EAB

Meeting the Escalating Demand for Mental Health Services

Targeted Interventions for Key Student Segments

Student Affairs Forum

Project Director

Liz Brown

Contributing Consultants

Jeanine Navarrete, PhD
Hailey Badger

Managing Director

Liz Rothenberg, PhD

Design Consultant

Phoenix Simone Walter

LEGAL CAVEAT

EAB Global, Inc. ("EAB") has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and EAB cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, neither EAB nor any of its affiliates (each, an "EAB Organization") is in the business of giving legal, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, tax, or accounting issues, before implementing any of these tactics. No EAB Organization or any of its respective officers, directors, employees, or agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by any EAB organization, or any of their respective employees or agents, or sources or other third parties, (b) any recommendation by any EAB Organization, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

EAB is a registered trademark of EAB Global, Inc. in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of any EAB Organization without prior written consent of EAB. Other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of an EAB Organization and its products and services, or (b) an endorsement of the company or its products or services by an EAB Organization. No EAB Organization is affiliated with any such company.

IMPORTANT: Please read the following.

EAB has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to EAB. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. All right, title, and interest in and to this Report is owned by an EAB Organization. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.
2. Each member shall not sell, license, republish, distribute, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to EAB.

Table of Contents

Top Lessons from the Study **5**

Introduction: Trends in Campus Mental Health Services **7**

Section 1: High-Need Students **19**

- Practice 1: Scope of Care Statement
- Practice 2: Orientation Letter
- Practice 3: Plan “B” Exercise
- Practice 4: Data-Informed Referrals
- Practice 5: Expedited Local Referrals
- Practice 6: Clinician Open House
- Practice 7: Health Services Assistant
- Practice 8: Referral Coordination Program

Section 2: Students with Short-Term Needs **35**

- Practice 9: Individualized Action Plans
- Practice 10: Appointment Checkpoints
- Practice 11: Truncated Appointments
- Practice 12: Reeducate Clinicians
- Practice 13: Rebrand Groups for Students
- Practice 14: Deploy Data-Informed Groups
- Practice 15: Accountability Mechanisms
- Practice 16: Outsourced After-Hours Care
- Practice 17: Seasonally Contracted Staff
- Practice 18: Hybrid Staffing Model

Section 3: Low-Risk Students **61**

- Practice 19: Rebranded Supports
- Practice 20: Behavioral Prescriptions
- Practice 21: Guided Instruction
- Practice 22: Peer Listening Platform
- Practice 23: Wellness Coaching

Implementation Toolkit **73**

Advisors to Our Work **99**

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Supporting Members in Best Practice Implementation

Resources Available Within Your Membership

This publication is part of EAB's work to help members meet the escalating demand for mental health services on campus. Recognizing that ideas seldom speak for themselves, our goal is to work actively with Student Affairs Forum members to decide which strategies are most relevant for your institution, to accelerate consensus among key constituencies, and to reduce implementation time with tools and resources.

Implementation Tools

Throughout the publication, this symbol will alert you to any corresponding tools and templates available in the toolkit at the back of this book. These tools are also available on our website at eab.com.

Webconference Sessions

On our website at eab.com, find information about on-demand webconferences that walk through the strategies highlighted in this publication.

Expert Troubleshooting

Members may contact the analysts and consultants who worked on this research to discuss the strategies profiled, troubleshoot obstacles to implementation, or run deep on campus-specific concerns.

Additional Online Resources

Access additional research publications, webconferences, and tools related to meeting the escalating demand for mental health services on our website at eab.com.

All Student Affairs Forum resources are available to members in unlimited quantity.

To order additional copies of this publication or to learn about our other services, please visit us at eab.com or contact your dedicated advisor.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Top Lessons from the Study

Demand for campus mental health services continues to grow with no signs of slowing.

In recent years the demand for mental health services on college and university campuses has exploded. Data shows that from 2009-10 to 2014-15, counseling center utilization grew five times faster than institutional enrollment growth in the United States. From 2012 to 2017, 13 Canadian postsecondary institutions experienced an average increase of 35% in counseling appointments on campus.

Data about future generations of college students indicates that increased demand for campus services will continue. Growing numbers of children and adolescents struggle with depression, anxiety, and other serious mental health concerns.

Years of successful outreach efforts, demographic changes, and external pressures are driving up the demand for campus services.

Colleges and universities have invested in destigmatizing mental health concerns, building awareness of services, and deploying extensive response frameworks to encourage students to access the support they need. Combined with changing social attitudes and norms around mental health conditions and treatment, today's students are more open to seeking support on campus.

External factors, such as social media use, new parenting styles, and intensified pressures to excel academically and socially, are also contributing to the increased demand for mental health services.

Increased demand is having a significant impact on students, staff, and the availability of campus services.

Waitlists for individual therapy appointments are the most visible indicator of increased demand. Long waitlists can contribute to decreased frequency of appointments to accommodate more clients or delayed treatment that might lead students' concerns to escalate. Other consequences of extreme demand include tight constraints on physical space, staff burnout, student dissatisfaction, and fewer resources for outreach and early interventions.

Institutions face significant risks for failing to meet students' mental health needs.

Leaders recognize the high stakes associated with increased demand and delayed access to mental health supports, including risks related to campus safety and student welfare. Students' mental health concerns and access to treatment also impact key institutional goals, such as academic performance and retention.

Hiring additional staff is not a sustainable, long-term solution. Even well-resourced counseling centers struggle to keep pace with demand.

While some counseling units are understaffed and require additional support, many institutions have already heavily invested in clinical and professional staff. EAB research reveals a growing recognition among campus leaders that continuing to grow staff pools cannot completely solve students' increased demand. Moreover, hiring additional full-time staff is rarely an option due to limited or tapped out financial resources.

To meet demand, colleges and universities must target interventions to key student segments and maximize existing resources.

In this study, EAB recommends institutions align resources with students' varying levels of need and risk. Institutions should pursue strategies that make the most of current campus and community resources, including:

- Setting and communicating a sustainable scope of care
- Promoting successful off-campus care for high-need students
- Restructuring individual and group therapy engagements for students with short-term needs
- Exploring dynamic staffing models for campus counseling centers
- Driving utilization of self-serve and peer supports for low-risk students

Sources: Center for Collegiate Mental Health, 2015 Annual Report; Cribb R, Ovid N et al., "Demand for youth mental health services is exploding. How universities and business are scrambling to react," *The Star*, May 29, 2017; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Top Lessons from the Study (cont.)

Most institutions are not equipped to serve high-need students, or students with intensive or long-term mental health needs.

High-need students require ongoing, specialized, or intensive services, such as medication management or long-term therapeutic engagements. Most institutions are not resourced to manage these types of complex concerns on campus, especially in high volume.

Set and communicate a sustainable scope of service to align available services with expectations from students, families, and campus stakeholders.

Increasing demand for campus services, coupled with finite resources, prompts difficult questions about the scope of clinical care on campus. EAB recommends that institutions set a sustainable scope of care that aligns with institutional values, student needs, and available resources. Communicate your scope of care with students, parents and families, and campus stakeholders to set clear, upfront expectations about treatment options available on and off campus.

Promote successful off-campus care for high-need students.

When the needs of students go beyond the scope of campus resources, institutions should help students connect with off-campus care. Use data to identify high-need individuals and groups who need support beyond what is available on campus and strategically match them with community partners. Create effective referral mechanisms that help students overcome common barriers to initiating and maintaining off-campus care.

Restructure individual and group therapy engagements for students with short-term needs to extend the reach of available clinical resources.

Data shows that from 2009-10 to 2014-15, the number of total counseling center appointments grew seven times faster than institutional enrollment growth in the United States. The increased demand for individual therapy appointments has contributed to unsustainable service wait times and fewer students being able to access timely support.

EAB recommends that counseling centers restructure individual appointments to maximize one-on-one sessions through intentional goal-setting conversations and frequent progress checks. Institutions should also reinvigorate group therapy offerings as an additional option for students with short-term needs.

Explore dynamic staffing models for campus counseling centers.

Beyond improving the efficiency of individual appointments and groups, EAB recommends that institutions explore larger opportunities, such as outsourcing after-hours care or hiring contracted staff, for increased efficiency through dynamic staffing models for campus counseling centers.

Foster utilization of campus, self-service, and peer supports for low-risk students.

Low-risk students are not at risk of hurting or harming themselves or others. They commonly seek help from the campus counseling center with developmentally appropriate challenges, general anxiety or stress, and loneliness or social isolation.

Because low-risk students do not necessarily require clinical supports, EAB recommends that institutions strategically connect these students with meaningful self-serve and nonclinical resources. Institutions should broaden the definition of mental health support to include existing campus and self-serve resources, personalize recommendations to low-risk students to increase utilization, and expand opportunities for peer-to-peer support through tech-based support and coaching programs.

Sources: Center for Collegiate Mental Health, 2015 Annual Report; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Introduction

Trends in Campus Mental Health Services

©2018 EAB Global, Inc. • All Rights Reserved • 36207

The New Normal

Demand for Campus Mental Health Services Continues to Soar

In recent years, the demand for mental health services on college and university campuses has exploded. Year over year, this trend garners considerable attention across higher education and from the media and the public.

Part of what makes this trend so newsworthy is the rate at which demand is growing. Data shows that from 2009-10 to 2014-15, counseling center utilization grew five times faster than institutional enrollment growth.

Rising Demand Catches Media and Public Attention

Breaking News for 2017

> *Surging Demand for Mental Health Care Jams College Services*

...And for 2016...

> *The Number of Students Seeking Mental Health Treatment is Growing Rapidly*

...And 2015...

> *More Stress, Less Stigma Drives College Students to Mental Health Services*

...And 2014

> *Students Flood Counseling Offices*

Demand for Campus Mental Health Services Outpaces Enrollment Growth

Average Growth, 2009-10 to 2014-15

5.6%
Average percent change in **institutional enrollment**

29.6%
Average percent change in **counseling center utilization**

5x Rate at which counseling center utilization **outpaced enrollment growth**

Sources: Center for Collegiate Mental Health, 2015 Annual Report; Kingkade, T, "The Number of College Students Seeking Mental Health Treatment is Growing Rapidly," *Huffington Post*, January 13, 2016; *PBS NewsHour*, More stress, less stigma drives college students to mental health services, September 2, 2015; Peale, Cliff, "Students flood college counseling offices," *USA Today*, April 7, 2014; Thielking, M, "Surging Demand for Mental Health Care Jams College Services," *Scientific American*, February 8, 2017; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

A Similar Story North of the Border

Canadian Colleges and Universities Experiencing Demand Spike

Canadian colleges and universities are also experiencing a spike in demand for campus mental health services. From 2012 to 2017, 13 Canadian postsecondary institutions experienced an average increase of 35% in counseling appointments on campus. The surge in utilization has drawn attention from students and families, the public, and provincial governments. For instance, in 2017 Ontario and Alberta both committed significant year-over-year funding to support mental health services on campus.

A Sharp Upswing

35% Average percent increase in the number of **counseling appointments** across 13 postsecondary institutions, 2012-2017

> "In the last few years, we've seen a substantial rise in the number of students coming forward and asking for help with anxiety and depression. **Despite a sizable budget increase** last year, our counseling center is still feeling **overrun and understaffed**."
>
> *Counseling Center Director*
> *Public Canadian University*

Not Just a Single Province Issue

CBC — *Ontario Campus Counsellors Say They're Drowning in Mental Health Needs*

Global News — *Alberta Commits $7.5M to Improving Mental Health Resources at Calgary Colleges and Universities*

CBC — *Improving Access to Mental Health Counselling a Priority at University of British Columbia*

Sources: Cribb R, Ovid N et al., "Demand for youth mental health services is exploding. how universities and business are scrambling to react," *The Star,* May 29, 2017; Frakes, N, "Improving access to mental health counselling a priority at UBC," *CBC*, August 24, 2017; Pfeffer, A, "Ontario campus counsellors say they're drowning in mental health needs," *CBC,* September 26, 2016; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

What Is Driving Demand?

Product of Decade-Long Social and Institutional Investments

As demand for campus mental health services continues to grow, many in and out of higher education are analyzing factors that drive utilization. At least in part, the increased demand is the product of years of social and institutional investments. Today's students feel more comfortable seeking care than their predecessors because of an increased awareness of mental health needs and services. Colleges and universities have developed extensive response frameworks and stigma-reduction campaigns to encourage students to access the support they need.

Increased Awareness	Structured Response Framework	Reduced Stigma to Seeking Care
Institutional and national tragedies have spurred more open conversations about students' mental health needs	New teams and protocols streamline how institutions identify and treat students with mental health needs	Campus and social stigma-reduction campaigns led to today's students being more comfortable seeking care

14%

Of incoming first-year students in 2016 say there is a **"very good chance"** that they will **seek personal counseling while in college**, an all-time high

Generational Differences in Perceptions of Therapy

Boomers: Therapy? That's for crazy people.

Generation X: I saw my first therapist when I was an adult.

Millennials: Embarrassed about therapy? No. My friends are all in therapy too.

Gen 2020: I have a whole team of coaches and therapists.

Rethinking the College Mental Health Crisis: Do Bubble Wrap and Special Snowflake Myths Prevent a Vision for Needed Change? *HUFFPOST*

Combined with changing social attitudes and norms around mental health conditions and treatment, today's students are more open to seeking support. Data shows that an increasingly high number of incoming first-year students expect to seek personal counseling while in college. Across generations, perceptions are generally changing to be more open and accepting of therapy.

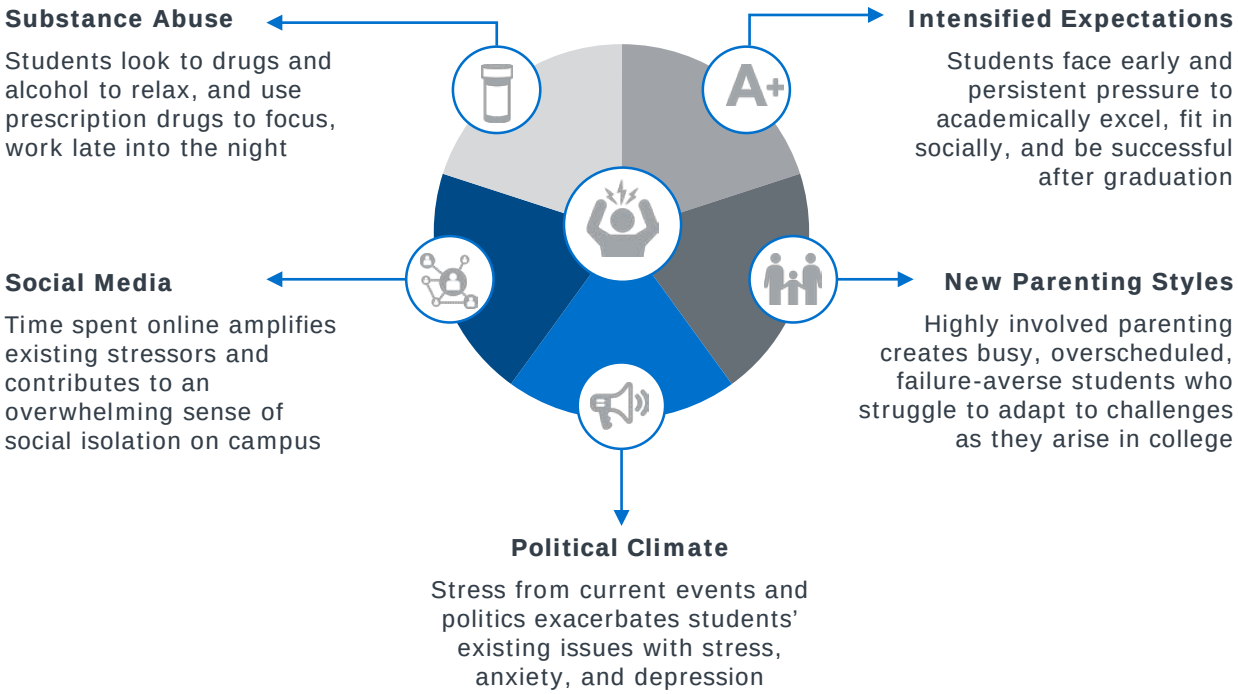
Sources: University of California, Los Angeles, Higher Education Research Institute, 2016 CIRP Freshmen Survey; https://heri.ucla.edu/cirp-freshman-survey; Lee K, "Rethinking the College Mental Health Crisis: Do Bubble Wrap and Special Snowflake Myths Prevent a Vision for Needed Change?" *HUFFPOST*, Feb. 10, 2017, http://www.huffingtonpost.com/entry/rethinking-the-college-me_b_14683448.html; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

External Factors Also Drive Up Demand

Outside of Higher Education's Control but Having a Huge Impact on Students

External factors such as social media use and new parenting styles are also contributing to the increased demand for mental health services. In and out of the classroom, students are grappling with intensified expectations to excel academically and socially. While these factors are largely outside of institutions' control, students often turn to campus resources for support when they have difficulty managing these new challenges.



Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

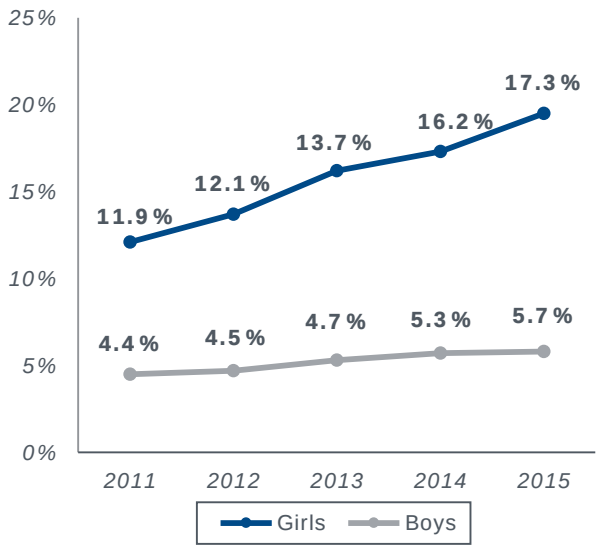
Depression and Anxiety on the Rise Among Teens

A Silent Epidemic Is Coming to Campus

Data about future generations of college students indicate that increased demand for services will continue into the foreseeable future. Growing numbers of children and adolescents are struggling with depression, meet the criteria for anxiety and eating disorders, or struggle with self-harm. When first-year students with preexisting conditions arrive on campus, they are thrust into a new routine with a wide range of new stressors that can be difficult to manage alongside a mental health condition. These students often need additional support to cope with the transition to a new environment and they will often look to university counseling services as their first source to provide that assistance.

Escalating Rates of Depression

Past Year Major Depressive Episode[1] Among Adolescents, by Gender (2011-2015)



Growing Mental Health Challenges Among Children and Teens

25% Of teens meet criteria for an **anxiety disorder**

8% Of children aged 7-16 have **attempted self-injury**

172% Increase in minors requiring **hospitalization for an eating disorder**, 2003 to 2014

1) A major depressive episode is characterized as suffering from a depressed mood for two weeks or more, and a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, and worthlessness.

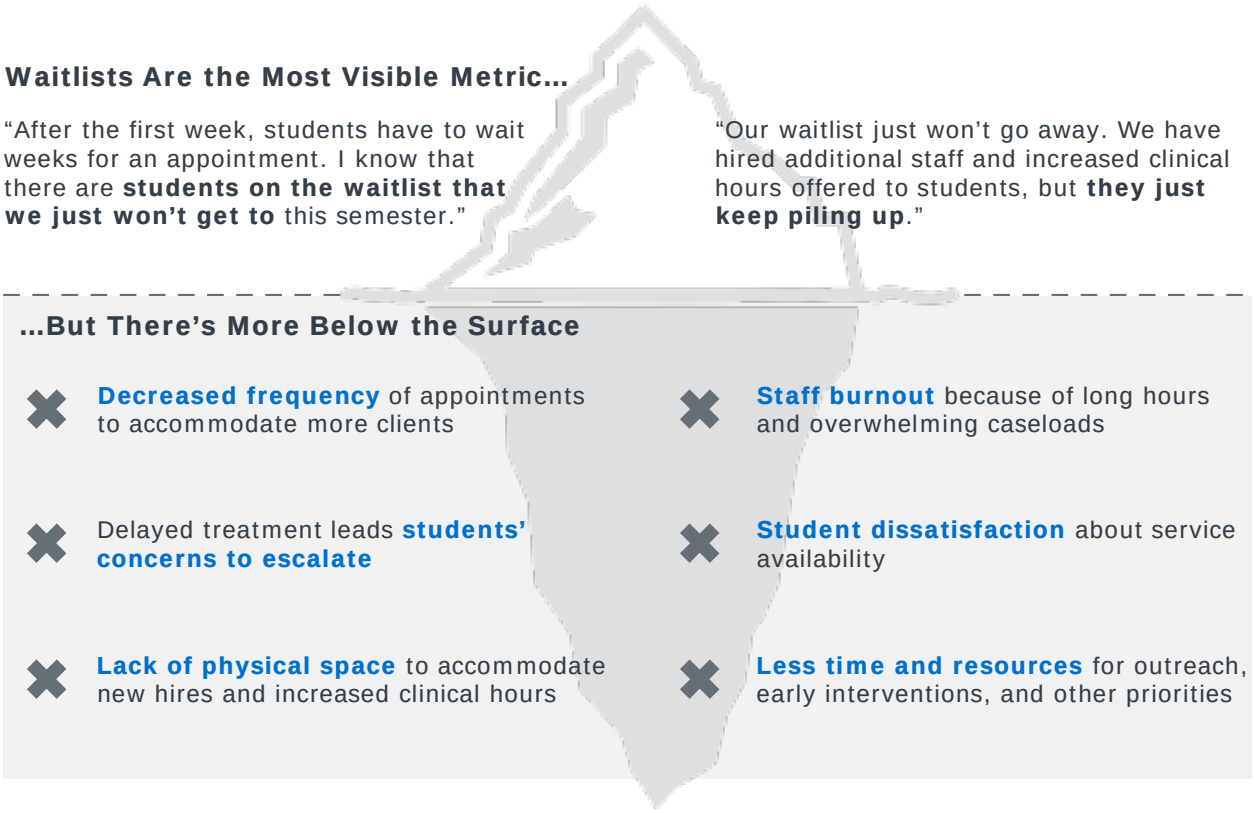
Sources: National Institute of Mental Health, "Major Depression Among Adolescents," https://goo.gl/KSk7xT; Olfson M et al., "Trends in Mental Health Care Among Children and Adolescents," *The New England Journal of Medicine*, https://goo.gl/3GjjFn; Merikangas K et al., "Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Survey Replication...," *Journal of the American Academy of Child & Adolescent Psychiatry*, https://goo.gl/apDwDe; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Waitlists Are Just the Tip of the Iceberg

What Increased Demand Looks Like on Campus

The rising number of students coming forward seeking mental health support on campus is having a significant impact on students and staff. Waitlists for individual counseling appointments are the most visible indicator of increased demand, and thus the most commonly referenced. Long waitlists contribute to decreased frequency of appointments to accommodate more clients or delayed treatment that might lead students' concerns to escalate. The consequences associated with high demand go beyond students waiting for care. Other consequences include tight constraints on physical space, staff burnout, student dissatisfaction, and less time and fewer resources for outreach, education, and early interventions.



Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

‘We Can’t Afford to Get This Wrong’

High Demand and Delayed Service Increase Risk All Around

Colleges and universities face significant risks for failing to meet students’ mental health needs. Leaders recognize the high stakes associated with increased demand and delayed services, with one senior student affairs officer saying, “We can’t afford to get this wrong.”

Risks related to campus safety and student welfare are well known and often discussed. There are also lesser-known risks related to student success. Students’ mental health concerns and access to treatment have a demonstrated impact on key institutional goals such as academic performance and retention.

Significant Risks for Failing to Meet Students' Mental Health Needs

Campus Safety

“We have to support our students or else we risk endangering–or being perceived as endangering –our entire campus.”

Student Welfare

“Our number one concern is to ensure that students are well enough to take care of themselves as a person. We want what is best for them.”

Student Success

“At the end of the day, it is about **helping students be successful with their academic and personal goals.** If you really want to improve retention, you have to provide these services or else you are going to have a revolving door as students get overwhelmed.”

Vice President for Student Affairs
Public Research University

A Demonstrated Impact on Academic Performance

#2

Mental illness is the second most common reason that students drop out of school

-0.4

Average drop in GPA for students with anxiety and mild to severe depression

Sources: Eisenberg D and Lipson S, “The Economic Case for Mental Health Services in Higher Education,” https://goo.gl/obK1Cv; Calettstout D, “Mental Health Laws for Students Should Involve Students,” *The Cougar*, January 25, 2017, https://goo.gl/i7Z5d3; Field K, “Stretched to Capacity,” *The Chronicle*, November 6, 2016, https://goo.gl/qaSn89; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

An Unsustainable Cycle

Hiring More Staff Is Not the Answer

In response to the increased demand for services, many institutions have invested additional resources and added clinical and professional staff in campus counseling centers. While some counseling units are understaffed and require additional support, a growing number of campus leaders recognize that hiring more staff will not completely solve students' increased demand. Forum interviewees often shared that when they added staff to their campus counseling center, demand continued to grow. This trend has prompted recognition among campus leaders that something larger needs to change.

Ongoing Investments in Counseling Center Staff…

42% Of institutions **gained FTE clinical or professional staff** in 2015-16

6.3 FTE **Number of FTE staff counseling centers gained** for every 1 lost in 2015-16, up from 3.9 in 2014-15

…Have Prompted Recognition That Something Needs to Change

> "Demand for mental health support is rapidly growing on Canadian campuses. In response, we have poured more and more resources into clinical support services. **Despite the additional investment, both waiting times and student distress are increasing.**"
>
> *Andre Costopoulos*
> *Vice-Provost and Dean of Students*
> *University of Alberta*

> "We have been throwing money at this problem for years and it is an endless pit. Our numbers just keep going up. **Hiring more therapists is not the answer. We now know that we can't staff our way out of this problem.**"
>
> *Vice President for Student Affairs*
> *Public Research University*

Source: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2016, https://goo.gl/2nYfe9; Constopoulos A, "Our Role is to Support Students When They Are Ready to be Students, *University Affairs*, August 25, 2017, https://goo.gl/5wpyp7; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Time for a New Approach to Campus Mental Health

Today's Stark Reality Requires a New Path Forward

EAB recommends institutions explore new approaches to meeting the demand for campus mental health services. Institutions must broaden the ways they provide support. At the same time, institutions should work with campus stakeholders to realign expectations around counseling services. Students, parents and families, and campus partners need to recognize the goals and limitations of campus mental health services.

Opening Up to New Ways of Providing Support

"The biggest shift for our profession—and university counseling centers on the whole—is that **we have to think differently about how people can be helped.** We can't keep saying that the 50-minute hour is the best answer because we just don't have the resources. **We must get creative, explore and commit to new ways of working, and be open to new ideas that don't compromise the quality of our work with students.**"

Director of Counseling Services
Private Research University

Realigning Expectations Around Counseling Services

"**Counseling centers have become a place where people expect solutions.** There is a huge amount of expectation from students, parents, and faculty in the community that we will whisk in and fix people that are somehow broken. **We can't live up to that mission.** Before folks run to counseling, they need to utilize the other services on campus. We need more resources to teach students how to be well and not just panic when students are unwell."

Vice Provost for Student Life
Canadian Research University

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

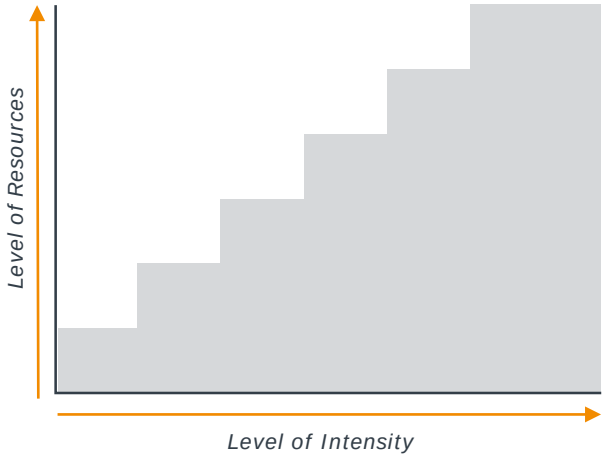
Introducing a 'Stepped Approach'

Giving Students What They Need, When They Need It Most

Progressive institutions are exploring new models for providing mental health services on campus. One of the most popular models is a stepped approach to care, also known as stepped care. Stepped approaches have long been used in the United Kingdom and they have recently gained popularity in colleges and universities across Canada and the United States.

Building Options for Students

A Conceptual Model of Stepped Care



Key Principles of Stepped Care

- Care is stepped up or down as needed, based on students' changing concerns
- Prioritizes the least intensive and most effective treatment option
- Saves the most limited and intensive clinical resources for students who need them most
- Depends on a wide range of services, including self-help resources, peer support, online tools, and on- and off-campus therapy

A stepped approach depends on an array of mental health resources that students can quickly access when they need support. The resources are organized across varying levels of intensity and required engagement, allowing students to flexibly step up or step down care as their concerns change over time. In this model, individual therapy is only one care option among a much larger suite of services. Services might include self-help resources, other campus supports, tele-therapy options, and off-campus care.

Sources: Cornish P, "Stepped Care 2.0: A Framework for Rapid Access and Improved Outcomes," NECCCD Conference, March 13, 2017, https://prezi.com/bwwnttl-vnen/necccd-mar-13-2017/?utm_campaign=share&utm_medium=copy; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Meeting the Escalating Demand for Mental Health Services

Study Road Map

This study explores different strategies and services that institutions are using to align resources with students' varying levels of need and risk. EAB research identified three student segments that institutions should consider when providing mental health services on campus: high-need students, students with short-term needs, and low-risk students. Each section highlights strategies that institutions can use to connect each segment of students with the care they need and maximize the efficiency of existing resources.

1 High-Need Students

1. Scope of Care Statement
2. Orientation Letter
3. Plan "B" Exercise
4. Data-Informed Referrals
5. Expedited Local Referrals
6. Clinician Open House
7. Health Services Assistant
8. Referral Coordination Program

2 Students with Short-Term Needs

9. Individualized Action Plans
10. Appointment Checkpoints
11. Truncated Appointments
12. Reeducate Clinicians
13. Rebrand Groups for Students
14. Deploy Data-Informed Groups
15. Accountability Mechanisms
16. Outsourced After-Hours Care
17. Seasonally Contracted Staff
18. Hybrid Staffing Model

3 Low-Risk Students

19. Rebranded Supports
20. Behavioral Prescriptions
21. Guided Instruction
22. Peer Listening Platform
23. Wellness Coaching

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

High-Need Students

SECTION 1

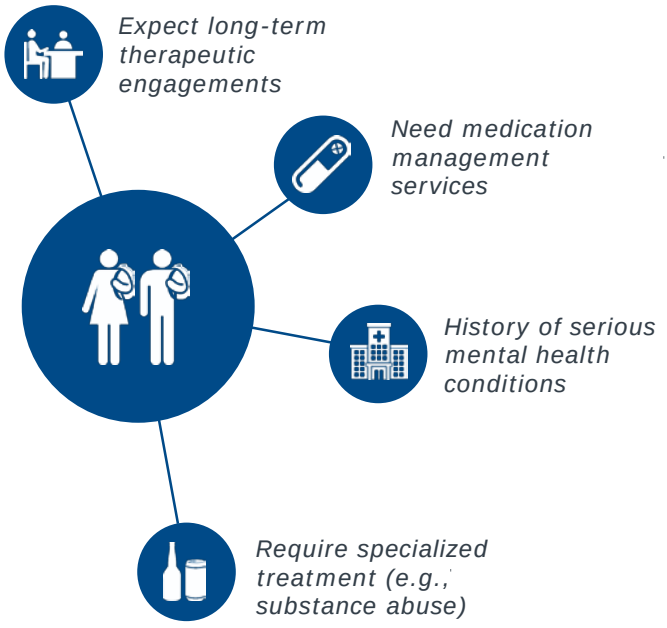
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Addressing High-Need Students

An Increasingly Visible Group on Campus

High-need students are students with mental health conditions that require intensive, ongoing, or specialized care. These students might have a history of serious mental health conditions or require long-term therapeutic engagements, medication management support, or specialized treatment. These students are an increasingly visible group on many campuses, as they are coming to the campus counseling center looking for support. While there are some outliers, most institutions are not equipped to address the needs of high-need students, especially in high volume.

Who Are High-Need Students?



History of Past Treatment and Intensive Needs

1 in 2

Students who sought treatment on campus have received prior counseling

1 in 3

Students have previously taken medication for mental health concerns

86%

Increase in substance abuse in Ontario university students from 2013 to 2016

Sources: Center for Collegiate Mental Health, 2016 Annual Report, https://goo.gl/ZVGCrb; Cribb R, Ovid N et al., "Demand for youth mental health services is exploding. how universities and business are scrambling to react," *Toronto Star*, May 29, 2017, https://goo.gl/ugcqdK; EAB interviews and analysis.

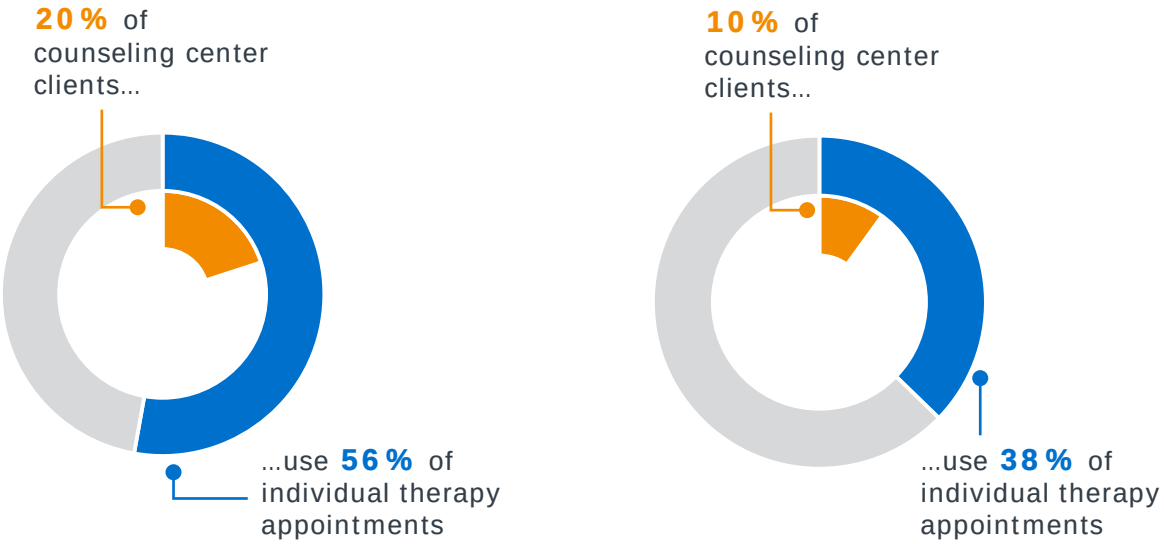
©2018 EAB Global, Inc. • All Rights Reserved • 36207

An Outsized Impact on Clinical Resources

High-Need Students Monopolize Capacity

Data shows that relatively small groups of high-need students are consuming an outsized amount of clinical resources. In 2016-17, 20% of counseling center clients used 56% of individual therapy appointments on campus. Just 10% of counseling center clients used 38% of individual therapy appointments. When such a small percentage of clients monopolizes the majority of available resources, campus services have less time to provide for students who need short-term or less intensive support. Limited staff time and campus resources require institutions to rely on off-campus supports for high-need students.

A Small Group of Students Dominate Individual Appointments on Campus
2016-2017



Sources: Center for Collegiate Mental Health, 2017 Annual Report, https://sites.psu.edu/ccmh/files/2018/02/2017_CCMH_Report-1r4m88x.pdf; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

‘Where Should We Focus Our Resources?’

Increasingly, Institutions Can’t Do It All

The rising demand for services and increasing complexity of students’ mental health concerns have prompted difficult questions about the scope of campus care. Institutions increasingly recognize that they cannot provide all types of services to all students with finite resources. This realization is prompting difficult questions about the mission and goals of campus mental health services. As campus leaders and administrators determine what to prioritize, they are often weighing two values: accessibility and intensity.

Prioritizing Quick Access for All Students

- Clinical resources used to help greater number of students solve short-term challenges
- High-need students are referred off campus for long-term care
- Intake, triage, and walk-in hours reduce wait times for all students

Accessibility

Prioritizing Ongoing Treatment for High-Need Students

- Clinical resources devoted to small group of high-need students
- Little to no reliance on community resources to provide care
- Reduced access or longer wait times for noncritical cases

Intensity

> “As institutions, we all have to determine if we are going to meet every student’s needs, reserve resources for students who need them most, or see as many students as we can to get them in an appropriate place to be successful on campus.”
>
> *Gillian Berry, Interim Director of Mental Health Services*
> *The George Washington University*

While these two approaches are not mutually exclusive, the reality is that most institutions do not have the resources to effectively provide both. Thus, some institutions are emphasizing accessibility by prioritizing quick access for all students. In this model, clinical resources are used to help the greatest number of students solve short-term challenges on campus. Students with ongoing or complex mental health needs that require more intensive resources are referred off-campus for support.

Other institutions are emphasizing intensity by prioritizing ongoing treatment for high-need students or students with ongoing or intensive mental health needs. Here, clinical resources are devoted to a small group of students on campus and there is little to no reliance on community resources to provide care. This approach can result in reduced access or longer wait times for new or noncritical student cases.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Serving High-Need Students

Three Steps to Promoting Successful Off-Campus Care

EAB recommends three steps to promote successful off-campus care for students. First, institutions should set upfront expectations that teach students and families about their care options on and off campus. Second, institutions should use data to strategically pair community resources with students' needs. Third, institutions should create referral mechanisms that facilitate effective community referrals by helping students overcome common barriers to off-campus care.

Step 1:

Set Upfront Expectations

Teach students and families about their care options on and off campus

Scope of Care Statement

Orientation Letter

"Plan B" Exercise

Step 2:

Match Local Resources with Students

Use data to strategically pair community resources with students' needs

Data-Informed Referrals

Expedited Local Referrals

Step 3:

Create Referral Mechanisms

Facilitate effective community referrals and ensure continuity of care for students

Clinician Open House

Health Services Assistant

Referral Coordination Program

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Defining Your Scope of Care Is No Easy Task

A Growing Tension on Campus

EAB recommends setting and sharing a clear scope of service statement that outlines the parameters of campus services. The process of defining the scope of care is critical to meeting increased demand and setting and communicating expectations early. However, deciding what types of services to prioritize can be challenging due to strained resources and differing perspectives on the goals of providing students with mental health care. On many campuses there is a disconnect between institutional leadership and counseling center staff about an optimal scope of care.

Disconnect Between Campus Leaders and Counseling Center Staff

> **If we don't provide students with these services on campus, who will?** Our community does not have these resources. As a counselor, even at this university, I have an obligation to help people be well."
>
> *Counseling Center Director*
> *Private Research University*

> At what point do we **stop being an educational institution and become a social welfare institution**? I don't know that we have an answer on where or how to make that call."
>
> *Vice President for Student Affairs*
> *Public Research University*

Determining your scope of care will be largely driven by campus-specific considerations, including your institution's mission, depth of campus resources, and available community supports.

For additional guidance on setting your institution's scope of care, access EAB's implementation guide, *Establishing a Sustainable Scope of Campus Mental Health Services*, available now at eab.com.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Share a Scope of Care Statement

Elon University Articulates Counseling Center Philosophy and Services

A sustainable scope of care statement outlines the breadth and depth of mental health services offered on campus. Elon University shares a scope of care statement prominently on their counseling services webpage. The statement includes a clear statement about the goals of counseling services and explicit guidelines that feature examples of cases that may require treatment off campus.

Widely sharing a scope of care statement is valuable because it helps establish upfront expectations with students, families, and campus stakeholders about the types of services available on campus and what types of concerns might require off-campus support.

Featured prominently on counseling services webpage

Scope of Clinical Care

Counseling Services strives to facilitate the development of Elon University students by providing psychological interventions to promote the holistic well-being of Elon University students. Counseling Services has three essential roles for advancing the educational mission of Elon University:

List clearly outlines educational mission and center scope

1. Providing clinical services that help students achieve their academic and personal goals.
2. Educating the campus community about the psychological and developmental needs of students through community-level interventions, including outreach programming and consultation.
3. Responding to the psychological effects of crisis impacting individual students and the campus community.

...

Students with the following concerns and characteristics will likely need a different type or level of care than what is within the role and scope of Elon's Counseling Services. The list below reflects general guidelines and is intended only as a guide.

Explicit guidelines with examples for cases that may require treatment off campus

- Students who appear to need long-term treatment beyond the scope of our services
- Students who need services other than what is offered at the Counseling Services
- Students who need services beyond the clinical expertise of Counseling Services staff
- Students who are unable to comply with treatment
- Students who are already receiving ongoing therapy with another mental health provider

Sources: https://www.elon.edu/u/health-wellness/counseling-services/overview-of-services/scope-of-care/; EAB interviews and analysis.

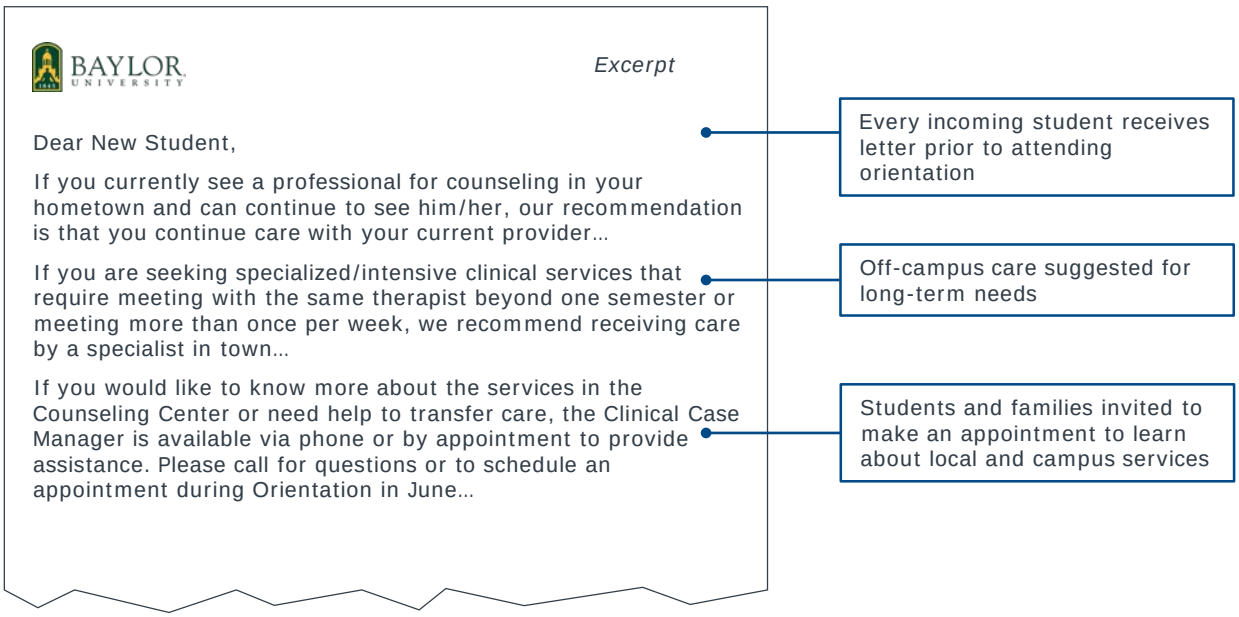
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Address Family and Student Expectations Early

Baylor University's Orientation Letter Connects Students to Resources

Baylor University educates parents and families about students' care options with a letter that all incoming students receive prior to orientation. The letter helps set expectations about the types of care that can and cannot be provided on campus. It also encourages students and families to establish a care plan before transitioning to Baylor. For example, the letter suggests students continue their care with their home provider if possible or seek an off-campus specialist if they require frequent or ongoing therapy sessions.

The letter boosts early interactions with the counseling center, as it invites students and families to contact the clinical case manager with questions or to learn more about care options.



Key Benefits

- Sets expectations about available services upfront
- Encourages students and families to start planning before coming to campus
- Boosts early interactions with counseling center

Sources: Austin College; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Engage Families in Creating a ‘Plan B’

Kutztown University’s Orientation Session

Kutztown University also uses orientation as an early opportunity to educate families and students about care options. During orientation, Kutztown’s health services and counseling services staff hosts a session about services available to students on campus. The session clarifies the scope of campus services: presenters communicate that students need to explore off-campus alternatives for long-term medical needs or intensive and specialized mental health care. Families and students are encouraged to establish a Plan B to ensure the appropriate level of care and discuss details including available providers, insurance, and transportation options.

Kutztown Prompts an Early Conversation About Off-Campus Care

Key Messages

- Students need a “Plan B” for long-term medical needs or intensive and specialized mental health care
- Families encouraged to discuss off-campus providers, insurance, and transportation options

Intended Outcomes

- Clarify scope of campus services
- Prompt early action from students and their families to determine an appropriate treatment plan

Early Results

- Completed orientation conversations with all incoming students’ families
- Initial uptick in students seeking campus support for connecting with an off-campus provider

Next Steps

- Continue to include this content in future orientation sessions
- Create a take-home template for families to guide a conversation with their students

Kutztown initiated this orientation session in summer 2017 and noticed an initial uptick in students seeking campus support for connecting with off-campus providers. Kutztown plans to continue this content at future orientation sessions and provide additional support to families and students as they establish their care plans.

Source: EAB interviews and analysis.

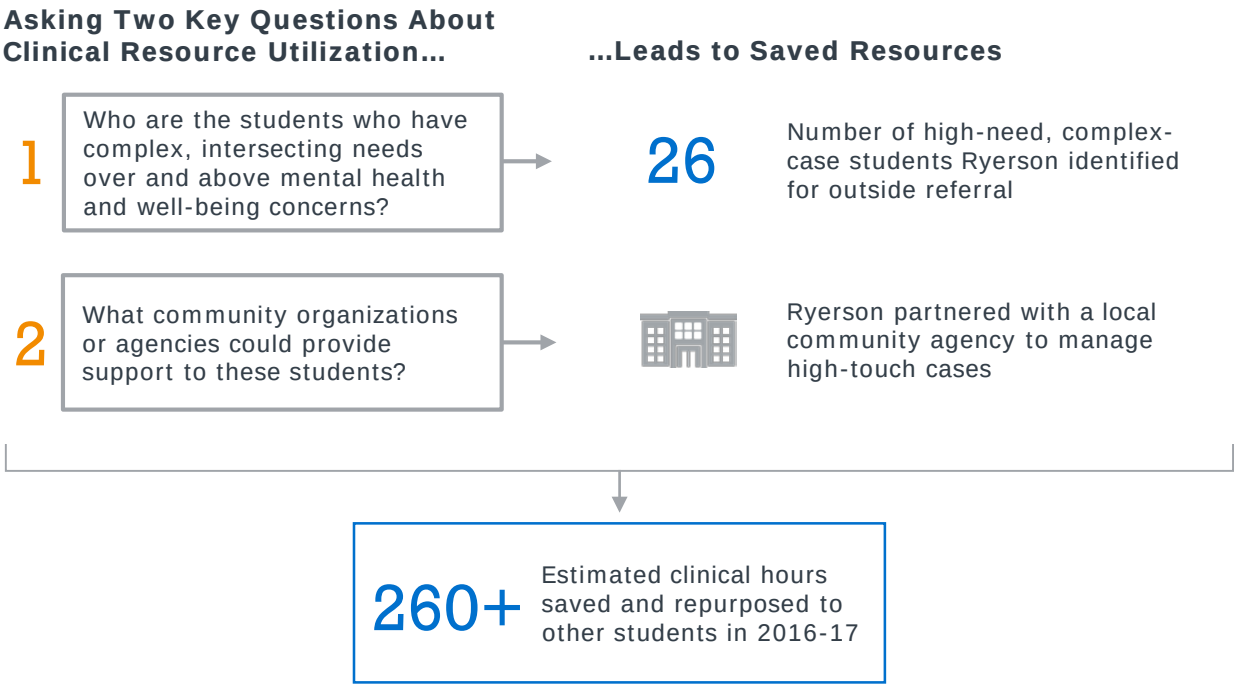
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Deploy a Data-Informed Referral Strategy

Ryerson University's Time Audit

The second step to promoting successful off-campus care is to match local resources with students. EAB recommends that institutions use data to strategically pair community services with students whose needs go beyond the scope of a campus counseling center.

Ryerson University uses a data-informed time audit to identify students whose needs are best suited for off-campus care. Ryerson asks key questions about clinical resource utilization to identify high-need, complex cases that map to targeted community services. Ryerson's referral strategy demonstrates the potential resource savings of strategically referring a small group of students whose needs are beyond the expertise and services of the university counseling center.



Source: EAB interviews and analysis.

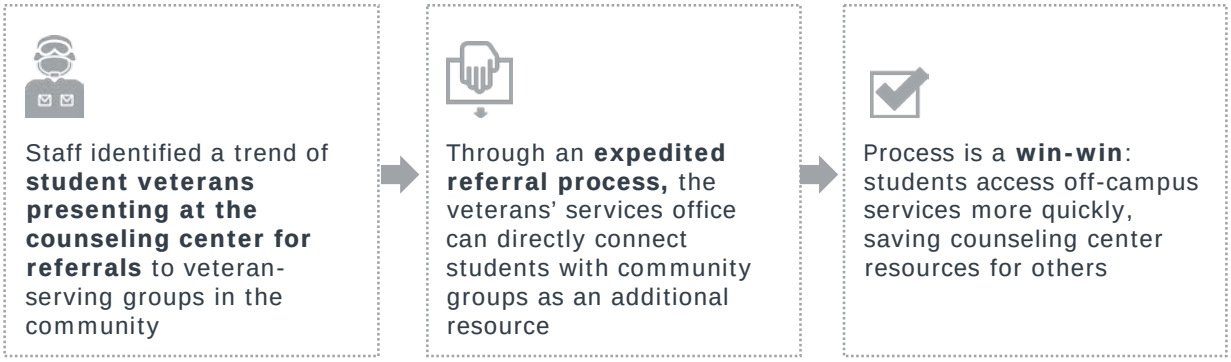
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Identify Groups Ready for Referral

Metropolitan State University of Denver's Population-Centered Partnership

EAB also recommends that institutions use referral data to identify student groups that are ready for off-campus care. Metropolitan State University of Denver (MSU Denver) identifies specific student populations that commonly seek off-campus referrals and expedites their referral process by empowering campus partners. An expedited referral process allows students to bypass the counseling center and connect more quickly with community resources. There are many specific student populations that might benefit from an expedited referral process to specialized community resources, such as campus veterans, survivors of domestic abuse, or undocumented students.

Expediting Referrals for Specific Student Populations



Key Questions for Your Campus

- What **student populations commonly request** off-campus referrals?
- What **campus partners** and **community agencies** serve these students?
- How could you **streamline the referral process** for these students?

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Build Clinician Confidence in Community Referrals

College of Charleston's Annual Meet-and-Greet Event

The third step to promoting successful off-campus care is to create mechanisms that facilitate effective community referrals and help students overcome barriers to access. EAB research revealed that one obstacle to successful off-campus referrals is clinicians' hesitancy to refer students off campus. Clinicians may be hesitant to refer due to students' financial circumstances, concern for their wellbeing, or a lack of knowledge about available community services.

The College of Charleston helps overcome these barriers by educating clinicians about available community resources through their annual meet-and-greet event. Each spring, the College of Charleston hosts an open house for campus clinicians and community providers. Attendees network and exchange information about available campus supports and community practices. This low-cost event helps clinicians feel confident about community resources and helps community clinicians better understand the breadth of campus supports available to their student clientele.

Hesitancy to Refer Has Consequences

"Local providers don't understand the unique needs of our students."

"What services are even available to take students in our community?"

"I would rather keep the student with me to ensure they get care."

- Students are not connected to the care that is best suited to their specialized needs
- Clinicians provide intensive care that stretches the center's scope and resources

College of Charleston Builds Relationships Between Campus and Community Providers

About the Event

- Open house is hosted on campus each spring
- 50 community providers attend the annual event
- Attendees network, learn more about available resources, and discuss shared observations about how to best serve students

Benefits

- Low cost and easy to implement each year
- Increases confidence of campus clinicians in community resources
- Gives campus clinicians a greater understanding of off-campus services and vice versa

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Create Mechanisms to Ensure Continuity of Care

Clinician Referral Does Not Guarantee Follow-Through

A clinician's referral to an off-campus provider does not guarantee that the student will follow through with the recommendation. Students face many obstacles to accessing off-campus care, including financial circumstances, limited transportation options, scheduling difficulties, and challenges finding a provider. Research shows that these barriers collectively lead to many students failing to follow through with an off-campus referral. While some of these barriers are outside of an institution's control, there are strategies that institutions can pursue to increase the likelihood that students are able to successfully connect with off-campus providers.

Common Barriers to Off-Campus Care…

Finances

"Will insurance cover my appointments with an off-campus therapist?"

Scheduling

"I work downtown and I go to class…When will I have time to go to therapy off campus?"

Transportation

"I don't have a car…how will I get to my appointments off campus?"

Finding a Provider

"I don't even know where to look for a provider who does what I need."

…Lead to a Low Follow-Through Rate

42% Of students **did not connect to an off-campus provider** when they were referred by their university's counseling center

Sources: Owen J et al., "University Counseling Center Off-Campus Referrals, An Exploratory Investigation," *Journal of College Student Psychotherapy*, 22, no. 2 (2007): 13-29; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Ensuring Students Start on the Right Track

Southern Methodist University's Health Services Assistant

Southern Methodist University (SMU) established a Health Services Assistant (HSA) to ease students' transition to off-campus care. SMU's HSA is an administrative support professional, not a specialized new hire, who wanted to do more direct work with students. When students receive an off-campus referral, they briefly meet with the HSA to review their options and identify next steps. The HSA maintains a suite of tools, such as a list of available providers and community transit schedules, that can make it easier for students to connect.

HSA Role Strengthens Off-Campus Referral Process

1. HSA is an **administrative support person** who wanted to do more direct work with students
2. When students are referred out, they briefly meet with the HSA to **review their options and identify next steps**
3. HSA maintains a **suite of tools** to get students started with an off-campus provider

Key Benefits

- Requires no additional staff or expertise
- Helps students understand the referral process and their next steps
- Facilitates a quicker connection between students and community providers

SMU's approach is effective because it does not require additional staff or expertise. Guidance from the HSA helps students understand the referral process and facilitates a quicker connection between students and community providers.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Helping Students Persist in Off-Campus Treatment

University of North Carolina at Chapel Hill's Referral Coordination Program

The University of North Carolina at Chapel Hill's (UNC Chapel Hill) Referral Coordination Program streamlines the off-campus referral process for students. When students receive an off-campus referral, they are automatically scheduled for a 30-minute appointment with a referral coordinator. The appointment generally occurs three to seven days after the initial referral. During the appointment, a social worker or trained intern will facilitate a personalized discussion with the student about initiating off-campus care. The discussion might include activities around mapping out a transportation plan, locating a student's insurance card, or calling a provider to make the first appointment.

Streamlining the Off-Campus Referral Process

Triage Appointment

- During counseling center intake, students are referred off campus
- Students are **automatically scheduled** for a referral coordination appointment

Referral Coordination

- **30-minute appointment** occurs 3-7 days after the initial referral
- Facilitated by a social worker or trained intern
- Discussion is **personalized for each student**; often includes the student's goals, provider preferences, potential obstacles, and follow-up strategy

Follow Up

- Referral coordinator **checks in after 1-2 weeks**
- Student completes biannual survey about their **satisfaction with the program and the new, local provider**

2.5x

Students who go through the program are 2.5x **more likely to connect with an off-campus provider** than students who do not

One to two weeks after the referral coordination appointment, the coordinator will check in with the student via phone or email to ensure that a successful connection was made and troubleshoot any new challenges or concerns. Students are also asked to complete a short survey about their satisfaction with the program and their new off-campus provider. Using data from this survey, UNC Chapel Hill found that students who participate in the program are 2.5x more likely to connect with their off-campus provider than students who do not participate in referral coordination.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Serving High-Need Students

Takeaways for Student Affairs Leaders

High-need students are students who require ongoing, specialized, or intensive services, such as medication management or long-term therapeutic engagements. Most institutions are not resourced to manage these types of complex concerns on campus, especially in high volume.

Increasing demand for campus services, coupled with finite resources, prompts difficult questions about the scope of clinical care on campus. EAB recommends that institutions set a sustainable scope of care that aligns with institutional values, student needs, and available resources. Communicate your scope of care with students, parents and families, and campus stakeholders to set clear, upfront expectations about treatment options available on and off campus.

Use data to identify high-need students and student groups who need support beyond the scope of campus services and strategically match them with potential community partners. Finally, EAB recommends that institutions create referral mechanisms that help students overcome common barriers to off-campus care.

Discussion Questions

- Do we have a statement outlining our scope of clinical care on campus?
- How do we currently educate students and their families about the care that we provide?
- How could we more fully leverage partners in our local community?
- How do we help students connect with an off-campus provider?
- How do we follow up with students who are referred off campus to ensure ongoing success?

Takeaway To-Dos

- ☑ Develop and share a statement outlining your scope of clinical care
- ☑ Set upfront expectations with students and families
- ☑ Increase clinician confidence in community referrals
- ☑ Help students successfully transition to an off-campus provider

Get Started with Resources from EAB

See the Implementation Toolkit at the end of this publication for tools, guides, and templates that will help you implement the recommendations from this section.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Students with Short-Term Needs

SECTION 2

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Wanted: Individual Therapy

More Students Are Seeking Short-Term Therapy on Campus

More students are seeking individual therapy appointments at colleges and universities across the United States and Canada. Data shows that from 2009-10 to 2014-15, the number of total counseling center appointments grew seven times faster than institutional enrollment growth. EAB research interviewees report that many students come to campus expecting on-demand access to individual counseling.

Demand for Individual Appointments Outpaces Enrollment Growth

Average Growth, 2009-10 to 2014-15

5.6%

Average percent change in **institutional enrollment**

38.4%

Average percent change in **counseling center appointments**

7x **Rate at which demand for counseling center appointments outpaced enrollment growth**

Students Are Demanding Increased Access to Individualized Care

> **Students come to campus expecting individual counseling.** We had a protest last year where students were chanting "more free therapy, less free football." We can't simply ignore them when they ask for more support on campus."
>
> *Director of Counseling Services*
> *Public Research University*

> A growing attitude among our students is a desire to "**get their money's worth**" from the fees they pay on campus. We've seen a rising number of students coming to counseling services because they feel like they already paid for it."
>
> *Vice President for Student Affairs*
> *Public Research University*

Sources: Center for Collegiate Mental Health, 2015 Annual Report, https://goo.gl/xVoaVx; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

More Students, Longer Wait Times

Counseling Centers Cannot Keep Pace with Students Seeking Help

The increased demand for individual therapy appointments has contributed to unsustainable service wait times and fewer students being able to access timely support. Data indicates that one-third of institutions maintain a waitlist for individual therapy appointments. Average wait times on campus range from two to three weeks and grow even lengthier during periods of high demand, such as midterms and finals. Counseling centers cannot keep pace with the number of students seeking individual therapy on campus, which can lead to students not having access to timely assistance and support.

Waiting for an Appointment…

1 in 3

About **one-third** of institutions maintain a **waitlist for individual therapy appointments**

2-3 weeks

Average wait times for individual therapy appointments on campus is **2-3 weeks** and **longer during busier times of year**, such as midterms and finals

…Means Students Don't Get the Help They Need When They Need It

> Things start to **back up like a traffic jam**. A lot can happen in four or five weeks during a quarter in college. It really wasn't OK to have that delay in place."
>
> *Gary Dunn, Director of Counseling and Psychological Services*
> *University of California, Santa Cruz*

> When students summon the courage and make time to come to the counseling center, they are at the point of their own crisis. When we would put them in a queue it was problematic because they **didn't know how to manage their own manifesting behaviors**."
>
> *John Austin*
> *Interim Vice-Provost, Students*
> *Ryerson University*

Sources: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2015, https://goo.gl/xVoaVx; Thielking M, "A Dangerous Wait: Colleges Can't Meet Soaring Student Needs for Mental Health Care," *STAT News*, https://goo.gl/YUFMWi; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

The Capacity Catch-22

You Can't Resource Your Way Out of the Current Situation

In most cases, hiring additional clinical or professional staff will not solve the demand for campus mental health services. Campus-level data and EAB research confirm that even well-resourced centers struggle to meet demand on campus. Moreover, hiring more full-time staff is rarely an option due to limited or tapped-out financial resources.

No Matter Your Size, Staffing Alone Is Not a Long-Term Solution

	Davidson College	Brown University	Cornell University	University of Illinois at Urbana–Champaign
Total Undergraduates	1,784	6,652	14,315	33,368
Total Mental Health Providers	4	15	32	26
Ratio of Undergraduates to Providers	446:1	443:1	447:1	1,283:1
Wait Time	**Up to 1 week**	**Up to 2.5 weeks**	**Up to 2 weeks**	**Up to 12 days**

> "Institutions with **well-resourced counseling centers are still seeing extreme demand** and significant challenges in meeting the demand, which means that the solution is not more counselors. It may be a short-term answer, but it's not a long-term solution."
>
> *Vice Provost of Students, Public Canadian University*

Sources: Thielking M, "A Dangerous Wait: Colleges Can't Meet Soaring Student Needs for Mental Health Care," *STAT News*, https://goo.gl/YUFMWi; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

A New Way Forward

Maximize Efficiency with Existing Clinical Resources

Instead of relying solely on expanded staff pools, institutions must extend the reach of existing clinical resources. EAB recommends that counseling centers restructure individual appointments to maximize one-on-one sessions through intentional goal-setting conversations and frequent progress checks. Institutions should also reinvigorate group therapy offerings as an additional option for students with short-term needs.

Beyond improving the efficiency of individual appointments and groups, EAB recommends that institutions explore larger opportunities for increased efficiency through dynamic staffing models for counseling centers.

Restructuring Individual Appointments

Optimize existing individual sessions with goal-setting and regular progress checks

- Rutgers — Individualized Action Plans
- University at Buffalo — Appointment Checkpoints
- Truncated Appointments

Reinvigorating Group Therapy

Four recommendations to grow your group therapy program as an additional option for students with short-term needs

- Duke University — Reeducate Clinicians
- Pomona College — Rebrand Groups for Students
- University of Oregon — Deploy Data-Informed Groups
- University at Buffalo — Hold Students and Clinicians Accountable

Implementing Dynamic Staffing Models

Maximize clinical staff time and expertise through creative models that map to student needs

- Wesleyan University — Outsourced After-Hours Care
- University of Maryland — Seasonally Contracted Staff
- Georgia State University — Hybrid Staffing

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

What Does Success Look Like?

More Focus Needed on Individual Goals and Progress

Only one-quarter of campus counseling center clients terminate individual therapy appointments because they have accomplished their treatment goals. Students are more likely to cancel or not show up for their scheduled appointment or tick through therapy sessions until they reach the end of the semester or a set limit on the number of allowed sessions.

EAB research indicates that students require clear direction when setting treatment goals and evaluating their progress over time. EAB recommends that counseling centers prioritize early goal-setting and frequent progress checks to ensure that both students and clinicians are making the most of individual therapy sessions and that clinical resources are being used responsibly.

Sessions Are Rarely Goal-Focused

26% Of on-campus, individual therapy appointments are terminated when treatment goals are completed. **Students are more likely to cancel, no show, or go through therapy sessions** until they reach the end of the semester or an attendance cap.

Therapy Should Be a Goal-Directed Experience

"Counseling should not be a place where you come vent. It needs to be a very **goal-directed experience**. Too often, students are meandering through counseling until they come up on the end of the semester or an arbitrary appointment limit. Instead, they should be actively working with their counselor to answer this question: **"How do I know when I don't need counseling anymore?"**

Director of Counseling Services
Public Research University

Sources: Center for Collegiate Mental Health, 2016 Annual Report, https://goo.gl/ZVGCrb; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Creating a Framework for Success

Rutgers University's Individualized Action Plan

Creating a goal-oriented experience should begin with students' first engagement with the counseling center. Rutgers University prioritizes goal-setting with an Individualized Action Plan. The plan is a document created jointly by the student and clinician during the first appointment as a framework for defining individualized treatment goals and success markers. The plan serves as a treatment road map and it includes space to define goals, prioritize interventions and resources, and determine measures that will be used to evaluate progress.

The action plan is effective because it helps students understand individual therapy as a structured interaction with a clear end point. The action plan is stored in students' electronic health records and it is revisited and revised at subsequent appointments.

Prioritizing Early Action Planning

Sets the Tone
Jointly developed by the student and counselor at the first appointment

Establishes a Road Map
Serves as a guide for student's ongoing treatment plan

Guides Reflection
Prompts students to isolate concerns, articulate goals, and determine evaluation strategy

Drives Progress
Action plans are stored in students' electronic health records, revisited at every appointment

Individualized Action Plan

Sample Fields

- Goal
- Interventions you will use to work toward this goal
- Proposed number of therapy sessions
- How will progress towards this goal be measured? What measures will be used?
- How will you know that you have improved? What will be different?
- Alternative treatment options and risks and benefits of each
- Out-of-session practices and/or in-session work will be utilized

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Employ Checkpoints to Track Progress

University at Buffalo Periodically Assesses Student Goals

Beyond initially setting goals for individual therapy on campus, EAB recommends employing checkpoints to track progress over time. The University at Buffalo regularly assesses student goals during therapy with a structured appointment checkpoint. When students reach their fourth individual therapy appointment, their clinician engages them in an intentional conversation about their evolving goals and progress to date. Together, students and clinicians determine the best next step, whether that's continuing with individual therapy sessions, exploring alternatives (e.g., group therapy), or ending active treatment at that time.

The checkpoint structure is effective because it ensures that individual therapy is a goal-oriented experience. Regular checkpoint conversations encourage students to think ahead about their treatment needs and goals. Moreover, these conversations promote the responsible stewardship of limited clinical resources on campus.

How It Works

1. Students complete the **CCAPS instrument**[1] prior to the initial intake appointment
2. **4th Appointment Checkpoint**
3. Students and clinicians **determine the best next step**, deciding if the student should continue with individual therapy, explore other treatment options, or end treatment for now

Logistics

- Clinician reviews CCAPS data and session notes for each student
- Engages student in an intentional conversation about his or her evolving goals and progress to date

Key Benefits

- Ensures that individual therapy is a **goal-oriented** experience
- Encourages students to **think ahead** about their treatment needs
- Promotes **responsible stewardship** of limited clinical resources

1) CCAPS.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Moving Away from the 50-Minute Standard

Using Shorter Sessions to Supplement Other Interventions

Some institutions are restructuring the mechanics of individual therapy appointments as a way to increase efficiency. The "50-minute hour" has long been the standard length of individual therapy appointments. EAB research found that a growing number of institutions are experimenting with truncated appointments, or shorter 15 to 30 minute sessions, as a way to efficiently supplement other interventions with individualized attention.

EAB interviewees expressed that truncated appointments are ideal supplements to other interventions, such as group therapy or online modules, because the flexible structure allows students to check-in about newly learned techniques or troubleshoot concerns as they arise. These abbreviated appointments fit into students' busy schedules and can also free up clinicians' time, as students and clinicians can keep in touch without holding an entire appointment block.

A Growing Trend: Truncated Appointments

15-30 minute appointments between student and counselor

Can be completed **in person or over the phone**

Promotes **timely follow-up** to concurrent therapeutic experiences

Ideal for:

- Debriefing a group therapy session or online module
- Checking in about a newly learned coping technique
- Troubleshooting an immediate complication or concern

Building in Flexibility

"Giving students the option to quickly meet with us **ensures that they feel supported** when they are using TAO, going to group, or practicing mindfulness on their own time. It did require our staff to adjust how they were talking with students, but now they **appreciate the flexibility of being able to touch base without holding an entire appointment hour**."

Director of Counseling Services
Private Research University

1) CCAPS is the Counseling Center Assessment of Psychological Symptoms, a multidimensional assessment instrument used in college counseling centers.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

The Many Advantages of Group Therapy

High-Functioning Groups Can Increase Capacity and Improve Outcomes

Group therapy offers many advantages to both counseling centers and students. Effective groups can increase clinical capacity, and they are adaptable and scalable for evolving student needs. Groups have also proved to be clinically effective, and they can help students build a community of support on campus.

Key Benefits of Group Therapy Programs

Increases Clinical Capacity	Allows counseling center staff to **see more students**	Can be used as **primary or supplemental** treatment
Flexible for Evolving Student Needs	Provides a platform to reach **diverse student populations**	Easy to **adapt and scale** for pop-up trends and issues
Proven to Be Clinically Effective	Positive **measurable outcomes** in clinical and academic research	**Preferred treatment method** for some common presenting concerns
Community Support	Students can **build peer relationships**	Students can **practice new skills** in real time

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Group Therapy Is Not a New Idea…

…But Significant Barriers Hamper Utilization on Campus

Group therapy is a time-tested and well-regarded mental health intervention, but significant barriers hamper widespread utilization on campus. Common roadblocks to sustaining a robust group therapy program include students' dated understanding of groups and a lack of confidence in their effectiveness. Some campuses struggle with complicated logistics related to recruiting instructors, scheduling sessions, and following up with students about their experiences with group.

Common Roadblocks to Sustaining a Robust Group Therapy Program

Dated Understanding
Traditional image of groups does not connect with the expectations from today's students

Lack of Confidence
Clinicians and students perceive groups to be a second-rate treatment option

Complicated Logistics
Difficult to recruit clinician instructors and coordinate schedules with busy students

No Follow-Up
Students are left on their own to follow through and process their group experience

IMAGE CREDIT: PINTEREST

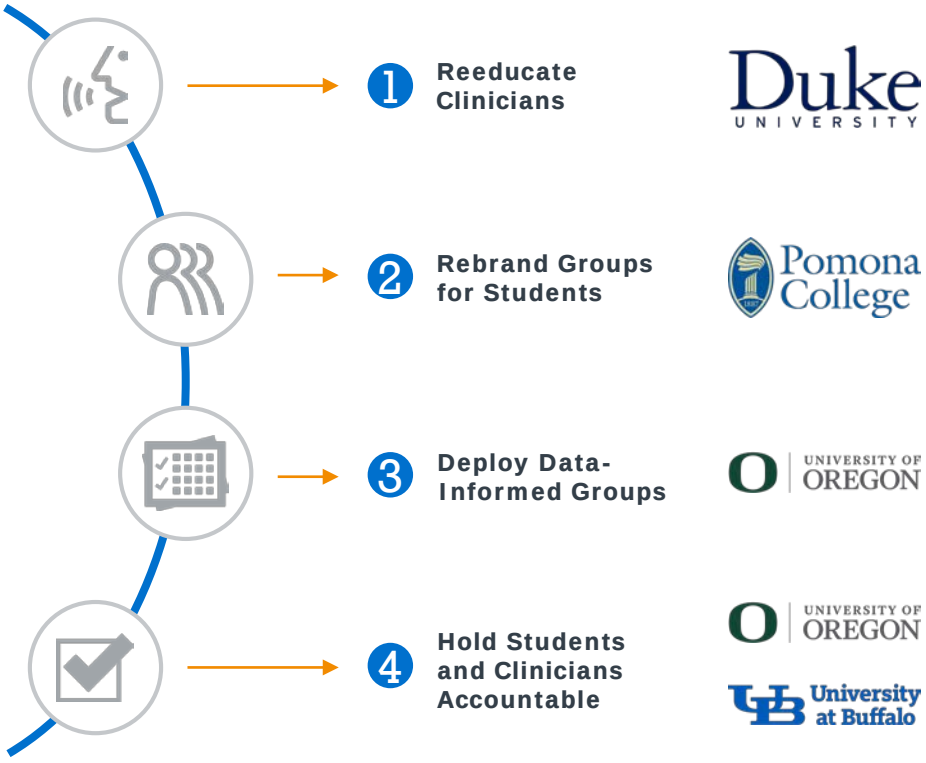
Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Reinvigorating Group Therapy on Campus

Four Recommendations to Build a Successful Group Program

Several colleges and universities have recently reinvigorated group therapy programs in order to increase clinical capacity to serve students. EAB analyzed several successful group programs and identified four recommendations to build and maintain a successful group program on campus.



Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Reeducate Clinicians

Duke University's Strategy to Grow Staff Buy-In

EAB's first recommendation is to reeducate or remind campus clinicians about the efficiency and clinical effectiveness of group therapy. EAB research interviewees identified clinician resistance as one of the top reasons why students do not utilize groups. In response to this trend, Duke University developed a strategy to grow staff buy-in and confidence in group therapy. Key elements of Duke's approach include group champions to manage the program, research-based trainings and experiential learning opportunities, and equipping clinicians with scripting that they can use to push past students' skepticism of groups.

> "Research and experience show that the **number one reason why students don't 'do' group therapy is because staff don't believe in it**."
>
> *Danielle Oakley, Director of Counseling and Psychological Services*
> *Duke University*

Key Elements

Group Champions

Director and group coordinator set the tone about group therapy and dedicate staff resources to coordinate and maintain the group program

Research-Based Training

Short professional development session debunks myths about group therapy and outlines research on clinical efficacy

Experiential Component

Staff lead existing groups in pairs to better understand the content and build comfort in group setting, interns also invited to observe

Tailored Scripting

Staff are equipped with scripting and strategies to push past initial skepticism and present group therapy to students as the best-fit option

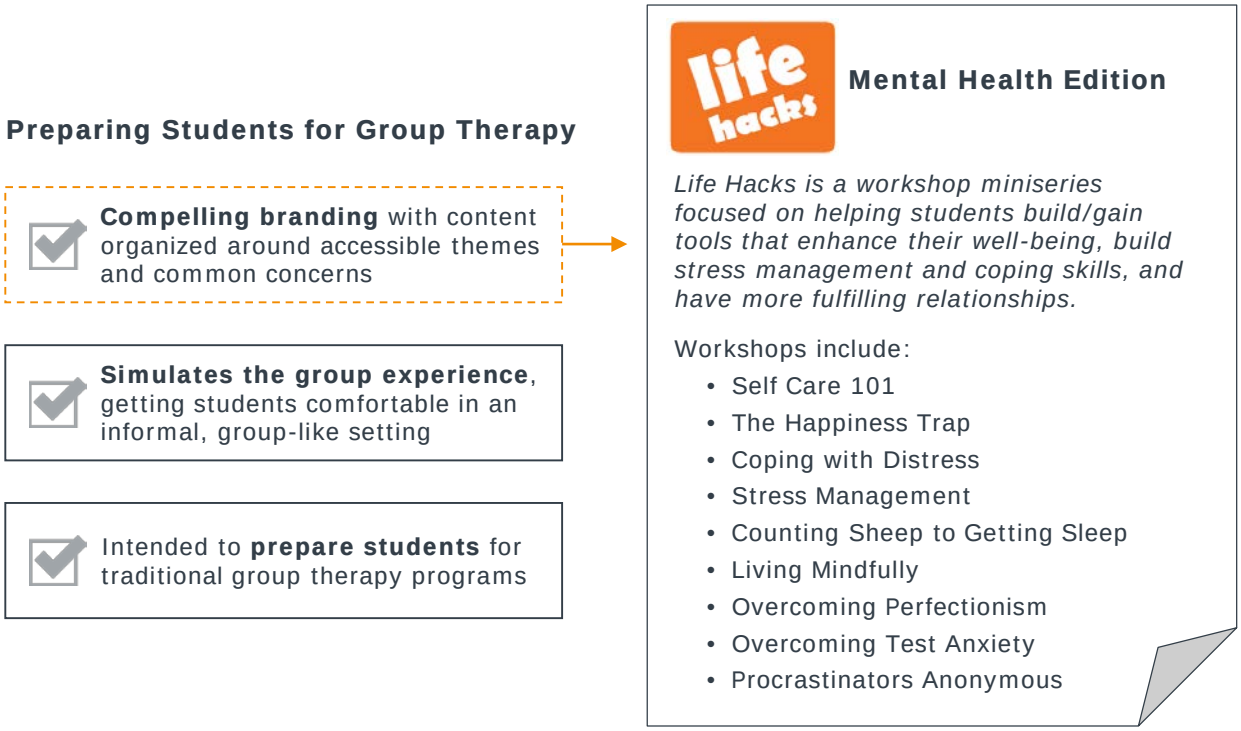
Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Rebrand Groups for Students

Pomona College's 'Life Hacks' Miniseries

Second, EAB recommends that institutions rebrand group programming to overcome students' dated understanding of group therapy. Pomona College's "Life Hacks" miniseries of psychoeducational workshops uses accessible language and compelling titling to attract student interest. The workshops simulate a group therapy experience and help students become comfortable sharing with peers and building actionable therapeutic skills in a group setting. The Life Hacks series is an effective example of how to reintroduce students to group therapy through compelling branding.



Sources: Pomona College and the Counseling and Psychological Services of the Claremont Colleges, Claremont, CA, https://www.cuc.claremont.edu/mcaps/wp-content/uploads/sites/12/2017/03/Lifehacks-Sept-2017-1.pdf; EAB interviews and analysis.

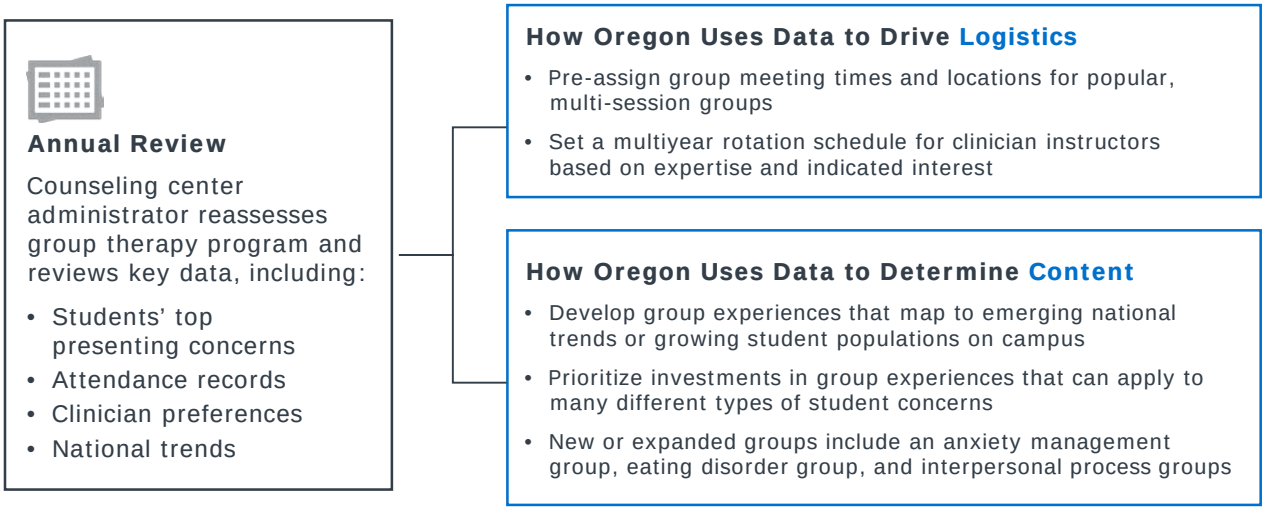
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Deploy Data-Informed Groups

University of Oregon Uses Data to Address Students' Needs

Third, EAB recommends institutions leverage data to tailor group offerings to student needs. The University of Oregon conducts an annual review of key data to reassess the group therapy programs' logistics and content. This data-driven approach allows Oregon to adapt to changing student needs and make the most of limited clinical resources.

How It Works



Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Hold Students and Clinicians Accountable

Establish Mechanisms to Track Progress and Follow-Through

Fourth, EAB recommends that institutions establish mechanisms to track students' progress and follow-through in group therapy sessions. Institutions must hold students and clinicians accountable for groups. The practices listed below hardwire accountability for both students and clinicians, ensuring that both parties recognize the value of group therapy in treating students' mental health concerns.

University of Oregon's
Checkout Session

Prompted reflection *on students' goals and next steps*

- Last session of a group is reserved for guided review
- Group members provide feedback and debrief goals
- Facilitators help students transition to other groups or individual therapy

University at Buffalo's
Note-Sharing Protocol

Clinicians document group progress in ***session notes***

- Group co-leaders take notes after group sessions
- Notes are tracked in electronic health records
- Individual therapists follow up on group progress

Private Practice's
Missed Session Fee

Students are charged a ***small fee*** *when they miss group*

- Ensures attendance
- Incentivizes students to take their commitment to group seriously
- Ensures best possible experience for all attendees

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Exploring Dynamic Staffing Models

Restructured Interventions Are Not Enough to Keep Pace with Demand

Restructuring individual appointments and reinvigorating group therapy programs can increase the capacity of the counseling center, but institutions should also pursue dynamic staffing models in order to make more significant gains. EAB recommends that institutions explore progressive staffing models in order to maximize resources and serve more students on campus.

More Services Just Aren't Enough

"We've added staff. We've added services. But at some point, we maxed out on both staff and services. Now we are asking harder questions about our organizational structure and hiring practices to determine if there's a more effective way to build out our reach."

Counseling Center Director
Public Master's University

We Need Long-Term Solutions

"The way we staff our counseling unit hasn't really changed in decades. Sure, we have added a few new positions but we still hire the same types of people. Contrast that with today's students, who are in no way the same as they were even a decade ago. We've been static but we need an approach that's more flexible and gives us room to respond to changing circumstances in higher ed."

Vice Provost for Student Affairs
Private Research University

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

24/7 Support Is Hard to Do

After-Hours Crisis Care Strains Staff and Resources

Providing 24/7 support, or after-hours crisis care, is a significant challenge for many college and university counseling centers. Providing this type of care in-house can lead to staff burnout and strained clinical resources. It can also lead to capped utilization, as this service might be sparingly advertised to students and campus stakeholders in order to maintain a manageable call load.

However, institutions recognize that after-hours support that is synced with campus resources is critical for ensuring student well-being, campus safety, and continuity of care. EAB found that many institutions had recently contracted with an after-hours call service or were currently pursuing such an option to alleviate the burden on campus staff.

The Impact of Providing After-Hours Care In-House…	…Is Prompting Counseling Centers to Consider Outsourcing
Staff Burnout Expanded hours and responsibilities lead to exhaustion among staff	*"We outsourced our weekend on-call services just to give our overworked staff some relief."*
Strained Clinical Resources Reduces availability of staff to provide direct service during standard operating hours	*"When we have staff cover our on-call services, they're coming in late or leaving early the next day which leaves us short-handed for the daily rush of students."*
Capped Utilization Sparingly advertised to campus to maintain a manageable call load	*"We know that there's a need for late night support, but we just don't have the resources to manage more callers right now."*

A Growing Trend?

28% Of counseling centers **contract with an after-hours call service**

Sources: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2016, https://goo.gl/2nYfe9; EAB interviews and analysis.

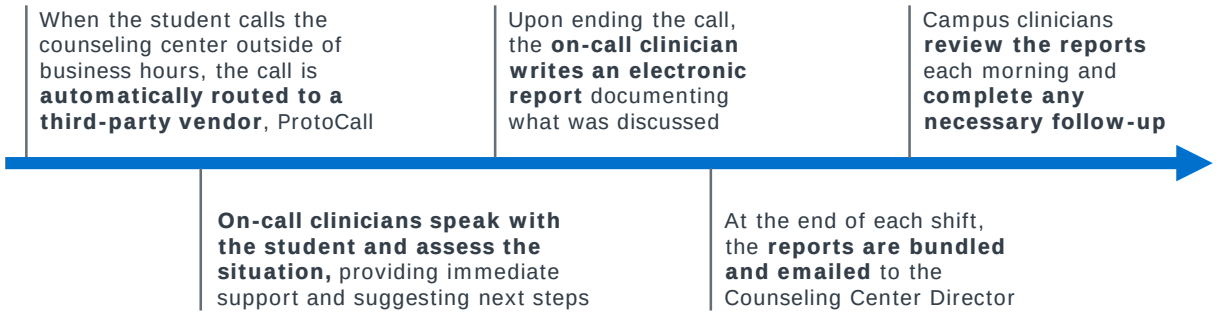
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Outsourcing After-Hours Care

Wesleyan University Partners with ProtoCall to Offer After-Hours Support

Wesleyan University contracts with a third-party vendor, ProtoCall, to offer after-hours support. ProtoCall's services are integrated with Wesleyan's counseling center, which allows for a seamless care transition for students and the institution. Outsourcing after-hours care also alleviates the burden on overworked staff and can free up time for clinicians to spend with students.

Seamless Care Transition for Students and the Institution



Freeing Up Time and Resources

190 **After-hours calls** routed to ProtoCall between September 2016 and May 2017

100 Estimated **hours of direct contact saved** by contracting with ProtoCall

ProtoCall connects callers to clinicians 24 hours a day, 365 days a year. **Eighty-five percent** of institutions that outsource after-hours care use ProtoCall.

Sources: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2016, https://goo.gl/2nYfe9; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Investing in Seasonally Contracted Staff

Dynamic Staffing Structure Addresses Two Key Challenges

Progressive institutions are investing in seasonally contracted counseling center staff to overcome two key challenges: stagnant budgets and fluctuating demand across the year. First, on many college and university campuses, limited and stagnant resource allocations make it difficult to hire more full-time staff. Second, static staffing structures are challenged by fluctuating levels of demand across the year. Each calendar year brings periods of high and low demand. During busy times, such as midterms and final exams, counseling centers with static structures are unable to keep pace. Non-busy times, such as summer and winter breaks, can leave counseling centers with additional staff or extra clinical hours.

CHALLENGE 1:

Stagnant Budgets

76%

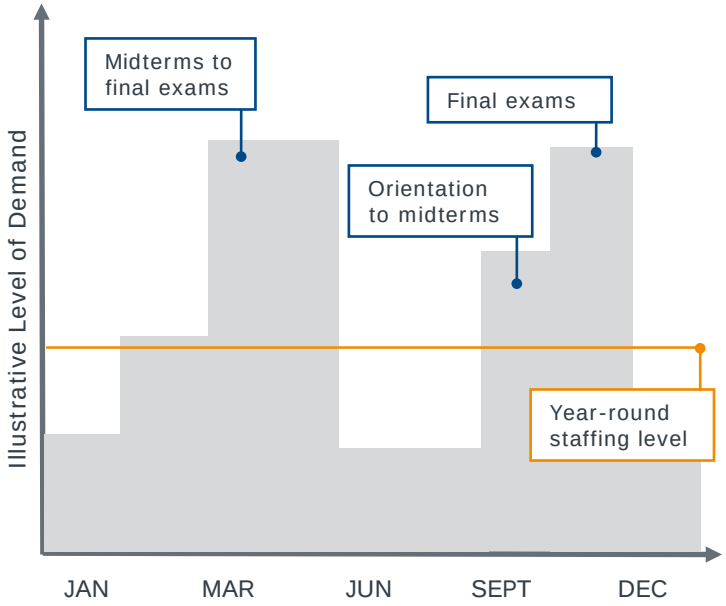
Of counseling center **operating budgets** remained **unchanged or decreased** from 2015 to 2016

45%

Of counseling center **salary budgets** remained **unchanged or decreased** from 2015 to 2016

CHALLENGE 2:

Fluctuating Demand Across the Year



Sources: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2015, https://goo.gl/2s3gaX; EAB interviews and analysis.

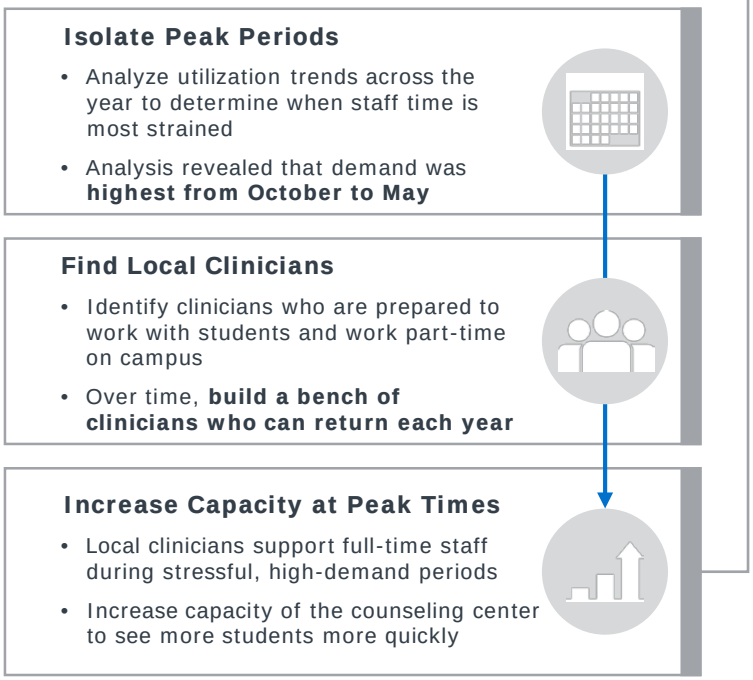
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Preparing for the Busiest Times of Year

University of Maryland's Seasonal Contracting Model

The University of Maryland's seasonal contracting model uses a data-informed approach to maximizing clinical resources across the year. Each year, Maryland's counseling center analyzes data to isolate peak periods of demand and identifies local clinicians available to work part-time on campus for short-term engagements. Through this model, Maryland has been able to increase the capacity of the counseling center during high-demand periods.

A Data-Informed Approach to Maximizing Clinical Resources



University of Maryland's Approach: By the Numbers

3-4 Local clinicians are contracted each year

33 Weeks is the length of the contract, which covers the busiest times of year

14 Clinical hours per week from each contracted clinician

1,400-1,900
Estimated number of additional clinical hours each year, about **42-56 clinical hours per week**

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Revolutionizing Counseling Center Staffing

Georgia State University Develops Innovative Hybrid Staffing Model

Facing stagnant staffing, limited flexibility, and increasing levels of student dissatisfaction, Georgia State University developed an innovative hybrid staffing model. This model dramatically changed Georgia State's approach to staffing, increasing the institution's capacity to see students and serve their evolving needs.

The **Traditional Model** of Campus Counseling Services

Georgia State's **Hybrid Staffing Model**

✗ Stagnant staffing and hours of service, despite changing levels of need	How do we match the **fluctuating demand** for services across the year?	✓ Annually hire clinicians on flexible contracts to match shifting need
✗ Limited ability to evolve with students' changing demographics and needs	How do we keep pace with **rapidly shifting student demographics**?	✓ Hire clinicians based on diversity, expertise, and growing demand
✗ Students are increasingly dissatisfied with pace and quality of care	How do we ensure that our **students are getting what they need**?	✓ Analyze clinician performance to ensure student satisfaction

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Matching Resources with Demand

How Georgia State University Hires Clinical Staff Every Year

Georgia State University's hybrid staffing model strategically uses data to match resources with students' evolving demands for services. The bulk of Georgia State's workforce consists of contracted staff that are hired based on how their specialties, skills, and experience align with the institution's current needs. Below, you can see the logistics of how Georgia State uses data to identify potential clinicians, hire contracted staff, and monitor clinician performance across the year.

Hybrid Model Logistics

- Small core staff of 5 in-house clinicians with key campus responsibilities
- Contracted staff compose bulk of the workforce, with 15-20 multidisciplinary clinicians and 4 psychiatrists
- Contracted staff work on campus for 16-32 hours each week, primarily providing direct care to students
- Contracts can be terminated with 30 days' notice, based on need and student satisfaction

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Outstanding Results

Dramatically Improved Center Efficiency and Care for Students

Since implementing the hybrid staffing model in 2012, Georgia State University has documented strong, positive results. Most notably, between 2012 and 2016, Georgia State saw a 228% total increase in the number of students seen, with $0 additional budget allocation across the same time period.

Georgia State University's innovative approach is an excellent example of how dynamic staffing models can dramatically improve the efficiency and care provided to students on campus.

228%
Increase in total students seen (2012-2016)

$0
Additional budget allocation (2012-2016)

2x
Of students now return for follow-up care (80% in 2016, up from 40% in 2010)

75%
Of contracted staff time is spent directly providing therapy to students

> "I am most proud of the increased access to services that we can now provide to our students without getting a budget increase. Our circumstances forced us to innovate and stretch our resources."
>
> *Jill Lee Barber*
> *Senior Director of Psychological and Health Services*
> *Georgia State University*

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Serving Students with Short-Term Needs

Section in Brief

More students are seeking individual therapy appointments on campus. The increased demand for individual therapy appointments has contributed to unsustainable service wait times and fewer students being able to access timely support. In most cases, hiring additional staff will not solve the demand for campus mental health services. Moreover, hiring more full-time staff is rarely an option due to limited or tapped-out financial resources.

Institutions must extend the reach of existing clinical resources. EAB recommends that counseling centers restructure individual appointments to maximize one-on-one sessions through intentional goal-setting conversations and frequent progress checks. Institutions should also reinvigorate group therapy offerings as an additional option for students with short-term needs.

Beyond improving the efficiency of individual appointments and groups, EAB recommends that institutions explore dynamic staffing models for counseling centers, such as outsourcing after-hours care or utilizing contracted staff.

Discussion Questions

- How do we help students recognize individual therapy as a goal-oriented experience?
- How can we use truncated appointments to augment other interventions?
- How are clinicians and students incentivized to use group therapy?
- What data do we need to decide if we should outsource our after-hours care?
- How could we use contracted staff to better meet the demand for services across the year?

Takeaway To-Dos

- ☑ Implement an action planning exercise for students starting on-campus therapy
- ☑ Regularly check in with students about their goals as they progress through individual therapy appointments on campus
- ☑ Reconfigure how groups are structured and promoted to clinicians and students
- ☑ Explore outsourcing for after-hours crisis care services
- ☑ Consider contracted staffing or a hybrid staffing model to increase capacity and accessibility

Get Started with Resources from EAB

See the Implementation Toolkit at the end of this publication for tools, guides, and templates that will help you implement the recommendations from this section.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Low-Risk Students

SECTION 3

©2018 EAB Global, Inc. • All Rights Reserved • 36207

A Product of Our Own Success

Today, Low-Risk Students Are More Likely to Seek Help On Campus

Years of outreach and destigmatization efforts in higher education have encouraged students to come forward and ask for mental health support early-before they reach the point of crisis. As a result, today's low-risk students are often more likely to seek help on campus. EAB research interviews confirmed that many counseling centers are experiencing an increase of students coming forward with low-risk concerns, such as developmentally appropriate challenges, general anxiety or stress, and loneliness or social isolation. Low-risk students are not at risk of hurting or harming themselves or others. As a result, low-risk students may not require clinical interventions.

Who Are Low-Risk Students?

Not at risk of hurting or harming themselves or others

Developmental challenges

General **anxiety or stress** exacerbated by the academic or political environment

Loneliness or social isolation

What Happens When They Come Forward?

- Sent away with general, non-prescriptive resources
- Added to the waitlist for an individual therapy appointment

> "We tell students to ask for help before they are really struggling, so we owe it to them to actually help when they show up."
>
> *Vice President for Student Affairs*
> *Private Research University*

When low-risk students come to the counseling center seeking assistance, they are often sent away with general, non-prescriptive resources or added to a waitlist for individual therapy appointments. This can result in students feeling unsupported or pushed aside, reducing the likelihood that they return to ask for additional support if they need it in the future. Because low-risk students do not necessarily require clinical supports, EAB recommends that institutions strategically connect low-risk students with meaningful self-service and nonclinical resources.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Changing the 'Therapy or Bust' Mindset

Nonclinical Approaches Are Well Suited for Common Concerns

One of the most significant challenges to providing low-risk students with nonclinical support is changing the common "therapy or bust" mindset. When students come to the campus counseling center to ask for support, they often expect to receive individualized counseling. However, the concerns that low-risk students face could benefit from a non-clinical approach.

Low-Risk Students with Common Concerns…

75%

Of all students felt **overwhelmed** by all they had to do at least one time in the last 12 months

52%

Of all students felt **very lonely** at least one time in the last 12 months

…Could Benefit from a Nonclinical Approach

- ☑ More options for whom students can talk with about their concerns
- ☑ Saves clinical resources for the students who need them most
- ☑ Quicker access lessens the chance of escalating the student's level of risk
- ☑ Allows students to build relationships with peers and deeper campus connections

Common concerns such as feeling overwhelmed or very lonely do not necessarily require one-on-one conversations with a campus counselor. Instead, students might benefit from having someone to immediately speak with about their concerns. Expanding supports for low-risk students to include non-clinical resources also saves an institution's limited clinical resources for the students who need them most.

Sources: American College Health Association, National College Health Assessment, Spring 2016 Reference Group Executive Summary, https://goo.gl/cs5smg; Center for Collegiate Mental Health, 2015 Annual Report, https://goo.gl/xVoaVx; EAB interviews and analysis.

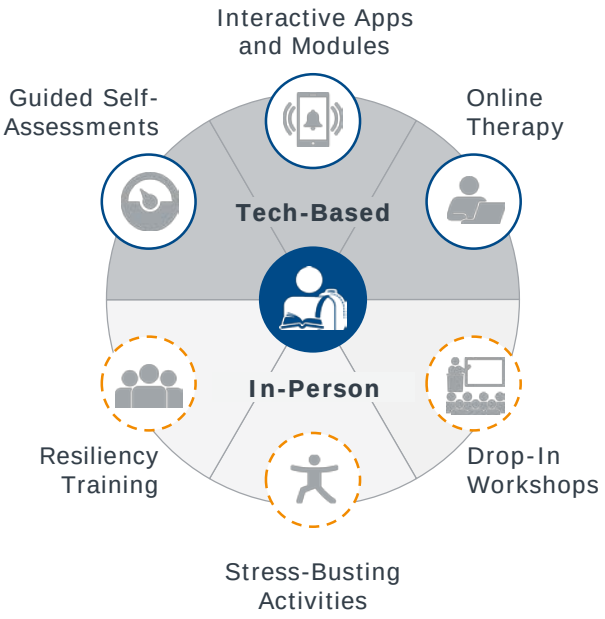
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Even if You Build It, They Might Not Come

Self-Serve Tools and Resources Are Often Underutilized

Due to the increased demand for mental health support on campus, many colleges and universities are investing in self-serve resources and nonclinical interventions. Common in-person supports include resiliency training, stress-busting activities, and drop-in workshops. Tech-based resources such as guided self-assessments, interactive apps and modules, and online therapy platforms are increasingly becoming popular.

Colleges Are Investing In Self-Serve Resources…



…But Utilization Challenges Persist

Doesn't Align with Expectations

"We taught students to come to the counseling center for help. When we recommend an external resource, they feel we are pushing them away."

Feels Generic and Impersonal

"Today's students want personalized attention and customized resources. Our drop-in workshops feel too generic to grab their attention."

Lacks Structure and Accountability

"We tell students that these online modules will help, but then they're too busy to figure them out and nobody from our office follows up."

Even though institutions have augmented their self-serve resources, utilization challenges persist. EAB research revealed three utilization challenges. First, these resources often do not align with students' expectations for individual therapy. Self-serve resources might not "look" like mental health supports. Second, these resources can feel generic and impersonal. Finally, self-serve resources often lack structure and accountability. When students do not have guidance on identifying and using self-serve resources, it can be challenging for them to explore and follow through with next steps. EAB recommends that institutions pursue strategies to overcome these utilization barriers and help students make better use of self-serve resources.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

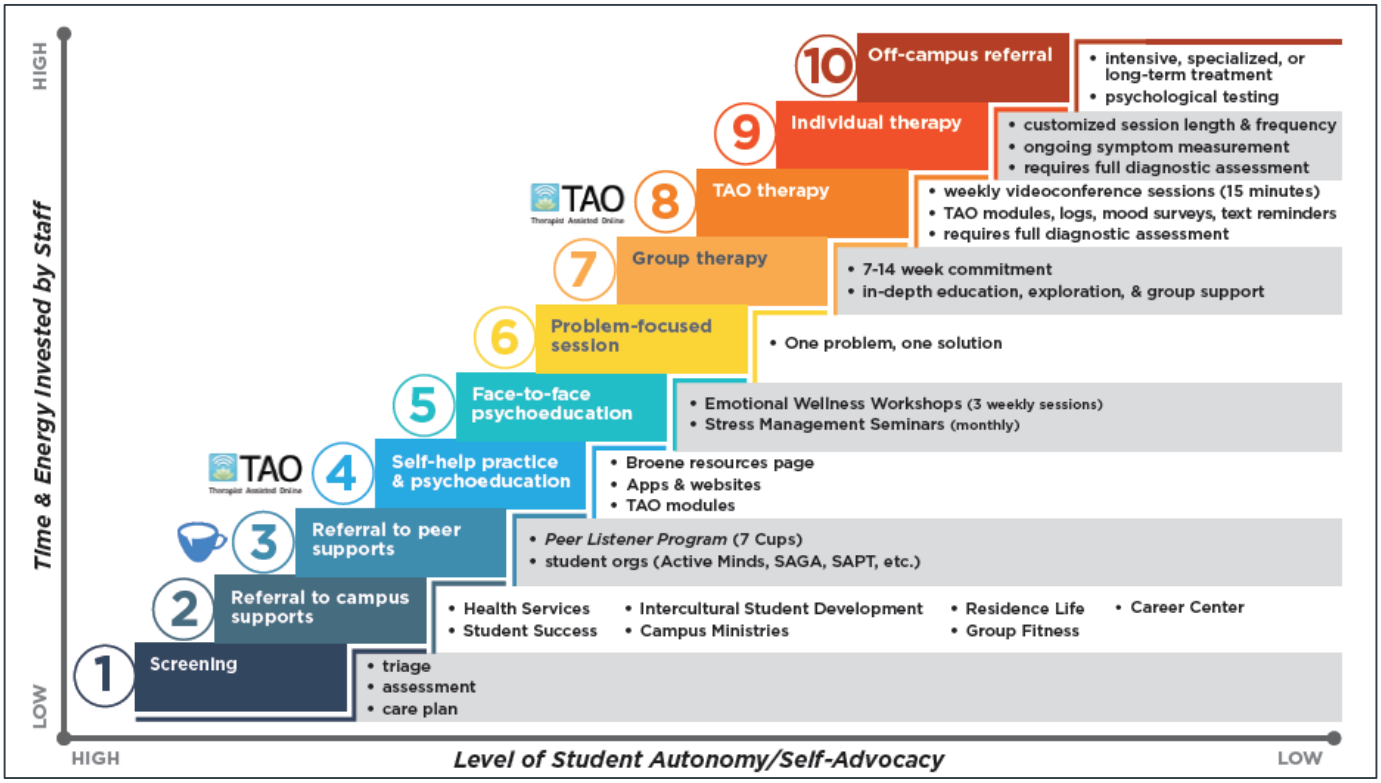
Expanding the Perception of Mental Health Services

Calvin College Advertises an Array of Resources

Increasing the utilization of self-serve resources requires institutions to expand students' perceptions of what constitutes mental health support. As part of their stepped care model, Calvin College created the graphic below to advertise the broad array of mental health resources available to students. Each step features supports of varying intensity that students can access on campus and in the community. For example, step two showcases campus supports such as health services, student success, and group fitness. Step four includes self-help practice and psychoeducation resources such as apps and websites.

Much More Than Just Individual Therapy

Calvin College's Stepped Care Model



Calvin College's model is effective because it incorporates an array of resources that range in intensity. The model prompts students to broaden their perspective of mental health support, promotes campus supports alongside traditional mental heath resources, and maximizes existing campus resources, including staff and services, while helping to alleviate the demand for traditional counseling services.

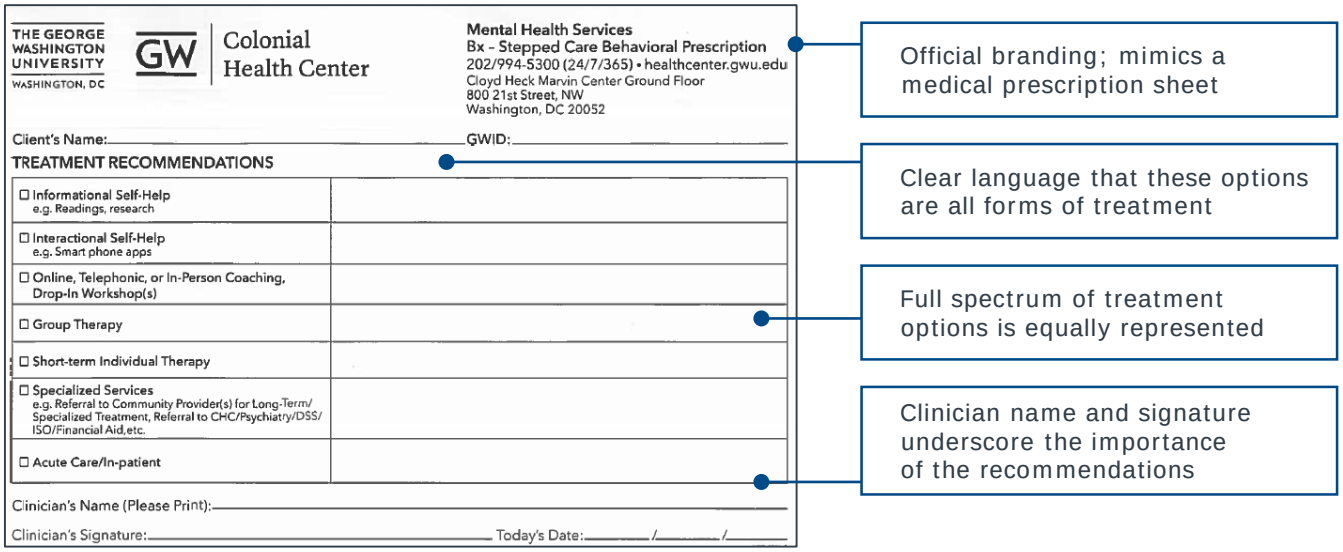
Sources: Calvin College, https://calvin.edu/news/archive/a-new-model-a-new-name; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Personalizing Self-Serve Recommendations

George Washington University's Behavioral Prescription (Bx)

EAB recommends personalizing recommendations to drive students' utilization of self-serve resources. George Washington University developed a Behavioral Prescription, or Bx, to help students recognize the broad spectrum of mental health supports. The Bx is a written form that is jointly completed by the student and clinician. It maps students' concerns to specific treatment options, including self-serve and campus resources. The Bx ensures that students have a clear understanding of the spectrum of their treatment options and their personalized recommendations for next steps.



THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

GW | Colonial Health Center

Mental Health Services
Bx – Stepped Care Behavioral Prescription
202/994-5300 (24/7/365) • healthcenter.gwu.edu
Cloyd Heck Marvin Center Ground Floor
800 21st Street, NW
Washington, DC 20052

Client's Name: _____ GWID: _____

TREATMENT RECOMMENDATIONS

☐ Informational Self-Help e.g. Readings, research	
☐ Interactional Self-Help e.g. Smart phone apps	
☐ Online, Telephonic, or In-Person Coaching, Drop-In Workshop(s)	
☐ Group Therapy	
☐ Short-term Individual Therapy	
☐ Specialized Services e.g. Referral to Community Provider(s) for Long-Term/ Specialized Treatment, Referral to CHC/Psychiatry/DSS/ ISO/Financial Aid,etc.	
☐ Acute Care/In-patient	

Clinician's Name (Please Print): _____

Clinician's Signature: _____ Today's Date: ____/____/____

Official branding; mimics a medical prescription sheet

Clear language that these options are all forms of treatment

Full spectrum of treatment options is equally represented

Clinician name and signature underscore the importance of the recommendations

Why GWU's Bx Works

- Personalized treatment recommendations are **jointly created** by student and clinician
- Students leave with a **clear, written record** of specific next steps
- **Able to evolve** to meet students' changing needs and concerns

Sources: George Washington University; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Hardwiring Structure and Accountability

The University of Florida's Mind and Body Center

Using self-serve resources can be challenging for students because of the lack of structure and accountability. EAB recommends institutions add structure to self-serve resources to make it easier for students to follow through. The University of Florida's Mind and Body Center provides a dedicated physical space in the counseling center to support students as they participate in mindfulness experiences, online modules, and meditation practices. Launched in spring 2017, the goal of the center is to incentivize students to take advantage of services that might reduce or replace the need for individual therapy appointments.

Mind & Body CENTER

Dedicated physical space on campus inside the counseling center

Supports multimodal experiences for students

Services include mindfulness, meditation, online modules, coaching, neurofeedback, and biofeedback

Benefits of a Dedicated Physical Space

Flexible Access
Students can walk into the center or make an appointment for a specific service

Set Structure
A place for students to complete self-help modules with minimal distraction

Personal Connection
Graduate assistants and center staff provide in-person coaching and support to promote ongoing utilization

> "We are trying to be innovative about **how we engage students** with the services we offer, so the Mind and Body Center offers a wide range of in-person and tech-based services targeting specific concerns such as performance anxiety or stress, two of the most common presenting concerns. Our hope is that by providing these resources we might **open a few more spots for those students who require individual therapy**."
>
> *Ernesto Escoto, Director of Counseling and Wellness Center*
> *University of Florida*

UF's dedicated physical space encourages students to take advantage of these resources. The space allows students to walk in to access resources with minimal distraction or make an appointment for a specific service. Students can also connect with graduate assistants and center staff who provide coaching or answer questions.

Source: EAB interviews and analysis.

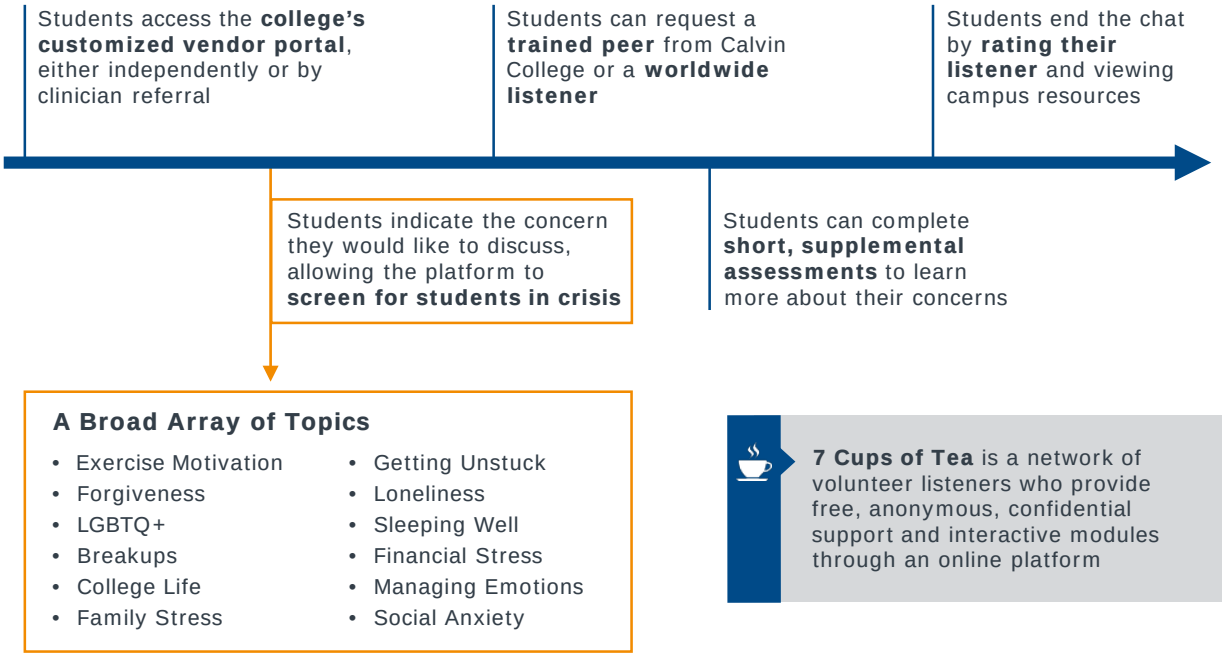
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Providing Online Peer-to-Peer Support

Calvin College's Active Listening System

Student peers can extend the reach of campus mental health services by providing valuable nonclinical support. Many counseling centers already work with student organizations on outreach and education efforts. Calvin College is extending the reach of peer support with their active listening platform. Through a partnership with 7 Cups of Tea, a third-party organization with an online, chat-based platform, Calvin College students can connect with peer listeners who provide anonymous nonclinical support.

How It Works



Students can access the platform through Calvin's customized online portal, either independently or through a clinician's referral. Students can select the topic they would like to discuss and whom they want to chat with: a trained peer from Calvin College (if available) or a trained listener from a worldwide pool. At the end of the chat, students can rate their listener and connect to campus resources.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Blending Quick Access and Flexible Support

Online Chat Platform Includes Many Benefits

Calvin College piloted the 7 Cups of Tea platform in spring 2017 with a small group of student listeners and users. Users expressed high levels of satisfaction with their listeners, and anecdotal feedback has been positive, as students appreciate the chance to be heard and quickly connect with a listener.

Proof of Concept: Calvin College's Spring 2017 Pilot

21
Students registered through the Calvin College portal

12
Peer listeners were trained and active from Calvin College

★★★★½
Average listener rating

> The experience is not about counseling and advice giving. It is about **being heard**. It's a **really helpful resource** for students to have access to."

Irene Kraegel
Counseling Center Director
Calvin College

Is A Vendor-Based Online Chat Platform Right for You?

Benefits

- 24/7, year-round access
- Multilingual support from a bank of worldwide listeners
- Ready-to-go tech platform

Drawbacks

- Start-up and ongoing costs
- Setup and maintenance time
- Difficult to get students to take advantage

If your campus is considering a vendor-based online chat platform, there are a number of benefits and drawbacks to consider related to access, ease of use, and costs.

Source: EAB interviews and analysis.

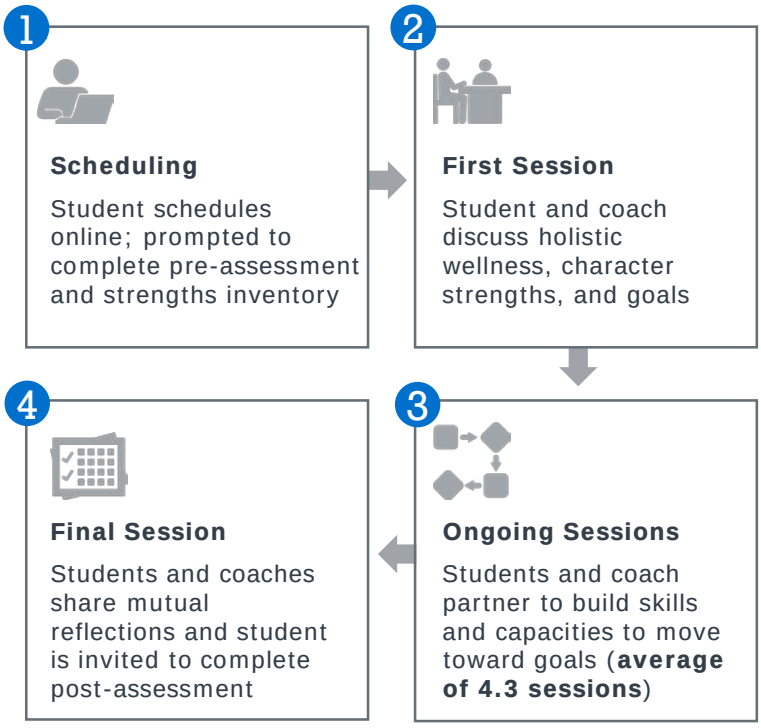
©2018 EAB Global, Inc. • All Rights Reserved • 36207

Peer Coaching Builds In-Person Connections

Ohio State University's Wellness Coaching Program

Peer coaching is another method of providing targeted, nonclinical support to students. The Ohio State University's Wellness Coaching Program provides a structured series of one-on-one interactions between students and a trained peer coach. The program helps students explore their character strengths, set and achieve wellness goals, and build skills necessary to succeed on campus. Coaching sessions are goal-oriented and individualized for each student.

How It Works



Key Logistics

- Coaching is individualized and goal-oriented
- Coaches are trained graduate and undergraduate students
- Program is supported by two full-time staff members and one graduate associate

Source: EAB interviews and analysis

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Promoting Healthy Behaviors and Student Success

OSU Wellness Coaching Shows Immediate and Longer-Term Benefits

During the 2016-17 academic year, 210 students participated in 935 individual wellness coaching sessions. Most students were either self-referred to the program or referred by the counseling center or academic advising. Common themes across wellness coaching sessions include self-acceptance and happiness, self-confidence, navigating transitions, improving social relationships, and stress management. Program assessment data indicates that wellness coaching improves students' personal wellbeing, academic determination, and social connectedness.

Program Utilization

210 Students participated in **935 individual wellness coaching sessions** during the 2016-17 academic year

Most students were **referred** to coaching by the counseling center or academic advising, or they are self-referred

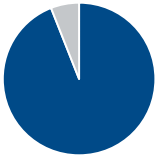
Achieving Meaningful Holistic Wellness Goals

Common themes

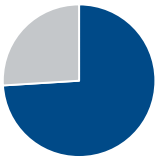
1. Self-acceptance and happiness
2. Improving self-confidence
3. Ability to navigate transitions
4. Improving social relationships
5. Stress management

Results Demonstrate Improved Wellbeing

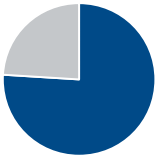
Percentage of students who agreed or strongly agreed that wellness coaching…



94% Increased their ability to **initiate and maintain wellness-related behaviors**



74% Increased their **academic determination**[1]



76% Improved their **social connectedness**[2]

1) Defined as students being determined to succeed in college, their motivation to persist as a student grew, and they learned how to manage their time and achieve their educational goals.
2) Defined as students being able to form and maintain healthy relationships, they believed they matter to others, and they felt more connected to others at Ohio State University.

Sources: Ohio State University; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Meeting the Needs of Low-Risk Students

Section in Brief

Low-risk students are not at risk of hurting or harming themselves or others. They commonly seek help with developmentally appropriate challenges, general anxiety or stress, and loneliness or social isolation.

Because low-risk students do not necessarily require clinical supports, EAB recommends that institutions strategically connect these students with meaningful self-service and nonclinical resources. Institutions should broaden the definition of mental health support to include existing campus and self-serve resources and personalize recommendations to low-risk students to increase utilization. Institutions can also expand opportunities for peer-to-peer support through tech-based support and coaching programs.

Use these discussion questions and takeaway to-dos to guide your institution's next steps in driving utilization of self-serve resources and fostering nonclinical, peer-to-peer connections for low-risk students.

Discussion Questions

- How can we expand the definition of mental health services to promote existing campus resources and self-service tools outside of the campus counseling center?
- How do we personalize self-serve resources to each student's concerns and goals?
- How can we prompt students to take advantage of existing resources?
- How do we connect students to nonclinical listeners who can quickly help?
- How can we better leverage peers to provide structured support and coaching to low-risk students?

Takeaway To-Dos

- ☑ Market self-serve resources as readily available mental health supports
- ☑ Personalize care recommendations and next steps for low-risk students
- ☑ Explore tech solutions to serve immediate needs
- ☑ Build students' coping capacities and skills through nonclinical interventions
- ☑ Leverage peers to provide structured support to low-risk students

Get Started with Resources from EAB

See the Implementation Toolkit at the end of this publication for tools, guides, and templates that will help you implement the recommendations from this section.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Implementation Toolkit

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Table of Contents

Implementation Toolkit

Tool #1: Scope of Care Statement 75

Tool #2: Scope of Care Orientation Letter. 76

Tool #3: Care Plan Worksheet for Students and Families. 77

Tool #4: Quick Audit for Community Partnerships 78

Tool #5: Local Provider Database 79

Tool #6: Wellness Action Plan 82

Tool #7: Data-Driven Group Offerings Checklist 83

Tool #8: Stepped Care Model Builder 84

Tool #9: Behavioral Prescription Pad 88

Tool #10: Self-Serve Technology Vendor Quick Guide 89

Tool #11: Self-Serve Technology Evaluation Rubric 91

.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Scope of Care Statement

Purpose of the Tool

Scope of care statements help students, families, and campus partners understand the goals and limitations of campus mental health services. These statements help establish upfront expectations about the types of services available on campus and what types of concerns might require off-campus support. Below is a scope of care statement from Elon University. The statement can be accessed online on the Counseling Services website.

Elon University's Counseling Services Scope of Care Statement

ELON UNIVERSITY

Scope of Care Statement

The following Scope of Clinical Care Statement is intended to inform students and the Elon community about the general parameters of the services provided for students at Counseling Services and in what instances they might expect to be referred to a different type and/or level of care.

Scope of Clinical Care:
Counseling Services strives to facilitate the development of Elon University students by providing brief, strengths-based psychological support and crisis intervention to address the emotional, social and academic needs of Elon University students.

Counseling Services has three essential roles for participating in the educational mission of Elon University: 1) providing clinical services that help students achieve their academic and personal goals; 2) educating the campus community about the psychological and developmental needs of students through community level interventions, including outreach programming and consultation; and 3) responding to the psychological effects of crisis impacting individual students and the campus community.

The primary focus of the center's clinical services is on providing students with appropriate mental health care and assisting with personal development. Clinical services include initial intake assessment, brief individual counseling, group counseling, and referral to community resources where appropriate. Clinical services are aimed at helping students succeed academically, personally and interpersonally.

All students seeking clinical care who are eligible for services will receive an opportunity for an initial intake assessment in order to determine the specific needs of the student and how best to meet those needs. Consideration is given as to whether the student's needs fall within the role and scope of Counseling Services. The decision about whether or not the needs of the student fall within the scope of clinical care of Counseling Services will be made after an initial intake meeting with a counselor, or if needed after additional appointments for further assessment and/or consultation with staff counselors and/or the Director.

To assist in promoting high quality clinical care decisions, the following factors are considered in determining which students may not be appropriate for clinical services at Elon's Counseling Services. The professional judgment of Counseling Services mental health providers will govern the determination in a particular case. This document reflects general guidelines and is intended only as a guide. Each case will be specifically evaluated in accordance with professional standards and failure to follow this guide does not evidence breach of professional standards or duties in any particular case.

Featured prominently on counseling services webpage

Text clearly outlines educational mission and center scope

Explicit guidelines with examples for cases that may require treatment off campus

For additional guidance on setting your institution's scope of care, access EAB's implementation guide, *Establishing a Sustainable Scope of Campus Mental Health Services*, online now at eab.com.

Sources: Elon University; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Scope of Care Orientation Letter

Purpose of the Tool

Baylor University sends this letter to all incoming students prior to orientation. The letter explains the scope of Baylor University's Health Center and Counseling Center. The letter also invites students and families to learn more about campus services and off-campus referrals during orientation.

Baylor University's Orientation Letter

BAYLOR UNIVERSITY

June 1, 2017

«First_Name» «Last_Name»
«Address_Line_1»
«City», «State» «ZIP_Code»

Dear «First_Name»,

The Division of Student Life is excited that you are joining the Baylor family and Waco community! We look forward to your arrival and want to make your transition into college life as smooth as possible. Staff members in Student Life are committed to helping every student experience Baylor with a healthy mind, spirit, and body. We would like to introduce you to two specific departments within our division dedicated to this effort: the Baylor University Health Center and the Baylor Counseling Center.

The Health Center, accredited by the Accreditation Association for Ambulatory Health Care, provides services in a primary care setting. Services include routine physical exams, well woman exams, acute care issues (colds, infections, sprains, cuts, etc.), immunizations, allergy shots, TB screening, and psychiatric care. Some chronic health needs are also covered, although these are best followed by a physician at home or a specialist in town. As part of the comprehensive services offered, students may be referred to the physical therapist by their own doctor or one of ours and fill prescriptions in the full-service pharmacy.

To meet as many student needs as possible, the Counseling Center offers a range of services including consultation, workshops, online therapy, group therapy, and individual therapy. If you currently see a professional for counseling in your hometown and can continue to see him/her, our recommendation is that you continue care with your current provider. If you are seeking specialized/intensive clinical services that require meeting with the same therapist beyond one semester or meeting more than once per week, we recommend receiving care by a specialist in town. Please read more about our services at www.baylor.edu/counseling_center.

If you would like to know more about the services in the Counseling Center or need help to transfer care, Teran Yaklin, LCSW Clinical Case Manager, is available via phone or by appointment to provide assistance. Please call (254) 710-2467 for questions or to schedule an appointment during Orientation in June.

We look forward to helping your years at Baylor be healthy ones!

Sharon Stern, M.D.
Medical Director
(254) 710-1010
baylor.edu/health_center

Jim Marsh, Ph.D.
Executive Director for Counseling Services
(254) 710-2467
baylor.edu/counseling_center

Every incoming student receives letter prior to attending orientation

Off-campus care suggested for long-term needs

Students and families invited to make an appointment to learn about local and campus services

For additional guidance on setting your institution's scope of care, access EAB's implementation guide, *Establishing a Sustainable Scope of Campus Mental Health Services*, online now at eab.com.

Sources: Baylor University; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Care Plan Worksheet for Students and Families

Purpose of the Tool

Ideally, students with preexisting or intensive mental health conditions work with their families to establish a treatment plan before coming to campus. Institutions can support this transition by prompting a conversation about key details, such as insurance coverage and available providers. Use the questions below as a template for a worksheet that students and families can use to identify and discuss information key to ensuring continuity of care as students transition to campus.

Key Questions for Students and Families

1 What are the names and contact information of my providers in my **home community**?

Provider Type:	Provider Type:
Provider Name:	Provider Name:
Contact Information:	Contact Information:
Available to continue care? Y or N	Available to continue care? Y or N

2 What are the names and contact information of potential providers **near campus**?

Provider Type:	Provider Type:
Provider Name:	Provider Name:
Contact Information:	Contact Information:

3 What are my transportation options for reaching an off-campus appointment?

- ☐ Campus shuttle
- ☐ Community Bus
- ☐ Personal vehicle
- ☐ Walking
- ☐ Biking
- ☐ Family or friend
- ☐ Ride-sharing service (e.g., Uber or Lyft) or taxi
- ☐ Other _____

4 What insurance information do I need for an appointment with an off-campus provider?

(e.g., insurance provider, policy number, subscriber, login information)

5 How will I pay for care if my insurance does not fully cover off-campus treatment?

(e.g., cash, credit card, share costs with family member)

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Quick Audit for Community Partnerships

Purpose of the Tool

Use the following questions to identify community agencies and local organizations that could provide additional mental health care options for high-need students or special populations on campus that require treatment beyond the scope of the campus counseling center.

Discussion Questions

1. How do you currently work with local organizations? What do you need in a partnership with a local organization to ensure a smooth referral and continuity of care for students?

2. Who are the key stakeholders at the university and at the partner organization that need to be involved in managing the partnership or contract?

3. What other student populations might be well suited for referral to a community behavioral health organization or social services agency?

   (e.g., students requiring treatment for eating disorders)

4. List potential partner organizations and their target populations or area of expertise:

1. National Eating Disorder Association	1. *(e.g. eating disorders)*
2.	2.
3.	3.
4.	4.
5.	5.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Local Provider Database

Purpose of the Tool

Colleges and universities are increasingly working with local mental health providers to refer students off campus for longer-term or specialized care. Institutions can create a database of local providers that includes centralized information about providers and key information about the services they offer. These databases make it easier for students and/or clinicians to find information about available off-campus resources and can streamline the off-campus referral process.

There are two primary types of local provider databases: internal and external. Internal databases can be shared Google documents or Excel files that are accessible only to campus staff. Internal databases are beneficial because they are easy to set up and can contain confidential information, such as students' feedback about community providers. External databases are often housed online. They can be accessed by students, families, clinical staff, or broader members of the campus community. While external databases require more work to set up and maintain, they are directly useful to a wider audience of users.

The following pages include sample categories for an internal database of local providers and an example of an external database.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Local Provider Database (cont.)

Sample Categories for an Off-Campus Referral Database

Category	Information to Include	Additional Notes
Provider Name		
Provider Contact Information	• *Address* • *Phone Number* • *Email and Website*	
Personal Identities	• *Gender* • *Religion* • *Race/Ethnicity*	
Languages Spoken		
Degree or Licensure	• *LSW* • *PhD* • *PsyD*	
Specialty	• *ADHD* • *Anger Management* • *Couples Counseling* • *Depression* • *Eating Disorders*	
Nearest Public Transportation	• *Bus line* • *Subway or light rail* • *Campus shuttle*	
Distance from Campus	• *Driving, biking, and walking distances*	
Hours of Availability	• *Evening hours* • *Weekend hours*	
Fee Structure	• *Regular fee* • *Pro bono* • *Sliding scale*	
Forms of Payment Accepted	• *Major credit cards* • *Cash or check*	
Forms of Insurance Accepted	• *Major insurance carriers* • *Medicare/Medicaid*	
Other		

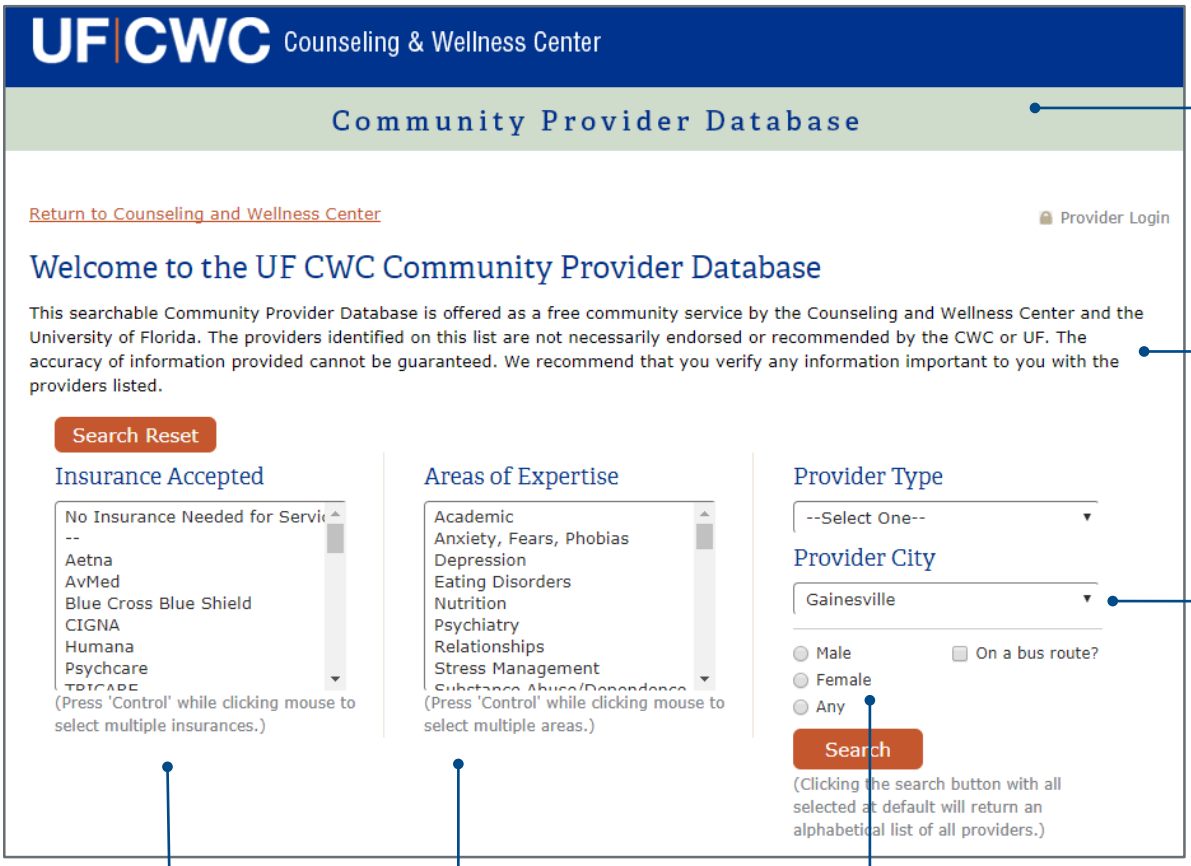
Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Local Provider Database (cont.)

University of Florida's Online Community Provider Database

Below is a screenshot of University of Florida's Community Provider Database. EAB recommends choosing search filters that map to student considerations when identifying a provider, such as location and area of expertise.



Featured prominently on UF's CWC webpage with university branding

Disclaimer encourages students to verify provider information before scheduling appointment

Results can be filtered by location and proximity to local bus routes

Users can search by single or multiple insurance options

Users can search by single or multiple areas of expertise

Users can specify if they are looking specifically for a male or female provider

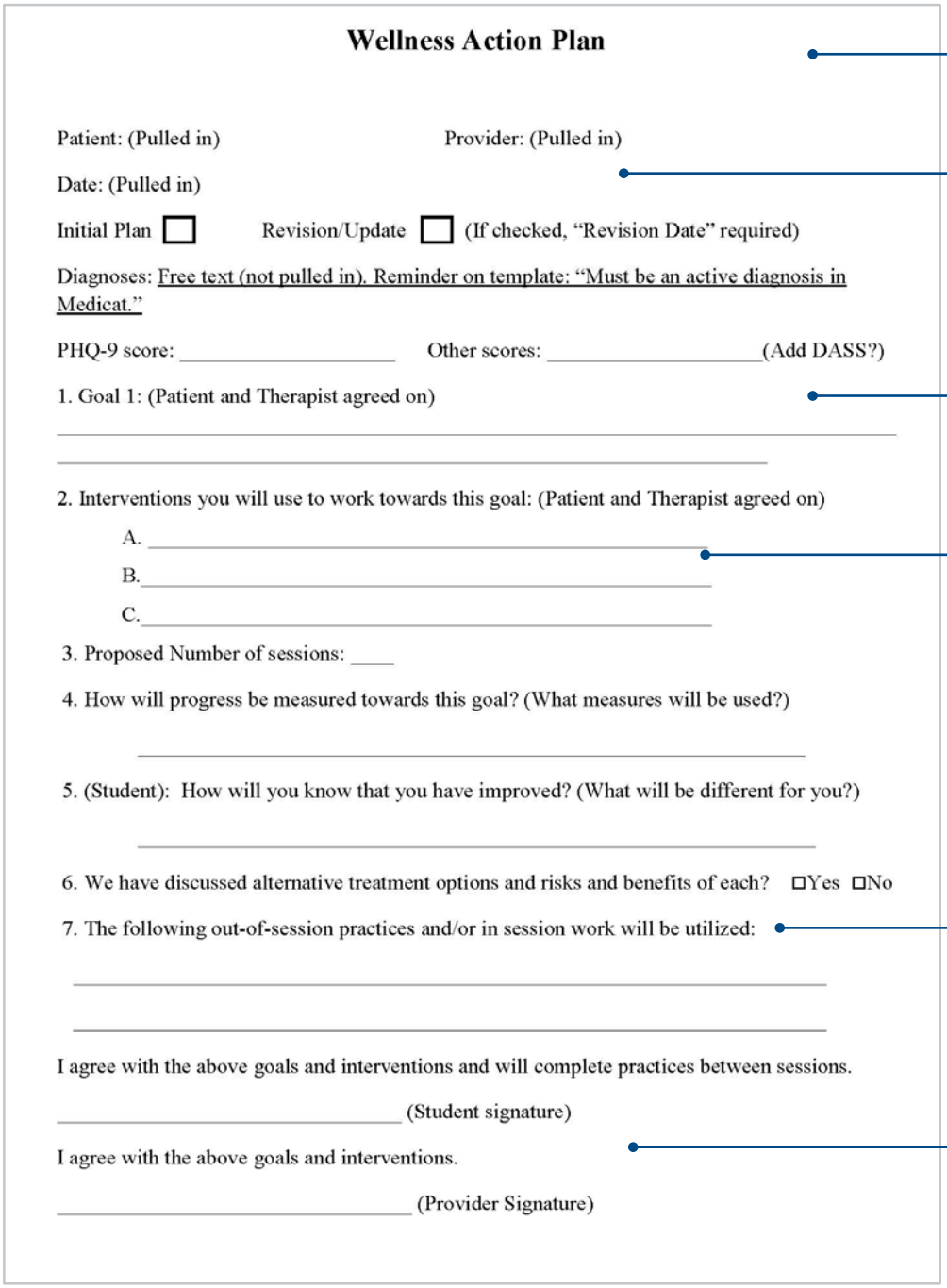
Sources: University of Florida, https://pdb.counseling.ufl.edu/providers-search.aspx; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Wellness Action Plan

Purpose of the Tool

Rutgers University uses the Wellness Action Plan found below during their intake process to help instill a goal-oriented focus in student engagements with the counseling center. The plan provides an overview of the student's diagnosis, treatment goals, specific interventions, and expected outcomes. Use this example, and the call-out boxes highlighting key elements, to build an action plan document on your campus.



Wellness Action Plan

Patient: (Pulled in) Provider: (Pulled in)

Date: (Pulled in)

Initial Plan ☐ Revision/Update ☐ (If checked, "Revision Date" required)

Diagnoses: Free text (not pulled in). Reminder on template: "Must be an active diagnosis in Medicat."

PHQ-9 score: _____ Other scores: _____(Add DASS?)

1. Goal 1: (Patient and Therapist agreed on)

_____

_____

2. Interventions you will use to work towards this goal: (Patient and Therapist agreed on)

A. _____

B. _____

C. _____

3. Proposed Number of sessions: ____

4. How will progress be measured towards this goal? (What measures will be used?)

_____

5. (Student): How will you know that you have improved? (What will be different for you?)

_____

6. We have discussed alternative treatment options and risks and benefits of each? ☐Yes ☐No

7. The following out-of-session practices and/or in session work will be utilized:

_____

_____

I agree with the above goals and interventions and will complete practices between sessions.

_____ (Student signature)

I agree with the above goals and interventions.

_____ (Provider Signature)

Plan is stored in student's electronic health record; can be revised as needed

Student and provider data can be automatically pulled in from electronic health record

Primary treatment goal is jointly set by the student and provider

Clearly listed interventions and progress indicators help student stay on track with treatment

Additional "homework," such as self-help modules or workshops, is included

Student and provider signatures underscore importance of action plan and emphasize student accountability for completing treatment steps

Sources: Rutgers, The State University of New Jersey; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Data-Driven Group Offerings Checklist

Purpose of the Tool

Many institutions struggle with underutilized group therapy programs for a variety of reasons, including topic resonance and scheduling.

Group therapy programs work best when the groups match students' specific needs. Use this quick checklist to review your group therapy program's topics and scheduling practices to ensure that you're reaching the greatest number of students on campus. EAB recommends evaluating your program on a regular basis, either biannually or annually.

Evaluation Checklist

Area for Evaluation	Data to Review	How to Use the Data
Group Topic	❑ Attendance records at previous group therapy offerings ❑ Students' evaluations of groups and instructors ❑ Students' top presenting concerns on campus ❑ National trends regarding presenting concerns ❑ Emerging student segments that might benefit from dedicated group support	✓ Determine the most and least popular offerings ✓ Roll back underutilized groups ✓ Increase investment in popular groups ✓ Offer new group topics that resonate with rising areas of concern
Scheduling Considerations	❑ Clinician availability and preferences ❑ Trends in student schedules (e.g., busiest class times, typical evening activity times, etc.) ❑ Past attendance records (e.g., days or times with highest attendance) ❑ Features of the academic calendar that might impact attendance (e.g., breaks, exams) ❑ Availability of physical space	✓ Determine which groups need to have preset dates/times and which groups to set based on participants' schedules ✓ Offer sessions that accommodate students and clinician schedules ✓ Create a comprehensive schedule that reflects student needs across the year

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

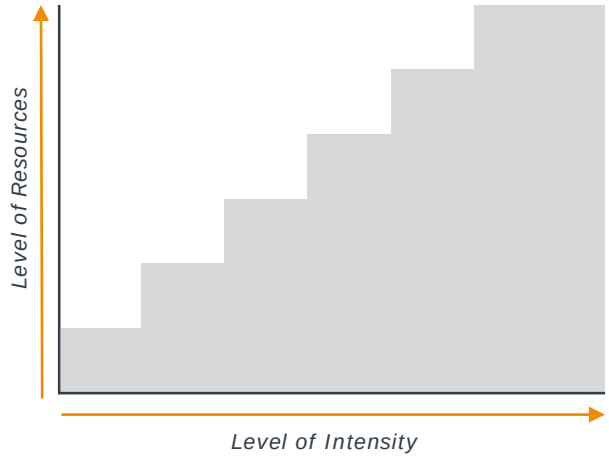
Stepped Care Model Builder

Purpose of the Tool

A stepped care model for campus mental health services provides an array of mental health support options for students that allow them to step up or step down the intensity of care as needed. In this model, individual therapy is just one care option among a much larger suite of services, often ranging from online self-help to off-campus care. The stepped care model allows institutions to map campus support services and mental health resources to students' levels of need and risk.

Building Options for Students

A Conceptual Model of Stepped Care



Key Principles of Stepped Care

- Care is stepped up or down as needed, based on students' changing concerns
- Prioritizes the least intensive and most effective treatment option
- Saves the most limited and intensive clinical resources for students who need them most
- Depends on a wide range of services, including self-help resources, peer support, online tools, and on- and off-campus therapy

One of the first steps to exploring a stepped model of mental health support is to brainstorm the online, campus, and community resources that are available to students and map them onto a stepped continuum. Use the following tools to brainstorm the resources that are available on your campus and sketch out your institution's stepped care model. The following pages include:

- An example of a complete stepped care map from Calvin College,
- A map template (based on Calvin College's map), and
- A blank stepped care map that you can tailor for your campus.

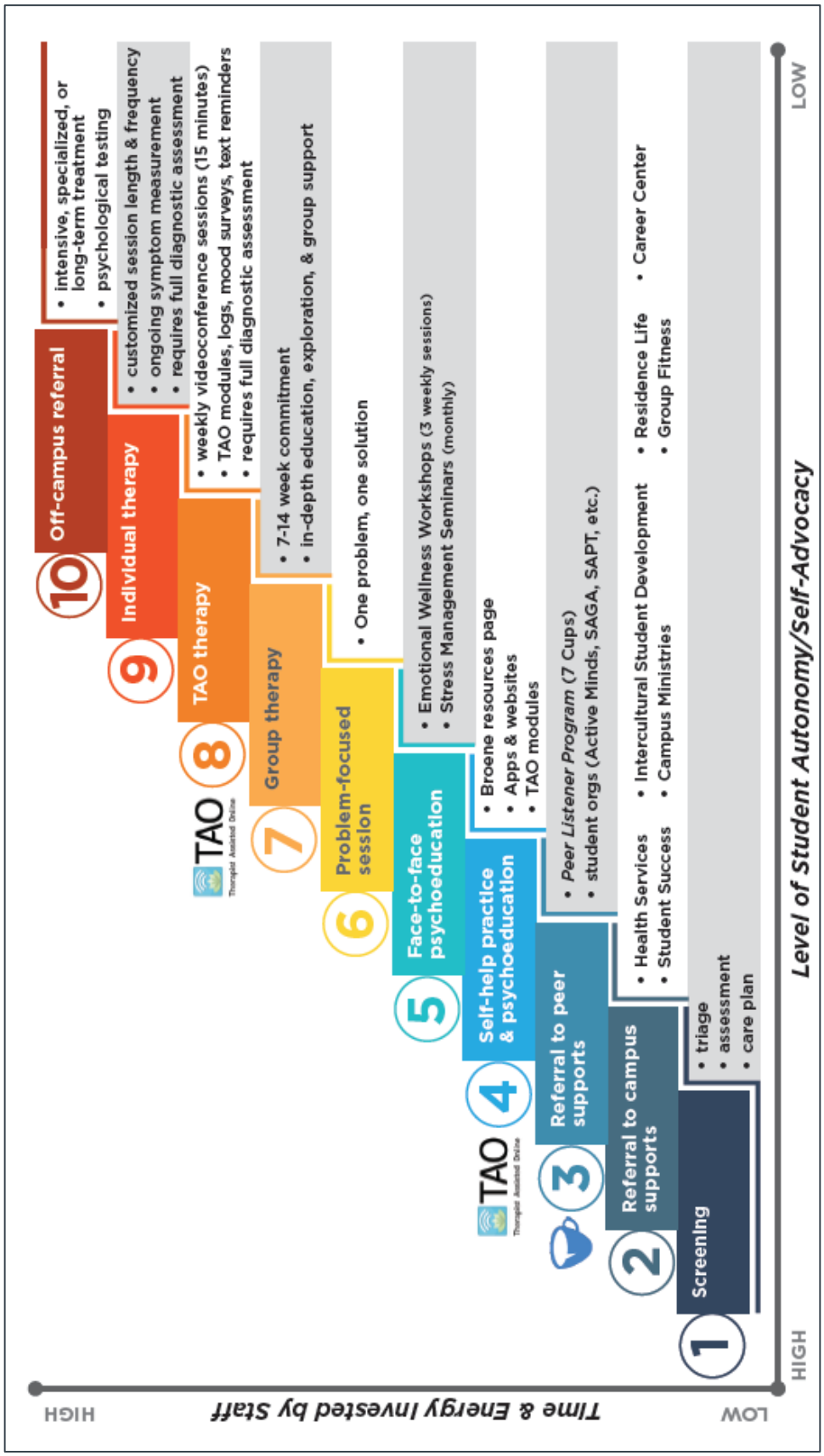
Once you establish a stepped care model, it is important to communicate it with students, families, and campus partners. EAB recommends posting it online and through social media (with hyperlinks to relevant resources and information pages) and posting hard copies across campus.

Sources: Calvin College; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Stepped Care Model Builder (cont.)

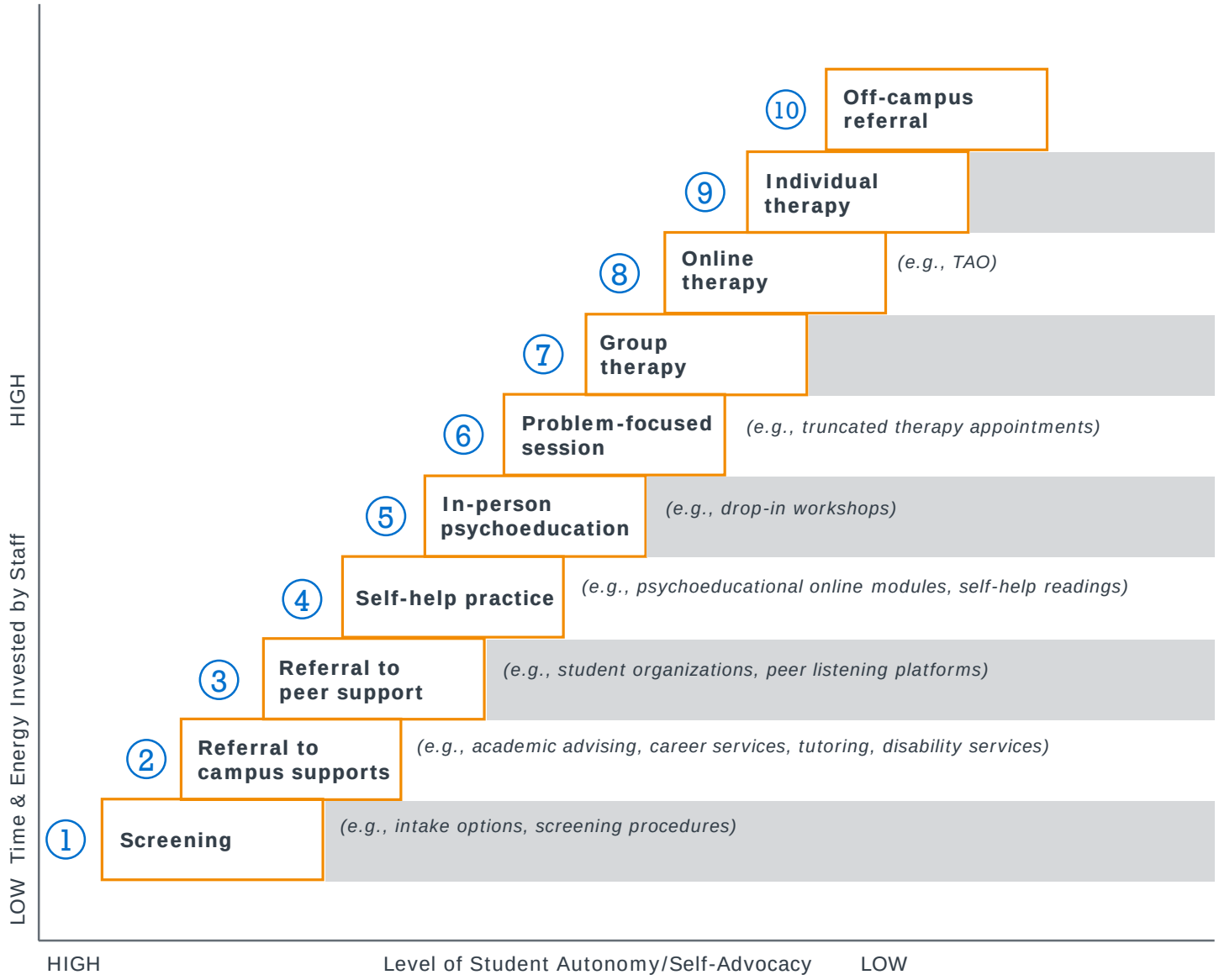
Calvin College's Stepped Care Graphic



Sources: Calvin College; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Stepped Care Model Builder (cont.)



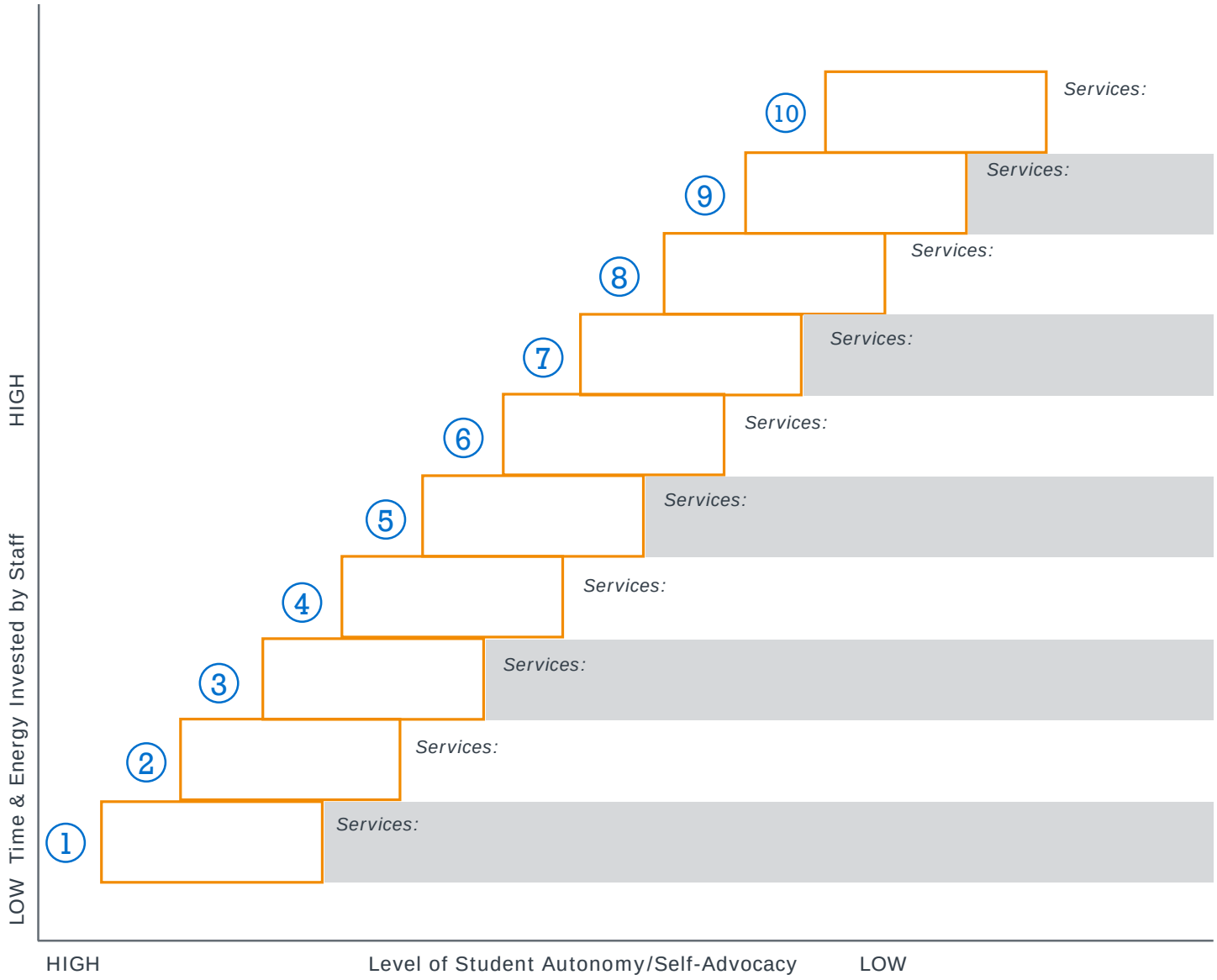
Questions to Consider

- What resources can students access online, either freely or through existing institution subscriptions?
- What resources do you already have on campus?
- What resources are available to students in the local community?
- What resources might your campus need to invest in to more fully support students?

Sources: Calvin College; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Stepped Care Model Builder (cont.)



Quick Tips

- Include online, peer, campus, and community resources
- Include resources outside of the campus counseling center
- Prioritize the top 3-5 resources per level
- Use language that is easily understood by students (e.g., avoid acronyms)

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Behavioral Prescription Pad

Purpose of the Tool

Behavioral prescriptions personalize mental health care recommendations for individual students. George Washington University clinicians use the form below to recommend a range of resources and treatment options to students. This written document outlines the breadth of services available on campus and in the community. The form serves as a written record of next steps that can be stored in students' electronic health records and revisited during future interactions.

George Washington University's Behavioral Prescription Pad (Bx)

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

GW | Colonial Health Center

Mental Health Services
Bx – Stepped Care Behavioral Prescription
202/994-5300 (24/7/365) • healthcenter.gwu.edu
Cloyd Heck Marvin Center Ground Floor
800 21st Street, NW
Washington, DC 20052

Client's Name:_____ GWID:_____

TREATMENT RECOMMENDATIONS

☐ Informational Self-Help e.g. Readings, research	
☐ Interactional Self-Help e.g. Smart phone apps	
☐ Online, Telephonic, or In-Person Coaching, Drop-In Workshop(s)	
☐ Group Therapy	
☐ Short-term Individual Therapy	
☐ Specialized Services e.g. Referral to Community Provider(s) for Long-Term/ Specialized Treatment, Referral to CHC/Psychiatry/DSS/ ISO/Financial Aid,etc.	
☐ Acute Care/In-patient	

Clinician's Name (Please Print):_____

Clinician's Signature:_____ Today's Date:_____/_____/_____

UCC, 1516.4

Key Elements of George Washington University's Bx

- ✔ Prominent university branding and counseling center contact information
- ✔ Include full range of wellness services from self-help to in-patient treatment
- ✔ Ensure student and counseling center retain a copy for follow-up
- ✔ Clinician name and signature underscore recommendations

Sources: George Washington University; EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Technology Vendor Quick Guide

Purpose of the Tool

Colleges and universities are increasingly adopting new technologies, such as apps, websites, and software platforms, to support students' mental health concerns. Use this quick guide to review some of the most commonly used platforms and tools in higher education.

Vendor Quick Guide

talkspace
therapy for how we live today

Profile:	Online therapy platform connects users directly to therapists via web and mobile apps	
Price:	Costs for institutional partners not publicly available	
Selected Partners:	Alpha Tau Omega National Chapter	
Selected Features:	• Comprehensive online screening • Private text-based chat room	• Audio, video, picture messaging • Nationwide network of licensed therapists
Website:	https://www.talkspace.com/	

7 CUPS

Profile:	On-demand emotional health service that connects users to listeners in a one-on-one chat	
Price:	Costs for institutional partners not publicly available	
Selected Partners:	Calvin College	
Selected Features:	• Secure chat platform • Connect to a listener quickly	• Supplemental wellness modules • Private-label version available for institutions
Website:	https://www.7cups.com/	

WellTrack

Profile:	Self-help interactive therapy mobile app	
Price:	Costs for institutional partners not publicly available	
Selected Partners:	35+ institutions, including Georgia State University, Boston College, and UC Santa Cruz	
Selected Features:	• Guided therapy • Secure sharing with a counselor	• Daily mood tracker • Personal progress dashboard
Website:	http://www.welltrack.com/	

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Technology Vendor Quick Guide (cont.)

Profile:	Digital platform of therapeutic tools and educational materials
Price:	Costs for institutional partners not publicly available
Selected Partners:	52+ institutions, including Baylor University, Texas A&M, and University of Florida
Selected Features:	• Comprehensive screening instrument • Practice tools and exercises • Secure messaging • HIPAA Compliant Video Conferencing
Website:	https://www.taoconnect.org/

Profile:	Evidence-based digital mental and behavioral health programs
Price:	Costs for institutional partners not publicly available
Selected Partners:	Colorado State University, College of William & Mary, Brigham Young University
Selected Features:	• Detailed analytics and reports • Library of behavioral health programs • Dedicated supporter monitors progress • Personalized user dashboard
Website:	https://www.silvercloudhealth.com/

Profile:	Online self-screening for mood and anxiety disorders, eating disorders, and substance abuse
Price:	Costs for institutional partners not publicly available
Selected Partners:	Yale Health Center, University of California – Berkeley, Georgetown University, Colby College
Selected Features:	• Customizable individual site • Mobile-friendly interface • Reporting feature to aggregate data • Supplemental educational resources
Website:	https://mentalhealthscreening.org/

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Self-Serve Technology Evaluation Rubric

Purpose of the Tool

The market for online and app-based self-help and psychoeducational technologies is expanding rapidly. Institutions need a standard way of evaluating new tech services to determine which ones are the best fit for campus.

The University of British Columbia (UBC) developed a Self-Help Technologies Evaluation Protocol to systematically evaluate each psychoeducational intervention technology using a standardized process. You can see UBC's evaluation protocol on the following pages. Then, you can use the included blank rubric to evaluate new technologies that you're considering for your campus. Use this rubric each time you evaluate a new app, website, or software platform.

Source: EAB interviews and analysis.

©2018 EAB Global, Inc. • All Rights Reserved • 36207

UNIVERSITY OF BRITISH COLUMBIA

Last updated: August 3, 2016

Self-Help Technologies Evaluation Protocol

Purpose

Systematically evaluate each psychoeducational intervention technology using a standardized process.

Criteria Development

The evaluation criteria and protocol developed by the Implementation Team (Educational Resources and Therapist Assisted Online Programs) is based on the systematic multi-domain review by Coulon, Monroe, & West (2016) and adapted to meet the needs of the UBC health and wellbeing service providers.

Evaluation Process

At this time, the primary purpose of evaluating each technology is to systematically gather information. Based on the information collected, further conversations will take place to determine which technologies will be recommended moving forward. The evaluation of each technology has been divided into four sections.

1) Each technology will be evaluated by two people. For sections that require clinical expertise, a clinical staff member is advised to be the evaluator.

2) The evaluations of each technology will be collated into a final evaluation. In this process, any discrepancies between the assessments will be discussed and resolved.

UNIVERSITY OF BRITISH COLUMBIA

Last updated: August 3, 2016

Section Assignment

Evidence-based behavioural change strategies	Psychologists, Counsellors, Physicians, Nurses
Structure	Psychologists, Counsellors, Physicians, Nurses
Transparency & Safety	Non-clinical Professional Staff, Student Staff, Psychologists, Counsellors, Physicians, Nurses
Functionality & User-friendliness	Non-clinical Professional Staff, Student Staff, Psychologists, Counsellors, Physicians, Nurses
General feedback	Non-clinical Professional Staff, Student Staff, Psychologists, Counsellors, Physicians, Nurses

Rubric Breakdown

Name of Technology	
Type of Technology	
Topics Covered	

Account/Registration	
Cost to user	
Storage Size	

Rubric

Evidence-based behavioural change strategies		**Assessment**			**Notes**
Evidence-based	Does the technology use one or more evidence-based interventions or strategies?	**YES**	**NO**		
Strategy 1		*e.g., diaphragmatic breathing*			
Strategy 2		*e.g., mindfulness strategies*			
Strategy 3		*e.g., visualizations*			
Strategy 4		*e.g., goal setting*			
Strategy 5		*e.g., cognitive restructuring*			
Structure		**Assessment**			**Notes**
Assessment	Provides an opportunity to complete a measure of target symptom and/or concern	**YES**	**NO**	**N/A**	
Self-monitor	Provides ongoing opportunities to rate or track perceived symptom and/or concerns and/or behavioural indicators of evidence based strategy	**YES**	**NO**	**N/A**	
Psychoeducation	Provides educational information on the benefits of evidence-based strategies and/or mechanisms of action	**YES**	**NO**	**N/A**	

UNIVERSITY OF BRITISH COLUMBIA

Last updated: August 3, 2016

Transparency and Safety		Assessment			Notes
Authoritative	States the qualifications of the authors or developers; states degrees and/or specific training	**YES**	**NO**	**N/A**	*e.g., Anxiety BC,*
Complementary	States information should support, not replace, medical care and provider-patient relationship	**YES**	**NO**	**N/A**	
Confidentiality/ privacy	States the privacy and confidentiality securities for personal data submitted to the site by the user	**YES**	**NO**	**N/A**	
	Collects personal information	**YES**	**NO**	**N/A**	
	States how of user's identifying information is protected and maintained.	**YES**	**NO**	**N/A**	*e.g., does not report email address, only assessment scores*
	States how/where the data is stored.	**YES**	**NO**	**N/A**	*e.g., server in USA, Australia, Canada, on user's phone, in a cloud*
	States what data is collected and the purpose of collection.	**YES**	**NO**	**N/A**	*e.g., data collected will be used to improve program*
	Allows the user to set a password or adjust their privacy settings	**YES**	**NO**	**N/A**	
References	States the source(s) of published information, references an evidence-base grounded in mainstream science/peer review	**YES**	**NO**	**N/A**	
Emergency contact	Provides contact information of appropriate crisis support services.	**YES**	**NO**	**N/A**	*e.g., Australian crisis line, BC Crisis line, gives direct contact to crisis centre*

UNIVERSITY OF BRITISH COLUMBIA

Last updated: August 3, 2016

Functionality and user-friendliness				
Ease of use	Screens can be reached in as a few clicks as possible, three or fewer; navigation is logical, intuitive, and adequately labeled; text size can be altered or a zoom feature is available	**GOOD**	**NEUTRAL**	**BAD**
Reliability and performance	User is able to navigate all areas of the app without it crashing; all app components are able to load within 10 seconds	**GOOD**	**NEUTRAL**	**BAD**
Appearance and design	The colour scheme is visually accessible (easy to read, consistent theme, font styles legible; the design is appropriate for an adult audience, and content is free of excessive typos and errors in presentation	**GOOD**	**NEUTRAL**	**BAD**

General Feedback	
Overall Impressions	*e.g., might be "too young" for university population*
Recommended for	*e.g., low levels of depression*
Other	

Name of Technology:	**Account:**
Type of Technology:	**Cost to User:**
Topics Covered:	**Storage Size:**

Transparency and Safety		**Assessment**			**Notes**
Authoritative	States the qualifications of the authors or developers; states degrees and/or specific training	**YES**	**NO**	**N / A**	
Complementary	States information should support, not replace, medical care and provider-patient relationship	**YES**	**NO**	**N / A**	
Privacy	States the privacy and confidentiality securities for personal data submitted to the site by the user	**YES**	**NO**	**N / A**	
	States how user's identifying information is protected and maintained	**YES**	**NO**	**N / A**	
	States how/where the data is stored	**YES**	**NO**	**N / A**	
	States what data is collected and the purpose of collection	**YES**	**NO**	**N / A**	
	Allows the user to set a password or adjust their privacy settings	**YES**	**NO**	**N / A**	

Transparency and Safety		Assessment			Notes
References	States the source(s) of published information, references an evidence-base grounded in mainstream science/peer review	**YES**	**NO**	**N/A**	
Emergency contact	Provides contact information of appropriate crisis support services	**YES**	**NO**	**N/A**	

Functionality and User-Friendliness		Assessment			Notes
Ease of use	Screens can be reached in as a few clicks as possible, three or fewer; navigation is logical, intuitive, and adequately labeled; text size can be altered or a zoom feature is available	**YES**	**NO**	**N/A**	
Reliability and performance	User is able to navigate all areas of the app without it crashing; all app components are able to load within 10 seconds	**YES**	**NO**	**N/A**	
Appearance and design	The color scheme is visually accessible (easy to read, consistent theme, font styles legible; the design is appropriate for an adult audience, and content is free of excessive typos and errors in presentation)	**YES**	**NO**	**N/A**	

General Feedback	
Overall impressions	
Recommended for	
Other	

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Advisors to Our Work

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Advisors to Our Work

With Special Thanks

We are extremely grateful to those who contributed their time, expertise, and insight to our research.

7Cups
Pat Sebastien
Director, Organization Support

Alpha Tau Omega
Wynn Smiley
Chief Executive Officer

American University
Gail Hanson
Vice President, Campus Life (former)

Arizona State University
Safali Evans
Assistant Vice President, Education Outreach and Student Services

Aaron Krasnow
Associate Vice President, Health Services & Counseling Services, HIPAA Privacy Officer

Augusta University
Mark Patishnock
Director, Student Counseling and Psychological Services

Ball State University
William Betts
Director, Counseling and Health Services

Baylor University
Kevin P. Jackson
Vice President, Student Life

Jim Marsh
Executive Director, Counseling Services

Bentley University
Erin Kelley
Director, Student Conduct and Development

Bowdoin College
Bernie Hershberger
Director, Counseling Services and Wellness Programs

Brock University
Sarah Pennisi
Director, Student Wellness and Accessibility Center

Carrie Heilbron
Psychologist, Personal Counseling, Student Wellness

Calvin College
Irene Kraegel
Director, Broene Counseling Center

Cardiff University
Ben Lewis
Director, Student Support and Wellbeing

City College of San Francisco
Becky Perelli
Director, Student Health Services

Clemson University
Doug Hallenbeck
Senior Associate Vice President, Student Affairs

Johnson Link
Assistant Vice President, Municipal Services

George Smith
Associate Vice President and Chief of Staff

College of Charleston
Alicia Caudill
Executive Vice President for Student Affairs

Jeri Cabot
Associate Vice President, Student Affairs, Dean of Students

Colorado State University
Dwight Burke
Executive Director, Support & Safety Assessment and Title IX Programs

Cornell University
Greg Eells
Director, Counseling and Psychological Services

Creighton University
Tanya Winegard
Vice Provost, Student Affairs

Drexel University
Subhir Sahu
Vice President, Dean of Student Life

Annette Molyneux
Assistant Vice President, Counseling and Health

Katie Zamulinsky
Associate Vice President, Campus Engagement

Duke University
Danielle Oakley
Director, Counseling and Psychological Services

Elon University
Marie Shaw
Director, Student Counseling Services

George Washington University
Glenn Egelman
Associate Dean, Colonial Health Center

Gillian Berry
Interim Director, Mental Health Services

Georgia State University
Jill Lee Barber
Senior Director, Psychological and Health Services

Indiana University Southeast
Jason Meriwether
Vice Chancellor, Enrollment Management and Student Affairs (former)

Johns Hopkins University
Kevin Shollenberger
Vice Provost, Student Affairs

Keene State College
Kemal Atkins
Vice President, Student Affairs and Enrollment Management

Keyano College
Debbie (Larmond) O'Halloran
Chair, Counselling & Accessibility Services

Kutztown University of Pennsylvania
Warren Hilton
Vice President, Enrollment Management and Student Affairs

Memorial University of Newfoundland
Peter Cornish
Director, Student Wellness and Counselling Centre

Metropolitan State University of Denver
Braelin Pantel
Associate Vice President, Student Engagement and Wellness, Dean of Students

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Advisors to Our Work

Miami University
Kip Alishio
Director, Student Counseling Service

MiraCosta College
Marge Reyzer
Wellness Coordinator

North Carolina State University
Paul Tongsri
Case Manager

North Dakota State University
Tim Alvarez
Vice President, Student Affairs

Northern Arizona University
Erin Grisham
Associate Vice President, Student Affairs

Northern Kentucky University
Dan Nadler
Vice President, Student Affairs

Penn State University
Ben Locke
Executive Director, Counseling and Psychological Services

Point Loma Nazarene University
Caye Smith
Vice President, Student Development

Pomona College
Miriam Feldblum
Vice President and Dean of Students

Jan Collins-Eaglin
Associate Dean of Students, Personal Success and Wellness

Purdue University
Susan Prieto Welch
Director, Counseling Center

Rutgers University
Jill Richards
Director, Counseling and Psychological Services

Ryerson University
Heather Lane-Vetere
Vice Provost, Students (former)

John Austin
Interim Vice Provost, Students

Saint Xavier University
Tony Campbell
Vice President, Student Affairs, Dean of Students

San Francisco State University
Luoluo Hong
Vice President, Student Affairs and Enrollment Management

Simon Fraser University
Tim Rahilly
Vice Provost & Associate Vice President, Students & International

Southern Illinois University, Carbondale
Lori Stettler
Interim Vice Chancellor, Student Affairs

Southern Methodist University
Joanne Vogel
Associate Vice President, Dean of Student Life

Southern Utah University
Curt Hill
Director, Counseling and Psychological Services

Stephen F. Austin State University
Steve Westbrook
Vice President, University Affairs

The Ohio State University
James Larcus
Wellness Coaching Senior Program Coordinator

University at Buffalo
Scott Weber
Vice President for Student Life

Christina Hernandez
Associate Vice President, Student Life Administration & Planning

Barbara Ricotta
Associate Vice President, Student Affairs

Sharon Mitchell
Counseling Center Director, AUCCCD President-Elect

University of Alabama at Birmingham
John R. Jones III
Vice President for Student Affairs, Interim Provost

University of British Columbia
Cheryl Washburn
Director, Counseling Services

University of Colorado, Denver
Frank Kim
Director, Counseling Center

University of Denver
Niki Latino
Interim Associate Vice Chancellor, Campus Life & Exclusive Excellence, Executive Director, Academic Resource

University of Findlay
David Emsweller
Vice President, Student Affairs

University of Florida
Ernesto Escoto
Director, Counseling and Wellness Center

University of Hartford
J. Lee Peters
Vice President, Student Affairs, Dean of Students

Nick Pinkerton
Director, Counseling and Psychological Services

University of Houston
Richard Walker
Vice President, Student Affairs and Enrollment Services

University of Kentucky
Nick Kehrwald
Interim Dean of Students

University of Maryland
Sharon Kirkland-Gordon Director, University Counseling Center

University of Memphis
Justin Lawhead
Associate Vice President, Student Affairs, Dean of Students

University of Michigan
Todd Sevig
Director, Counseling and Psychological Services

University of Mississippi
Mindy Sutton Noss
Assistant Vice Chancellor, Student Affairs, Dean of Students

University of Missouri, St. Louis
Curtis Coonrod
Vice Provost, Student Affairs, Dean of Students

©2018 EAB Global, Inc. • All Rights Reserved • 36207

Advisors to Our Work

University of Nevada, Las Vegas
Juanita Fain
Vice President, Student Affairs

James Davidson
Associate Vice President, Student Wellness

University of New Hampshire
Emily Woodall
Assistant Director of Clinical Services

University of North Carolina at Chapel Hill
Amy Leach
Referral Coordinator, Clinical Social Worker, Social Work Intern Practicum Coordinator

Elizabeth McIntyre
Referral Coordinator, Clinical Social Worker

University of Oregon
Asha Stephen
Groups Coordinator, Senior Staff Psychologist

University of Tennessee, Chattanooga
Dee Dee Anderson
Associate Vice Chancellor, Student Development

University of Texas Rio Grande Valley
Kristin Croyle
Vice President, Student Success

University of Toronto
David Newman
Senior Director, Student Experience

University of Vermont
David Nestor
Dean of Students

Villanova University
John Stack
Vice President, Student Life

Washburn University of Topeka
Eric Grospitch
Vice President, Student Life

Wesleyan University
Mike J. Whaley
Vice President, Student Affairs

Western University
Jana Luker
Associate Vice President, Student Experience

©2018 EAB Global, Inc. • All Rights Reserved • 36207