

MINUTES  
STATE UNIVERSITY SYSTEM OF FLORIDA  
BOARD OF GOVERNORS  
DRUGS, ALCOHOL AND MENTAL HEALTH TASK FORCE  
NEW COLLEGE OF FLORIDA  
SARASOTA, FLORIDA  
SEPTEMBER 12, 2018

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and its Committees are accessible at <http://www.flbog.edu>.*

1. Call to Order and Opening Remarks

Chair Valverde convened the meeting on September 12, 2018, at 12:40 p.m. with the following members present: Governors Valverde, Jordan (by phone), Tripp, and White; Florida Agricultural and Mechanical University Trustee Lawson; Florida Atlantic University Trustee Barbar; Florida Gulf Coast University Trustee Gable; Florida Polytechnic University Trustee Wilson; New College of Florida Trustee Schulaner; University of Central Florida Trustee Marchena (1:05 p.m.); University of North Florida Trustee Hyde; University of South Florida Trustee Watkins; and University of West Florida Trustee O'Sullivan. A quorum was established.

2. Minutes of Task Force Meeting

Chair Valverde asked for a motion to approve the minutes from the June 27, 2018, Task Force workshop. Governor Tripp moved to approve the minutes, Trustee Lawson seconded the motion, and the motion carried unanimously.

3. Mental Health Services on Campus: Update

Chair Valverde introduced Dr. Paul Atchley, Senior Associate Vice President at the University of South Florida and invited him to provide an update of the mental health services on campus. Dr. Atchley provided a high-level overview of systems-level thinking that leads to informed campus mental health choices. The presentation focused on four general areas in which mental health can be approached on our campuses and included examples in the areas of universal prevention, primary prevention, secondary prevention, and tertiary prevention.

Governor Morton asked if metrics have been developed by which all of the well-intended programs can be measured. Dr. Atchley commented that the programs are empirically supported programs, referencing the literature for the best approaches and measurements in order to know whether programs are successful or not. Governor Morton commented that according to U.S. News and World Report and psychiatric

journals between 20-25% of the United States at some point suffers from mental illness. We have 400,000 students, give or take, so potentially 100,000 of our students suffer or may suffer from some form of mental illness. Governor Morton commented that the root cause of what we perceive as mental illness is the absence of timely counseling, not from mental illness but from academics. Governor Morton asked if Dr. Atchley had looked at the role that expanded mentoring and counseling programs regarding academics would play in reducing root cause for a significant percentage. Dr. Atchley replied that identifying the early components that lead to crisis is critical and stated that there are techniques used such as online modules to learn about mental health issues or coaching which is a way to help students with things like time management which ultimately leads to stress and anxiety. He stated that these techniques are used in prevention before extreme distress and care at the point of crisis and are so important.

Governor Morton asked where mental health and counseling fit in the priorities of the presidents of the universities.

Dr. Sallie McRorie, Provost at Florida State University (FSU), reported FSU has hired more mental health counselors and went on to describe the FSU Resilience Project. The FSU Resilience Project is an online project that helps to inform students where they need to go when they have particular kinds of issues and also helps them deal with the kinds of stresses that typically happen such as academic stresses, relationship stresses; stresses that happen all the time but because of their life or community experience are not well prepared to deal with them in a positive way. Dr. McRorie commented that this project has a science-based curriculum, and this was sent to the incoming freshmen in August so that they could share it with their parents. There is a completion certificate and this will be rolled out to the whole university on the 24<sup>th</sup>. Dr. McRorie said that the project involved researchers and students across campus, which will allow data to be gathered to help indicate what is effective and what is not.

Chair Valverde asked if the incidences of anxiety and depression is heading up or down? Dr. Atchley responded "up" and referenced research by Dr. Stephen Ilardi, stating that it comes down to life choices, including diet, exercise, and socialization. It's a complex issue, but there are some therapies, non-drug intervention therapies, that deal with some of the life changes that people have been experiencing in the last 20 years, that do seem to be effective. Dr. Atchley said regular exercise is as effective as the best drugs on the market for treating depression, and if you look at the change over time of people being outdoors and engaging in regular exercise, it has gone down. In countries that aren't experiencing these increases in depression, you often see these comorbid changes in exercise level. Socialization, people getting together in large groups is another.

Chair Valverde asked what percentage of students access counseling in a given year? Dr. Atchley stated he didn't have an answer, but that it's an interesting question

because it's possible both parties are defining it differently. Accessing counseling could mean making a choice to walk into or schedule with a counselor or counseling center. However, the approach discussed in the presentation encourages individuals to think beyond those numbers as the outcome. For example, considering how many students access the online modules or are choosing to get mental health training. Consider how many faculty members are choosing to get mental health training. This information gives us a better example of the kind of visibility of the issues and the activity being put into actually dealing with mental health rather counseling center visits. Dr. Atchley encouraged looking beyond that metric. Chair Valverde then asked for information on how crisis management occurred in the state university system including what kind of students were walking in, what kind of symptoms were being treated, and what diagnoses are we treating? Dr. Atchley said he would leave that question for others to explain further in November as it would be extending beyond his expertise.

#### 4. Drugs and Alcohol Tools in the Toolkit Part 2

Governor Trip introduced Dr. Thomas Hall, Director of Prevention, Treatment, and Recovery Services at the University of Central Florida, who gave a presentation on the best practices regarding education, presentation, and treatment relative to student drug and alcohol use.

Dr. Hall discussed several frameworks that are beneficial to use when discussing prevention and treatment of drug and alcohol misuse. Dr. Hall reviewed the Substance Abuse Mental Health Services Administration's Strategic Prevention System, the Institute of Medicine's Continuum of Care Model, and the Florida Administrative Code's acceptable prevention strategies. Important issues included defining prevention (e.g., first time use, harm, consequences, or any use), developing community-based strategies that target the present student population, and environmental management (i.e., laws and policies). Dr. Hall further discussed universal prevention, prevention target to specific groups of students (e.g., Greek life, athletes, and first year students), and indicated prevention (i.e., specific individuals). Dr. Hall also discussed some of the differences in treating alcohol and drug use because the nature of both are different.

Governor Huizenga mentioned that one thing that has not been discussed is fraternities and asked why not address someone who is 18 or 19 and drinking at a fraternity when you're not supposed to drink until you're 21? He asked why not police the fraternities better and say no alcohol or you can't rush until you're a junior or whatever else? Some fraternities are on-campus and some are off-campus and that makes them difficult to police, but it's creating places for them to go drink or enter into drugs or smoke pot out of the sight or supervision of the campus. Governor Huizenga commented the same goes for policing our dormitories. He concluded that the state is going to spend millions and millions of dollars to try to help, but yet we're not really addressing where the access is coming from either.

Dr. Hall commented that it goes back to the continuum; that it's not about using just one strategy but using a multi-prong approach to look at things simultaneously. He's noticed some hesitation by colleagues to admit that students come into college and have not had a drink. Dr. Hall reported that this is not just University of Central Florida data but rather a national trend in middle schools and high schools over the last ten years, and those are students that are migrating to the colleges. Dr. Hall suggested that now that we have this majority of students coming in who are non-drinkers, there may be a movement towards setting a higher expectation.

Governor Patel asked if it would be wise to reach out to the older generations from chapters of fraternities and sororities who didn't have alcohol and opioid problems and seek help from them to help educate their people in their organizations. He commented that a campaign between the state university and the colleges may help reach them because they are the mentors that are challenging the future leaders that are coming into the system.

Dr. Hall mentioned that he has been a Greek advisor for several chapters. He commented that the alums that are engaged don't tend to be the alum Governor Patel identified. These tend to be the alums that are reliving their wild college days and are actually setting a poor example for students. Dr. Hall said that he was able to speak to the director of the PIKE fraternity who sought some advice on a new initiative. Dr. Hall asked how welcoming it be if a person of their fraternity was in recovery. The director ended up contacting him several weeks later and mentioned he had thought a lot about that issue, and PIKE was going to develop a program to educate their members and to create a space for PIKES in recovery.

Dr. McRorie added that FSU recently suffered a death of a young fraternity member. President Thrasher along with the President of Penn State and the President of LSU have been focusing national comments on this issue and have really brought it to the forefront of higher education in a way that may have not happened before. FSU has been working diligently on how best to solve the very issues that are presently being discussed. She said there are parents who come to campus and behave worse than the students. She then introduced Dr. Amy Hecht, Vice President for Student Affairs at FSU to go over some of the things that FSU has done to try to address some of the problems with the Greek system.

Dr. Hecht mentioned that, like those of her colleagues across the state, FSU has revisited drug and alcohol policies of what can and cannot be done as a recognized organization. FSU has started training advisors and students on resources for any number of challenges their members may have whether it be mental health, drug and alcohol addiction, or eating disorders so that they are best equipped to get their members to a safe place. They're seeing, just like we are seeing nationally, these challenges in their

chapters so we've been helping equip them to have these conversations and teach them ways in which they can use alcohol, if they are of age, in a responsible manner. Dr. Hecht believes that the advisors are going to be essential to moving FSU forward because these are off-campus residents, private homes that some of these activities are happening in. She noted that the National Interfraternity Council just released a vote that bans hard alcohol but that there are still some questions surrounding the nuances of banning hard alcohol in the Interfraternity Council. FSU is interested in continuing that conversation further.

Chair Valverde asked Dr. Hall from a policy perspective, if he were to have a magic wand, what he would like done. Dr. Hall stated from a policy perspective, beginning to conceptualize prevention not as the work of one office or one person, but as a university-wide responsibility. It would be a responsibility and not a task, and one that people got excited about. There is a wealth of knowledge in the SUS and just being able to build those bridges so that faculty research can help inform practices. From a policy standpoint, this might be more of a process, but a top-down approach that needs to be looked at more holistically and more as something that is coming from the institution and not just a single department.

Governor Tripp asked if Dr. Hall believed the Board was making any difference by focusing on the issue and if the Board was being effective. Dr. Hall responded that in 2003 he wrote a white paper for Governor Jeb Bush on higher education. It was called "Florida Can: Changing Alcohol Norms," and he received an award for it. The institution he was working for at the time, which was not UCF, was reticent about him going and accepting the award because the institution didn't want anyone to think they had an alcohol problem. Dr. Hall commented that the fact that the Task Force is having this conversation and the dialogue has been raised at this point is tremendous. He stated that the Task Force has to follow up with recommendations and that a group of people be tasked to make those the recommendations reality.

Trustee Mort O' Sullivan, Chairman of The University of West Florida's Board of Trustees, urged the Task Force to consider linking a recovering student with a student that comes in with the problem. He continued that, even if you have a program where you pay them on a work-study basis to be sponsor, this is more credible to that student than any administrator or counselor talking to them. Dr. Hall responded that it was essential to their program. He said that while they are not paid, they have group sober nights, and the individuals are mentored. Dr. Hall concluded that finding students, alumni, faculty, and business leaders who are in recovery and who will mentor these students is important.

Governor Levine commented that drinking, drugs, or other types of issues are showing up on the doorsteps of universities but started well before, in many cases. He commented that while it was incredible that the Board and the Chair has made this a

priority, he believes this is a conversation that should be happening with the Higher Education Coordinating Council because K-12 ought to be at the table as this is being discussed. He asked what linkages can the SUS be creating with K-12 so that intervention can happen in a coordinated way a lot sooner. Governor Levine asked if there's been discussions with involving the private universities, the private colleges, and K-12. Governor Link said as a new member of the HECC she will certainly bring it up at their next meeting and get some feedback.

#### 5. Dashboard Project Update

Chair Valverde recognized Dr. Larry Lunsford, Vice President for Student Affairs at Florida International University, and Dr. Corey King, Vice President for Student Affairs and Enrollment Management at Florida Atlantic University, to give an update on the Dashboard Project.

Dr. King reported that there are some common strategies that can happen across the SUS in terms of addressing mental health, alcohol, and drugs. Dr. King wanted to emphasize that while those common strategies are there, the campuses are individual in terms of their culture, and there should be a continued recognition of the individual strategies that must be taken to the uniqueness of the various campus programs. Dr. King stated he was excited about the K-12 conversations in terms of the thought that use of alcohol and drugs and mental health is not just a challenge only on university campuses. Dr. King reviewed programs at some of the campuses and expressed his support and inclusion in the conversation on K-12 and mental health, drugs, and alcohol misuse.

Dr. King reported that last year, the Council for Student Affairs (CSA) had a fraternity and sorority well-being summit where they addressed some of the issues related to fraternity and sorority life and believes they came from the summit with some strong initiatives that are supported by students. He stated that while there are some things occurring on campuses to combat these issues, the CSA recognizes a continual requirement to focus on drugs, alcohol, and mental health. At the last Task Force meeting some goals were presented related to dashboard that are currently being worked towards. In the November meeting, Dr. King expects to present specific metrics and the dashboard that will serve as a measure of accountability in achieving those goals.

#### 6. Student Wellness Initiatives

Chair Tripp recognized Dr. King who gave an update on student wellness initiatives. Dr. King stated that in reviewing amnesty policies in the SUS, all campuses have one or are in discussions about amnesty policies. He is hoping to report at the November meeting that there will be a policy, procedure, or something similar on all the respective

campuses accomplishing the goal. In regards to mental health awareness, there's software training, face-to-face training, and other initiatives, and the goal is to find a comprehensive training mechanism that is consistent across all the college campuses in addition to what is currently being used in order to creating a common database to share with the taskforce.

Dr. King stated that CSA is moving to establishing a single approach to educating faculty on mental health issues. Some possible online tools for mental health literacy training have been identified that can be used commonly across institutions. The Council will be focusing on what that looks like and will have a full report at the November meeting. Dr. King said that he is also in conversations with Dr. McRorie, chair of the Council of Academic Vice Presidents, about how to engage faculty in the training program. The Council is also working with the Florida Student Association.

Governor Lautenbach commented that the faculty want tools and resources to point students toward when they need help and encouraged the council to work on these issues. Governor Lautenbach suggested that there be two scoreboards. One on how the group is doing in rolling out initiatives and the effectiveness of the initiatives. The second should somehow measure progress on dealing with the program and gains that are being made.

## 7. Florida Polytechnic University Update

Chair Valverde recognized Dr. Randy K. Avent, President of Florida Polytechnic University, to give an update on events on campus. President Avent discussed the events that happened in August and expressed condolences to the family and individuals affected by the tragedy. President Avent then reviewed the rationale and changes that have occurred on campus with the shift from one counselor to BayCare. The university adopted a network model of mental healthcare providers which was more beneficial. This model will use a case manager to work with students. The case manager is not a clinical position so they can report back to faculty to let them know the individual got help. For network services, the institution contracted with BayCare who provides a counselor on campus for a minimum number of hours. As need increases, the hours increase as well. BayCare allows students to be seen on-campus or at an off-campus location, and Florida Polytechnic provides transportation for students who wish to be seen off-campus. President Avent then discussed how the changes were announced, challenges with the staff refusing to provide continuity of care, and how the organization addressed this challenge.

Governor Levine expressed concern regarding the issues of mental health being weaved into conversations about faculty and contracts. He said that the focus needs to be what is best for the students. He stated that having a breadth of professionals available 24-7 makes sense. However, starting counseling with students, then having that person

leave without having someone there for the students to talk to when that person leaves, could be more negative to those students than anything else because that is when they really need help. He then stated that the universities are there to provide an environment for students to learn and expand their knowledge and pursue whatever their ambitions are, but the counseling and mental health services that are offered are not meant to cure these issues. These services can help keep students stable and focused, but the intent of these services are not to have these students enter these services and remain in these services for deep dive treatment. He expressed concern that people are expecting universities to solve these problems when they are not equipped to do all that.

President Avent acknowledged Governor Levine's concerns and said the university made the change because they believed it was a much better system. Once the counselor was terminated, the BayCare counselor immediately came on campus so there was no difference in the process, but there was a different counselor. He agreed with Governor Levine that the counselor is not a licensed psychologist or licensed psychiatrist. Their goal is to help with shorter term issues that students may be having, but for those students that need professional care from a licensed psychologist or psychiatrist, they help them get to those needed services.

Governor Morton said that State of Florida is the 49<sup>th</sup> state on a per capita basis on funding mental illness compared to the other 50 states. He stated there is a void in mental health to the extent that when they identify a mental health issue there's trouble finding where to send the person to when the majority of counties in Florida do not fund mental health to the extent that they should. He expressed concern on the idea of identifying the problem and then the approach is to hand it off when there is no one to hand it off to. In the absence of those services, he stated that it was important to satisfy this need and if it's not there, determine what the SUS should do.

President Avent stated that in those situations the response is to find a licensed psychiatrist or a licensed psychologist to intervene.

Governor Link sought clarification on whether the insurance that Polytechnic provides also includes mental health as an avenue for a student to use to seek professional health once it reaches beyond the level of what can be done at the university.

President Avent answered that once it becomes critical to the point where the counselor cannot handle the issue and the student has to see a psychiatrist or psychologist, their insurance should cover it. He was unsure of what happens if the student does not have insurance.

Dr. McRorie clarified that FSU is the only university that requires insurance for students. They have to have their own or be on their parent's insurance.



Governor Tripp said that the universities are communities. . He believed the purpose of what the Task Force is doing is to identify the issues the SUS has and come up with solutions to deal with those students in the community at every university. If it entails having to seek outside help, that could be one aspect. If the student cannot afford outside help because they are on Pell grants or other things, the university will work with them.

Governor Levine stated that as a Board, perhaps the more proper place to be is advocating to the legislature about the state's mental health system and some of the broader issues there and get mental health experts to the table to help guide and participate in that discussion. Governor Levine also suggested that the Board engage the legislature, the Governor, K-12, and experts in mental health in the discussion.

Chancellor Criser suggested that since we've been talking about a process and how often the situation arises where a student hits a wall with an inability to pay, perhaps the Task Force needs to take that question and come back with some information about how often campuses encounter that situation and try to understand what remedies can work towards that.

Chair Valverde sought confirmation that FSU is the only one university that requires students to have health insurance.

Dr. McRorie confirmed and added that it does add to the cost of attendance, but that it was in their students' best interest to have that coverage. She stated that for those students who are unable to pay for it for some reason, FSU works to have them covered.

## 8. Concluding Remarks and Adjournment

Chair Valverde thanked the taskforce and presenters and adjourned the meeting at 2:34 p.m.

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Dr. Fernando Valverde, Chair

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Lynn Hunt Long, Ed.D.  
Director, Academic and  
Student Affairs