Using National Outcomes and Local Evaluation Data to Strengthen Prevention Efforts and Gain Administrative Support

Garrett Lee Smith Grantee Meeting
May 3, 2016

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Bonnie Lipton, MPH, Suicide Prevention Resource Center
Michael Nadorff, Mississippi State University
Christine Walrath, Ph.D, ICF
Agenda

- Introduction to Evaluation
- Overview of National Outcomes Evaluation survey instruments
- Sharon Fritz: Collecting mental health surveillance data
- Michael Nadorff: Augmenting local evaluation with NOE efforts
- Questions and Discussion
Why collect evaluation data?

✓ To determine if the program is effective
✓ To plan for sustainability efforts
✓ To help with program mid-course corrections
✓ To increase buy-in from stakeholders
✓ To advocate for more funding
Collecting the “right” data

✔ Are you evaluating whether you’re meeting your grant’s objectives?

✔ Are you collecting data about the populations/areas you’re trying to reach?

✔ Are you asking the “right” questions for your program?
  - What are the specific issues on your campus?
  - Who from your campus/community needs to be involved?
  - What population(s)/setting(s) do you need to focus on?
Outcomes and Impact

✓ How can you measure the impact of your grant?
✓ What are some short-term outcomes you can show?
✓ How do you measure harder to quantify activities such as communication campaigns or upstream activities?
Measuring Impact of Suicide Prevention Programs: Using Data

Challenges

✓ Small numbers of suicide deaths
✓ Data inaccuracy
✓ Difficulty collecting suicide attempt data
✓ Lack of data sharing from (hospitals, schools)
✓ Getting information from different campus depts

The problem is, if we do really good job with our [suicide prevention] programs, how do we prove something that didn’t happen?

—GLS tribal evaluator
Recommendations

- Foster partnerships with police and health systems to collect data
- Develop Memorandum of Understanding (MOU) for data sharing
- Focus on multi-year rates
- Use surveys (such as ACHA-NCHA and Healthy Minds) to get information on suicidal ideation and risk/protective factors
Suicide Prevention Evaluation: Challenges and Barriers

✓ Limited time to ask survey questions in classes, workshops, other events
✓ Small group size of specific populations you want to target
✓ Oversaturation of surveys on campus
✓ Difficulties administering follow-up gatekeeper training surveys
✓ Capturing how gatekeeper trainings impacted participants
Suicide Prevention Evaluation: Recommendations

✓ Use web-based surveys (disseminated as an e-mail blast)
✓ Collaborate with other campus surveys (climate, senior surveys, etc)
✓ Use campus surveys to assess familiarity/exposure to messages
✓ Faculty members can assist with evaluation
✓ Use qualitative data to demonstrate impact of gatekeeper trainings on the community
✓ Use training evaluation results for buy-in from partners
✓ Incentives for participation
NATIONAL OUTCOMES EVALUATION
DATA COLLECTION INSTRUMENTS

• **Prevention Strategies Inventory (PSI):**
  - Purpose: a quarterly inventory of all prevention strategies and products implemented by GLS grantees, as well as the total amount of GLS funds expended by grantees to implement these strategies
  - Respondent: Grantee program staff

• **Training Activity Summary Page (TASP):**
  - Purpose: collects summary information about training events sponsored by GLS campus grantees
  - Respondent: Grantee program staff

• **Student Behavioral Health Form (SBHF):**
  - Purpose: collects information on the implementation of Suicide Safer Environment care practices from campus health care providers and annual number of suicide attempts and deaths
  - Respondent: Grantee program Staff

• **Youth Exploratory Services Interview (YESI):**
  - Purpose: collects information about the service experience of youth who are identified at risk and receive a referral to a mental health provider
  - Respondent: students that were identified by a campus gatekeeper and referred for mental health services; up to two campuses will be selected to participate across all cohorts
MULTIPLE DATA POINTS

- SBAT
- Care Team
- Threat Assessment Team
- Student Health Center
- Counseling Center
- Hospital Data
- Dean of Students Office
KEEPER OF THE MH SURVEILLANCE DATA

• Director of the Counseling Center

• Excel file updated weekly
SUICIDE BEHAVIOR RESPONSE PLAN

• Protocol to work with students who are exhibiting some level of suicidal behavior
  • Coordinated through the Office of the Dean of Students

• The goal is to create a university strategy to improve the mental health of students and give guidance to faculty and staff who may need to refer students for assistance

• The SBAT reviews each report of suicidal behavior and make an assessment of risk
  • 2 representatives for the Counseling Center and the university psychiatrist
  • Requires the student to participate in 3 “assessment sessions”
### SOURCE OF SBAT REPORTS BY YEAR

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<th>Res Life</th>
<th>Greek Life</th>
<th>Family/Frd</th>
<th>Fac/Staff</th>
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<th>DOS</th>
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SOURCE OF SBAT REPORTS - 5-YEAR TOTAL

- Res Life: 44%
- Family/Frd: 16%
- Greek Life: 6%
- Fac/Staff: 17%
- MPD: 9%
- DOS: 5%
- Other: 3%
CARE TEAM

- Meets weekly
- Facilitated by the Dean of Students
- Attended by various campus partners
  - Res Life
  - Greek Life
  - MPD
  - CTC
  - Alcohol and Other Drugs Program
  - Student Conduct Office
THREAT ASSESSMENT TEAM

• Coordinated by University Security
• Meets monthly for training
• Convened as needed

• Membership
  • DOS
  • CTC
  • General Counsel
  • MPD
  • University Communication
  • Others as needed
HOSPITAL DATA

• Varies from hospital
  • Distance
  • Willingness
  • Capability
• Listed CTC as a provider on drop down menu
• Student Help Resource Guide
• Crisis Cards
CONFIDENTIALITY STATEMENT

• The University of Idaho Counseling & Testing Center is staffed by 8 licensed psychologists and a board certified psychiatrist as well as doctoral interns in psychology. Our practice is governed by licensing laws in the state of Idaho which requires we adhere to the strictest confidentiality standards. As such, no information about clients is shared with anyone outside the Center without a written release of information from the student. That means we cannot share information with others in the university community such as the Office of the Dean of Students, professors, advisors, or residence life staff. We also cannot share information with parents or other significant others. The exceptions to confidentiality are extremely rare and are determined by Idaho State Law.

• In order to provide high quality care and adhere to professional standards, it is helpful to receive information about your hospitalization. By signing a release of information, you will allow the hospital to communicate information about your treatment to the Counseling & Testing Center only. This information will not be communicated to anyone else in the university community.
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is designed to outline the process of making referrals of University of Idaho ("UI") students for behavioral health treatment, including psychiatric and substance use, between the University of Idaho Counseling & Testing Center ("CTC") and St. Joseph Regional Medical Center (SJRMC). It is intended to facilitate effective communication and understanding between the agencies as well as facilitate effective treatment, assessment, and discharge practices at the intersection of the activities of the two agencies named herein. This MOU provides a specific protocol to follow during the referral process, the assessment and disposition, and for discharge planning when a student seeks services or is hospitalized at St. Joseph. This MOU offers clear expectations of both parties as well as consistent points of contact, ensures appropriate dispositions and discharge planning, and enhances a collaborative relationship.
JUSTIFICATION OF THE NEED FOR THE MOU

A concern precipitating the drafting of this MOU is that the appropriate CTC personnel may not be notified or aware of students evaluated or hospitalized for mental health and/or substance use reasons; students may be released or discharged post emergency room assessment, inpatient hospital admittance, or transfer to another Medical Center with discharge plans that may not meet the mental health needs of the student given resources on campus and/or the unique challenges faced by college students, such as academic pressures, absence of adult supervision, and social dilemmas posed by the experiences of college students; and the staff person performing the emergency mental health and substance use assessment may have available to him/her only limited or inaccurate information regarding students in crises.
CONTENTS OF THE MOU

1. Description of the Counseling Center-purpose and services

2. Description of the Hospital-purpose and services

3. Understandings and Responsibilities of CTC

4. Understandings and Responsibilities of Hospital
UNDERSTANDINGS AND RESPONSIBILITIES OF CTC

1. Authorization to Release Information

2. The CTC staff will provide to St. Joseph medical staff performing the mental health and substance use assessment all relevant information regarding the circumstance preceding hospitalization.

3. CTC staff may be available and reachable to assist the student and/or to consult.

4. The CTC will utilize data on UI students seeking medical services from St. Joseph to inform university procedures and programming.
UNDERSTANDINGS AND RESPONSIBILITIES OF HOSPITAL

1. Staff will make every effort to have the student sign an Authorization to Release Information form allowing communication about treatment and disposition with CTC staff.

2. St. Joseph staff will provide the Director of the CTC or designee, as authorized by the student, student contact and discharge information.

3. If hospitalization is not warranted, St. Joseph staff will, if appropriate, request that the student schedule a follow-up appointment at the CTC
   - provide the student the Student Help Resource Guide
UNDERSTANDINGS AND RESPONSIBILITIES CONTINUED

4. St. Joseph staff will fax the CTC the following business day, a document addressing the disposition of the case and the recommended discharge plan. The CTC confidential fax number is XXX.

5. If the student is hospitalized, the student’s attending physician and/or case manager will engage in dialogue with the Director of the CTC or designee soon after admission and before discharge to share important and relevant information such as anticipated date of discharge, recommended follow-up care, and plan for continuation of care as well as information relevant to a possible medical withdrawal of the student from the UI.
6. St. Joseph will collect data on the number of UI students who seek medical services both in the emergency department and mental health inpatient center and provide a report of this data based on the UI academic calendar.

7. Aggregate data to be collected may include: Age (20 & younger, 21 – 25, 26 – 30, 30 +); ethnicity; gender; Reason for seeking emergency services (# Suicide Attempts, # Alcohol Overdose, # Drug Overdose, # of Other); # of students under the influence of a substance, level of BAL; Housing Situation, (# Greek, # Residence Hall, # University Housing, # Off-campus, # Family); # Transported to Hospital, (#Private Car, # Ambulance, # Police, # Other); # of referral provided, (# referred to UI CTC, # referred to another mental health provider, # released, # transferred to another hospital)
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<th>Age</th>
<th>Diagnosis</th>
<th>Current with UofI</th>
<th>D/C to U of I</th>
<th>Housing</th>
<th>Hx of SA</th>
<th>Hx of Binge Drinking</th>
<th>Hx of Sub. Abuse</th>
<th>Arrived Via</th>
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CTC DATA

• CCAPS- SI
• List of Concerns
• Therapist’s rating of risk
• BDI
• BHS
• Number of medical withdrawals for MH reasons
STUDENT HEALTH SERVICES

• Number of referrals provided for medication evaluation

• Consultation as needed
OTHER DATA POINTS

• National College Health Association survey

• Behavioral Health Team
LESSONS LEARNED

• It’s all about Relationships
• T.T.T.-things take time
• Evaluation is your friend
• Share the results
• Address hospital needs as well as the universities needs
• Keep hanging in there—it’s worth it

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What do these pictures have in common?
Answer: All are cohort 7 grantees

- We have urban campus, and very rural campuses
- Large research universities, and small liberal arts colleges
- Our members are land-grant schools, historically black colleges, and private universities from all over the country

- As good as the National Outcomes Evaluation is, how can it possibly account for all of this diversity?
Every campus has different questions

- Are the students aware of specific resources we have on campus
  - Does this differ based upon severity of symptoms
- How does this change over time in response to different outreach efforts?
- Are there local cultural differences that will impact our program
  - We are in Starkville, MS. You can go further South, but you can’t get deeper South.
Our evaluation

• We have a psychology subject pool run using Sona Systems software. If your school has a psychology department, they likely have this already established
  • Consists primarily of freshmen and sophomores
  • Collected 1,000 responses every semester

• SAMHSA Student Awareness Intercept Survey (SAIS) evaluation
  • 400 students completed an initial assessment
  • 322 students (80.5%) gave authorization to re-contact
  • 176 students (54.7%) responded to our follow-up contact
...and what we found completely changed our program
A sample of our results

• Social media outreach
  • 3.4% had seen our twitter or facebook posts
  • 9.1% had seen our “viral” video on youtube
  • 55.1% had seen our napkin holder advertisements
    • By the way, these napkin holders cost less than $5, and they are sustainable!

• Beliefs About Suicide (remember, we are in the South)
  • 44.5% endorsed that suicide happens out of the blue without warning
  • 64.8% disagreed that reducing access to firearms reduces suicide risk
  • 17.1% said there is no way to stop someone who wants to die by suicide
  • 31.9% believe asking about suicide increases risk
Are we reaching those in need?

• We wondered if our students knew we had a student counseling center, and what factors differentiated those who did and did not.

• We tell students this during freshmen orientation, and most of the students in our participant pool are freshmen
  • Overall, 75.5% of students aware of student counseling
  • Of those with AUDIT scores > 8, 71.2% were aware
  • Of those with severe depression scores, 65.4% were aware
  • Of those with past suicide attempts, 62.9% were aware
Are we reaching those in need

• If you or a friend were in crisis, would you know what number to call on campus?
  • Overall: 32.9% said yes
  • AUDIT > 8: 32% said yes
  • High depressive symptoms: 30.9% said yes
  • Past suicide attempt: 23.5% said yes
It takes a village to do evaluation

• Resources that may be found in psychology/counseling/social work departments:
  • A subject pool
  • Access to an online survey manager (Sona, Qualtrics, Survey Monkey)

• Resources that may be found at student counseling:
  • Data on referrals, # of students seen, referral source
    • Referral source is a great way to look at the effects of your gatekeeper training

• Resources that may be found at the Dean of Students office:
  • Data on suicide attempts, number of students transferred due to suicide risk

• Most or all of these may be free depending on the resources each department already has
In Summary

• The National Outcomes Evaluation is tremendous, but it likely can’t answer all of your questions.

• What is it that you want to know about your campus? Your students? What questions aren’t answered by the National Outcomes Evaluation?

• If there is something you lack don’t be afraid to ask those in other departments. Each area has something very valuable to the other:
  • Researchers need data, counseling centers have data
  • Counseling centers have questions, researchers can help provide the answers
Discussion
Contact Information

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