

Anschutz CSA / ASA HR Community Meeting



- ▶ **Monday, October 9, 2023**
- ▶ **from 10:00 to 11:30**
- ▶ **Via Zoom**

AGENDA

Florie Montoya, HR Assistant VC, Talent Acquisition, Compensation & HCM

- **Welcome and Introductions**
- **Chat and Ground Rules**

Charlotte Russell, AVC, IT Security & Compliance

Sean Clark, Director of IT Security & Compliance

Michelle Wisdom, Risk & Compliance Manager, Office of Information Technology

- **Information Security & IT Compliance (ISIC) Update**

Brad Mathers, Director, Employee Relations & Performance Management

- **FAST**

Alex Yannacone, Director of Education & Community Programs, Helen & Arthur E. Johnson Depression Center

- **QPR Suicide Prevention Training**

Wrap Up

Information Security & IT Compliance Update

Charlotte Russell, AVC, IT Security & Compliance

Sean Clark, Director, IT Security & Compliance

Michelle Wisdom, Risk & Compliance

Office of Information Security

Information Security & IT Compliance (ISIC)

Part of ISS – Information Strategy and Services

- **Charlotte Russell**
Assistant Vice Chancellor
Information Security and Compliance
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- **Michelle Wisdom**
Manager of IT Risk and Compliance
MICHELLE.WISDOM@CUANSCHUTZ.EDU
- **Sean Clark**
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Information Security
and IT Compliance

INFORMATION STRATEGY AND SERVICES

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Information Security & IT Compliance (ISIC)

Working together to secure our university

Updates

- Account Claiming Changes (5 minutes)
 - What Happened
 - Risk Mitigation Changes and Impact
 - Future Steps
- Data Access & Timely Termination Requests (5 minutes)
 - Process Review
- Questions (5 minutes)



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Account Claiming Changes

- Third Party Data Breaches
 - MoveIT: NSC and TIAA
 - CDHE
 - Name, Address, SSN, SIDs, Date of Birth
- Account Claiming Risks Identified
- Risk Mitigation: “Claiming” of Stale Unclaimed Accounts
 - Student and Employee Accounts Older than 9 Months
 - Batch Process Run by OIT in September



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Account Claiming Changes (Continued))

- Impact: Call the OIT Service Desk if a New Employee Needs Assistance Claiming Their Account
- Future Steps: Project to Rework Account Claiming Processes
 - Gathering Student and Employee Business Requirements
 - Organizational Change Management
- Questions?



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Data Access Requests

- Purpose: Requesting Access to an Employee's Data
- Typical Use Cases: Termination, Medical or Admin Leave
- Request Must Come from Supervisor, Unit Administrator, Director or Unit Head
- Risk and Compliance Team Secures Approval from HR & Legal Before Coordinating Data Delivery with OIT
- Typical Requests: Email Data, Email Forwarding, Out of Office Message, Home Directory or One Drive Data



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Timely Account Termination Requests

- Purpose: Requesting Emergency Termination of Account/Data Access
- Typical Use Cases: Unit Believes there is a Risk to CU Data, or Employee is Put on Administrative Leave
- Request Must Come from Supervisor, Unit Administrator, Director or Unit Head
- Risk and Compliance Team Secures Approval from HR & Legal Before working with OIT to Disable Account
- Normal HR Termination: Account Credentials are Disabled the Day Following Official Termination in Peoplesoft



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Data Access and Timely Termination Requests: Accessing the Forms

- Go to the OIT Cherwell Request Portal:
- https://servicecenter.oit.ucdenver.edu/CherwellPortal/IT?_af=255cc2fa#0
- Login (top right corner) with your CU username and password
- Click the “Make a Request” button
- Move the inner right slider all the way to the bottom of the page until you see “Security Services” and click on it
- Select “Data Access Request” or “Timely Termination”
- Select “New” and fill out the form (all fields please)



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Q & A's

FAST

Brad Mathers, Director, Employee Relations & Performance Management

Human Resources



Q & A's

QPR Suicide Prevention Training

Alex Yannacone, Director of Education & Community Programs

Helen & Arthur E. Johnson Depression Center







Ask A Question,
Save A Life.

QUESTION. PERSUADE. REFER.

What is the Purpose of QPR?

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.



Common reactions, attitudes, beliefs



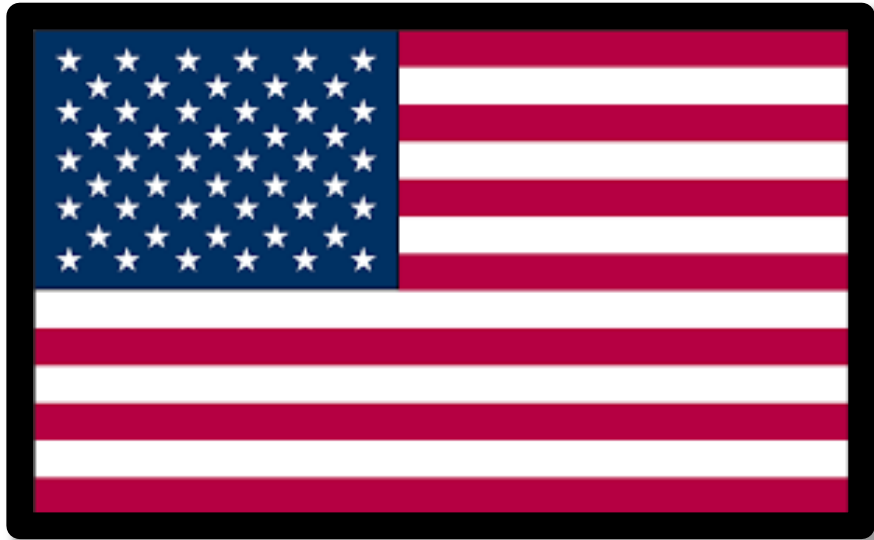
How do we move forward?

WHY SHOULD WE TALK ABOUT SUICIDE?



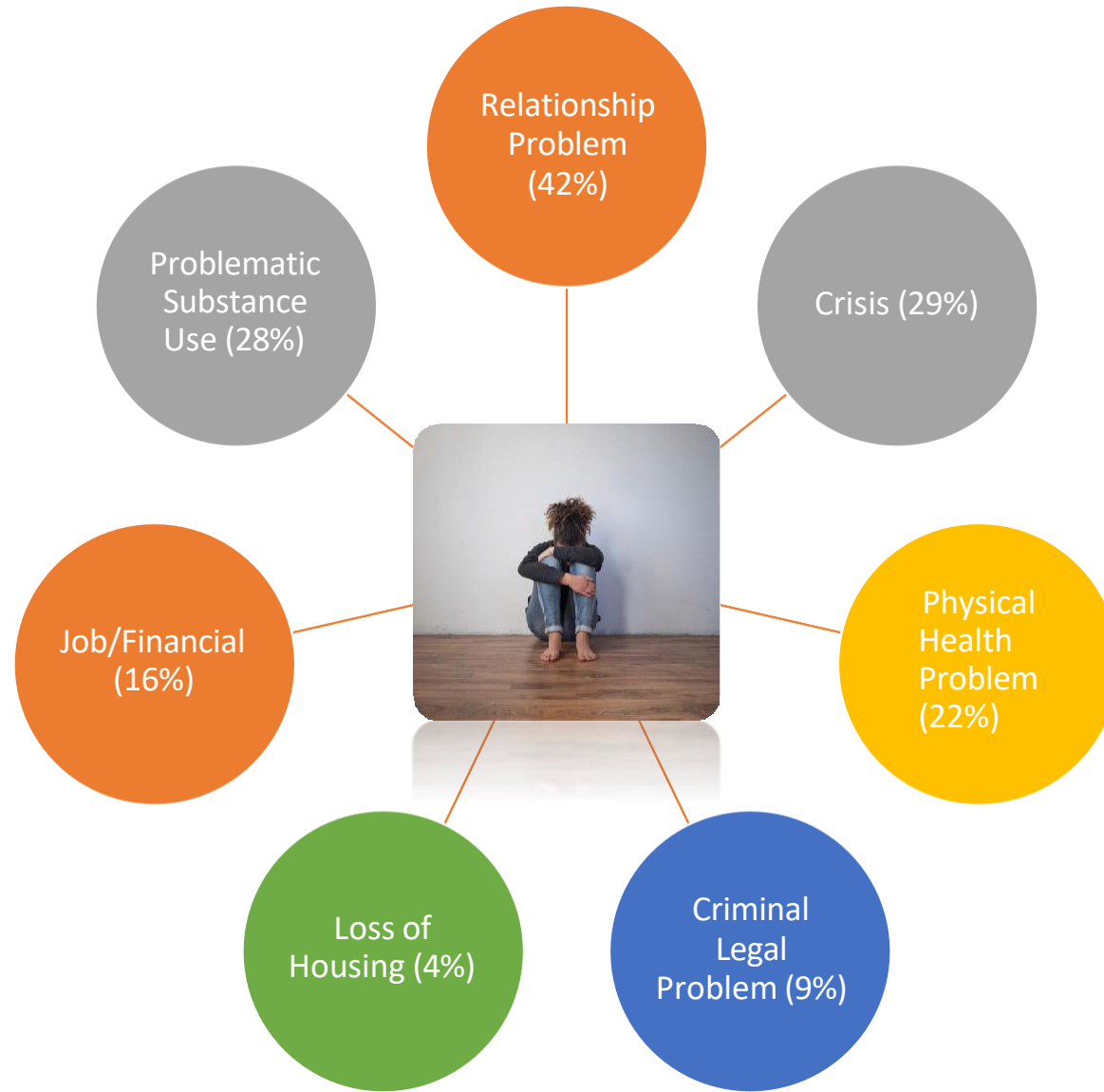
Because talking about it can prevent it

Why should we talk about suicide in the U.S.?



- 12th leading cause of death
- For every suicide, there are 30 attempts
- 132 suicides per day- 1 every 12 minutes
 - 45,000 each year
- Firearms account for 51% of all suicides
- Veterans comprise of 14% of deaths
 - 20 each day
- 46% had known mental health condition
 - Other contributing factors: relationships, crisis, substance abuse, physical health, financial, legal, housing

Suicide is Complex



Why talk about suicide in Colorado?

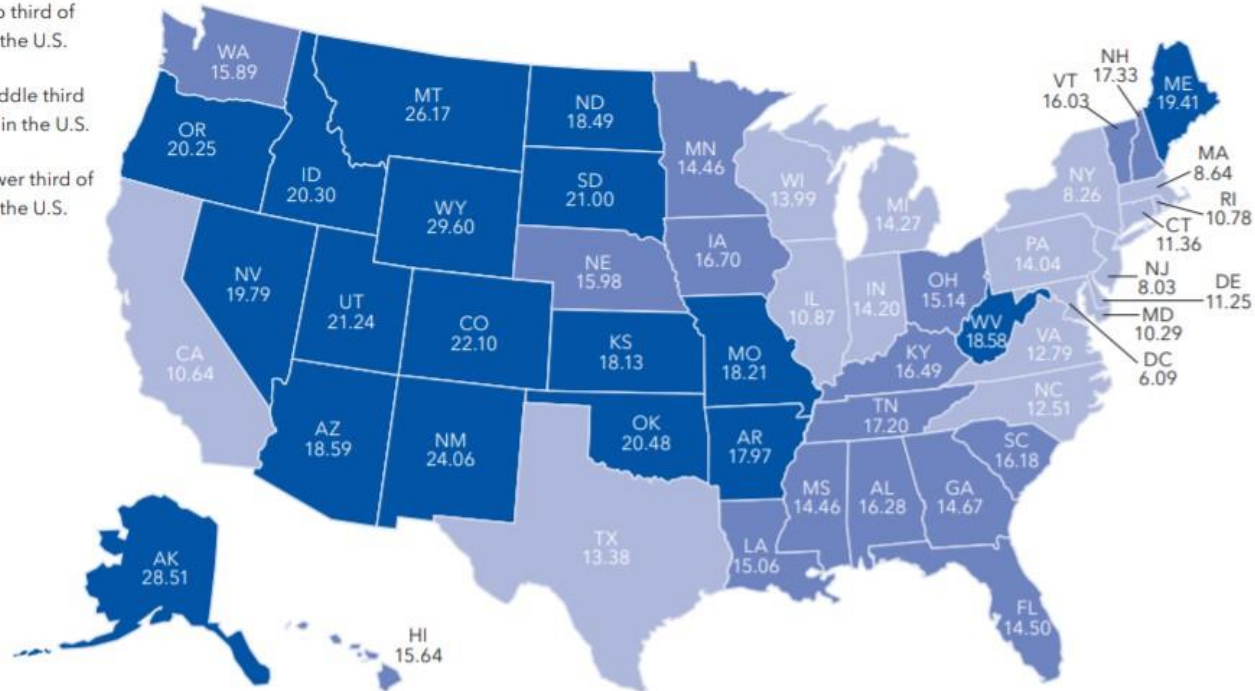


- 7th in the nation
 - Over 1,200 people annually
 - 1 person every 7 hours
- More deaths than homicide, vehicle crashes, breast cancer, influenza and pneumonia, and diabetes
- #2 leading cause of death for ages 10-44
- #5 leading cause of death for ages 45-54

National Rates: 14 per 100,000

Suicide Data: United States

- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.



See full list of citations at afsp.org/statistics.

Who is most at risk?

- Rate for men is 3x the rate for women
 - Women make 2x amount of attempts
- Highest in whites, American Indians, and Alaska Natives

- Highest rates are in adults between 45-64 and 85 and older
- 7 of 10 suicides are white males
- LGBTQ have higher rates of attempts and deaths
- Hispanic, Black and Asian rates are lowest

Facts about Suicide

Asking someone directly about suicide intent lowers anxiety, opens communication and lowers risk

Suicide prevention is everybody's business, and anyone can help prevent suicide

Most people considering suicide communicate their intent sometime during the week preceding their attempt

Facts about Suicide

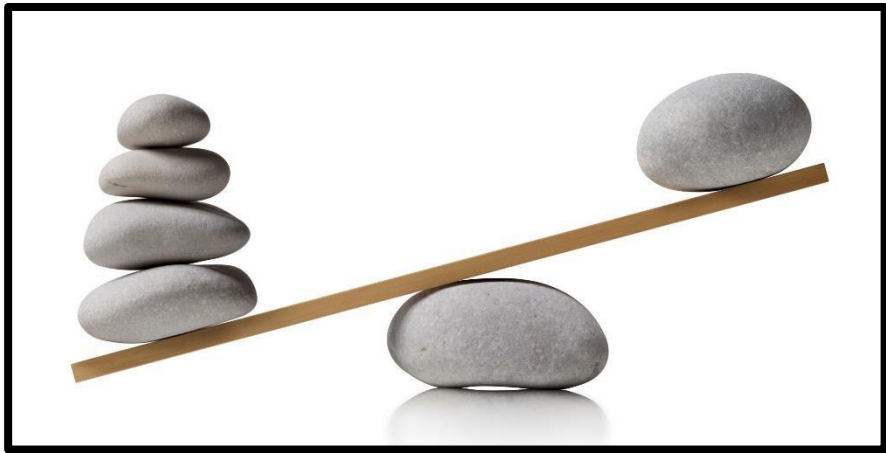
Most young people do not tell an adult

People who talk about suicide may attempt or die

Suicide is one of the most preventable kind of death- almost any positive action may save a life

Protective Factors

Personal or environmental characteristics that help protect people from suicide



- Easy access to a variety of clinical interventions and support for help seeking
- Effective clinical care for mental, physical, and substance use disorders
- Support from ongoing medical and mental health care relationships
- Connectedness to individuals, family, community, and social institutions
- Life Skills: problem solving and coping skills, conflict resolution, ability to adapt to change
- Self-esteem and sense of purpose/meaning in life
- Cultural and/or spiritual support

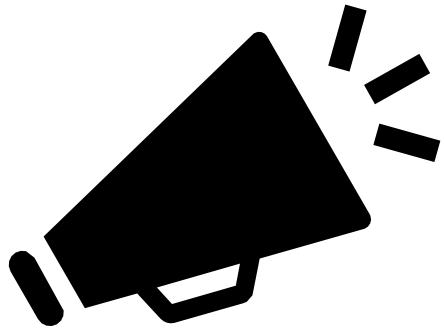


Suicide Clues and Warning Signs

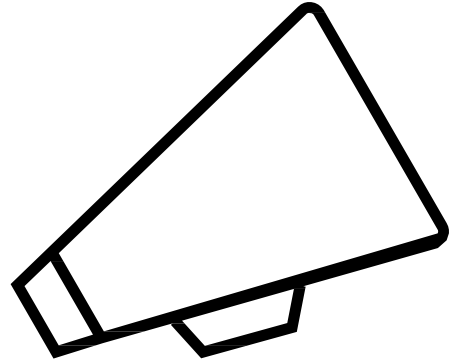
The background of the slide is a photograph of a magnifying glass resting on a document. The document contains a complex pattern of small, scattered characters and symbols, resembling a code or a cipher. A blue network diagram is overlaid on the image, consisting of four circular nodes connected by lines. The nodes are arranged in a diamond shape, with one at the top, one at the bottom, and two in the middle. The magnifying glass is positioned over the top and middle nodes of this diagram.

Take All Signs Seriously.

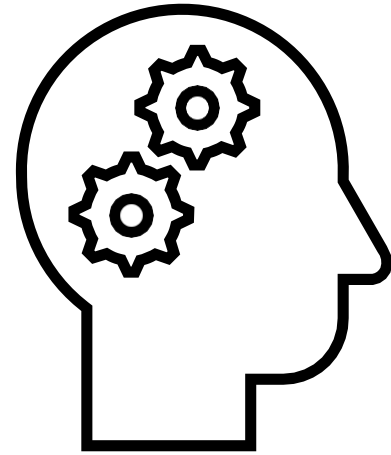
The more clues and signs observed, the greater the risk.



Direct
Verbal Clues



Indirect Verbal
Clues



Behavioral Clues



Situational
Clues

Direct Verbal Clues

- "I want to kill myself."
- "I wish I were dead."
- "I'm going to end it all."
- "If (such and such) does not happen, I'll kill myself."



Indirect Verbal Clues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

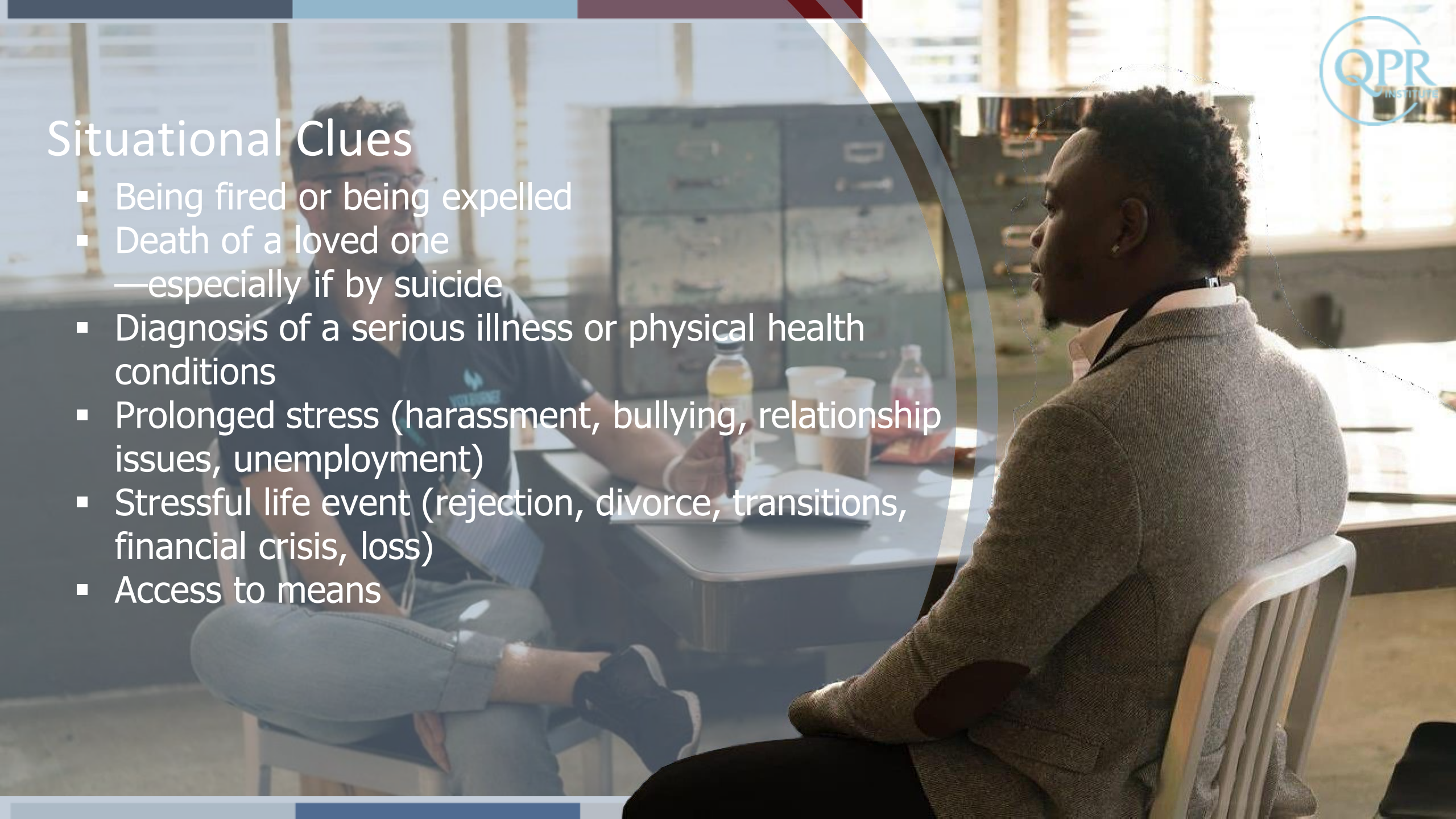
A photograph of a man with short, light-colored hair and glasses, wearing a white button-down shirt. He is sitting in a blue office chair at a desk, looking out a window. The image is overlaid with a large, semi-transparent blue circle that frames the man and the text to his right.

Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Mental health conditions
- Putting personal affairs in order
- Giving away prized possessions
- Withdrawing/isolation
- Increase drug or alcohol use
- Unexplained anger, aggression and irritability

Situational Clues

- Being fired or being expelled
- Death of a loved one
—especially if by suicide
- Diagnosis of a serious illness or physical health conditions
- Prolonged stress (harassment, bullying, relationship issues, unemployment)
- Stressful life event (rejection, divorce, transitions, financial crisis, loss)
- Access to means





How can I help?

Ask the Question.

Tips for Asking the Question

- 1 If in doubt, don't wait. Ask the Question!
- 2 If the person is reluctant, be persistent.
- 3 Talk to the person alone in a private setting.
- 4 Allow the person to talk freely.
- 5 Give yourself plenty of time.
- 6 Have your resources handy:
phone numbers, counselor's name, EAP info
and any other information that might help.

9-8-8

The QPR Institute offers a 3-step intervention plan.

Approach:
Direct or Less Direct

Identifying questions to avoid

Less Direct Approach

- "Have you been unhappy lately?"
 - "Have you been very unhappy lately?"
 - "Have you been so very unhappy lately that you've been thinking about ending your life?"
 - "Do you ever wish you could go to sleep and never wake up?"
- QUESTION
- How do you persuade someone to stay alive?

Direct Approach

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You just helped? I wonder if you're thinking about suicide."
- "Are you thinking about killing yourself?"

How you apply these steps will determine the intervention's outcome.

IMPORTANT:

If you cannot ask the question, **find someone who can.**



How **not** to ask the suicide question:

- × "You're not thinking of killing yourself, are you?"
- × "You wouldn't do anything stupid would you?"
- × "Are you thinking of hurting yourself?"



PERSUADE

Persuading Someone to Stay Alive

- Listen to the problem and give them your full attention.
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem.
- Do not rush to judgment.
- Offer hope in any form.





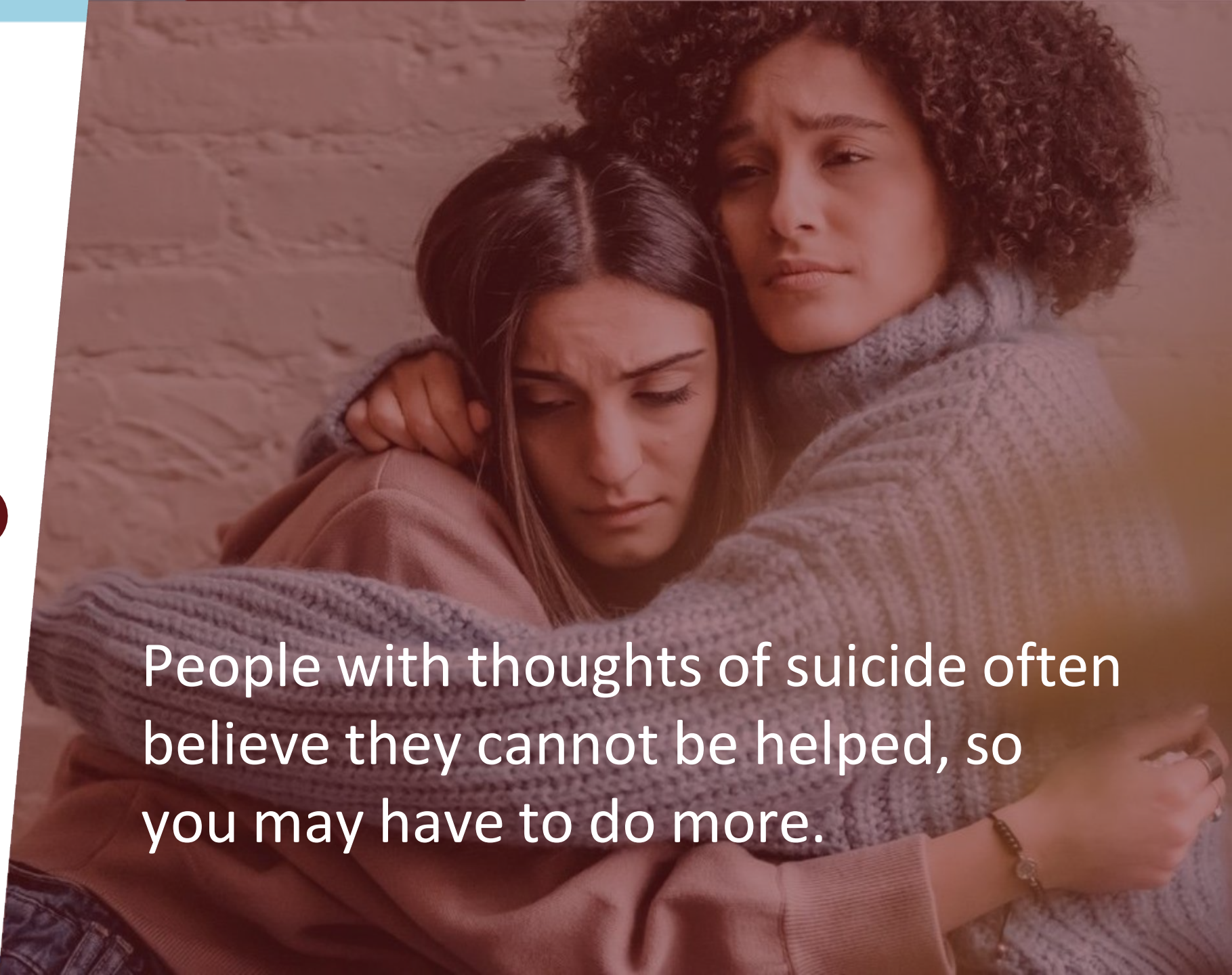
Then, ASK:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “What can we do to keep you safe for now?”





REFER

A photograph of two women embracing. The woman in the foreground has long dark hair and is looking down with a sad expression. The woman behind her has curly dark hair and is looking towards the camera with a concerned expression. They are both wearing light-colored, textured sweaters. The background is a plain, light-colored wall.

People with thoughts of suicide often believe they cannot be helped, so you may have to do more.

Referral Options

- ★★★ The **best referral** involves taking the person directly to someone who can help.
- ★★ The **next best referral** is getting a commitment from them to accept help, then making the arrangements to get that help.
- ★ The **third best referral** is to give referral information and try to get a good faith commitment.



Pro Tips for Effective QPR

- Offer encouragement, such as:
 - “I want you to live”
 - “I’m on your side... We’ll get through this.”
- Get others involved.
- Follow up and check in.
- Let the person know you care about what happens to them.



REMEMBER

When you apply QPR, you plant
the seeds of hope.

Hope helps prevent suicide.



Q & A's

Thank You for Joining Us

Next HR Community Meeting
December 13, 2023
10:00-11:30