



○ ○ ○ | **Case Management Teams:  
Early Intervention for At-Risk  
Students**

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○ ○ ○ | **Agenda**

- Mental health and suicide as public health problems requiring a comprehensive approach
- Case management committees as one element of this approach

○ ○ ○ | **What Challenges Do You Face?**

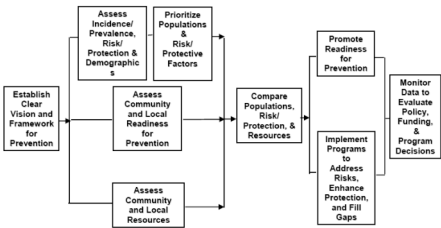
- Preventing or reducing risk factors
- Enhancing protective factors
- Identifying at-risk students early
- Providing appropriate interventions

○ ○ ○ | **Public Health Approach**

○ ○ ○ | **Public Health Principles**

- Effective prevention is
  - *Strategic*
  - *Planned*
  - *Comprehensive*

○ ○ ○ | **Data-Driven Planning**



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graph LR
    A[Establish Clear Vision and Framework for Prevention] --> B[Assess Incidence/Prevalence, Risk/Protection & Demographics]
    A --> C[Assess Community and Local Readiness for Prevention]
    A --> D[Assess Community and Local Resources]
    B --> E[Prioritize Populations & Risk/Protective Factors]
    C --> E
    D --> E
    E --> F[Compare Populations, Risk/Protection, & Resources]
    F --> G[Promote Readiness for Prevention]
    F --> H[Implement Programs to Address Risks, Enhance Protection, and Fill Gaps]
    G --> I[Monitor Data to Evaluate Policy, Funding, & Program Decisions]
    H --> I
  
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Adapted from Richard Catalano and David Hawkins, U of Washington.

○○○ | Key Idea

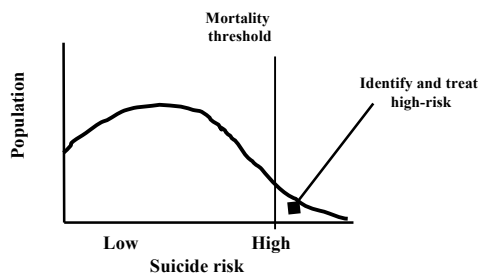
- Suicide is generally preventable



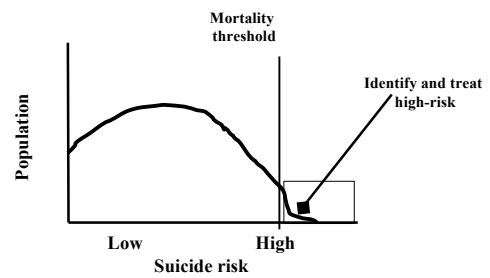
○○○ | Mental Health Care/Suicide Prevention Continuum

- Enhancing health
- Primary prevention
- **Early recognition and intervention**
- Treatment
- Postvention

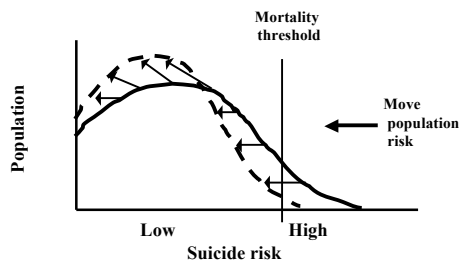
○○○ | Focus Only on High-Risk?



○○○ | Treating Only High-Risk



○○○ | Focus on Population



○○○ | Social Ecological Framework

- Individual factors
- Interpersonal factors
- Institutional factors
- Community factors
- Public policy

### ○○○ Risk Factors for Suicide

- Untreated or under-treated mental illnesses
- Alcohol and other drug use
- Lack of social support, isolation
- Untreated, unsupported financial/social loss
- Hopelessness
- Impulsivity

<http://www.sprc.org/library/srisk.pdf>

### ○○○ Risk Factors for Suicide

- Barriers to effective clinical care
- Stigma associated with seeking care
- Access to lethal means
- Exposure to media normalizing/glamorizing suicide

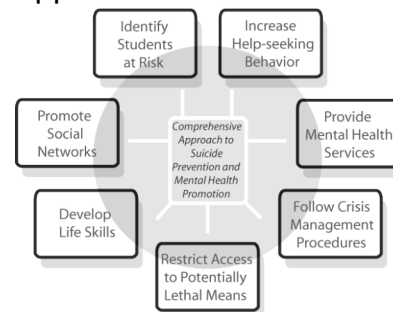
<http://www.sprc.org/library/srisk.pdf>

### ○○○ Protective Factors for Suicide

- Access to clinical interventions
- Effective clinical care
- Restricted access to lethal means
- Strong connections to family and community support
- Skills in problem-solving, conflict resolution, etc.
- Norms discouraging suicide

<http://www.sprc.org/library/srisk.pdf>

### ○○○ TJF/EDC Comprehensive Approach



### ○○○ Questions

### ○○○ Case Management Teams

○ ○ ○ | How many of you have one?

○ ○ ○ | **Research Summary**

- Questions:
  - Are campuses using case management teams?
  - If yes, how do they operate? What are the challenges?
  - If not, why not?

○ ○ ○ | **Methodology**

- Literature review
- Pre-survey interviews
- On-line survey - 65 IHEs
  - 38.5% response rate
- Telephone interviews
  - 4 IHEs randomly selected

○ ○ ○ | **Survey Questions: Yes**

- What was the impetus?
- How often does it meet?
- Who is on the committee?
- What kind of problems trigger review?
- How are referrals made?
- Are notes taken?
- What are the challenges?

○ ○ ○ | **Survey Questions: No**

- Why not?
  - Not aware of approach?
  - Lack of cooperation among departments?
  - Lack of personnel capacity?
  - FERPA prohibits?
  - HIPAA prohibits?
  - Legal counsel advised against it?
- Has campus considered using a case management team?
  - Yes, may be useful
  - No, not needed
  - Need more information

○ ○ ○ | **Telephone Interviews**

- Personnel
- Operational structure
- Student identification
- Follow-up procedures with students
- Challenges of the approach

## ○○○ | Results

- 50% reported having case management committees
  - Impetus
  - Membership
  - Coordination
  - Triggers
  - Established procedures

## ○○○ | Challenges

- Lack of knowledge about student behaviors
- Misunderstandings about FERPA and HIPAA
- Lack of mechanisms to get information to the team
- Concerns about professional confidentiality
- Reluctance to share information

## ○○○ | Results

- Of those without teams:
  - 50% -- small campus, don't need one
  - 10% -- unaware of the approach
  - 20% -- lack personnel capacity
  - 30% -- believe approach may be useful
  - 50% -- need more information

## ○○○ | Recommendations

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- Establish a central team
- Ensure team visibility
- Establish information-sharing system
- Ensure follow-up

## ○○○ | Establish Central Team

- Formal
- Include key departments:
  - Student affairs, counseling services, health services, housing/res life, academic affairs, judicial affairs, and campus safety/police
- Designate coordinating department/person
- Meet regularly

### ○○○ | Ensure Visibility

- Visible
- Emphasize caring role
  - Clarify misperceptions
- Link to academic success and campus safety

### ○○○ | Establish System for Information-Sharing

- Formalize protocols and structures
- Educate the community
  - Who tells what to whom?
  - Then what happens?
- Remove perceived and real barriers
  - FERPA misperceptions
  - HIPAA misperceptions

### ○○○ | Ensure Follow-Up

- Keep meeting notes
- Designate a “case manager”
- Establish and adhere to re-entry plan
  - Develop necessary relationships with outside providers
  - Case management team review

### ○○○ | Final Thoughts and Questions

### ○○○ | Take-Home Points

- Problem is one of the entire campus and community
- Include prevention *and* treatment
- Effective prevention is **comprehensive**
  - *Addresses multiple contributors*
  - *At both individual and environmental levels*
  - *Using multiple initiatives*

### ○○○ | Take-Home Points

- Think/plan strategically
  - *Understand problems*
  - *Set goals*
  - *Choose evidence-, theory-, or logic-based strategies*
- Evaluate

*Resources to help...*

## Contact Information

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