



# BEST PRACTICES IN CREATING DATA AND SURVEILLANCE SYSTEMS ON CAMPUSES AND LESSONS LEARNED

## Learning from the GLS National Outcomes Evaluation

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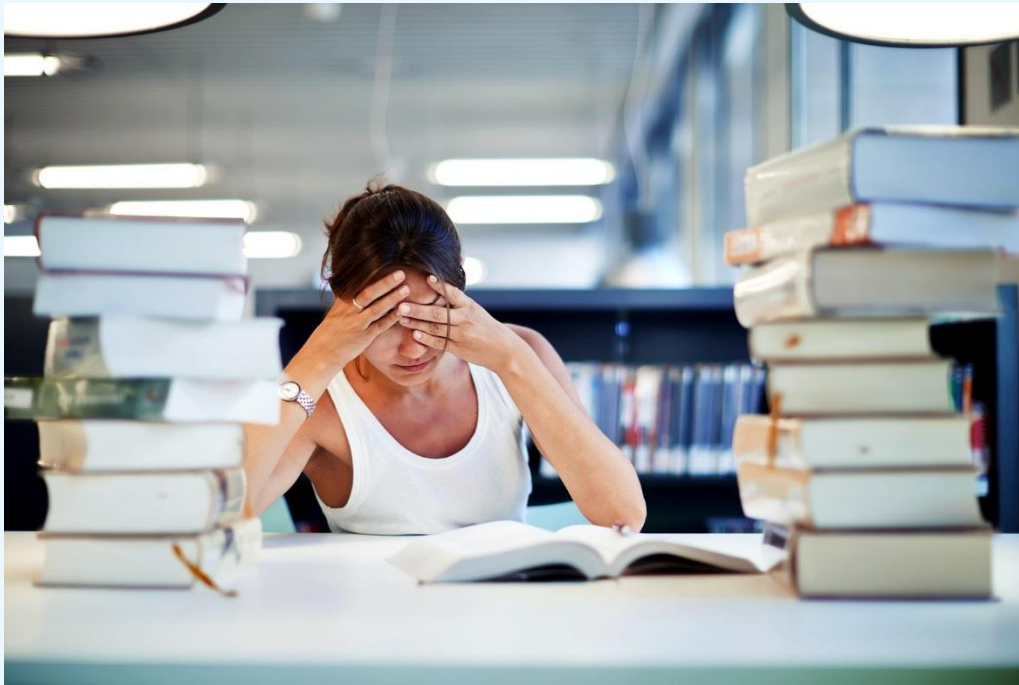
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# WHY ESTABLISH DATA COLLECTION SYSTEMS ON CAMPUS?



**WHO?**  
**WHAT?**  
**HOW?**

# STUDENT BEHAVIORAL HEALTH FORM

- Nature and type of behavioral health services available to students on campus
- Number of students receiving behavioral health services annually
- Nature and type of services received
- Screenings used through behavioral health services
- Number of students identified as at-risk through screenings
- Services provided for students identified as at-risk

# CAMPUS PROFILE

## SIZE OF CAMPUS

**9.2%** Small

**32.9%** Medium

**57.9%** Large

## TYPE OF CAMPUS

**80.3%**  
4-Year college

**19.7%**  
Community  
college

**47.4%**  
Primarily On-  
Campus  
Housing

*Size and Setting based on 2016 Carnegie Classification of Institutes of Higher Education*

(n=76 grantees, cohorts 7-10)

# ESTABLISHING DATA COLLECTION PROCEDURES ON CAMPUS

**1**

Partnerships and Processes

**2**

Data Tracking



# PARTNERSHIPS AND PROCESSES

# GRANTEE STRATEGY



- Establish processes for reporting information to one central location

## Example 1

The Behavioral Intervention Team includes the counseling center director and the intern supervisor

The intern supervisor also oversees data from 20+ interns  
All information is reported to the program evaluation on a quarterly basis which is compiled at the end of the academic year for the SBHF



# GRANTEE STRATEGY



- Creating shared understanding among units on campus

## Example 2

Prior to the GLS grant, the campus police had not been asked to track the number of transports they provided for students

At the start of the GLS grant, staff from the counseling center, campus police, and the private EMS were asked to create a shared tracking system and communication protocol



# PARTNERSHIPS AND PROCESSES

## ON-CAMPUS

**97.4%** of campuses offer BH services or on-campus emergency services

**98.7%** of campuses offer referrals to an off campus provider

## OFF-CAMPUS

**64.5%** of campuses provide transportation to off-campus providers or the emergency department

(n=76 grantees)

# PARTNERSHIPS AND PROCESSES

## ON-CAMPUS

**97.4%** of campuses offer BH services or on-campus emergency services

**5.7%** of students on campus are receiving behavioral health services

## RECEIVING BH SERVICES

**3.9%** on small campuses

**5.2%** on medium campuses

**6.1%** on large campuses

(n=68 grantees)

# PARTNERSHIPS AND PROCESSES

## ON-CAMPUS

**97.4%** of campuses offer BH services or on-campus emergency services

## REFERRAL SOURCES

**29.1%** of students identified at risk come in on their own (self-referral)

**13.3%** of students identified at risk are referred by faculty

**7.0%** of students identified at risk are referred by campus health services

**6.4%** of students identified at risk are referred by a peer

(n=50 grantees)

# PARTNERSHIPS AND PROCESSES

## ON-CAMPUS

**97.4%** of campuses offer BH services or on-campus emergency services

Of students who were identified at risk of suicide...

**52.9%** of campuses always follow-up with the student at school to assess ongoing risk

**16.0%** of campuses always notify the dean or other faculty

**5.8%** of campuses contact the students' RA

**17.6%** of campuses conduct an administrative case review to discuss the at-risk student

## POLICIES FOR AT RISK STUDENTS

(n=72 grantees)

# GRANTEE STRATEGY



- Establish MOUs with off-campus providers

## Example 1

Hospital added a check box to intake forms “Are you a student at college X?”

Agreed to share quarterly, de-identified information with the campus about the number of students seen for BH issues



# GRANTEE STRATEGY



- Shared staff

## Example 2

The Student Health Center has a unique campus-community partnership where the health center is sponsored by a local nonprofit hospital.

Staff are hospital employees, while several other staff are college employees.

Health center EHR is hospital based and not connected to the college

Mental health therapist is a college employee and is co-located with student health center staff

# PARTNERSHIPS AND PROCESSES

## OFF-CAMPUS

**98.7%** of campuses offer referrals to an off campus provider

**64.5%** of campuses provide transportation to off-campus providers or the emergency department

## REFERRALS

**34.9%** of students identified at risk are referred to an off campus provider (n=26 grantees)

In the most recent year, **86.6%** of campuses report following up after a referral has been made (n=67 grantees)





2

# DATA TRACKING

# ELECTRONIC HEALTH RECORD SYSTEMS

- In the most recent year, **81.1%** of campuses have an electronic health record system (n=74 grantees)
- **17** campuses adopted an EHR over the course of the reporting window

# ELECTRONIC HEALTH RECORD SYSTEMS

- 47.4% of campuses report that they are tracking **suicide attempt** information in their EHR

(n=76 grantees)

# ELECTRONIC HEALTH RECORD SYSTEMS

- **38.2%** of campuses report that they are tracking **deaths by suicide** in their EHR
- **84.2%** of campuses report that they are tracking **deaths by suicide** in some form

(n=76 grantee)



# **DATA COLLECTION CONSIDERATIONS**

# THINGS TO CONSIDER

- Multiple sources of data
- Definitions
- Defining and tracking on- and off-campus attempts and deaths
- Following-up with online screenings
- Data security requirements

# USING THE DATA

- Understanding **patterns** of referrals
- Identifying **gaps** in policies
- **Sustainability** and partnership development



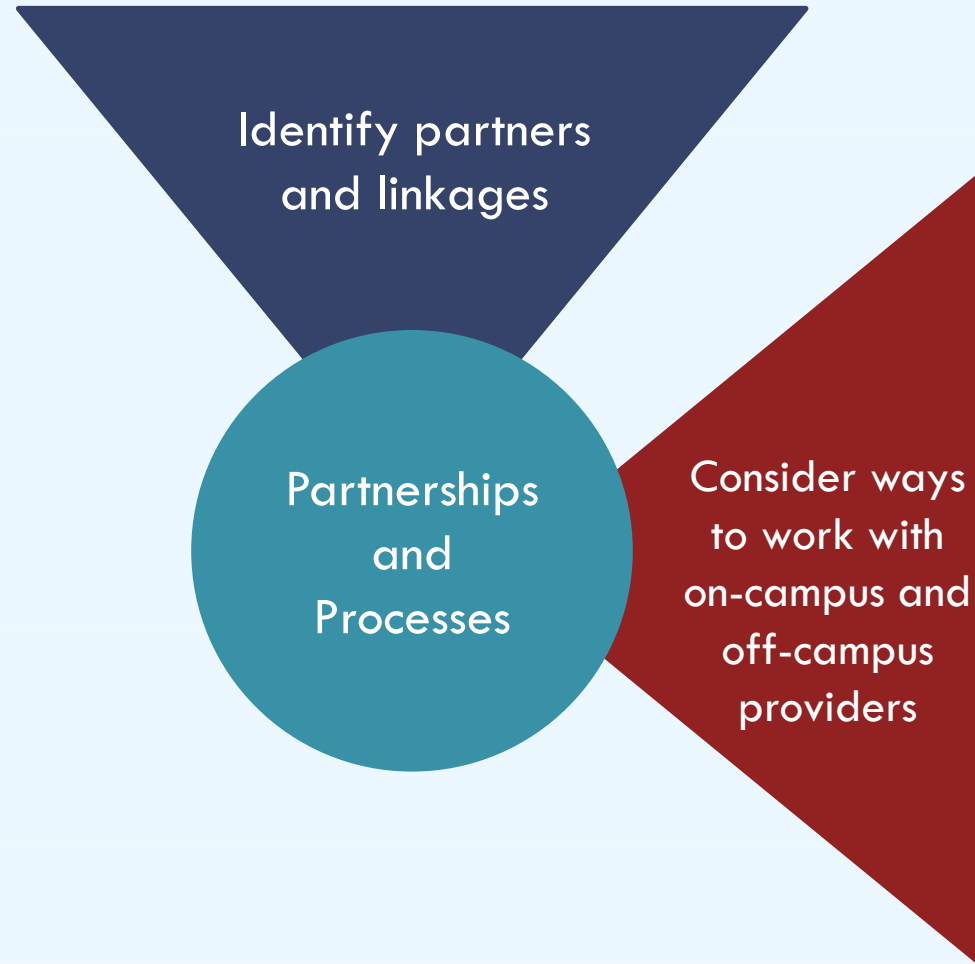
# Partnerships and Processes

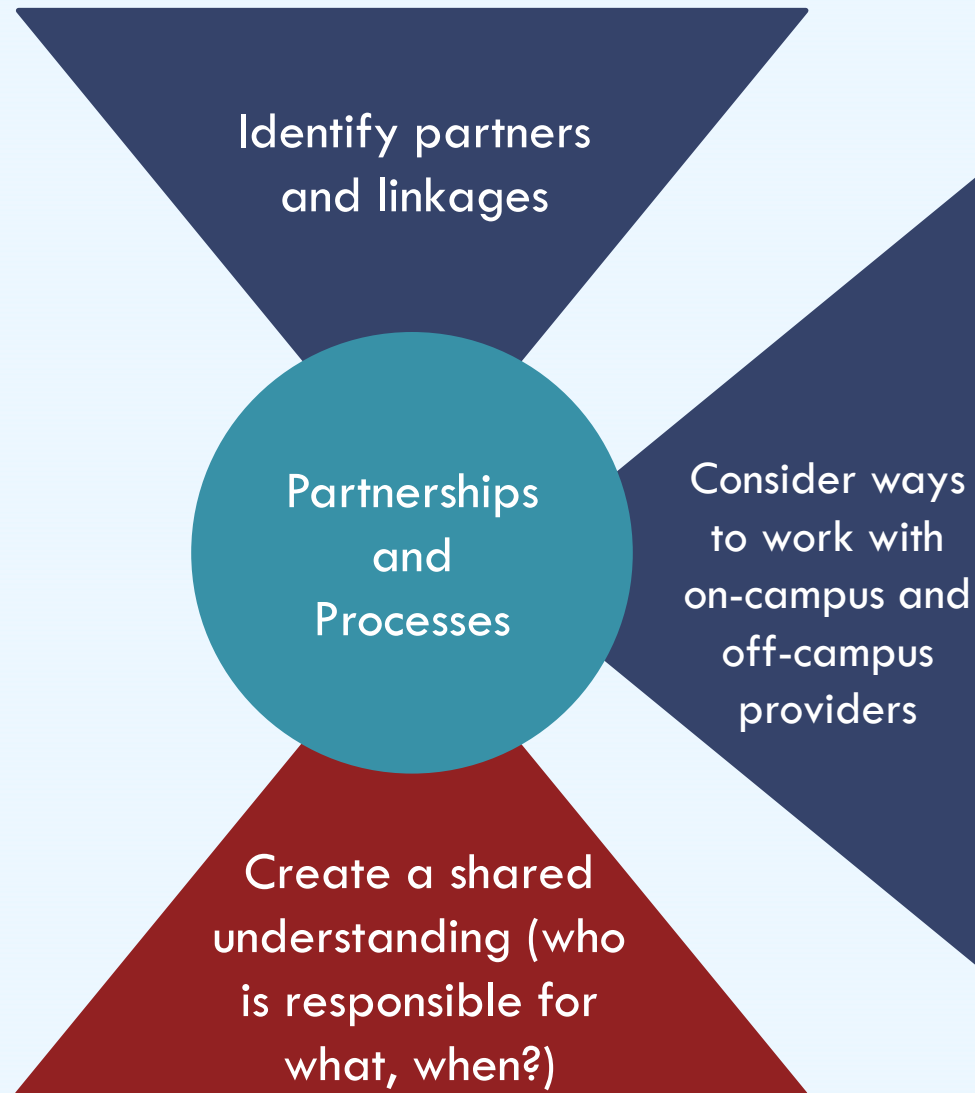


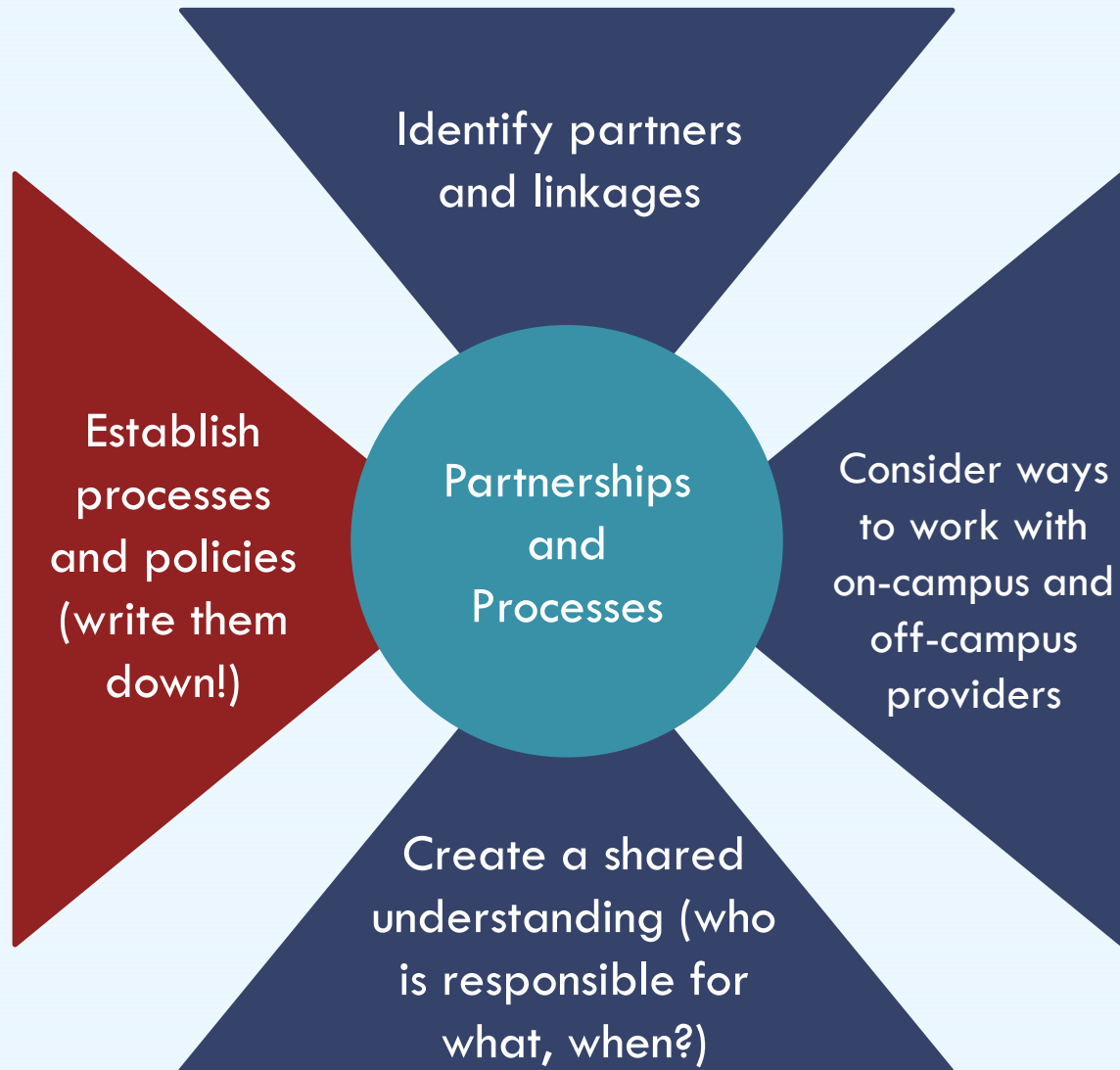


Identify partners  
and linkages

Partnerships  
and  
Processes









# Data Tracking





Consider how you can  
use data reports to  
improve  
services/processes

Data  
Tracking

