellness." This set of programs highlighted the connections between wellbeing and academic success and performance, and engaged faculty in embracing and modeling healthy behaviors.



- Use trend data/information to help direct programming toward priority areas
- Develop more collaboration with the Crown Faculty Center in order to better integrate mental health gate-keeper information and professional development opportunities into faculty on-boarding and professional development, work on strategies to increase collaboration with faculty in order to connect the curricular and co-curricular, and support faculty in embracing and modeling healthy behaviors.
- Develop more collaboration with Residential Life. A benefit of being a residential college is that it allows us to highlight the pervasive role of wellness themes and dimensions in our lives through curricular, co-curricular, and community engagement. At this time, we

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are not making the most of this. Examples of high impact collaborations in this area include:

- Increased partnerships between the Health Educator and Residential Life Coordinators to better screen for substance abuse during conduct processes and to connect students to resources that can help them move toward healthy choices so that they can achieve their full potential.
- Partnerships between the WRC and Residential Assistants to increase student engagement in opportunities to develop life skills like stress management, conflict management, etc.
- Provide leadership on the JED Campus Project and the Drug Free Schools and Campuses Act (DFSCA) committee. Prevention and health promotion are the primary focus of the JED strategic plan and of the DFSCA Committee, and this is the focus of the WRC as well.
- Connect student organizations more meaningfully to offices where they can receive mentorship, training, and content-area advising.
- Continue to provide leadership on protocol and policy development in areas like immunizations, health insurance, and behavioral intervention teams.
- Connecting and centralizing information and referrals
  - Consistency of messaging in campus prevention programming
  - Working collaboratively with other offices (i.e., Counseling, Health Center, Accessibility Resources, Student Success and Advising) to streamline how students can access resources and information
    - Consolidate and expand on-line resources
    - Develop a shared webpage where students, staff, and faculty can access information about support and reporting resources (examples include Vanderbilt University's Student Care Network, or University of Colorado, Boulder's Don't Ignore It webpages and campaign)
    - Links to on-line resources for wellness (i.e., the current WRC list of apps for self-care and self-connection, Cash Course, etc.).
    - Development of a referral repository (i.e., mental health practitioners, LGBTQIA+ friendly providers, general and specialty medical providers, etc.)

## Priority 2: Assess and identify trends and priorities through community engagement, data collection, and analysis

Accurate data regarding the health and wellness needs of the campus community is the first step in developing new programs, and supports ongoing program evaluation efforts. In order to identifying trends and priorities, the WRC draws from current research and best practices in the literature, and we engage in ongoing assessment activities ranging from regular meetings with CCSGA representatives and other student leaders to formal surveys (WRC-administered and those administered by campus partners). Recent surveys administered by the WRC include the Healthy Minds Survey (Spring, 2018; n=778), Think About It (2017 and 2018 First Year Student Cohort), and the National College Health Assessment Survey (Spring, 2017; n=382). During the 2017-2018 academic year, the college launched a four-year collaboration with the JED Foundation. As part of that collaboration, the campus undertook an extensive self-assessment and review by the JED Campus team, resulting in an action plan and set of recommendations from JED. Additionally, campus partners across campus engaged in data collection through surveys and focus groups during the 2017-2018 academic year, including the Student Transitions Project and the Food Service Review. Taking all of this information into account, the following needs emerged.

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### Needs Identified from National and CC Data:

#### Mental Health and Suicide:

Multiple national studies (i.e., Twenge, 2017; American College Health Association, 2017; Harris Poll, 2015) have drawn attention to the fact that today's college students are less emotionally prepared than previous generations, and they increasingly arrive on campus with histories of significant mental health challenges. Making social connections and a sense of belonging are important predictors of student success, resiliency, and thriving. Students of color in particular are more likely to feel emotionally unprepared (Harris, 2015), and face additional barriers to access resources and support.

Anecdotally, CC students, staff, and faculty identify mental health as a primary issue facing our students. The office of Accessibility Resources has seen increased demand over the last several years. Of the 18% of CC students who are fully registered with the office, more than a third receive accommodations for psychological disorders. Demand for appointments at the CC Counseling Center has kept pace with increased staffing over the last several years, with more than 30% of CC students utilizing the Counseling Center each year. Because they were consistently hearing from their peers about struggles with mental health, the CCSGA made mental health their focus during the 2018 spring semester. Members of the CC Honor Council also reported that they were seeing impacts of mental health challenges in their investigation and hearing processes, prompting them to seek additional training on identifying and responding to signs of mental distress.

Data collected from Colorado College students also indicate that mental health challenges are significantly impacting our students. Some key metrics from the Healthy Minds Survey (HSM) and the National College Health Assessment (NCHA) include: CC students scored low on measures of Flourishing and Resiliency, and expressed a sense of isolation; they struggle with high levels of self-injurious behavior and suicidal ideation, and report that mental health challenges are significantly impacting their academic performance (see Appendix 1 for specific statistics). Consistent with national data, students from under-represented groups appear to be at increased risk for mental health challenges on the CC campus.

***Given the significant impact of mental health challenges and illnesses, and the danger associated with suicidal ideation and behaviors, mental health promotion and suicide prevention must be priority areas of focus for the campus and the WRC. Attending to the mental health needs of students of color and other marginalized communities and connecting these efforts to other inclusion and equity initiatives will be particularly important for success.***

#### Substance Abuse:

While Jean Twenge's (2017) iGen research suggests that the current generation of college students may be using substances less, this does not seem to be true of CC students. Data collected from Colorado College students suggests that substance abuse is a significant issue on our campus. Some key metrics from the Healthy Minds Survey (HM), National College Health Assessment (NCHA, 2017), and Think About It survey administered to all incoming students (TAI, 2017) include: CC students use alcohol at higher frequencies and in higher-risk ways before matriculation than other college students across the country, and continue to use alcohol and to drink in high-risk ways once on campus; they also use other substances at high rates (see Appendix 2 for specific statistics). Harmful and underage drinking and other drug use is a significant public health issue, and the health and safety of our students is a primary concern for us as a campus. In the United States each year, approximately 1,825 college students die from alcohol-related unintentional injuries; about 696,000 college students are assaulted by another

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student who has been drinking; and about 97,000 students report experiencing alcohol-related sexual assaults (NIH, 2015).

Data collected at Colorado College suggests that, congruent with our students' high rates of substance use, they are also experiencing significant impacts of this use. In the 2017-2018 academic year, 51.2% of the conduct load involved drug/drug paraphernalia and irresponsible alcohol use and resulted in a range of sanctions including fines, probation, leaves of absence, suspension, and dismissal. Campus Safety had approximately 216 calls for service related to alcohol and other drug use during the 2017-2018 academic year. Of those calls, approximately 35% resulted in a medical transport due to a wellness/safety assessment. Results from the NCHA (2017) survey indicate that when they drink, CC students injure themselves, have unprotected sex, and experience non-consensual sex at significantly higher rates than other college students nationwide. They also experience negative academic impacts from their substance use at higher rates than the national average. About 4% of CC students seriously consider suicide while drinking (see Appendix 2 for specific statistics).

An additional concern for us as a campus is the impact that our culture has on student's sense of belonging and well-being. In our conversations with students, the predominant culture on campus is identified as a party culture, and drinking tends to be the focus on social events, rather than a by-product. For example, prior to a campus music event, students reported that the primary conversations they were hearing about the event were not about the music, but rather about what substances peers were planning on taking. Anecdotally, we hear from students who don't drink that our campus culture contributes to feelings of not fitting in or difficulty finding a social group. Students have identified that CC is often a difficult place to be when recovering from addiction because substance use is so often a focus of social activities. One such student shared an example of how at a celebration for Seniors where other students were being served beer and wine, she went to the bar and asked for a non-alcohol beverage and was directed to a water fountain. This made her feel that students who don't drink are not even recognized by the institution. This challenge to belonging may be felt more keenly for students of color, who nationally are less likely to drink or to drink in high risk ways. Research at other institutions (i.e., Washington, Ziong, Kowalik, 2015) also suggests that students of color are more likely to experience micro-aggressions from their peers who have been drinking. We have certainly have heard from students of color who have reported experiencing micro-aggressions within the context of drunken peers. Creating an inclusive campus community requires critical assessment of how campus drinking culture impacts how members of marginalized communities feel.

***Given the significant impact of substance abuse, prevention efforts aimed at reducing substance abuse and changing the campus culture/climate related to substance use must be priority areas of focus for campus and the WRC. Connecting these efforts to inclusion and equity initiatives across campus, and to mental health promotion and violence prevention efforts will also be a key to success.***

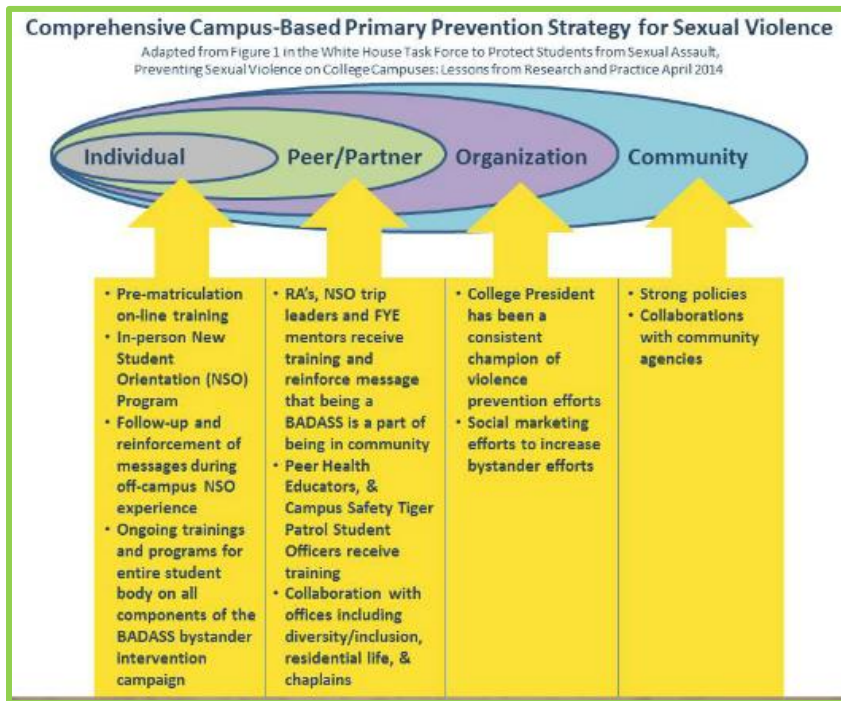
### Sexual & Relationship Violence:

Sexual violence and other gender-based violence continues to be a significant public health issue on college campuses across the country. National data suggest that approximately 1 in 5 women experience attempted or completed sexual assault during their college years. New students to campus are at increased risk for assault during the first several months on campus (Kimble, et al., 2007). On the Colorado College campus, there continues to be high demand for response services from the Sexual Assault Response Coordinator, and data collected from students confirms that rates of sexual assault and other gender-based violence are high. Overall, more than 20% of CC students experienced unwanted sexual contact within a 12-month period of time, and 9% of CC students



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experienced sexual penetration attempt without their consent in the previous 12 months. As noted above, alcohol is a significant factor in sexual assaults on our campus, with 7% of students experienced non-consensual sex when drinking in the previous 12 months. CC students also reported experiencing emotionally abusive relationship (9%), physically abusive relationships (2%), and stalking (5%) in the previous 12 months. Women on our campus are significantly more at risk for all of these experiences except physically abusive relationships, where men reported this experience at the same rates as women (see Appendix 3 for specific statistics)



Having a comprehensive multi-faceted set of prevention education programs that targets all levels of the social ecological model (individual, interpersonal, institutional, community, societal) is a key to effectively preventing sexual assault and other gender-based violence (Basile, et. al., 2016).

Colorado College completed the Campus Prevention Network (CPN) Sexual Assault Diagnostic Inventory completed by Colorado College in the Fall of 2017. This instrument is designed to assess institutional sexual assault prevention efforts, and provides feedback in three key domains of prevention: Programming, Critical Processes, and Institutionalization. CC received an overall designation of Proficient. We also received a Proficient rating for Programming, and

Critical Processes, and a Developing designation for Institutionalization. Recommendations of this report can be found in Appendix 4. The decentralization of Title IX response and prevention efforts on the Colorado College campus has created some challenges to developing a coordinated, integrated approach to sexual violence prevention. The re-integration of the SARC with the WRC has helped to better integrate and coordinate prevention and response activities. Intentional connections with the Anti-Discrimination/Title IX team, which oversees formal Title IX reports and climate survey data collection is necessary. There are also multiple student groups who engage in prevention activities who have very different levels of training which do not always include best practices like an understanding of how their work fits into the bigger picture of plans and goals for wellness, how to facilitate challenging conversations, or consistency of language, concepts, and institutional messaging. The JED Foundation has recommended increased oversight of student groups through collaboration with CCSGA, and this might help to improve the coordination and collaboration of sexual violence prevention programming. Improving the communication, coordination, and collaboration between offices would also be helpful.

***Given the significant impact of sexual and relationship violence, prevention of gender-based and other power-based violence must be a priority area of focus for campus and the WRC. Improved coordination and collaboration between campus offices and student groups that focus on sexual assault will be important to improve sexual and relationship violence prevention efforts, as will continuing to recognize the interrelationships of mental health, substance abuse, and sexual assault. Engaging with students of color, LGBTQIA+ students, and other marginalized communities and connecting these efforts to other inclusion and equity initiatives will be a key to success.***

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### Food and Nutrition:

According to a 2016 survey of 3,765 students across the country, 48% of college students reported food insecurity (the lack of reliable access to sufficient quantities of affordable, nutritious food) in the previous 30 days. Among respondents from four-year colleges, 43% of meal plan enrollees still experienced food insecurity. During the past year, CC students have raised concerns about food insecurity and food anxiety. As part of the renewal process for the Colorado College food service contract, CC students were surveyed about a variety of food related questions. Results indicate that our students experience food insecurity across several dimensions including lack of financial and physical access to affordable food options. Points of inequity of access identified included block breaks, operation times of campus dining venues, and C store options. According to the Education Advisory Board, the number of students receiving Pell grants and other need-based financial aid can provide a rough gauge of the potential scope of basic needs insecurity on campus. At CC, approximately 11% of students received Pell grants and an additional 20% of students received other need-based financial aid in the 2017-2018 academic year. This suggests that as many as 31% of our students might be at risk for food insecurity. Additionally, the Bon Appétit Contract Review Committee Report identified links between food insecurity, food anxiety, and mental health. The report indicated that students lack knowledge about healthy eating habits, practical cooking skills, and food budgeting. The report also highlights that students have an expectation that CC will provide education in these areas, and the NCHA (2017) survey indicated that 78% of students are interested in receiving information about nutrition from the college. Interestingly, CC students scored higher on the NCHA survey than other college students around the country on a number of physical health metrics including eating appropriate amounts of fruits and vegetables, and falling within a healthy Body Mass Index range. Better understanding these strengths (i.e., whether certain demographics are more knowledgeable about healthy eating, and what health information students are actually needing) will be important in developing and implementing educational programming. Recommendations from the Bon Appétit Contract Review Committee Report include better connecting Bon Appétit to the Wellness Resource Center, hiring a nutritionist or dietician, providing nutrition consultations at food service outlets around campus, and providing classes in healthy eating habits and practical cooking.

***Improving nutrition and dietary education for students on campus has been identified as a priority for Colorado College, and the WRC has been identified as a key partner in this work.***

### Health Care and Health Care Literacy:

The providers at the Student Health Center indicate that students often lack a basic understanding of health and health care. In the WRC we have also noted a lack of basic understanding about health maintenance and promotion, as well as about how body systems function. Additionally, we are often asked for help in navigating the health care system—particularly billing and insurance. Results from the 2017 NCHA survey indicate that most students are interested in receiving information from the college about a variety of health topics, including cold/flu/sore throat, injury prevention, physical activity, sexually transmitted disease/infection, and sleep difficulties. While we have developed some educational materials on these topics, there continues to be significant need for education in these areas. Based on the NCHA data, CC students seem to be healthier than the average college student nation-wide with respect to eating fruits and vegetables, engaging in appropriate levels of cardiovascular exercise, and maintaining a healthy Body Mass Index. Student needs around nutrition are discussed above. However, some of the data regarding safer sexual practices raise some concerns. While CC students were significantly more likely to have more sexual partners (22% of CC students reported having 4 or more partners in the previous 12 months, while only 9% of college students nationwide had 4 or more partners; CC students

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reported an average of 3.15 partners, while the national average was 2.21 partners), they were somewhat less likely to use roll-on (“male”) condoms to protect against pregnancy and sexually transmitted infections (less than 60% of students used a condom the last time they had vaginal intercourse, and only 46% reported that they mostly or always use a barrier method). Anecdotally, many students tell us that conversations about sexual health status in heterosexual relationships or hook-ups usually start and stop with the question “are you on the pill?” and if the answer is yes, no condom is used. Rates of sexually transmitted infections in the United States have increased alarmingly over the last several years (an increase of 18.5% in gonorrhea, 17.6% in syphilis, and 4.7% in chlamydia between 2015 and 2016 alone; CDC\*\*). The CDC estimates that young people between the ages of 15 and 24 bear a disproportionate burden of STI’s. While they make up just over a quarter of the sexually active population, they account for half of new sexually transmitted infections that occur in the United States each year. When we engage with students on this topic, they tend to focus on getting tested for STI’s as the most important step to take to ensure sexual health, and tend to think less about conversations with partners and use of safer practices like barrier methods. Given the potential health consequences of risky sexual practices, increasing student use of safer sex practices is an important focus of health literacy skills and information. Healthy sexual engagement programming has also been identified as a promising practice as part of comprehensive sexual assault prevention programs (Basile, et al., 2016).

***Increasing student health and health care literacy skills, and increasing safer sex practices should be a priority for Colorado College and the WRC. Healthy sexual engagement programming should be coordinated with and integrated into the campus’ overall comprehensive violence prevention strategies.***

### Program Evaluation:

As we revise the WRC Strategic Plan, we are mindful of both the progress made, and of the continued work required on the initiatives established in the 2014 WRC Strategic Plan.

Surveys serve the purpose not only of identifying trends and priorities, but also of establishing benchmarks and then assessing progress through repeated administration. As indicated above, the NCHA and Healthy Minds surveys point to the continued need for prevention work in mental health promotion, suicide prevention, substance abuse prevention, violence prevention, and health literacy and skills. Results from both surveys also indicate that prevention efforts have at least reached the majority of students. For instance, the

## PROGRESS ON 2014 WRC INITIATIVES

### Community Wellness and Engagement:

- ✓ Expanded the BADASS Active Bystander Intervention Campaign, including ongoing programming with Greek organizations
- ✓ Developed an engaged Peer Health Educator group

### Articulate & Promote Comprehensive Holistic Wellness Model

- ✓ Provided leadership on multiple campus processes, including Immunizations, Student Health Insurance, and NSO.
- ✓ Administered surveys to assess & identify health/wellness trends and priorities (see above)
- ✓ Collaborated with offices across campus on programming and initiatives to promote wellness

### Proactively Reduce Risk Factors for Harm and Promote Health & Wellness

- ✓ Developed and implemented multiple levels of gatekeeper trainings to identify and respond to people in distress
- ✓ Developed and implemented programs to facilitate important life skills
- ✓ Expanded substance abuse prevention, including the hire of a Health Educator who will focus on these efforts
- ✓ Expanded mental health promotion and suicide prevention efforts

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Healthy Minds survey (2018) indicates that the majority of students (75%) are aware of mental health outreach efforts, and the NCHA (2017) survey indicates that 97% of students are aware of information provided by the college about substance use and abuse. While there is still much work to be done in increasing active bystander interventions, as well as ensuring that those interventions are helpful and effective, results of these surveys are promising with regard to active bystander intervention, as well. Students expressed a sense of responsibility for taking action when they see things like potential danger of sexual assault or alcohol overdose (97% said they are responsible for helping a struggling friend, and 77% said they are responsible to help a struggling classmate; HM). 64% of respondents to the Healthy Minds survey indicated that they were confident in their ability to recognize when someone is in mental distress, and 40% felt confident in their ability to help in such a situation. The majority of respondents also said that they had intervened in the past. Specifically, respondents said they had intervened when they saw someone drinking too much (66%), someone at risk of being sexually assaulted (29%), someone using hurtful language (35%), and someone experiencing emotional distress or suicidal thoughts (49%). These results can stand as a benchmark against which we can evaluate our future progress in these areas.

Colorado College also completed the Campus Prevention Network (CPN) Sexual Assault Diagnostic Inventory (SADI) in the Fall of 2017. This instrument is designed to assess institutional sexual assault prevention efforts, and provides feedback in three key domains of prevention: Programming, Critical Processes, and Institutionalization. CC received an overall designation of Proficient. We also received a Proficient rating for Programming, and Critical Processes, and a Developing designation for Institutionalization (see Appendix for a full list of recommendations from this report). Program evaluation steps recommended by the SADI include:

- Develop a Logic Model to help foster a shared understanding of our comprehensive prevention plan among stakeholders, describe how various programs and activities work together, and create accountability to achieve goals
- Develop SMART goals to demonstrate progress, and increase program evaluation efforts, including measuring behavior change and rates of sexual assault on campus

We will work to develop Logic Models and SMART goals for all of our prevention programming in order to help campus constituents understand the full picture of comprehensive prevention work, and to provide accountability to our office. Additionally, we want to increase our use of program-specific assessments to evaluate the impact and efficacy of our work. We will develop easy to replicate assessments that can be administered via ipads at programs or pre and post campaign roll-outs. These assessments will then be used to evaluate program efficacy and make changes as needed to programs to increase their impact.

### Future Assessments:

We will continue to assess the efficacy of our programming, as well as to identify trends and priorities through a variety of means. We will continue to receive regular feedback and recommendations from the JED Foundation, and from the Equity in Mental Health Framework Pilot Project, and will re-administer the Healthy Minds Survey in the spring of 2020. We will initiate an external review of the sexual assault response and prevention aspects of our program in the fall of 2019. Results regarding mental health, suicide, substance abuse, sexual violence, nutrition, and health literacy will be used to assess progress in these areas, and to adjust existing programming.

As part of our commitment to creating an Antiracist Campus, we will conduct an audit of WRC assessments and programs with a cultural competency lens. Specifically, we will critically evaluate the assessment instruments we use (i.e., NCHA, Healthy Minds) to determine cultural relevance and competency. We will utilize resources such as Racial Equity Tools to help us develop new strategies for assessment, such as participatory evaluation. With this in mind, informal data collections will continue through regular meetings with CCSGA, GROW, NAMI-On-Campus, and PEEPs, and we will request more regular meetings with Heads of State. In order to better engage and serve the

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entire CC student population, we will need to gain a better understanding of how different students relate to and understand concepts such as wellness, wellbeing, mental health, as well as how they perceive the programming and resources offered by our office.

### Priority 3: Develop and implement high impact, evidence-based strategies to reduce harm, help individuals reach their full potential, and foster a healthy inclusive campus community.

As discussed above, mental health, suicide, substance abuse, sexual violence, and health literacy (including nutrition and sexual health) are areas of particular concern in CC students' lives. Given our focus and expertise in prevention and public health promotion strategies, the WRC should develop and implement high impact evidence-based strategies to reduce harm and capitalize on individual protective factors and campus strengths. By developing innovative programming which emphasizes the role of a healthy inclusive community in wellness, as well as the intersections of domains of wellness, we can support the academic mission of the college and support our students in growing into healthy, successful individuals capable of reaching their full potential. In our program development, we should continue to utilize principles and practices of human-centered design which are focused on inclusiveness—"Designing to the Edges."

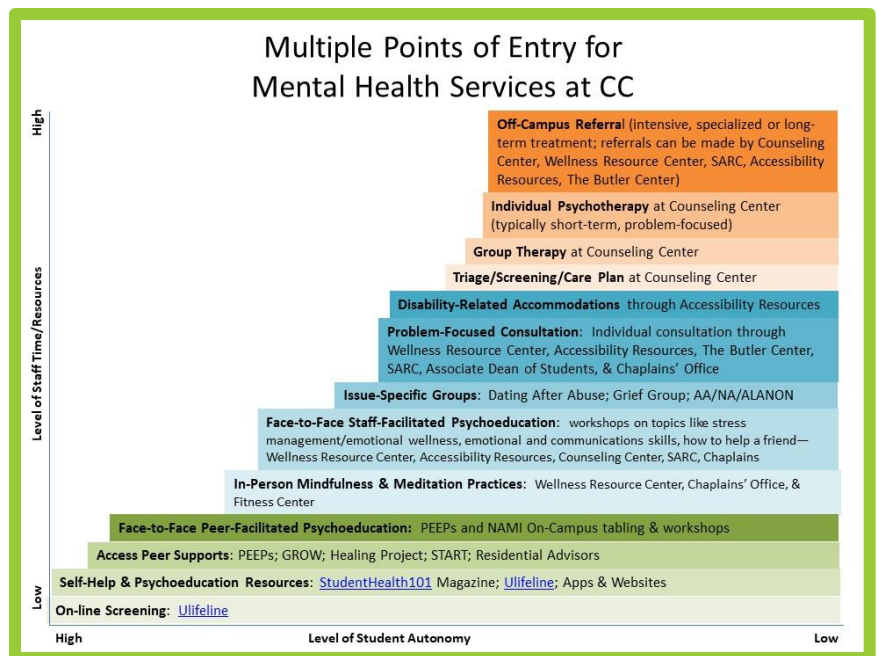
- Rather than having the "average" person in mind, our programs are designed for those on the margins.
- Begin with a deeper level of understanding of the target audience(s).
- Flexibility and versatility are designed in to suit as many people as possible.

Collaboration, creativity and opportunities for reflection and critical thinking are guiding principles for this work, and the goals articulated in Priority 1 above will certainly help broaden engagement and impact. We should build upon the strengths of programming already developed, while being mindful of the need to prune and streamline overall campus programming.

### Mental Health Promotion and Suicide Prevention

#### Develop and Promote a Full Spectrum of Mental Health Support Services:

Demand for appointments at the CC Counseling Center has kept pace with increased staffing over the last several years, with more than 30% of CC students utilizing the Counseling Center each year. Anecdotally, when students are asked what resources they would turn to if they experienced any mental health challenge, they say that they would turn to the Counseling Center, since they have 6 free sessions. While it is excellent that students know about this critical resource, we have perhaps done a poor job of ensuring that students know about other resources where they can build coping capacities, develop life skills, or receive consultation and support. In "Promoting Student Success in a Challenging Climate"



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(Education Advisory Board, 2017) one university administrator notes, “Hiring more therapists is not the answer. We know that we can’t staff our way out of this problem.” EAB recommends that campuses can better meet the escalating demands of emotional support for students by utilizing a stepped approach in which students are directed to the resources that best meet their individual needs, rather than a one-size-fits all “refer to the counseling center” approach. Promoting a range of mental health support services that include different levels of student initiative and independence would also be consistent with the findings from the CC Student Transitions Project and the recommendations from JED Campus.

### Continue and Expand Successful Mental Health Promotion and Suicide Prevention Programs

- **Gatekeeper Trainings:** The WRC already offers several trainings designed to help people identify students at risk for mental health problems and/or suicidal behavior, including Mental Health First Aid (MHFA), Question, Persuade, Refer (QPR), and CC-specific professional development programs designed for faculty, staff and students. Responding to people in distress is also an explicit part of our BADASS Active Bystander Intervention Campaign, and so fostering effective gatekeeper responses is a part of all BADASS programming. More students have completed MHFA and QPR than staff or faculty. MHFA and QPR have been offered as part of the Compassionate Community Professional Development Series run out of Human Resources. Feedback from these professional development sessions has been overwhelmingly positive, but attendance has been fairly low (~6-12 people per session; only about 21 staff members have completed the entire series over the 2016-2017 and 2017-2018 academic years). JED Campus has recommended that all faculty, administrators, and staff be trained in identifying, supporting and referring students with mental health issues. Expanding the reach of these trainings and professional development opportunities is important. We should also work to develop stand-alone materials in order to increase engagement of faculty and staff in learning how to identify at-risk students.
- **Stress Management Programs**
  - **Self-Directed:** The WRC space is well-utilized by students for their own self-paced and self-designed stress management—art supplies, journaling materials, books, etc. Other offices also provide spaces (i.e., The Butler Center, Chaplains, Outdoor Ed) that students enjoy being in. We should also collaborate with offices like the Chaplains’ Office to develop new spaces across campus that are specifically designed for reflection, meditation, prayer, and relaxation. In addition to the development of on-line resources discussed in Priority 1, it might be helpful to provide an on-line reference (“wellness map”) that those new to campus or looking for something new could use to explore self-directed stress management possibilities; this would help to promote a full spectrum of mental health support services (see above).
  - **Consultation:** The WRC has seen increased demand over the last several years for individual consultation on a variety of topics including stress management. Consultation ranges from introducing/teaching skills, to connecting to a range of resources and referrals. Other staff across campus also likely provide individual consultations like this.

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- **Formal Programs:** Stress management is one of the most requested program topics in the WRC. “Developing a Stress Mindset,” “Beyond Breathing,” “Quieting Perfectionism,” and “Build Your Own Stress ManageKit” are programs that teach strategies and skills for managing stress, and the WRC has offered them periodically throughout the last 2 years. We have also collaborated with offices like the Chaplains’ Office and Outdoor Education on programs like wellness hikes, and art & spirituality events. Feedback from students has been very positive about these programs. Participation in these programs has also resulted in increased utilization of individual consultation in the WRC to build skills for relaxation or stress management, as well as in requests for similar programs for specific student groups. Offices across campus have also invited the WRC to conduct stress management programs for their student employees (i.e., Summer Research Fellows, Writing Center). The WRC also promotes programs from the Chaplains’ Office (i.e., meditation, spirituality & art), The Butler Center (i.e., social media free day), Innovation (i.e., meditation space), and Outdoor Education which relate to stress management. As part of the JED Campus Project, the college will be undertaking an audit of mental health-related programming on campus. This would allow us to assess the campus-wide stress management program offerings. Moving forward, it would be ideal to collaboratively develop a year-long schedule of such programs so that we could evaluate what programs are effective, reduce redundancy of programming, and ensure consistency in language, concepts, and institutional messaging.
- **Life Skills:** Important life skills identified in the literature as contributing to mental health include stress management skills like those discussed above, as well as self-care, self-awareness, managing relationships, emotional intelligence, finding purpose and meaning, and connecting to values.
  - **Self-Directed:** Development of on-line resources and spaces discussed above could help students develop life skills on their own time.
  - **Consultation:** The WRC has seen increased demand over the last several years for individual consultation on a variety of topics including developing life skills like self-care strategies, relationship skills, values clarification, etc. Consultation ranges from introducing/teaching skills, to connecting to a range of resources and referrals. Other staff across campus also likely provide individual consultations like this.
  - **Formal Programs:** The WRC offers ongoing programs like the Journaling Series, which are designed to increase self-awareness, increase self-confidence, and connect students to values. The BADASS Campaign includes components focused on developing communication and relationship skills. We have also collaborated with the SARC and The Butler Center on programs like the Flip the Script Series designed to help students build relationship management skills. The JED Campus Project recommendation to audit mental health-related programming on campus will allow us to assess the campus-wide life skills program



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offerings and evaluate what programs are effective, reduce redundancy of programming, and ensure consistency in language, concepts, and institutional messaging.

- **Promote Equity in Mental Health:** Attention to the mental health needs of students of color and other marginalized communities should be a key area of focus for the campus. The college is participating in an Equity in Mental Health Framework Pilot project in partnership with the Steve Fund/JED, which will explore strategies using the Equity in Mental Health Framework. Collaboration with offices like The Butler Center and Chaplains' Office will be key to success in this area.
- **Faculty development:** There is growing evidence that high impact mental health promotion and suicide prevention practices lie within the classroom/faculty arena. However, faculty often don't feel equipped to address these issues. As noted in Priority 1, we will work to develop and deepen collaboration with the Crown Faculty Center in order to better integrate mental health gate-keeper information into faculty on-boarding and professional development, work on strategies to increase collaboration with faculty in order to connect the curricular and co-curricular, and support faculty in embracing and modeling healthy behaviors.
- **Promote Social Connectedness:** Collaborate with Residential Life and Campus Activities and other offices to create and promote opportunities for students to develop social networks.
- **Student Leader Development:** we should continue our successful collaborations with existing student groups like GROW, NAMI On Campus, and PEEPs peer health educators to provide support and educational programming around mental health issues, and we should increase training and professional development opportunities for all peer educators that includes: understanding how their work fits into the bigger picture of plans and goals for wellness; self-care; how to facilitate challenging conversations; understanding available resources; roles and responsibilities for reporting; understanding language, concepts and institutional messaging

## Substance Abuse Prevention

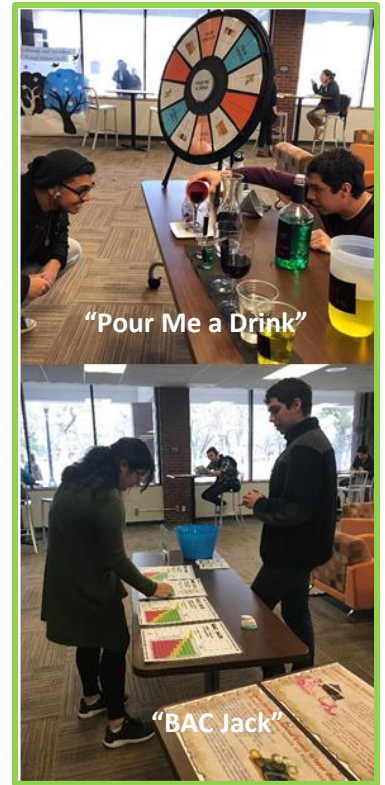
**Develop Comprehensive Educational Campaign Designed to Work in Tandem with Campus AOD Policies and Enforcement:** Given the impact of substance use on individual and community wellbeing, development of a comprehensive educational campaign is an imperative. This campaign should combine accurate information about the risks of substance use/abuse with multi-component interventions as recommended by National Advisory Council of the National Institute on Alcohol abuse and Alcoholism, to include the following:

- **Social Norms Campaign:** We know that choices around substance use are influenced by expectations and assumptions. Students tend to underestimate the risks associated with substance use, while overestimating the drinking behavior of their peers. Social Norms Campaigns are designed to challenge assumptions and provide accurate information about normative behaviors. The WRC rolled out a social norms campaign during the 2018-2019 academic year, and we should build upon the strengths of that campaign.
- **Motivational Enhancement Programs:** Helping students identify the pros and cons of substance use and help them move toward moderate/responsible use have been identified as best practices. Motivational Interviewing (MI) techniques are a key offering of the WRC Health Educator, and we should continue to work with Residential Life to increase referrals for this service as an early intervention strategy, as well as an intervention for repeat AOD policy violators. Training for RLC's and RA's and other staff who have meaningful contact with students on basics of MI will be a priority.



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- **Cognitive-Behavioral Interventions:** Challenging expectancies about substance use, providing accurate information about the risks of substance use, and teaching skills for drinking in moderation have all been identified as best practices, and we should build upon successful programs like the education games “Pour Me A Drink,” “BAC Jack,” and “It’s In the Mix.”
- **Additional Harm Reduction Programming:**
  - Develop programs which address alternative coping and self-care. These programs would be coordinated with mental health promotion skill development discussed above.
  - Collaborate with offices like Campus Activities and Residential Life to further develop and publicize non-alcohol-focused events and activities.
  - Develop social host training as an adjunct to BADASS Active Bystander Intervention Trainings.
  - Target high risk groups (Greek, Athletics, etc.)
  - Utilize PEEPs peer health educators to provide increased campus programming and education and to better engage students in substance abuse prevention.
- **Promote Equity Through Culture Change:** Because our campus culture around alcohol and other substances appears to create inequities and exacerbates social isolation for groups of students like students of color and those in recovery, AOD efforts should explicitly assess and address the needs of these students.



## Sexual and Relationship Violence Prevention

**Continue and Expand Already Strong Response and Advocacy Efforts.** The SARC continues to be a well-utilized resource. Outreach to underserved populations (i.e., students of color and LGBTQIA+ students), and coordination and training with other campus confidential resources to ensure consistency of information and supports will be a priority.

**Continue and Expand Already Strong Violence Prevention Efforts.** In order to prevent sexual violence and mitigate the impact of such experiences for our students, we should continue and build upon promising practices identified by Campus Prevention Network that we are already utilizing as part of a comprehensive violence prevention program:

- Active Bystander Intervention trainings (our BADASS Campaign)
- Programming that is Trauma Informed and Theoretically Grounded
- Programming Targeted to At-Risk Groups: First year students, Greek life, athletes, and prior victims
- On-line education (Campus Clarity’s Think About It program)
- In-person prevention programs delivered by well-trained prevention professionals and/or well-trained and closely supervised peer educators
- Passive programming and education (i.e., poster campaigns, websites, email messages, etc.)
- Expand “Red Zone” programming for new students to campus during the first few months of the fall semester

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- Expand work focused on changing the culture around masculinities and gender roles through programming like the Flip the Script Series, BADASS trainings, and using strategies and curriculum that engage more men on campus
- Improve tracking of participation at non-NSO prevention programming
- Expand use of social norms marketing approaches

**Promote Equity** through expansion of programming and services for LGBTQIA+ and other underserved members of the campus community through a designing to the edges approach.

**Student Leader Development:** we should continue our successful collaborations with existing student groups like SOSS, START, and the PEEPs peer health educators to provide support and educational programming around violence prevention, and we should increase training for all peer educators that includes:

- an understanding of how their work fits into the bigger picture of plans and goals for wellness,
- self-care,
- how to facilitate challenging conversations,
- understanding of available resources,
- roles and responsibilities for reporting,
- preferred language, concepts and institutional messaging

### Improve Communication, Assessment, and Evaluation

- Develop a Logic Model to help foster a shared understanding of our comprehensive prevention plan among stakeholders, describe how various programs and activities work together, and create accountability to achieve goals
- Develop SMART goals to demonstrate progress, and increase program evaluation efforts, including measuring behavior change and rates of sexual assault on campus

### Nutrition

- Provide nutrition consultations through increased collaboration with Bon Appetit and/or hiring a dietician/nutritionist on contract
- Continue to provide practical cooking classes through increased collaboration with Bon Appetit and/or hiring a dietician/nutritionist on contract
- Provide classes in healthy eating habits through increased collaboration with Bon Appetit and/or hiring a dietician/nutritionist on contract

### Health and Healthcare Literacy and Sexual Health Programming

- Continue to develop and promote health promotion/disease prevention programming and information, including through collaboration with DaVita Health Partners.
- Continue to develop and promote healthcare literacy skills in our students, including through collaboration with DaVita Health Partners.
- Build upon successful programming like the Good Sex Series to develop a healthy sexual engagement program that addresses communication, knowledge of body systems, understanding and comfort with consent, and increased engagement with safer sex practices like barrier method use. Healthy sexual engagement programming should be coordinated with and integrated into the campus' overall comprehensive violence prevention strategies.
- Utilize peer mentors/educators to expand educational opportunities and programming.

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### Appendix 1: Mental Health & Suicide

Some key metrics from the Healthy Minds Survey (HSM) administered in the Spring of 2018 (n=778) and the National College Health Assessment (NCHA) administered in Spring 2017 (n=382) include: Low levels of Flourishing and Resiliency

- **Low Levels of Flourishing and Resiliency:**
  - Less than half (43%) of CC students who completed the Healthy Minds Survey are Flourishing (student's self-perceived success in relationships, self-esteem, purpose, and optimism). (HM)
  - 26% of students placed themselves within the low range of Emotional Resiliency, while only 10% placed themselves within the high range of Emotional Resiliency. (HM)
- **Sense of Isolation:**
  - 17% of students don't see themselves as part of the campus community (HM)
  - 19% of students said they don't fit in (HM)
  - 38% of students said they felt isolated from campus life (HM)
- **High Levels of Self-Injurious Behavior and Suicidal Ideation:**
  - 48% of students had engaged in some self-injurious behavior over the previous year, with 10% of those engaging in self-injury at least weekly. (HM)
  - 11% had seriously considered suicide, and 9% of those had made a suicide attempt in the previous year. (HM)
- **Mental Health Challenges Are Impacting Academic Performance:**
  - Students identified Stress (28%), Anxiety (27%), and Depression (18%) as among the top 5 factors that negatively impacted their academic performance. (NCHA)

### Appendix 2: Substance Abuse

- Nearly 70% of students indicated that emotional or mental difficulties had hurt them academically within the previous 4 weeks, with 13% saying that they had been negatively impacted 6 days or more. (HM)
- **CC Students Use Alcohol at Higher Frequencies and in Higher-Risk Ways Before Matriculation**
  - Incoming CC students are significantly less likely to be abstinent from alcohol (23.9% of CC students vs. 37.1% of incoming students at other schools; TAI)
  - Incoming CC students are more likely to have engaged in binge drinking (45.9% of CC students vs. 33.2% of incoming students at other schools; TAI).
- **CC Students Continue to Use Alcohol and to Drink in High-Risk Ways Once On Campus**
  - 76% of CC students had used alcohol in the previous 2 weeks (HM), compared to about 60% of college students nationwide
  - 85% of CC students had used alcohol in the previous 30 days (NCHA), compared to 64% of college students nationwide
  - 24.3% of CC students binged on alcohol (drank 7 or more drinks) in the previous 30 days (NCHA)
- **CC Students Use Other Substances at High Rates**
  - 43% of CC students used Marijuana in the previous 30 days (HM)
  - 49% of First Year CC students used marijuana compared to 18.4% of students nationwide (TAI)
  - 18% of CC students used cigarettes in the previous 30 days, compared to 10% of college students nationwide (NCHA)
  - 8.7% of CC students used e-cigarettes in the previous 30 days, compared to 4% of college students nationwide (NCHA)

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- 16% of CC students used stimulant medications not prescribed to them in the previous 30 days, compared to 5% of college students nationwide (NCHA)
- 10% of CC students used sedative medications not prescribed to them in the previous 30 days, compared to 3% of college students nationwide (NCHA)
- 9% of CC students had used cocaine in the previous 30 days, compared to 1% of college students nationwide (NCHA)
- 8% of CC students used pain killers not prescribed to them, compared to 4% of college students nationwide (NCHA)
- **Students Experience Negative/Unintended Impacts of Substance Use:**
  - 51.2% of the Colorado College 2017-2018 conduct load involved drug/drug paraphernalia and irresponsible alcohol use and resulted in a range of sanctions including fines, probation, leaves of absence, suspension, and dismissal
    - 349 students went through a conduct process due to alcohol use (219 were found responsible)
    - 199 students went through a conduct process due to marijuana, other drugs, or drug paraphernalia (99 were found responsible)
  - Campus Safety had approximately 216 calls for service related to alcohol and other drug use during the 2017-2018 academic year. Of those calls, approximately 70-80 resulted in a medical transport due to a wellness/safety assessment.
  - 22% of students physically injured themselves when drinking (previous 12 months; NCHA) compared to 12% of college students nationwide
  - 32% of students reported having had unprotected sex when drinking (previous 12 months; NCHA) compared to 21% of college students nationwide
  - 7% of students reported that someone had had sex with them without their consent when drinking (previous 12 months; NCHA) compared to 2% of college students nationwide
  - 4% of students reported seriously considered suicide when drinking (previous 12 months; NCHA)
  - 7% reported that alcohol use negatively impacted their academic performance (previous 12 months; NCHA) compared to 3% of college students nationwide
  - 4% reported that drug use negatively impacted their academic performance (previous 12 months; NCHA) compared to 2% of college students nationwide

## Appendix 3: Sexual Assault

- More than 20% of CC students experienced unwanted sexual contact within a 12-month period of time
  - 21% experienced unwanted sexual contact in previous 12 months (HM and NCHA)
  - 22% experienced sexual touching without their consent (previous 12 months; NCHA)
    - Women on campus are at increased risk for this experience (27% of women and 8% of men reported unwanted sexual touching; NCHA)
- 9% of CC students experienced sexual penetration attempt without their consent in the previous 12 months (NCHA)
  - Women are again at increased risk for this experience (8% of women and 0% of men reported unwanted sexual penetration; NCHA)
- As noted above, alcohol is a significant factor in sexual assaults on our campus: 7% of students experienced non-consensual sex when drinking in the previous 12 months (NCHA)

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- Women are again at increased risk for this experience (8% of women and 5% of men reported that someone had sex with them without their consent while drinking; NCHA)
- 4% of students experienced a sexually abusive relationship in the previous 12 months (NCHA)
  - Women are again at increased risk for this experience (5% of women and 0% of men reported a sexually abusive relationship; NCHA)
- 5% of students experienced stalking in the previous 12 months (NCHA)
  - Women are again at increased risk for this experience (7% of women and 1% of men reported experiencing stalking; NCHA)
- 9% of students experienced an emotionally abusive relationship in the previous 12 months (NCHA)
  - Women are again at increased risk for this experience (10% of women and 4% of men reported an emotionally abusive relationship; NCHA)
- 2% of students experienced a physically abusive relationship in the previous 12 months (NCHA)

Findings and recommendations of the Campus Prevention Network (CPN) Sexual Assault Diagnostic Inventory completed by Colorado College in the Fall of 2017. This instrument is designed to assess institutional sexual assault prevention efforts, and provides feedback in three key domains of prevention: Programming, Critical Processes, and Institutionalization. CC received an overall designation of Proficient. We also received a Proficient rating for Programming, and Critical Processes, and a Developing designation for Institutionalization.

Recommendations include:

- Proficient rating for Programming (scope and type of current prevention programming).
  - We should continue and build upon promising practices identified by CPN that we are already utilizing:
    - Active Bystander Intervention trainings (our BADASS Campaign)
    - A Comprehensive Range of Programming including:
      - On-line education (Campus Clarity's Think About It program)
      - In-person prevention programs delivered by well-trained prevention professionals and/or well-trained and closely supervised peer educators
      - Passive programming and education (i.e., poster campaigns, websites, email messages, etc.)
    - Programming that is Trauma Informed and Theoretically Grounded
    - Programming targeted to at-risk groups like First Year Students, Greek Life, Athletes, and prior victims
  - We could improve our programming by:
    - Improve tracking of participation at non-NSO prevention programming
    - Social norms marketing
    - Small group social norms
    - Incorporating Bystander Intervention into academic/courses
    - Programming targeted to at-risk groups like transfer students, LGBTQIA+ students, racial/ethnic underserved populations,
    - Increasing training for all peer educators that includes
      - an understanding of how their work fits into the bigger picture of plans and goals for wellness,
      - self-care,
      - how to facilitate challenging conversations,

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- understanding of available resources,
  - roles and responsibilities for reporting,
  - preferred language, concepts and institutional messaging
- Proficient rating for Critical Processes (processes in place to continue to improve prevention strategies)
  - We should continue and build upon promising practices identified by CPN that we are already utilizing:
    - Mandatory trainings on Title IX, consent and Active Bystander Intervention for First Year Students
    - Programming that is Data/Evidence Based
    - Engaging students in prevention efforts
    - Prevention staff training and expertise
    - Conduct Climate Surveys and other Surveys (i.e., NCHA, etc.)
    - Frequent and comprehensive review and examination of policies
    - Provide access to sexual assault prevention information and policies
    - Strong disciplinary processes
  - We could improve our programming by:
    - Develop a Logic Model to help foster a shared understanding of our comprehensive prevention plan among stakeholders, describe how various programs and activities work together, and create accountability to achieve goals
    - Develop SMART goals to demonstrate progress, and increase program evaluation efforts, including measuring behavior change and rates of sexual assault on campus
    - Share information on progress with campus community
    - Improve transparency of reporting regarding incidents and process outcomes on campus
    - More mandatory programming for students as they move through their 4 years, including training for student leaders
    - Improve relationships with student groups who engage in prevention programming on their own
    - Increase engagement of campus-wide employees in trainings regarding protocol for responding to sexual assault reports and ongoing efforts and resources available, including but not limited to RA's, Athletics, Greek Life, Health Services, Counseling Service, Law Enforcement, Campus Security, Faculty
    - Programming targeted to student characteristics tailored based on data collection
- Developing rating for Institutionalization (degree of system-wide support for prevention)
  - We should continue and build upon promising practices identified by CPN that we are already utilizing:
    -
  - We could improve our programming by:
    - Increased FTE and funding specifically for sexual assault prevention
    - Increased public communications about sexual assault from the President, Provost, and Dean/V.P. of Students
    - Including student health and safety in institutional strategic plan
    - Including student health and safety in the Student Life Division mission/vision statement

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- Presidentially established forum (task force, steering committee, etc.) to engage a variety of stakeholders in efforts that specifically include sexual assault prevention; President or designee either participate in or request regular recommendations or feedback.