



Drugs, Alcohol, and Mental Health Task Force Report

August 2019



DRUGS, ALCOHOL, AND MENTAL HEALTH TASK FORCE FINAL REPORT August 2019

INTRODUCTION

On January 25, 2018, Board of Governors Chair Ned Lautenbach established the Drugs, Alcohol, and Mental Health Task Force during his State of the System Address. Chair Lautenbach asked Governor Fernando Valverde to lead the effort with the engagement of the chairs of the State University System (SUS) institutions' boards of trustees. Refer to Appendix A for a list of full Task Force membership.

The Drugs, Alcohol, and Mental Health Task Force was charged with reviewing evidence to document the most critical drugs, alcohol, and mental health issues facing students in the SUS. The Task Force was also charged with identifying best practices to inform the development of System-wide recommendations for effectively addressing the most critical issues and determining resources required to implement System-wide solutions. This report provides an overview of SUS student use and abuse of substances and SUS student mental health, followed by a review of the most critical issues for the System relative to those areas. The report concludes with a review of solutions already implemented, those in progress, and those recommended for future implementation.

The Task Force first convened on March 27, 2018. The Task Force members, as well as representatives from the Council for Student Affairs (CSA) and the Council of Academic Vice Presidents (CAVP), were in attendance. The Task Force convened for six meetings between March 2018 and March 2019 and is currently chaired by Governor Edward Morton. Appendix B provides an overview of the topics addressed at each meeting.

During those six meetings, campus experts delivered the presentations and reported national- and state-level data related to student use and abuse of drugs and alcohol as well as the status of student mental health. The presentations also included evidence-based research on national best practices regarding education, prevention, treatment, and continuum of care relative to student wellness. The presenters also described various campus initiatives in place throughout the system that promote wellness, resilience, and student success. Behind the scenes, staff from SUS counseling centers, wellness programs, health centers, and medical schools provided vast amounts of information and support to the presenters and the Task Force.



In June 2018, the Dashboard Project was initiated by the Task Force in collaboration with the CSA. The dashboard (see Appendix C) establishes a framework that includes System-level goals and initiatives that address student wellness, drug and alcohol use, and mental health. Dr. Corey King, Chair of the CSA, provided updates on the development of the dashboard at each subsequent Task Force meeting. In March 2019, Dr. King shared specific metrics identified by the CSA that could be used to assess drug and alcohol use and mental health issues among students over time. The metrics are questions from the American College Health Association’s National College Health Assessment. Data for these metrics will be available System-wide beginning in the summer or fall of 2020.

As the Task Force identified critical issues at each meeting, the CSA discussed and recommended solutions that would have high impact, and that could be implemented in a relatively short timeline. With support from the Task Force, the Council and others began implementing various solutions, and Dr. King provided updates on the implementation of these student wellness initiatives at each subsequent meeting.

STUDENT USE OF SUBSTANCES

The first key area of focus for the Task Force was student use of substances. Experts across the System presented the Task Force with national- and System-level data on the use and abuse of alcohol, opioids, marijuana, and other drugs. Factors that increase the likelihood of alcohol and drug use among college students include use in middle and high school, peer pressure and perceived use among peers, escape and avoidance, family history of alcohol and drug dependence, college culture, and mental health issues.¹ The short-term effects of alcohol and drug use among college students may include a decline in academic performance, memory loss, impaired perceptual-motor skills, an increase in impulsive behaviors such as fighting and vandalism, relationship problems, increased likelihood of engaging in risky sexual behavior, sexual violence, and physical injury.¹ The long-term effects of substance use among college students may include poor physical health, the need for treatment, a legal record, and death.¹ Presentations also included evidence-based research on best practices regarding education, prevention, and treatment relative to student drug and alcohol use.

¹ National Center on Addiction and Substance Abuse as reported in Dr. Kirk Dougher’s presentations Drug Use & Abuse Among College Students at the March 27, 2018, Drugs, Alcohol, and Mental Health Task Force meeting and Alcohol Use & Abuse Among College Students at the June 27, 2018, Drugs, Alcohol, and Mental Health Task Force meeting



Drugs

Dr. Kirk Dougher, Assistant Vice President of Student Affairs and Director of Counseling and Psychological Services at Florida Atlantic University, presented on drug use and abuse among college students to the Task Force in March 2018, and provided data relative to reported drug use among students in the SUS and national data from the National College Health Assessment.

Student use and misuse of most illegal and prescription drugs are relatively low among SUS students, with the exception of marijuana (18%). This trend is similar to the national trend.^{2,3}

Alcohol Use

At the Task Force's June 2018 meeting, Dr. Kirk Dougher presented on alcohol use and abuse among college students and provided data relative to reported use among students in the SUS and national data from the National College Health Assessment.⁴

In 2017, 62% of SUS students reported using alcohol at least once in the last 30 days, while 7% of students reported consuming five or more drinks in one sitting four or more times within two weeks. Twenty-one percent of SUS students reported never having had an alcoholic drink. Alcohol usage among SUS students closely mirrors the usage among college students nationally.

STUDENT MENTAL HEALTH

The Task Force focused on the issue of student mental health at four of its six meetings. The Task Force heard presentations with national- and System-level data on student mental health issues, including anxiety, depression, and others. In 2017, 25% of SUS students reported experiencing anxiety, and 21% reported experiencing depression, which aligns with national data.⁵ The presentations also included best practices for risk assessment, diagnosis, treatment, and continuum of care. The Task Force also learned about strategies the SUS institutions have implemented during the last several years in response to increased student demand and as a result of discussions with the Board before the creation of the Task Force.

In November 2018, Dr. Kathryn Kominars, Interim Director for Counseling and Psychological Services at Florida International University, described the comorbidity of

² Dr. Dougher's title at the time of the meeting of the presentation to the Task Force

³ American College Health Association National College Health Assessment, 2017 Reference Group Executive Summary

⁴ American College Health Association National College Health Assessment, 2017 Reference Group Executive Summary

⁵ Center for Collegiate Mental Health 2018 Special System Analysis



substance use and mental illness. Dr. Kominars reported that 2.4 million young adults (26.8%) aged 18 to 25 with any mental illness also had a substance use disorder.⁶

CRITICAL ISSUES

During the six Task Force meetings, three critical issues emerged as the highest priorities for the System. The three critical issues identified by the Task Force include the impact on student academic performance; the prevention, diagnosis, and treatment of drug use and mental health issues; and coordinating care for students across the institution and in the community. Each of these issues is described in more detail below.

Academic Performance

Student success is the highest priority for the Board and the SUS institutions; however, the Task Force repeatedly heard that substance use and misuse and mental health issues adversely impact students' academic performance. Three percent of students reported that alcohol use interfered with academic performance within the last 12 months, and 1-2% reported that drug use interfered with academic performance within the last 12 months.⁷ Furthermore, 25% of students reported that anxiety affected academic performance, and depression was reported by 16.8% of students for having a negative academic impact. Impacts on academic performance included a lower exam grade, lower course grade, and the inability to complete a course.

Prevention, Diagnosis, and Treatment

To fully serve our students, institutions must continue working towards a comprehensive approach to support student wellness with prevention initiatives, early diagnosis, and effective treatment. A greater number of students are entering SUS institutions who have been previously diagnosed and treated for substance use and misuse, mental health issues, and who have taken medication. Counseling center utilization across the System also continues to increase – in part due to increasing numbers of students who were diagnosed with mental illness before enrolling and also due to the reduced stigma associated with seeking help for mental illness. All SUS institutions continually monitor the services and needs of students to maintain and establish the most efficient and effective services, resources, and programming for students.

⁶ National Survey on Drug Use and Mental Health 2017 as reported in Dr. Kathryn Kominar's presentation Mental Health and Substance Use: Occurrence and Complexity at the November 7, 2018, Drugs, Alcohol, and Mental Health Task Force meeting

⁷ American College Health Association National College Health Assessment, 2017 Reference Group Executive Summary



All SUS counseling centers have established policies and practices for performing student risk assessments and providing access to those in need of both short-term and long-term services. Institutions' mental health enhancement plans, as submitted to the Board of Governors in fall 2017, have resulted in several improvements including but not limited to the following: additional staff hired in various capacities based on the needs of the institutions; increased access via extended hours on campus, community providers, and online services; and enhanced mental health training for faculty, staff, and student groups (e.g., at-risk students, peer educators, wellness coaches, and resident assistants). Institutions also refer students to community resources who can provide services beyond those that institutions can provide.

Coordinating Care

Coordination of services and care is a critical component to developing and supporting a healthy campus culture that will lead to increased student success. Various health providers coordinate care for on-campus, commuter, and online students through care managers, case managers, treatment coordinators, and community providers.

At the September 12, 2018, Task Force meeting, Dr. Rita DeBate, Associate Vice President for Health and Wellness at the University of South Florida, provided a presentation on the Campus Mental Health Action Planning Guide which recommends inclusion of evidence-informed strategies along a continuum of care, and she provided examples of System and institution strategies that align with the continuum.

Each institution has implemented a comprehensive needs assessment for incoming freshmen to assist in the early identification of students who may benefit from counseling services. Each institution has a treatment coordinator(s), case manager(s), and/or care manager(s). Responsibilities for the individuals in these positions vary by institution but typically include the following.

- Providing initial intake, screening procedures, and crisis walk-in services.
- Working with students concerning such issues as exceptional circumstances for withdrawal, food insecurities, financial issues (including homelessness), health or family issues resulting in class absences, responding to other "crisis" concerns regarding students.
- Monitoring and tracking students seeking services within a university counseling center, e.g., medical and psychiatric services and referrals to group services and community resources.
- Maintaining a referral system and process and facilitating the transition to a higher level of mental health care when necessary (e.g., inpatient, specialty care), and assisting with transitioning back to campus.



SOLUTIONS

Student wellness for student success is the overarching goal of the Board and the SUS institutions. To achieve this goal, three levels of support have been identified. The first level of support is campus support, which encompasses all the programs, services, and initiatives that the institutions use to support students directly. The second level of support is community support, which provides resources beyond campus resources to supplement care available on campus or fill in any gaps. The third level is provided by the State and/or the System through policies, oversight, and coordination to support the students and the institutions. As a result of the work of the Task Force, the System has made substantial progress in identifying and implementing solutions to address critical issues that have been identified. Exhibits 1, 2, and 3 in Appendix D provide a summary of the solutions already implemented, solutions in progress, and recommended solutions for future consideration at each level of support.

NEXT STEPS

The Board of Governors is committed to promoting student wellness and success by addressing the most critical issues related to student use of alcohol and drugs and to student mental health. The Task Force has determined that reducing substance use and abuse and improving mental health, particularly anxiety, while ensuring student success requires a comprehensive approach that encompasses prevention, early treatment, and coordinated care. The Task Force, in collaboration with the CSA, have developed a comprehensive action plan to address these critical issues.

To reduce substance use and reduce anxiety, the following actions have already been completed by all SUS institutions.

- Implementing the national Healthy Campus 2020 framework, which requires a comprehensive, strategic framework that unites health issues under a single umbrella; tracking of data-driven outcomes to monitor progress and to focus action; engagement of a comprehensive network of stakeholders; includes research, program planning, and policy efforts to promote health and prevent disease; and utilizes population-level interventions, while addressing the social determinants of health.
- Providing healthy lifestyle options for students to encourage mental and physical well-being.
- Conducting freshmen needs assessments to identify resources needed by each incoming class, including wellness education and counseling services among others.



- Creating medical amnesty policies to encourage students to seek help when in medical danger due to excessive alcohol or drug use.
- Expanding the state's medical amnesty statute to include alcohol use by minors in addition to drug overdose situations.

These completed initiatives are only the beginning of the system-wide commitment to student success through student wellness. The CSA has committed to the Task Force and the Board of Governors that a wide array of additional strategies will be implemented as outlined in the Dashboard (Appendix C) and Solutions in Progress as detailed in Exhibit 2 of Appendix D. Following are a few of strategies that will most directly impact student substance use and mental health.

- Implementation of a mental health literacy program, Kognito, to train faculty and staff to increase awareness and build knowledge and skills related to mental health and suicide prevention. This is being done in collaboration with the CAVP and the human resource directors beginning in fall 2019. The goal is to have 100% of all faculty and staff across the system trained by January 2021.
- Including in all student life skills and wellness courses a student wellness component that addresses drug use and mental health. This is being done in collaboration with the CAVP.
- Development and/or enhancement of prevention and early intervention programs designed to address substance use and mental health.
- Development and/or enhancement of peer education programs to promote health-enhancing change and support. A trained peer can share knowledge, teach healthy coping skills, and increase awareness of resources.

The final step going forward is continuous improvement, which is comprised of two key components - both of which are also part of Solutions for Future Consideration in Exhibit 3 of Appendix D. One component is to assess the progress towards implementation of these strategies and their subsequent impact. Progress towards implementation will be done by conducting annual assessments of the Dashboard in Appendix D. The CSA has committed to conducting this assessment and reporting the outcomes to the Board of Governors on an annual basis. Evaluating the impact of these initiatives will be done through key metrics from the American College Health Association's National College Health Assessment. The CSA recommends using the following metrics, which will be available for all SUS institutions every two years beginning in 2020, to monitor the impact of these initiatives of students throughout the system.



- Frequency of use of alcohol, marijuana & other drugs in the past three months
- Most common mental health issues (e.g., anxiety, depression, addiction)
- Treatment of mental health issues in the past 12 months
- Impact of alcohol use, drug use, & mental health issues on academic performance in the past 12 months

The CSA has also committed providing data for these metrics to the Board as they become available.

The second component of system-wide continuous improvement component is a biannual summit focused on student wellness. During the summit, institutions can share data and information from the Dashboard, the National College Health Assessment, Kognito, and other sources to inform further improvements. Institutions can also share success stories and lessons learned as they implement the strategies outlined in this plan. Summit planners should also consider including national experts and best practices identified outside the system. While the early summits should focus on substance use and mental health, the scope can also be expanded as needed to address new or emerging issues that threaten student wellness and success in the future.

This comprehensive plan for reducing substance use among students and improving student mental health provides a solid foundation on which the Board can and will continue to support the success of all students.



Appendix A

Members of the Drugs, Alcohol, and Mental Health Task Force

Board of Governors Members

Governor Zenani Johnson
Governor Darlene Jordan
Governor Sydney Kitson, Vice Chair
Governor Edward Morton, Chair
Governor Kishane Patel*
Governor Steven Scott
Governor Norman Tripp
Governor Fernando Valverde, Past Chair*
Governor Jalisa White*
Governor Zachariah Zachariah*

Board of Trustee Members

Florida Agricultural and Mechanical University Trustee Kelvin Lawson
Florida Atlantic University Trustee Anthony Barbar
Florida Gulf Coast University Trustee Blake Gable
Florida International University Trustee Natasha Lowell
Florida Polytechnic University Trustee Frank Martin
Florida Polytechnic University Trustee Donald Wilson*
Florida State University Trustee Edward Burr
New College of Florida Trustee Felice Schulaner
University of Central Florida Trustee Robert Garvy
University of Central Florida Trustee Marcos Marchena*
University of Florida Trustee James Heavener
University of North Florida Trustee Kevin Hyde
University of South Florida Trustee James Garey*
University of South Florida Trustee Nancy Watkins
University of West Florida Trustee Mort O'Sullivan

*Denotes past member



Appendix B
Drugs, Alcohol, & Mental Health Task Force 2018-2019 Meeting Agendas

Board Meeting	Topics Presented
March 2018	<ul style="list-style-type: none"> • Taskforce Work Plan (draft) • Roles of Counselors and Academic Advisors • Drug Use and Abuse Overview
June 2018	<ul style="list-style-type: none"> • Approve Taskforce Work Plan • Alcohol Use and Abuse Among College Students • Drugs and Alcohol Tools in the Toolkit Part 1: Laws and Policies • Drugs, Alcohol, and Mental Health Framework: Dashboard Project Overview
September 2018	<ul style="list-style-type: none"> • Mental Health Services on Campus • Drugs and Alcohol Tools in the Toolkit Part 2: Best Practices in Education, Prevention, Treatment, and Continuum of Care • Dashboard Project Update • Student Wellness Initiatives Update
November 2018	<ul style="list-style-type: none"> • Mental Health: Overview • Comorbidity of Substance Use and Mental Health • Dashboard Project Update • Student Wellness Initiatives Update
January 2019	<ul style="list-style-type: none"> • Mental Health: Best Practices in Education, Prevention, Treatment, and Continuum of Care • Dashboard Project Update • Student Wellness Initiatives Update
March 2019	<ul style="list-style-type: none"> • Drugs, Alcohol, and Mental Health Issues: A Review of Critical Issues and System-Wide Solutions • Dashboard Project Update • Student Wellness Initiatives Update
August 2019	<ul style="list-style-type: none"> • Task Force Report: Accomplishments and Recommended Solutions Related to Student Mental Health, Drugs and Alcohol Use and Abuse

Source: Drugs, Alcohol, and Mental Health Task Force meeting agendas



Appendix C: Dashboard Project Student Wellness Dashboard

	Implementation Date	FAMU	FAU	FGCU	FIU	FL Poly	FSU	NCF	UCF	UF	UNF	USF	UWF
Goal 1: Implement the American College Health Association's National College Assessment	Spring 2020												
Goal 2: Implement Healthy Campus 2020	Fall 2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



Appendix C: Dashboard Project (continued)
Drugs and Alcohol Dashboard

	Implementation Date	FAMU	FAU	FGCU	FIU	FL Poly	FSU	NCF	UCF	UF	UNF	USF	UWF
Goal 1: Rebrand the collegiate student experience around healthy & reasonable choices related to alcohol & other drugs to support lifelong health & well-being	Fall 2020												
Goal 2: Align policies with practice to support the desired student/campus culture	Spring 2020												
Goal 3: Implement best practices focused on prevention & early intervention	Fall 2019												
Goal 4: Support students with non-drinking/non-drug using lifestyle	Fall 2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



Appendix C: Dashboard Project (continued)
Mental Health Dashboard

	Implementation Date	FAMU	FAU	FGCU	FIU	FL Poly	FSU	NCF	UCF	UF	UNF	USF	UWF
Goal 1: Implement peer education programs, which require training prior to becoming a peer educator	Fall 2019												
Goal 2: Provide Student Like Skills (SLS)/Wellness Courses, which will have a mental health/well-being component	Fall 2021												
Goal 3: Create or re-orient campus services focused on proactive & responsive mental health well-being	Fall 2020												
Goal 4: Administer a comprehensive needs assessment for incoming freshman students	Fall 2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



**Appendix D: Exhibit 1
Solutions Achieved**

Solutions Achieved	
Campus	<p>Healthy Campus 2020. Healthy Campus 2020 is a national initiative of the American College Health Association that provides a framework for collaboration to foster healthy environments and behaviors on campuses nationwide. All institutions adopted Healthy Campus 2020 in fall 2018.*</p>
	<p>Healthy Lifestyle Programs. In fall 2018, all institutions implemented healthy lifestyle programs for students seeking a living environment focused on wellness. Programs support students with a non-drinking/non-drug using lifestyle and are focused on nutritious eating, physical activity, and restful sleep.*</p>
	<p>Freshman Needs Assessment. All institutions have implemented a comprehensive needs assessment for incoming freshman students (fall 2018). Assessing the needs of incoming freshmen allows institutions to utilize their resources more appropriately and effectively to meet student needs.*</p>
	<p>Institutional Amnesty Policies. All SUS institutions have implemented amnesty policies to help alleviate fears students may have regarding disciplinary actions from the institution if the student were to assist someone needing immediate medical attention.</p>
System / State	<p>Medical Amnesty Legislation. Ch. 2019-82, Laws of Florida, was revised during the 2019 session to extend immunity to the following so long as the person seeking assistance remains at the scene until medical help arrives and they cooperate with authorities.</p> <ul style="list-style-type: none"> • A person seeking aid for an alcohol overdose • A person who acts in good faith and seeks medical attention for an individual experiencing an alcohol-related overdose • An individual who gives alcohol to a person under 21 and to persons under the age of 21 who would otherwise be subject to arrest and prosecution for underage drinking

*Denotes goal from the Dashboard Project



Appendix D: Exhibit 2
Solutions in Progress

Solutions in Progress	
Campus	<p>Mental Health Literacy. All institutions have adopted Kognito, a mental health literacy training program for faculty and staff. System-wide implementation is scheduled for fall 2019.</p>
	<p>National Collegiate Health Assessment. All institutions have adopted the American College Health Association’s National College Health Assessment, which will be implemented biannually beginning spring 2020.*</p>
	<p>Prevention and Early Intervention. Institutions are implementing evidence-based best practices focused on prevention and early intervention in fall 2019.*</p>
	<p>Rebranding. The rebranding of the collegiate student experience around healthy and responsible choices related to alcohol and other drugs to support lifelong health and well-being will be implemented at all institutions in fall 2020.*</p>
	<p>Re-orientation of Campus Services. Institutions are creating or re-orienting campus services with a focus on proactive and responsive mental health well-being effective fall 2020.*</p>
	<p>Peer Education Programs. All institutions will have a peer education program in fall 2019.*</p>
	<p>Student Health Insurance. All institutions will continue to work on a hard waiver insurance proposal that includes mental health and substance abuse components to allow for access to care for uninsured students.</p>
	<p>Student Life Skills/Wellness Course. By fall 2021, all institutions will offer a Student Life Skills/Wellness Course, which will include a mental health/well-being component.*</p>

*Denotes goal from the Dashboard Project



Appendix D: Exhibit 2 (continued)
Solutions in Progress

Solutions in Progress (continued)	
Campus	Policies and Practice. Institutions are aligning policies with practice to support the desired student campus culture with implementation in spring 2020.*
Community	Resources. Institutions are assessing the availability of community resources as part of the student hard waiver health insurance plan and developing campus-specific recommendations for utilizing community resources.
	Partnerships. Community relationships/partnerships are being established, as appropriate to meet the needs of students.

*Denotes goal from the Dashboard Project



Appendix D: Exhibit 3
Solutions for Future Consideration

Solutions for Future Consideration	
Campus	The Task Force recommends that all institutions continue to implement and support the dashboard initiatives for student wellness, drugs and alcohol, and mental health as outlined in Appendix C.
Community	The Task Force recommends that the SUS institutions determine the viability of telehealth options to supplement the services provided by the institutions and the local communities.
System/ State	The Task Force recommends that the dashboard be reviewed annually by the CSA and Board staff to ensure institutions achieve the identified goals. Appendix C provides current Dashboard goals, implementation dates, and institutional progress.
	<p>The Task Force recommends an annual review by the CSA and Board staff of the metrics that have been identified from questions on the American College Health Association’s National College Health Assessment. The metrics identified include:</p> <ul style="list-style-type: none"> • Frequency of use of alcohol, marijuana & other drugs in the past three months • Most common mental health issues (e.g., anxiety, depression, addiction) • Treatment of mental health issues in the past 12 months • Impact of alcohol use, drug use, & mental health issues on academic performance in the past 12 months • Additional mental health literacy metrics may be identified with the use of Kognito <p>The review of the data related to the metrics will allow for any changes in student reporting on the use of substances, mental health issues, and impacts on academic performance to be assessed over time.</p>



Appendix D: Exhibit 3 (continued)
Solutions for Future Consideration

Solutions for Future Consideration (continued)	
System/ State	The Task Force recommends that in January 2020, institutions provide a final update of the Mental Health Counseling Plans.
	The Task Force recommends a biannual System summit focused on student wellness. This summit would provide an opportunity to discuss critical issues and share best practices across the System.