**Baseline survey to assess behavioral health programs, services, and awareness
among Washington State postsecondary institutions**

Thank you for taking time to complete this survey in accordance with the requirements of Senate Bill 6514:
Concerning **suicide prevention and mental health in higher education, with enhanced services to student veterans.**

As part of Senate Bill 6514, the Washington State Legislature has asked for the cooperation of Washington State institutions of postsecondary education to provide data regarding behavioral health programs and services on an annual basis**. In this inaugural year of data collection, we are asking you to report on the period between February 1 and April 30, 2019.** In future years, you will be asked to report on the entire school year. *Behavioral health* encompasses mental health, substance use, and suicide prevention efforts. *Suicidal behavior* refers to non-fatal suicidal thoughts and actions that include suicide ideation (thoughts about engaging in behavior to end one's life), suicide plan (creation of a specific plan to end one's life), and suicide attempt (potentially self-injurious action with the intention of ending one's life).

The overall goal of this data gathering effort is to assess assets and needs regarding behavioral health services, programs, and awareness at postsecondary institutions in Washington. These data will inform how the state legislature prioritizes investments in this area. This year the state legislature allocated $500,000 for a grant program for postsecondary institutions to meet their behavioral health needs. Future funding depends on our collective action to demonstrate need and progress through data collection, strategic planning, and comprehensive programming.

How will these data help students at my institution?
These data will help the state legislature prioritize investments in supporting student behavioral health and suicide prevention. In addition, this work will provide institutions feedback about support for student success that exists at their institution and at similar institutions around the state. Finally, the data will help inform other aspects of SB 6514, which include grants to resource-limited postsecondary institutions in Washington and development of a publicly available resource designed to improve behavioral health among postsecondary students.

How will this data be used and shared?
This project will result in an annual report to the Legislature beginning in December 2019. All data reported in this survey will remain confidential. Data will be aggregated (e.g., by total responses, by type of postsecondary institution). Although a list of participating institutions may appear in the report, names of individual reporters will not appear, nor will any data be reported in connection with individual institutions. Participating institutions will be provided with a report of aggregate data. These data will also be used to identify and share promising practices to improve student behavioral health across the state.

We suggest that the Senior Student Affairs Officers, the Director of Student Affairs/Services, or person in the equivalent position complete this survey. However, we expect that this effort will require gathering data from several institutional departments that may include but may not be limited to the Registrar, Health and/or Counseling Services, Veteran and Military Resource Office, Residence Life, Facilities, Security, and others. Whether or not a postsecondary institution is eligible to either apply for or be part of a partnership that applies for future SB 6514 grant funding may depend on completion of this and future SB 6514 surveys.

Please complete and submit this assessment by June 1, 2019.
You may be unable to answer some questions; we invite you in those cases to consult with your colleagues across your institution to provide the most comprehensive data possible. If you have questions about definitions or intent of items, please feel free to consult Marny Lombard, lombardm@uw.edu, *509.981.4030.*

We are grateful to the Jed Foundation, from which some of the following survey items were adapted.

Respondent Job Title:
Respondent email:
Respondent phone number:
Name of institution(s) represented:
Address of institution(s) represented:

1. Postsecondary institution characteristics

1. **Type of institution Please check all that apply.**
   - ☐ 4-year Public Institution
   - ☐ 4-year Private Institution
   - ☐ Proprietary Institution
   - ☐ Community or Technical college
   - ☐ Career and Vocational School
   - ☐ Tribal College
   - ☐ Other, please describe_____

2. **Does your institution offer graduate programs?** (Yes/No)

3. **Based on total headcount (rather than FTE), what is this institution's total student enrollment for the 2018-2019 school year?** Enter # ____
   a. **What was the total student enrollment in 2018-2019?**   Enter #____
   b. **How many <u>full-time</u> (undergraduate, graduate) students were enrolled in 2018-2019?**
        Enter # undergraduate____   Enter # graduate____
        Please use your institution's definition of full-time student.
   c. **How many <u>part-time</u> (undergraduate, graduate) students were enrolled in 2018-2019?**
        Enter # undergraduate____   Enter # graduate____
        Please use your institution's definition of part-time student.
   d. **If applicable, how many <u>undergraduate</u> students were enrolled in 2018-2019?**   #____
   e. **If applicable, how many <u>graduate</u> students were enrolled in 2018-2019?**   Enter #____

4. **How many of the total student (undergraduate, graduate) enrollment reported in the previous question identify as:**
   These numbers should sum to the total provided in the previous question.
   a. **Hispanic or Latino**   Enter # undergraduate____   Enter # graduate____
   b. **Not Hispanic or Latino**   Enter # undergraduate____   Enter # graduate____

5. **How many of the total (undergraduate, graduate) student enrollment reported in the previous question identify as:**
   a. **White**   Enter # undergraduate____   Enter # graduate____
   b. **African American**   Enter # undergraduate____   Enter # graduate____
   c. **Asian**   Enter # undergraduate____   Enter # graduate____
   d. **Hawaiian/Pacific Islander**   Enter # undergraduate____   Enter # graduate____
   e. **Two or more races**   Enter # undergraduate____   Enter # graduate____
   f. **American Indian/Alaska Native** Enter # undergraduate____   Enter # graduate____
   g. **Not indicated**   Enter # undergraduate____   Enter # graduate____
   h. **Other, please specify: ____**

6. (If no graduate programs exist at institution, based on Q2 above):
   What was the average age of students enrolled at this institution during the 2018-2019 school year?
   _____
   (If graduate programs exist):
   What is the average age of undergraduate students enrolled at this institution in 2018-2019? ___
   What is the average age of graduate students enrolled at this institution in 2018-2019? ___

7. **How many students received veteran benefits at this institution during the 2018-2019 school year?**
   Enter #___
   a. **Does this include family members taking advantage of those benefits but not veterans themselves?** Yes/No

8. **To your knowledge, how many students at this institution enrolled in the 2018-2019 school year are currently serving in the U.S. Armed Services?** Enter #_____

9. **To your knowledge, how many students at this institution enrolled in the 2018-2019 school year have served in the U.S. Armed Services?** Enter #_____

Note: Questions throughout this survey will reference 'behavioral health.' According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), "*the term 'behavioral health' refers to both mental health and substance use, and recognizes how the two are interrelated. Behavioral health problems include the misuse of alcohol or drugs, mental and substance use disorders, and suicide. Mental and substance use disorders include conditions such as schizophrenia, bipolar disorder, depression, [anxiety,] and addiction to alcohol or prescription drugs*."

2. **Education, training, and support programs or services:**
   The goal of this section is to assess the availability and nature of institution programs and services that address determinants of behavioral health. These data will help inform the distribution of resources and programs to bolster behavioral health among postsecondary students.

10. **Do programs or services exist at this institution that aim to:** Check all that apply.
    - ☐ Build communication skills
    - ☐ Identify and regulate emotions
    - ☐ Promote resilience
    - ☐ Resolve conflict
    - ☐ Improve relationship skills
    - ☐ Practice mindfulness or meditation
    - ☐ Address sexual harassment and/or relationship violence
    - ☐ Address bullying
    - ☐ Develop study skills and manage time
    - ☐ Manage finances
    - ☐ Manage stress and anxiety
    - ☐ Plan for the future (incl. transition after graduation)
    - ☐ Address excess alcohol use
    - ☐ Address marijuana or other substance use

    a. **Include drop down menu for institutions to specify curricula for extant programs.**

11. **Do programs or services exist at this institution that aim to support connection and relationship-building among the following student groups? Please check all that apply.**

    - ☐ Veterans
    - ☐ LGBTQ+
    - ☐ Students of color
    - ☐ American Indian/Alaska Native students
    - ☐ First-generation students

☐ Economically-disadvantaged students   ☐ Students diagnosed with mental health conditions

☐ International students   ☐ Survivors of violence

☐ Undocumented students   ☐ Survivors of sexual assault

☐ Commuter students   ☐ Students in recovery for substance use disorders

☐ Transfer students

     a. **Include drop down menu for institutions to specify curricula for extant programs.**

12. **Do training programs exist at this institution to educate the community to** (Check all that apply.)
    - ☐ Identify, reach out to, or refer students who may be struggling with mental health
    - ☐ Identify, reach out to, or refer students who may be struggling with substance use disorder
    - ☐ Identify, reach out to, or refer students who may be struggling with suicidal behaviors
    - ☐ No training programs exist to educate the institution's community regarding mental health, substance use disorder, or suicidal behaviors.

    a. **If yes to any of the above, please describe the curriculum or training program(s):**

    b. **If yes to identify, reach out to, or refer students who may be struggling with suicidal behavior, which groups received or will receive training in the 2018-2019 academic year?**
       - ☐ Faculty   ☐ Athletic department staff
       - ☐ Students   ☐ Residence life staff
       - ☐ Academic advisors   ☐ Institution security
       - ☐ Senior administrators   ☐ Other institution staff, please specify_
       - ☐ Health services staff   ☐ Others, please specify _____

       i. **You indicated that _faculty_ (or students, or academic advisors, etc) received or will receive training in the 2018-2019 academic year to identify, reach out to, or refer students who may be struggling with suicidal behaviors. Please indicate the number of faculty members who were or will be trained in 2018-2019.** [*Note: this question will be repeated for any positive responses indicated in the question above.*]

    c. **If yes to identify, reach out to, or refer students who may be struggling with suicidal behaviors, which groups do you anticipate will receive training in the 2018-2019 academic year?**
       - ☐ Faculty   ☐ Athletic department staff
       - ☐ Students   ☐ Residence life staff
       - ☐ Academic advisors   ☐ Institution security
       - ☐ Senior administrators   ☐ Other institution staff, please specify_
       - ☐ Health services staff   ☐ Others, please specify _____

13. **Peer education is a program wherein students are provided formal training to offer support to other students who are experiencing common issues. Peer educators receive ongoing supervision. At some institutions, peer counselors may have other names, such as "peer allies" or "peer counselors" or "peer mentors" or "student health educators." Does this institution have a program that offers this type of training to students?** Yes/No

14. **Are students involved in planning regarding behavioral health and suicide prevention/postvention efforts at this institution?** Yes/No
    a. **If yes, please describe: ____**

15. **In the past academic year, has this institution undertaken efforts to:** Check all that apply.
    - ☐ Inform students about institutional resources for mental health support
    - ☐ Inform students about institutional resources for substance use education and treatment
    - ☐ Inform faculty and staff about institutional resources for mental health support
    - ☐ Inform faculty and staff about institutional resources for substance use education and treatment
    - ☐ Destigmatize mental illness
    - ☐ Encourage help seeking behavior
    - ☐ Connect students who may be struggling with mental health, substance abuse, or suicidal behaviors to other students who can offer social support
    - ☐ Other, please describe _____
    - ☐ This type of programing is not offered at this institution.
    a. **If yes to the above, are these programs implemented with contributions from students?** Yes/No
    b. **If yes to the above, what efforts have shown to be the most promising in building community awareness of these resources?**

16. **What additional approaches, if any, are used at this institution to build awareness of behavioral health and/or suicide prevention resources available within or outside of the institution?**
    Possible survey adaptation for lower-resourced institutions: For this section, ask only the above question along with a series of questions that aim to assess readiness to implement such programs at each institution.

3. **Behavioral health services and surveillance**
   The goal of this section is to determine what services exist and if/how student behavioral health needs are addressed at each institution.

17. **Are incoming and transfer students required to complete a health history questionnaire?**

    - ☐ No; students are not required to complete a health history questionnaire.
    - ☐ Yes; all incoming and transfer students are required to complete a health history questionnaire
    - ☐ Yes, <u>some</u> students are required to complete a health history questionnaire; Please describe who: _____
    a. **If yes, does the institution's health history form include questions related to mental health**? Yes/No
    b. **If yes, does the institution's health history form include questions related to history of substance use disorder**? Yes/No

18. **Do protocols exist to inform students who self-identify with mental health or substance use histories about the availability of institutional support services?** Yes/No

19. **Does this institution offer behavioral health counseling services?** Yes/No
    a. **If no, does a protocol exist to inform students who indicate a desire/need for behavioral health services about the availability of community support services**? Yes/No

    b. **If yes, which behavioral health services are available?** Check all that apply.
       - ☐ Mental health screening
       - ☐ Substance use screening
       - ☐ Mental health counseling or psychotherapy
       - ☐ Substance use counseling
       - ☐ Group therapy

☐ Support groups (e.g., AA)
☐ Skills groups (e.g., DBT)
☐ Online, email, or chat services for behavioral health
☐ None of these
☐ Other, please describe: _____

    c. **For the services listed above, which of the following are available?** Check all that apply.
- ☐ Walk-in appointments for students with emergent problems
- ☐ Same-day appointments
- ☐ Triage assessment to ascertain the degree of risk/crisis
- ☐ Increasing referrals during busy periods to community or other institution-based providers

    d. **Between the months of February and April, 2019, during how many weeks did wait times for student intake appointments exceed:**
5 business days: ___
10 business days: ___
15 business days: ___

    e. **If any of the above counseling services are available at this institution, who is eligible for counseling services available at this institution?** Check all that apply.
- ☐ All students
- ☐ Only full-time students
- ☐ Only students with insurance
- ☐ Students who pay a health and/or counseling fee
- ☐ Other, please specify: ____

20. **How many staff members at this institution are employed to address behavioral health among students? Do not include faculty with these designations unless they provide direct behavioral health services to students. For example, an academic counselor or personal counselor who does not provide behavioral health services should not be included in this count.**
    a. **Licensed mental health providers (e.g., psychologists, psychiatrists, social workers, licensed mental health counselors)**
Total FTE for licensed mental health providers: ____

    b. **Unlicensed staff requiring supervision (e.g., doctoral student, masters student, degreed provider without license)**
Total FTE for unlicensed mental health staff: ____

    c. **Other, please describe: _____**
Total FTE for other staff: ____

21. **Do any institution staff members refer students to behavioral health services outside of the institution?** Yes/no
    a. **If yes,** how many students were referred to mental health and/or behavioral health resources off campus <u>between February 01, 2019 and April 30, 2019</u>? Only count those referred by professional counseling staff as described in previous question. Do not include those students referred by others (e.g., faculty, residence life staff, academic counselors or personal counselors who do not provide professional behavioral health services). Enter #___

    b. **If yes**, which of the below best describes the referral process?

Staff members at this institution:

☐ Provide student the name of a community provider and the student schedules an appointment
☐ Communicate with a community provider and schedule an appointment on student's behalf
☐ Other, please describe: _____

22. **Among staff members employed to address behavioral health among students, do any have a specific role to focus on any of the following at-risk student groups? (e.g., Veterans services-specific)**

☐ Veterans
☐ LGBTQ+
☐ Alaska Natives/American Indians
☐ Student athletes

☐ Students of color
☐ Survivors of sexual assault
☐ None of these
☐ Other, please specify: _____

23. **How many mental health counseling sessions is a student eligible for per quarter/semester? ___**

24. **Are students at this institution screened for**

☐ Mental health
☐ Substance use disorder

25. **Does a medical leave of absence or medical withdrawal policy for students exist at this institution?** Yes/No
    a. **If yes, does a policy exist for communicating with family regarding the student's leave or withdrawal and return?** Yes/No.
    b. **If yes, how many students took a medical leave of absence or medical withdrawal between February 1, 2019 and April 30, 2019?**
       ☐ Enter #: ___
       ☐ We do not collect these data, but the approximate number of students who took a medical leave of absence is: Enter #:___

26. **How many students took a medical leave of absence for a behavioral health (e.g., emotional distress, mental health, substance use disorder) reason between February 1, 2019 and April 30, 2019?**
    Behavioral health need not be the primary reason for leave of absence.
       ☐ Enter #: ___

Please provide statistics for the time period between <u>February 1, 2019 and April 30, 2019</u> to the best of your knowledge. In the following questions, <u>*active student*</u> is defined as a student who was *enrolled at any point in the quarter/semester of death/incident, even if withdrawn prior to death or incident; whose death/incident occurred between quarters/semester or holidays/ summer break, but was enrolled for subsequent quarter/semester.* **Please do not include students who were on a leave of absence; had already graduated; or who died between quarters/semesters and were not enrolled for subsequent quarter/semester.**

27. **To the best of your knowledge, how many student suicides occurred between <u>February 1, 2019 and April 30, 2019</u>?** Enter #: ____

28. **To the best of your knowledge, how many suicide attempts among active students (as described above) resulted in ER visits or hospitalizations between <u>February 1, 2019 and April 30, 2019</u>?**

Enter #: _____

Include those students who went to the ER/ED regardless of if they were admitted. Do not include those who went to Urgent Care.

29. **To the best of your knowledge, how many substance use incidents among active students resulted in ER visits or hospitalizations between <u>February 1, 2019 and April 30, 2019</u>?** Enter #: ___

30. **In addition to models and programs you have reported so far in this survey does this institution employ any non-Western-medical models (e.g., culture-specific models, Chinese medicine) to address mental health, substance use, and suicidal behaviors among students?** Yes/No. If yes, please describe: ____

31. **Do resources (e.g., unique programming, staff trained in working with group disproportionately burdened with suicide, support groups, etc.) exist at this institution to address unique mental health needs, substance abuse prevention, or suicide prevention among the following student groups? Please check all that apply.**

    ☐ Veterans
    ☐ LGBTQ+
    ☐ Alaska Natives/American Indians
    ☐ Students of color

    ☐ Student athletes
    ☐ Survivors of sexual assault
    ☐ None of these

32. **Is there anything else you would like to tell us about programs, services, or other approaches at this institution to address behavioral health, substance use disorder, or suicidal behaviors among students?**

4. **Emergency Planning and Management for Behavioral Health**
   The purpose of this section is to determine what emergency planning measures exist at institutions that aim to prevent, address, or manage behavioral health crises.

33. **Does this institution have programming to train bystanders to respond to behavioral health crises (e.g., mental health emergency, drug overdose, alcohol poisoning, suicide attempt)?** Yes/No

34. **Does this institution have an emergency plan that includes a protocol to address behavioral health crises?** Yes/No
    a. **If yes, which offices across the institution are responsible for collaborating in the development and maintenance of the emergency plan?** Check all that apply.

    ☐ Health and/or counseling center
    ☐ President's office
    ☐ Academic affairs instruction
    ☐ Student affairs/student services
    ☐ Dean of Students
    ☐ Residence Life
    ☐ Multicultural Affairs
    ☐ International Student

    ☐ Career Counseling
    ☐ Disabilities/accessibility services
    ☐ Legal Affairs
    ☐ Institution Security
    ☐ Registrar
    ☐ Other, please specify: _____
    ☐ None of these

    b. **If yes, what is the position/job title of the person responsible for enacting this plan?**

35. **Does this institution have a protocol to address student death <u>that includes suicide</u>?** Yes/No
    a. **If yes, does the plan address**
       ☐ Suicide prevention
       ☐ Information on intervention for students at a heightened risk of suicide
       ☐ Re-entry for students who have experienced a mental health crisis, including attempting suicide
       ☐ Postvention if student death by suicide has occurred

    b. **If yes, which offices across the institution are responsible for developing and maintaining the <u>student death</u> plan?** Check all that apply.

       ☐ Health and/or counseling center   ☐ Career Counseling
       ☐ President's office   ☐ Disabilities/accessibility services
       ☐ Academic affairs instruction   ☐ Legal Affairs
       ☐ Student affairs/student services   ☐ Institution Security
       ☐ Dean of Students   ☐ Registrar
       ☐ Residence Life   ☐ Other, please specify: _____
       ☐ Multicultural Affairs   ☐ None of these
       ☐ International Student

    c. **If yes, which offices across the institution are made aware of the plan?** Check all that apply.

       ☐ Health and/or counseling center   ☐ International Student
       ☐ President's office   ☐ Career Counseling
       ☐ Health and/or counseling center   ☐ Disabilities/accessibility services
       ☐ President's office   ☐ Legal Affairs
       ☐ Academic affairs instruction   ☐ Institution Security
       ☐ Student affairs/student services   ☐ Registrar
       ☐ Dean of Students   ☐ Other, please specify: _____
       ☐ Residence Life   ☐ None of these
       ☐ Multicultural Affairs

36. **Does a protocol exist at this institution to ensure continuity of care for students who receive behavioral health assessment, management, stabilization and/or treatment services <u>off campus</u> (e.g., at a local ER/ED, inpatient program, crisis housing, community behavioral health provider)?** Yes/No

37. **Does an MOU exist between this institution and an off-campus provider such as the ones listed above?**
    ☐ Yes
    ☐ No
    ☐ Not yet, but this process is underway

38. **Does a protocol exist at this institution to communicate with families in the event of a mental health, substance use, or suicide attempt-related emergency?** Yes/No

Facilities Safety Review

Evidence demonstrates that reducing or removing access to lethal means can prevent suicide A precursor to removing or reducing access is to determine where lethal means exist by conducting a review of the areas in and around buildings.. In this survey, we refer to such assessments as "safety reviews."

39. **Has this institution ever conducted facility safety reviews, including assessing access to balconies, bridges, and/or upper-level windows of the buildings and outdoor areas, securing toxic chemicals in student classrooms/labs of this institution?** Yes/No
    a. **If yes, when was the most recent facility safety review?** Enter year: _____
    b. **If yes, how often do you anticipate such a review will be conducted?**
       ☐ Annually
       ☐ Every 3-5 years
       ☐ Safety reviews have been conducted in the past, but not on a regular schedule
       ☐ Other, please specify: _____
    c. **If no, do you expect to conduct a review in the future?** Yes/no

n

40. **Does a policy exist at this institution to address firearms on the grounds of this institution?** Yes/No
    a. **If yes: Firearms are:**
       ☐ Prohibited at the institution
       ☐ Not prohibited, but carry and storage policies exist
       ☐ Not prohibited
       If not prohibited, does the institution provide lockers for safe storage of firearms? Yes/No

41. **Does this institution participate in a prescription and over-the-counter drug take back program?** Yes/No

42. **What resources, training, or programming would help this institution better address student mental health, substance use, and suicidal behaviors?**