NASPA Strategies Conference
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2020
A Bold Commitment to Collaborative Care

Limiting the use of involuntary hospitalizations of students with suicidal ideation
Presenters

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Why We Avoid Hospitalization
Understanding the Law

- Do you have an involuntary hospitalization state law for mental health concerns/danger to self?
- Are your students involuntarily hospitalized from campus based on your state law?
- When a person is involuntarily hospitalized, are they taken into custody?
- When your students are transported for hospitalization, where are they transported?
  - Private mental health treatment facility
  - Facility primarily serving college age population
  - Public hospital primarily serving adult populations with high risk, severe comorbid psychotic disorders
  - Standard hospital
  - Other
Rates of SI Reported on Initial CCAPS

F'15-S'16    F'16-S'17    F'17-S'18    F'18-S'19

SI >0 Rollins    SI >0 National

Rollins
EST. 1885
What we know about hospitalization...

- Hospital suicides: 1800/year (Knoll, 2012) vs. 49-65/year (The Joint Commission, 2018)
- Highly critical views of Marsha Linehan and Matthew Large - i.e., "Nosocomial suicides" which are suicides that are caused by hospitalization!
- Coyle, Shaver and Linehan (2018) - potential iatrogenic effects of psychiatric crisis services
- Czyz, Berona, and King (2016) - readmission for suicidal teens significantly associated with more severe suicidal trajectory and suicide attempts
- Typical inpatient stay: medication and some brief group work of 5-6 days (NAMI, 2014)
- Hospitalization is associated with hundreds times greater risk for suicide deaths than general population (Qin & Nordentoft, 2005; Large et al., 2011)
- 5% of all post-discharge suicide occur within a week of discharge (Pirkota et al., 2005)
- 20% of all post-discharge suicides occur within one year of discharge (Desai et al., 2005)
- Outpatients avoid talking about suicide for fear of hospitalization (Blanchard & Farber, 2018)
How we avoid hospitalization
Continuum of Care: Our Process and Tools
## Continuum of Care

### Early Identification and Intervention

- Department Collaboration
- Behavioral Intervention Team
- Non-Clinical Intervention
- QPR Suicide Prevention Gatekeeper Training
- College Response Online Training
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Outreach events (i.e., Fresh Check Day)
- Wellness Center Screening Instruments (i.e., CCAPS, Health TARS)
Early Identification and Intervention
Department Collaboration

Wellness Center
Campus Safety
Dean of Students Office
Residential Life & Explorations
Concern Referral Assessed at Elevated or Severe Risk Level → SFC Outreach and Intervention → CARE Team Weekly Notification: Campus Safety, Community Standards & Responsibility, Fraternity & Sorority Life, Accessibility Services, International Student Services, Athletics, Title IX, Holt School → Dean’s Review Team Weekly Meeting: AVP/Dean of Students, Residential Life, Wellness Center, Student & Family Care, Assoc Dean Academic Advising → Implement Intervention Plan
Early Identification and Intervention
Non-Clinical Intervention

If based on the initial evaluation the threat seems non-imminent/emergent, SFC will set up an in-person meeting within the next 24 hours, utilizing QPR process:

Expresses Suicidal Ideations
- Provide: Resources, Options, Referral
- Develop support network and care plan
- Notify BIT

Expresses Plan/ Recent Attempt
- Develop Care Plan with 1 of below:
  - counselor
  - parent/family member
  - emergency contact
- If student refuses any of 3 options, call 911/Campus Safety
- Convene TAT
Continuum of Care

### Treatment/Evidenced Based Intervention

- Collaborative Assessment and Management of Suicidality (CAMS)
- WellTrack Online Interactive Self-Help Therapy
The Collaborative Assessment and Management of Suicide (CAMS)

- Developed by Dr. David Jobes
- Evidence-based
- Organizes suicide-specific risk assessment and treatment
- Conceptualizes assessment and treatment of suicidal patient/clients in a fundamentally different way
- Suicide focused treatment
- Collaborative
- Assessment/Drivers/Stabilization Plan
Continuum of Care

Crisis Response

- Crisis Response Protocol
- Threat Assessment Team
- Medical Leave of Absence
Crisis Response
Residential Life Protocol for Psychological Emergencies

**Step 1**: The attending staff member contacts the Assistant/Associate Director (AD) on-call.

**Step 2**: AD will contact the Wellness Center or counselor on call for after hours crisis, then contact the Associate Dean of Students until a connection is made.

**Step 3**: Counselor may contact Campus Safety to make an assessment, or if a true crisis, the student may be assessed at the responding hospital.
Concern Referral
Assessed at Extreme Risk Level

Is student and community currently safe?

Yes

Convene BETA Team:
AVP HR/Risk Management
Campus Safety
AVP/Dean of Students
Wellness Center
Student & Family Care
Assoc Dean Academic Advising

Implement Intervention Plan

Convene BETA Follow Up

No

Contact 911 & Campus Safety

Assess Student, Community & Institutional Risks

Determine Intervention Plan

Complete BETA Informational Brief
Behavioral Evaluation Threat Assessment Team

Informational Brief

Date of Meeting:
Location of Meeting:
Faculty/Staff Present:

Individual or Community Threat of concern:

Summary of BETA concern reviewed:

Institutional Risk to be considered:

| Human Capital | Risks related to investing in, maintaining and supporting a quality workforce or student-body, such as recruitment, retention, morale, compensation and benefits, change management, community knowledge, skills and abilities, unionization, employment practices |
| Hazard, Safety or Legal Liability | Risks related to legal liability (negligence or malfeasance), injury, damage, or health and safety of the campus population or the environment, including impacts caused by accidental or unintentional acts, errors or omissions, and external events such as natural disasters |
| Financial | Risks related to physical assets or financial resources, such as: tuition, government support, gifts, research funding, endowment, budget accounting and reporting, investments, credit rating, fraud, cash management, insurance, audit, financial exigency plan, long-term debt, deferred maintenance |
| Operational | Risks related to management of day-to-day College programs, processes, activities, and facilities, and the effective, efficient and prudent use of the College’s resources |
| Compliance | Risks related to violations of federal, state or local law, regulation or College policy that creates exposure to fines, penalties, lawsuits, reduced future funding, imposed compliance settlements, agency scrutiny, injury, etc. |
| Strategic | Risks related to the College’s ability to achieve its strategic goals and objectives, including competitive market risks and risks related to mission and values; diversity; academic quality; student experience; business model; accreditation |
| Reputation/Brand | Risks related to market positioning, enrollment management and ethical conduct which tarnish the image of the College |

Intervention Plan:

Follow Up:
Crisis Response
Medical Leave of Absence

Leave of Absence Petition

All students may take a Leave of Absence for one or two consecutive semesters, without having to reapply for admission. Outlined below are the types of leaves that a student may take at the College:

Personal Leave (PLOA): PLoa may be granted for a program of work, study, or travel that contributes to the student's personal development or program of study at Rollins. A student may also request a PLoa for reasons related to financial and/or personal hardship.

Medical Leave (MLoa): The Dean of Students or designee may, upon consideration of the welfare of the student and the College community, grant a student an MLoa. A student is encouraged to request a voluntary medical leave in the event he/she believes his/her physical and/or mental health concerns are interfering with the ability to succeed at Rollins and/or the demands of college life are interfering with recovery or safety.

Please complete the following form to request a Leave of Absence. The completion of this form does not finalize the change of status.

About You:

First and Last Name: [Redacted]
Student ID Number: [Redacted]
Phone Number: [Redacted]
E-mail: [Redacted]
Leave Type (required): Please choose...
Reason for Leave Request: Physical Wellness
Effective Term of Leave (required): [Redacted]
Tracking Hospitalization, SI, and CAMS clients

- # Admitted to hospital
- CAMS
- % with SI > 0

Year:
- 14-15
- 15-16
- 16-17
- 17-18
- 18-19

Values:
- 10
- 8
- 6
- 4
- 2
- 0
Challenges

- Determining when/if to call parents or family member
- Providing collaborative care for support network identified by student during CAMS process
- Obtaining institutional buy-in
Questions and Contact

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Thank You!