Welcome! We will begin shortly.

Type in the chat: your name, your campus, and the names of anyone else on the phone line with you.

Please type in one thing you hope to learn during today's webinar.

Please do not put us on hold as you wait, as the hold music may play for everyone.
Technical Tips

- Please type any questions or comments into the chat text box.
- Please mute your computer speaker and mute your phone if you are not talking to eliminate background noise.
- Click \(
\begin{array}{c}
\text{ maximize button }
\end{array}
\) on the upper right to make the presentation larger. Click \(\text{ minimize button}\) again to return to normal view.
- Please do not put us on hold as background music will play for everyone.
February 11, 2019
Suicide Prevention Resource Center

Creating a Safety Net with On and Off Campus Partners
The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.
SPRC Content Leads

Irene Cho

Bonnie Lipton
SPRC Technology Leads

Chelsea Pepi

Sarah Almeida
Meeting Agenda

✓ SPRC’s Effective Suicide Prevention Model model
✓ Presentation: St. John’s University
✓ Presentation: Feather River College
✓ Presentation: University of Michigan
✓ Resources
Effective Suicide Prevention

Effective Prevention

EFFECTIVE SUICIDE PREVENTION

STRATEGIC PLANNING

Process

KEYS TO SUCCESS

Guiding Principles

COMPREHENSIVE APPROACH

Strategies
Effective Prevention: Strategic Planning

**STEP 1:** Describe the problem and its context

**STEP 2:** Choose long-term goals

**STEP 3:** Identify key risk and protective factors

**STEP 4:** Select or develop interventions

**STEP 5:** Plan the evaluation

**STEP 6:** Implement, evaluate, and improve

THE STRATEGIC PLANNING APPROACH TO SUICIDE PREVENTION
Effective Prevention: Keys to Success

KEYS TO SUCCESS

- Engaging People with Lived Experience
- Partnerships and Collaboration
- Safe and Effective Messaging and Reporting
- Culturally Competent Approaches
- Evidence-Based Prevention
Effective Prevention: Comprehensive Approach

- Identify and Assist
- Increase Help-Seeking
- COMPREHENSIVE APPROACH TO SUICIDE PREVENTION
- Effective Care/Treatment
- Respond to Crisis
- Postvention
- Reduce Access to Means
- Life Skills and Resilience
- Connectedness

Care Transitions/Linkages
Luis Manzo, Ph.D.
Executive Director of Student Wellness and Assessment
St. John’s University
Care Transitions:
Creating a Safety Net with On and Off Campus
Luis G. Manzo, Ph.D.
St. John’s University
Executive Director of Student Wellness and Assessment

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About St. John’s University

• Private, Catholic university
• +20,000 Students
• Highly Diverse Student population
• 43% Pell-eligible/Very High Need
• 72% from NYC metropolitan area
• 3400 live in residence
• Six Campuses
Student Wellness

Free & Confidential Mental Health Services
Health Related Leave of Absence

Wellness Peer Educators
Stress, Sleep, Alcohol & Drug use, Tobacco cessation

Immunization Compliance
Acute Care
NYPQ Partnership

ADA Compliance
Academic & Housing Accommodations
Support Services

Fitness Center
Intramural & Club Sports
Fitness Classes & Trainers

Bystander Intervention
Affirmative Consent
Campus Support Advisor

Veterans Success Center
Red Zone Service
Gatekeepers

- Student Wellness
- Resident Directors (RDs)
- Resident Advisors (RAs)
- Public Safety
- Faculty
- Adjunct Faculty
- Student Leaders
- Peer Educators
Community Connections

Veterans Integration to Academic Leadership

Community Providers Networking Meetings

Behavioral Health College Partnership
Crisis Response (normal office hours)

Student in Crisis
Identified by faculty, admin, students, self, etc

Student walked over to the CCC by referral

Center for Counseling & Consultation
Student in Crisis
Identified by faculty, admin, students, self, etc

Student walked over to the CCC by referral

Dean of Student
Public Safety escorts student

Center for Counseling & Consultation
Student calls helpline

Connected to an on-call licensed mental health counselor

Mental Health Helpline
718-990-6352
Available after 4:30 pm, weekends, and when the University is closed
Student calls helpline

Connected to an on-call licensed mental health counselor

Student Assessed for Harm to Self and Others

Non-Crisis Situations

- Provide support & empathetic listening
- Review self-care interventions to help cope with the situation.

Clinical Report is filed with the Counseling Center

Counseling Center contacts each student who called the Mental Health Helpline
St. John’s After Hours Mental Health Helpline

Student calls helpline
Connected to an on-call licensed mental health counselor

Student Assessed for Harm to Self and Others

Counselor determines the student needs immediate assistance

Counselor contacts St. John’s Public Safety

Off-Campus
Public Safety contacts local law enforcement for a wellness check

On Campus
Public Safety initiates hospitalization

Helpline counselor notifies on-call CCC staff member
Concerns about a student
(i.e., threat to self or others)

Resident Assistant (RA)
• Build rapport with student
• Provide empathic listening and support

Contacts On-call University Administrator

Resident Director (RD)
• Introduces self
• Mental Health Helpline

RD Initiates call to Helpline
St. John’s After Hours Mental Health Helpline

Concerns about a student
(i.e., threat to self or others)

RD calls helpline

Connected to an on-call licensed mental health counselor

Mental Health Helpline
718-990-6352
Available after 4:30 pm, weekends, and when the University is closed
Concerns about a student (i.e., threat to self or others)

1. RD identify themselves and their role at St. John’s to Helpline Counselor

2. RD provides the Helpline counselor with the following information:
   • Why they are calling the After Hours Mental Health Helpline.
   • Why they believe the student may be a risk for suicide, harm to others, and/or self-injurious behaviors.

3. Request that the After Hours Mental Health Helpline counselor speak with you following their conversation to communicate disposition

   • Phone is handed to the student so they can speak directly with the After Hours Mental Health Helpline counselor
Crisis Response - Transport to Hospital

Counselor determines the student needs immediate assistance

*Helpline Counselor shares disposition to RD*

Counselor contacts St. John’s Public Safety

Off-Campus
- Public Safety contacts local law enforcement for a wellness check

On Campus
- Public Safety initiates hospitalization

*Helpline counselor notifies on-call CCC staff member*
Public Safety arranges transportation to Hospital ER

- RD contacts student’s emergency contact
- When a student is transported to the hospital Public Safety enters a “campus restriction” in the incident University’s tracking system.
- Students returning from the hospital are restricted campus & University buildings until they have met with CCC staff member.
- Students returning to campus are asked to first go to Public Safety, and are escorted to the CCC
• Discreet and sensitive ambulance transport with psychiatric and college expertise

• Psychiatric emergency assessment of college students at Emergency Department that emphasizes efficiency and family and school input

• Specialized groups focusing on college student related concerns

• State-of-art Young Adult Inpatient Unit for young adults, specializing the college population

• Post-hospitalization outpatient services for college students with BHCP outpatient program introduction and verbal handoffs between providers to prevent relapse
On-going contact with NorthWell Health to:

- Exchange information *(if appropriate releases are received)*
- Facilitate aftercare
- Coordinate return to campus or Health Related Leave
- Schedule Hospital Discharge Review Appointment at St. John’s CCC
Hospital Discharge Review Appointment

- Ensure that the student is no longer an imminent danger to self or others.

- To assess the student’s current level of functioning and readiness to return to the University.

- To confirm that a treatment plan is in place.

- After conducting this appointment, the staff member will notify the Dean of Students and Office of Judicial Affairs staff that the student has been cleared to return.

✓ The student are asked to sign a “mandated assessment” consent form, so Public Safety and the Dean of Students can be notified that the student has attended a Hospital Discharge Review appointment.
Luis G. Manzo, Ph.D.
Executive Director, Student Wellness and Assessment
manzol@stjohns.edu
718-990-6911
Dana Nowling
Community Training Manager
Plumas Rural Services
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FEATHER RIVER COLLEGE
QUINCY, CA

- 2 year community college sitting on more than 400 acres
- 2700 enrolled (many part-time) – equivalent to 1700 full-time
- Plumas County – Rural – Less than 20,000 residents
- Wellness Center on Campus – One full-time therapist
Partnerships – how we work together

Northern Sierra Opioid Safety Coalition
A regional five-county coalition to reduce opiate overdose death through access to Naloxone, safe prescribing, and medication-assisted treatment.

Suicide Prevention Group
A local collaboration of public and private agencies and concerned community members focused on reducing the amount of suicides in Plumas County.

Veterans Collaborative
Serving the public through local governments and non-profits helping provide better outreach and connections to services available for our vets.
**Intervention Guidelines & Resources**

**Immediate Threat:** CALL 911 or Campus Security (Nick Boyd): 530.394.7503

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### Is this an Academic, Behavioral, or Wellbeing Intervention?

#### ACADEMIC
- Poor or low grades
- Sub par basic skills
- Attendance
- Missing work
- Takes more time than others to complete work
- Writes disjointed and fragmented essays as though cannot maintain logical sequence

#### BEHAVIORAL
- Disruptive
- Abusive actions
- Failure to comply
- Academic dishonesty
- Misuse of college property
- Under the influence
- Trespassing
- Violation of service animal policy
- Criminal behavior
- Violation of weapons policy

#### WELLBEING
- Displays withdrawn/isolated behavior
- Unprovoked anger or hostility
- Implying or making threats or harm to others
- Academic assignments dominated by themes of hopelessness, rage, isolation, despair, or violence.
- Self-disclosure of distress
- Substance abuse

---

**On Campus Resources**

<table>
<thead>
<tr>
<th>Campus Security</th>
<th>530.394.7503</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Student Services Officer</td>
<td>X273</td>
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<tr>
<td>Chief Instructional Officer</td>
<td>X321</td>
</tr>
<tr>
<td>Campus Mental Health &amp; Wellness Center</td>
<td>530.283.9406 or X234</td>
</tr>
<tr>
<td>Director of Athletics</td>
<td>X295</td>
</tr>
<tr>
<td>Director of Human Resources</td>
<td>X280</td>
</tr>
<tr>
<td>Director of Disability Support Program for Students</td>
<td>X318</td>
</tr>
<tr>
<td>Student Housing Manager</td>
<td>X414</td>
</tr>
<tr>
<td>Student Services Admin. Assistant</td>
<td>X317</td>
</tr>
<tr>
<td>Instructional Services Admin. Assistant</td>
<td>X242</td>
</tr>
</tbody>
</table>

**Community Resources**

- Plumas County Sheriff’s Office: 530.283.6375
- National Suicide Prevention Lifeline: 800.273.8255
- Plumas County Behavioral Health: 530.283.6307
- Plumas District Hospital: 530.283.2121
- Plumas Sierra Crisis Line: 530.283.4333
- Plumas Crisis Intervention & Resources: 530.283.3564

*July 2018*

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**Academic Intervention Referral Form**: 530-283-0202, X316

**Student Incident Report Form**: 530-283-0202, X273

**Call Wellness Center**: 530-283-9406
**After Office Hours**: 530-283-6307

Plumas County Behavioral Health line is staffed 24/7 by a mental health specialist.
# Contacts for Student Behavioral Concerns

(numbers suggest who to call first)

<table>
<thead>
<tr>
<th>Concern</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Takes more time than others to complete exams or has difficulty staying focused</td>
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<tr>
<td>Writes disjointed &amp; fragmented essays as though s/he cannot maintain a logical sequence</td>
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<tr>
<td>Seems to work harder than most students but can’t pass exams.</td>
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<tr>
<td>Displays marked change in academic performance, including grades and attendance</td>
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</tr>
<tr>
<td>Is caught cheating or plagiarizing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Displays withdrawn/isolated behavior or a high level of anxiety and stress</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
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<tr>
<th>Student Intervention Form (On-line)</th>
<th>Campus Wellness</th>
<th>CSSO</th>
<th>Instruction</th>
<th>Campus Security</th>
<th>Sherriff 911</th>
<th>HR</th>
<th>Director DSPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Petroelje X 316</td>
<td>Dr. Kelsie Foster X 234</td>
<td>Carlie McCarthy X 273</td>
<td>Derek Lerch X 321</td>
<td>Nick Boyd 530. 394. 7503</td>
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<tr>
<td></td>
<td>Connie X 317</td>
<td>Virginia X 242</td>
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<td></td>
<td>HR</td>
<td>David Burris X 280</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Marci Lang X 318</td>
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</table>
# Feather River College Referral

Please complete and fax this form so that we can expedite scheduling of your patients. Please contact our office with any questions or concerns. Thank you for your referral. Use this form in place of a fax cover sheet.

<table>
<thead>
<tr>
<th>Attention: New Patient Referrals</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________________________</td>
<td>Number of Pages:</td>
</tr>
<tr>
<td>Referring Physician: __________________</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician: (If different from referring physician)</td>
<td></td>
</tr>
<tr>
<td>Phone: __________________________</td>
<td>Fax:</td>
</tr>
<tr>
<td>Mailing Address: Street __________________________</td>
<td>City, State __________________________</td>
</tr>
</tbody>
</table>

### PATIENT INFORMATION

Name: __________________________

DOB: __________________________

Physical Address: Street __________________________ | City, State __________________________ | Zip

Mailing Address: Street __________________________ | City, State __________________________ | Zip

Phone: __________________________

Email __________________________

Parent/Guardian: __________________________

(If patient is a minor or dependent on insurance)

Parent Home Phone: __________________________

Cell Phone: __________________________

Primary Insurance: __________________________

ID#: __________________________

Secondary Insurance: __________________________

ID#: __________________________

Has patient submitted a Confidential Communications Request to his/her insurance?  ☐ Yes    ☐ No

### REASON FOR CONSULTATION

__________________________________________

__________________________________________

__________________________________________

__________________________________________

FOR HOSPITAL USE ONLY

Does patient's insurance have a mental health carve-out?  ☐ Yes    ☐ No

If so:

Insurance Company Name: __________________________

Mailing Address: Street __________________________ | City, State __________________________ | Zip

Insurance Company Phone: __________________________

Separate phone for Auths?  ☐ Yes    ☐ No    If so: __________________________

ID#: __________________________
Engaging Local Agencies and Non-Profits

- Identify common goals
- Could what they offer tie into your objectives?
- What outreach & education activities are they involved in that relate to your topics?
- Do they have experienced facilitators/trainers?
Thank you!

Dana Nowling – Community Training Manager

dnowling@plumascruralservices.org
530-927-5833
Q&A
Amanda Byrnes, LMSW
Coordinator of Case Management
University of Michigan

Diana Parrish, LMSW
Care Manager
University of Michigan
Care Transitions: Creating a Safety Net with On and Off Campus Partners

Amanda Byrnes, LMSW, Diana Parrish, LMSW
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UNIVERSITY OF MICHIGAN

ANN ARBOR CAMPUS SNAPSHOT - FALL 2016

*Unless otherwise noted, Snapshot data is from U-M Integrated Wolverinehub.

Students

- Undergraduate: 15,735 (35%)
- Graduate/Professional: 28,983 (65%)
- Total: 44,718

Faculty & Staff

- Staff: 14,976 (26%)
- Supplemental Staff: 6,884 (26%)
- Faculty: 5,044 (19%)
- Total: 26,904

Domestic Students - Race/Ethnicity

- Underrepresented Minority: 12.3%
- Native American: 0.17%
- Asian: 14.60%
- Black: 4.66%
- Hispanic: 5.55%
- Hawaiian: 0.04%
- Unknown: 5.42%
- Two or More URM: 1.64%
- Two or More non-URM: 2.24%
- White: 65.49%

88% Feel that they belong at U-M

Source: UMASS 2015

Office of Budget and Planning, 2016
21% of graduate students
28% of undergraduate students

Reported some degree of suicidal ideation in the past 2 weeks
CCMT: Clinical Care Management Team

Purpose:

Provide a regular opportunity for continuity of care planning for high-risk students who are experiencing challenging mental health situations at the University of Michigan. Ensure that students receive the care they need and that no one is inadvertently lost to care.

Care Managers in student counseling center and health services

Coordinated follow up for students who are evaluated or admitted at the hospital

Coordination for students who are seen at counseling center and health service
Context for program development

Rationale:

The distributed nature of communication, funding, and structures have led to risks in the delivery of behavioral health care to University students. This may be improved through new strategies for communication and greater familiarity between the numerous mental health and clinical providers within the University of Michigan and Ann Arbor community.

student deaths by suicide in 2013-2014 academic year that received news coverage

University Regents supportive of enhanced coordination

CAPS & UHS administrators
demonstrated need in care management work
Post-psychiatric hospitalization suicide risk 100 times the global suicide rate (JAMA Psychiatry, 2017).

38% of CAPS clients and 26% of UM Students report some degree of suicidal thoughts (CAPS Annual Report, 2017, & CSMHS, 2018).
Weekly meeting to review and discuss student discharges from PES

Email outreach to students

Regular contact with PES staff

Continuity of care consultation for shared clients; streamlined services
Psychiatric Emergency Services

UM Student

secure email

MRN
DOB
Initials
Date of discharge

CCMT

secure email

Therapeutic and psychiatric providers

- opportunity to connect with Care Manager
- assistance with connecting to discharge plan
- risk reduction through clinical outreach
Hello, Meagan. I am writing on behalf of the Clinical Care Management Team (CCMT), as follow up to your recent ER visit. The CCMT works to ensure that students are connected to the resources they need. Please reply to this email to let us know how you are doing and if you need any assistance in connecting with the resources offered at the time of discharge from the ER.

Take care,

Amanda
Collaboration with other student support teams on campus

Dean of Students Behavioral Intervention Team

clinical case management and student affairs case management

CCMT vs us as individual care managers
Student admitted to area hospital

Obtain permission to contact DOS as soon as possible
DOS is contacted and connects with student. DOS coordinates with various departments and provides support for:
- academics
- housing
- financial needs
- insurance issues
- employment concerns
- family involvement
- visa/international concerns
- case management referral to CCMT
- social support

Hospital staff make discharge plan

CCMT assists every student to enact clinical discharge plan post-hospitalization

Fax plan to CCMT 734.763.0454

DOS see student for follow up

As needed, CCMT
- schedules appointment with student
- coordinates connections to treatment providers
- provides clinical support while connections are made
- follows up as needed to ensure student is not lost to care

DOS refers to CCMT if clinical follow up needs arise

Strengthening the Bridge of Support: A New Direction in Clinical Case Management for University of Michigan Students Following Hospitalization
Documentation

Mbox

HIPAA and Michigan Mental Health Code compliant

Accessible across email platforms

Customizable
Implementation

CAPS/UHS and hospital administrators met first

Information and protocol did not trickle down to front-line social work staff

Later meetings with hospital social workers to clarify protocol and address points of confusion
Memorandum of Understanding (MOU)

Developed to streamline communication among hospital and student life units

Determined by hospital Compliance that releases of information still needed
Memorandum of Understanding
Between
University of Michigan Hospital System Psychiatric Emergency Services
and Clinical Care Management Team

This Memorandum of Understanding is designed to outline the process of making referrals of University of Michigan students from University of Michigan Hospital Psychiatric Emergency Services, to the Clinical Care Management Team. It provides a specific protocol to follow during the aftercare process, ensuring that students connect with providers and engage with discharge plan. This memorandum offers clear expectations of all parties as well as consistent points of contact, ensures appropriate dispositions and discharge planning, eliminates replication of services, and enhances a collaborative relationship.

As of May, 2015, approximately 200 UM students are seen at PES annually. The responsibilities and plans laid out herein are based on this number and the anticipated time required to effectively serve those 200 students.

The Clinical Care Management Team (CCMT) is composed of Care Managers from UHS and Case Manager(s) from CAPS. Psychiatric Emergency Services (PES) operates under the University of Michigan Hospital System, while University Health Services (UHS) and Counseling and Psychological Services (CAPS) belong to the University of Michigan division of Student Life. PES is under HIPAA regulations, UHS is under blended HIPAA/FERPA regulations, CAPS is under FERPA regulations, and all of these units are also regulated by the Michigan Mental Health Code. All are engaged in providing clinical mental health services to University of Michigan students. The CCMT seeks to address the needs of students who are experiencing challenging mental health situations at the University of Michigan, and who are seen at multiple units among PES/UHS/CAPS.

CCMT goals:
- Ensure that students receive needed care, and that no student is inadvertently lost to care
- Streamline and improve communication between units about shared clients
- Follow up with students to ensure that connections for ongoing treatment are made

PES staff, in addition to standard discharge planning, will also refer all University of Michigan students seen at PES to the CCMT via email referral form, whether or not students are admitted to an inpatient unit or discharged from PES. This is based on ensuring continuity of care.
Data: Pilot Year

34 total referrals
Data: Year Two (YTD)

97 total referrals

*One student who responded to outreach requested assistance
Barriers encountered and lessons learned

- challenges to front line staff empowerment and direct communication
- traditional hierarchy/administration and the impact of that on communication, decision-making, and the planning process
- difficulty of communicating consistently between systems
- technology for information sharing & documentation
- secure email
- medical record access (currently resolving)
- fax machines
- limited functionality of database
Things to consider for your campus

access to secure email
access to medical record
different email platforms, different EMR systems
integrated vs siloed
sharing/release of information
physically close, somewhat integrated health system with an inpatient psychiatric unit
Sustainability

- CCMT and our Care Manager roles are matching funds under our campus grant
- The work will continue beyond the campus grant
References


University of Michigan Counseling and Psychological Services (2018). College Student Mental Health Survey Phase V.
Discussion Time

- What takeaway(s) resonated with you from this webinar?
- What do you plan to implement from this webinar?
Resources

• Campus Virtual Learning Lab – Mental Health Resources:
  http://www.sprc.org/mental-health-resources

• Zero Suicide Toolkit – Transition: http://zerosuicide.sprc.org/toolkit/transition

• Care Transitions – Best Practices and Evidence-Based Programs:
고맙습니다

Thank You

Merci
Thank you!

Irene Cho
icho@edc.org
617-618-2720

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blipton@edc.org
617-618-2472

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Washington, DC 20007