THE JED FOUNDATION
CAMPUS PROGRAM

Evaluation Date:
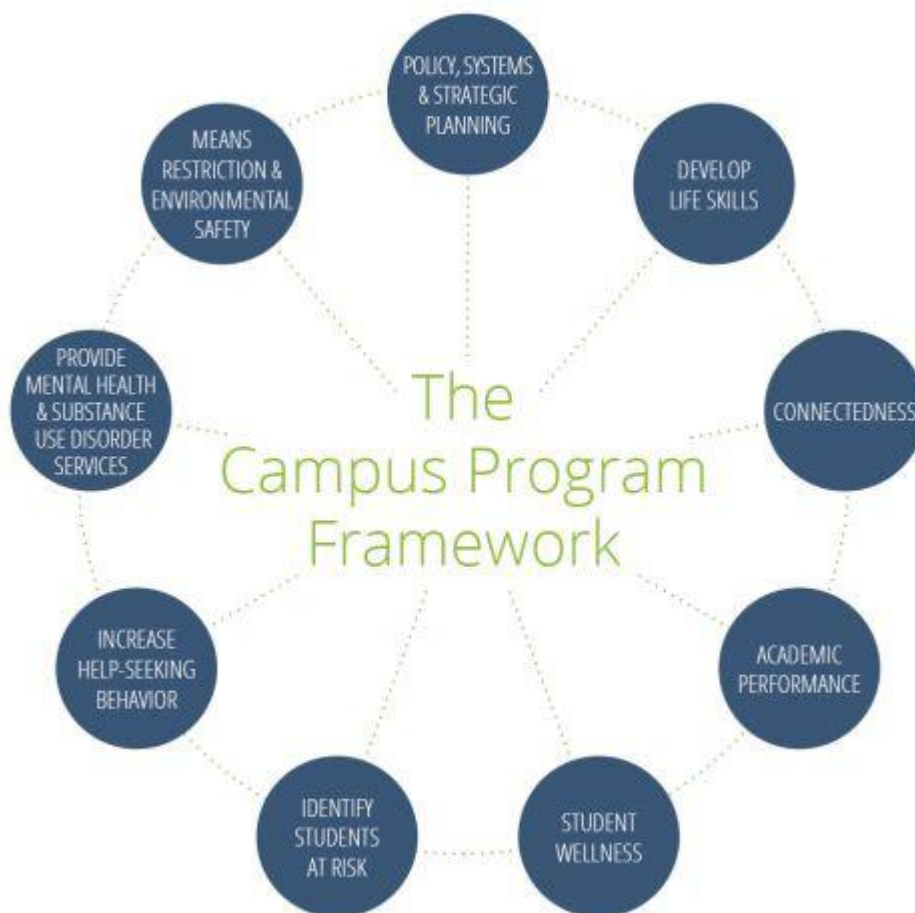May 12, 2016

Gregory Eells   Cornell University

Thank you for participating in the JED Campus Program (Campus Program). The purpose of this report is to provide you with **confidential and personalized** feedback on your campus mental health promotion and suicide prevention programming.

In order to facilitate your review of this feedback, we are providing an overview of the Framework and it's content.

The Campus Program Framework

The JED Campus Program Framework

1. Policy, Systems & Strategic Planning

Engaging in an active and dynamic strategic planning process is one of the most important things a school can do to ensure the future success of their mental health and substance abuse prevention programming. Strategic planning allows schools to anticipate and evaluate clinical and programming needs, examine how they deploy both personnel and financial resources to address challenges, coordinate efforts across campus, and evaluate programming effectiveness.

Campus policies are necessary in order to establish norms, build awareness, improve the quality of health services, protect students and discourage harmful behaviors across campus. Having comprehensive and clear policies around health, mental health and substance misuse are important ingredients in prevention. Policies, systems and strategic planning demonstrate that the school takes these issues seriously and addresses them in a thoughtful, pragmatic, and formal way.

Strategic Planning

- Emotional health should be seen as a campus-wide issue that requires the involvement of multiple campus departments/stakeholders (e.g., upper administration, student affairs, security, student groups).

- Schools should have an interdisciplinary task force or committee that works on campus wide strategy and planning related to emotional health and substance abuse prevention on campus.

- The school should initiate strategic planning activities that have identified national and campus-specific problems and trends, prioritized the problems to be addressed, used campus specific data to inform planning and programming, defined strategies and actions for addressing problems, developed a plan for assessing the interventions, and collected and analyzed campus-specific data to assess impact of actions.

- There should be a system in place to assess budgetary needs for programs or plans that emerge from the strategic planning process.

Policy

(Policies related to clinical services are addressed separately)

- All full time students should have health insurance.

- For those students not covered by family or other plans, the school should offer a student health insurance plan that includes comprehensive coverage for mental health and substance use disorder services.

- The school should have written and easily accessible medical leave of absence policies.

- The school should have protocols for managing mandatory leaves of absense.

- The campus should have an emergency/disaster plan which is shared with relevant campus offices and stakeholders.

- The campus should have a postvention protocol to deal with the aftermath of student death, suicide or other campus disaster, and this plan should be shared with relevant campus offices.

- The school should have formally written policies on alcohol or substance abuse, and these policies should include both illicit/illegal prescription drug abuse.

- Campus alcohol and drug policies should be explicit, clear and well publicized.

- Campus administrators should work with local/community authorities, shopkeepers and bars to promote enforcement of under-age drinking and other substance abuse prevention policies.

- The campus should have a well-publicized "medical amnesty" policy such that students who request emergency care or report a friend who is intoxicated and/or potentially overdosed will not be subject to disciplinary sanctions (or at least have limited sanctions).

- The school should have clear protocols for responding and transporting intoxicated, overdosed and/or distressed students for emergency care.

- The university should have a policy in place requiring students who have had an alcohol or drug infraction to have an evaluation for substance misuse.

- The university should have a policy in place requiring students who have had an overdose to have an appropriate clinical follow-up.

2. Develop Life Skills

The higher education experience is not just about academics. It is a time of enormous personal growth and adaptation. With this growth can come challenges like relationship difficulties and financial problems - all of which are risk factors for emotional health issues like depression and suicidal behavior. Supporting life-skills education is valuable in teaching healthy ways to cope with the stress of college life. Some of the life skills that are important to a student's well-being include managing friendships and relationships, problem solving, decision making, identify and manage emotions, healthy living, and finding life purpose, meaning and identity.

Life-skills education can be implemented across campus through clinical and non-clinical staff such as health educators and student affairs staff. An increased focus on life skills development may also ease the burden on counseling centers, because it might limit or prevent some problems from emerging in ways that require clinical care.

- There should be programs/groups that address interpersonal/emotional awareness areas such as communication skills, identifying and regulating emotions/promoting resilience, conflict resolution (including bystander training programs), relationship skills (with emphasis on managing relationship breakups), Dialectical Behavior Therapy (DBT) groups,

sexual harassment/relationship violence, stalking (your program should be compliant with the SAVE act:http://clerycenter.org/campus-sexual-violence-elimination-save-act), and bullying/hazing.

- There should be programs in place to help students manage financial aid and learn to manage finances in general.

3. Connectedness

Research has shown that loneliness and isolation are significant risk factors for mental health problems and/or suicidal behavior. Therefore, supportive social relationships and feeling connected to campus, family and friends are protective factors that can help lower risk. Efforts to facilitate social connectedness should go beyond simply encouraging students to get involved on campus. For example, some campuses have developed smaller "living and learning communities" where students have the option to live with other students who share their major or interests. Some campuses also have dedicated space in their student unions for student to meet and socialize together.

- Fraternities and sororities should be subject to careful and consistent oversight by the student affairs division.

- Peer mentoring programs, or programs to connect students to small peer groups, should be available to students.

- The school should have programs/activities that promote continuing communication between students and their families and connections to community-based, cultural, religious or national groups, where appropriate and accessible.

- RAs should provide group-building programming on their floors.

- There should be programs/activities provided to promote tolerance and inclusiveness on campus.

- There should be systems or strategies in place on campus to help identify and support disconnected and/or isolated students.

- There should be programs in place to support connectedness among high(er) risk student groups.

4. Academic Performance

Mental health is critical to student academic performance, and academic performance can impact stress levels and emotional health. Healthy living and academics can be thought of as two complementary ingredients that contribute to a healthy campus community and successful student body. Therefore, it is essential to take necessary measures to encourage and teach both academic and life skills. These measures can range from academic advisors and student services staff co-facilitating seminars focusing on study skills, healthy and effective sleep patterns and time management training for their advisees, to implementing a regular course evaluation system that students can access and contribute to anonymously. It is useful to develop early warning systems to

help advisors and faculty to identify students who are floundering academically and examine causes and possible remedial steps. The implementation of these measures will yield compounded benefits both in and outside the classroom.

- There should be programs/groups offered to address study skills and test anxiety.

- Students should have access to academic support services, including free or inexpensive on-campus tutoring.

- There should be opportunities for students to do course evaluations which include information about workload and course stress level.

- There should be programs and campaigns to educate students about links between good physical and emotional health and academic success.

5. Student Wellness

Studies suggest that students who participate in regular exercise and other healthy behaviors enjoy improved mental health, better academic performance, stronger relationships and lower rates of drug abuse. Therefore it is important to encourage a healthy, balanced campus environment by employing health promotion and skills development tactics across campus. Some of these health promotion tactics include free health/fitness programs available to the entire student population and designated "stress-free" zones on campus.

- There should be programs/groups offered to address stress and time management.

- The school should offer programs that provide information about general physical health and wellness related to sleep, nutrition and exercise.

- There should be student-run campaigns to provide education to peers about mental health, substance abuse, general health, and relationship health and safety.

- Residential campuses should have a collegiate recovery community or substance-free housing for students in recovery on campus.

- Students should have free access to a gym with adequate time availability for non-athlete students.

- There should be programs at orientation to educate new student about school policies regarding substance use and the dangers of misuse.

- There should be strategically timed messaging campaigns to remind students about the risks and consequences of substance use/misuse.

- There should be messaging campaigns designed to educate students about the risks and dangers of opiate misuse—especially when used in non-pill form and/or when combined with other substances or alcohol.

- Schools should collect metrics on the reach of messaging campaigns (for example, the number or percentage of students impacted, the number of retweets, etc.).

- The school should establish defined spaces in student unions and/or other public areas for student groups to meet.

- There should be regular, alcohol free events and activities (music, food, etc.) that are available in the evenings and late night in well located campus areas.

- The school should have an active club and intramural program available to all students.

- There should be programs/campaigns to educate students about the links between substance use, poor academic performance, accidents and relationship violence.

6. Identify Students at Risk

Research shows that many college students who need help do not seek it out on their own. Therefore, it is important to take action to identify students at risk for mental health problems and/or suicidal behavior. Campus administrators should work together to make sure information about mental/physical health and student support are both accessible and available to those in a position to identify and intervene with students who may be struggling. It is also important to promote emotional health awareness among those who interact with students the most – "gatekeepers" such as residence hall staff, academic advisors, faculty and even fellow students – as it is vital for these people to be able to recognize and refer a student who might be in distress.

- Especially on residential campuses, incoming first year and transfer students should be asked to complete questions related to mental health and substance use history on medical history forms. Parents of incoming students should be encouraged to talk to their children about sharing this information with the school's counseling center or other relevant offices.

- There should be protocols in place for connecting students identified with mental health or substance use histories on admission to campus support services (Disabilities, Health Services, Counseling, Case Management and/or Health Education).

- There should be well advertised/promoted screening/wellness days regularly focused on issues such as substance use, depression, anxiety, eating disorders, and sexual/relationship violence.

- The school's health service clinicians should routinely screen patients for substance use/misuse and common mental health problems.

- The campus should have a gatekeeper program to train relevant campus faculty and staff in identifying and referring at-risk students.

- Online resources should be available for faculty and staff to convey/reinforce/refresh their knowledge/information about identifying and referring at-risk students.

- Student leaders, such as resident advisors, peer advisors, student council leaders, fraternity and sorority leadership, student athletes, and grad student association leaders, should be trained in identifying and referring their friends who may be struggling with mental health or substance issues.

- There should be trainings available either in person or online for students in general to learn about mental health/substance use and to find out how to identify and refer at-risk students.

- Information should be easily available to parents/families about identifying substance or mental health problems and educating them about campus support resources.

- The campus should have a well-publicized/promoted and functioning "At Risk" or "Behavioral Intervention" Team (see: http://jedfoundation.org/professionals/programs-and-research/campus_teams) to collect and respond to reports of students of concern.

- There should be a system in place (either as part of "At Risk" Team or independently) to offer support to students who are on academic probation (and/or struggling academically) and to have academic advisors meet with them to explore for potential emotional or substance issues.

7. Increase Help-Seeking Behavior

Many students who need help may be reluctant or unsure of how to seek it out. Some of the obstacles to help-seeking include lack of awareness of mental health services, skepticism about the effectiveness of treatment, prejudices associated with mental illness and uncertainty about costs or insurance coverage. Campuses should engage in a variety of activities designed to increase the likelihood that a student in need will seek help.

- The counseling center and health education websites should be easily accessible from the university homepage.

- The school should have well publicized/easily accessible screening tools for depression, anxiety, and substance use disorders available on the counseling and/or health education websites.

- There should be easily accessible online information about substance misuse and mental health that is cross referenced/linked in the school's counseling center, health services and health education websites, and the school should use other online information/programs or programs from other organizations or websites.

- The school should have a peer mental health education (or peer counseling—with appropriate training and supervision) program on campus to take advantage of students' willingness to talk to their peers.

- The school should run campaigns that de-stigmatize mental health problems and encourage help-seeking.

- The school should run campaigns through varied conduits and media that inform students about campus resources for emotional support and substance education/treatment.

8. Provide Mental Health & Substance Use Disorder Services

Preserving student's mental health is critical in preventing substance abuse and strengthening their academic success. Therefore, it is essential to offer accessible, consistent and high-quality mental health services to students. To make mental health and substance abuse care more comprehensive, it should include strong and flexible services, adequate staffing levels, flexibility in treatment

approaches, and clinic hours that are reflective of student schedules. Since most college clinics are free, the length of treatment is often limited. Therefore, it is important that campus mental health services can assist students in finding off-campus resources that can provide long-term care if needed. Additionally, it is important to have adequate coordination between the campus medical services, mental health services and other campus and local clinical services. Substance abuse is a significant and common problem on campuses, so students should have access to a comprehensive array of assessment and treatment services on campus or in the local community. Since prescription opiates are a leading cause of student death, campuses should increase the availability of Naloxone, a drug that rapidly and safely reverses opiate overdose. Campus first responders and those at high risk should have access to Naloxone and be taught how to administer it (as permitted by local law).

- Broad-ranging mental health services should be available to students.

- The staff to student ratio for the services offered should be adequate to address clinical need:

- There should be access to psychiatric medication management when indicated.

- Student should have access to substance abuse clinical services.

- Campus mental health clinicians should be trained to identify and manage a full range of clinical conditions using appropriate modalities of care. This could include referrals to off-campus services when appropriate.

- Primary health care providers on campus should be formally trained to assess and refer for basic mental health, substance abuse and behavioral related concerns.

- Schools should offer clinical services outside of typical "business hours" (to allow for students who work or participate in varsity athletics to have access to treatment) when this is appropriate to their setting.

- Counseling services should be provided outside of the counseling center office in dorms, athletic areas, and student centers, among others where appropriate.

- The counseling center should have a triage system for quick assessment, thereby reducing wait times for those in serious/urgent need of care.

- The service should employ strategies (in addition to triage) to accommodate new students coming in for care during busy periods so as to limit wait lists/wait times.

- There should be services or protocols to assess and manage after-hours care/emergency situations.

- There should be linkages with local community services to provide ongoing care for those who need longer term mental health care than provided on campus and for those who need substance use disorder care not available on campus.

- Relationships should exist with local emergency services to provide and coordinate care in medical, mental health and substance related emergencies.

- There should be coordination of activities and programming between the counseling service and offices responsible for substance abuse education and treatment and health education,

as well as between campus behavioral intervention team (BIT), counseling, substance abuse services and discipline office (as clinically and legally appropriate).

- Coordination and opportunities for training between campus clinical and services offices (counseling, health, health education and substance abuse services and disabilities offices) and relevant campus academic departments and programs (social work school, psychology department, psychiatry department, health education training program, etc.) should be present when appropriate.

- The counseling center and health center should have clear information on their website homepage(s) about how to respond to a health, mental health or substance related emergency for both daytime and after-hours.

- The campus should have access to a (well publicized) 24/7 crisis phone and/or chat line either through campus resources or local/national services.

- There should be a process in place to share information (as legally appropriate) between local ERs and school health and/or counseling services.

- The health service and counseling services should have clearly defined and implemented policies around prescription of opiates, tranquilizers (benzodiazepines and sleep medicines) and stimulants.

- Student health and mental health services should assure that clinicians follow state requirements for prescription drug monitoring.

- When students receive prescriptions for stimulants, tranquilizers/sleep medications, or opiates at the health or counseling services, they should routinely receive information about the dangers, risks and consequences of drug misuse and diversion.

- Students should be given the smallest quantity of pills that is clinically necessary when prescribed controlled or potentially dangerous/abused medications.

- Emergency Naloxone doses should be provided to those at risk for overdose (as permitted by local law). For further explanation, see page 28-29 of the report, "Prescription Drug Abuse: Strategies to Stop the Epidemic" located at: http://healthyamericans.org/reports/drugabuse2013/

9. Means Restriction & Environmental Safety

It has been well established that if the means to self-harm are removed or limited in an environment, it can prevent suicide and even limit accidental deaths. This is called "means restriction." Limiting students' access to weapons, poisonous chemicals and roof-tops, windows or other high places are all means restriction activities. Each campus should do an environmental scan for potential access to lethal or dangerous means. Further information on conducting environmental scans and about means restriction can be found on the Means Matter Campaign's website (http://www.hsph.harvard.edu/means-matter/).

- Schools should complete a campus "environmental scan" for potential access to lethal means on a regular basis.

- There should be appropriately restricted access on campus to rooftops, windows, balconies, atriums, bridges, toxic substances, and medication storage.

- Campus residence halls and apartments should have break-away closet rods (to limit risk of hanging).

- There should be a policy limiting or containing firearms on campus.

- Toxic substances found in laboratories should be tracked, monitored and controlled.

- Campuses should have prescription drug collection/drug return programs that are well publicized and regularly run.

- The school should have a policy regarding the use or sale of energy drinks.

- The school security department (or student group) should offer a late night transport or escort system to decrease risk of accidents and assaults, as appropriate.

Glossary Terms and References

1. Bystander training programs: Programs that seek to increase campus community members' awareness and proactive behavior related to reduction of violence on campus.

An example: The Green Dot Strategy at the University of Kentucky:
http://www.uky.edu/StudentAffairs/VIPCenter/learn_greendot.php

2. Comprehensive insurance coverage: Institutions of higher education should offer students a health insurance package that includes mental health and substance abuse treatment benefits.

For more information refer to "Good Practices for Offering Insurance with Mental Health Coverage" in The Jed Foundation's *Student Mental Health and the Law:*
http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

3. Dialectical Behavior Therapy (DBT): Dialectical Behavior Therapy is a treatment approach intended to help individuals better manage emotional dysregulation and develop skills to help deal with intense emotions.

For more information:
http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&Template=/ContentManagement/ContentDisplay.cfm&ContentID=150441

4. Emergency/disaster plan: Plan for managing and relieving immediate effects of emergencies and disasters so that individuals can resume their lives as quickly as possible.

For more information: "Recovering after a Disaster or Emergency"
http://www.redcross.org/find-help/disaster-recovery

5. Environmental scan: A process of locating any places, weapons and/or agents on a campus that may facilitate an individual's ability to harm themselves or others.

For more information about environmental scans and means restriction on campuses, refer to the following resources:

http://www.hsph.harvard.edu/means-matter/recommendations/colleges/

http://www.sprc.org/collegesanduniversities/developing-campus-program/comprehensive-approach/lethal-means

6. Evaluation for substance misuse/Targeted assessment for substance misuse:
Assessments aimed to identify, prevent and educate individuals about substance misuse.

Examples of targeted assessments for substance misuse:

Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare:
http://www.integration.samhsa.gov/clinical-practice/SBIRT

Brief Alcohol Screening and Intervention for College Students (BASICS):
http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=124

7. Gatekeepers: Gatekeepers are those individuals who are in regular contact with students in order to identify and refer students in distress or crisis to mental health resources. Campus gatekeepers may include university faculty/staff and student leaders.

Gatekeeper program example:
http://counselingcenter.syr.edu/campus_connect/connect_overview.html

Comparison Table of Suicide Prevention Gatekeeper Training Programs:

http://www.sprc.org/sites/sprc.org/files/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf

8. Mandatory and Medical leave of absence; Academic probation: Students may be asked to leave campus or elect to take a leave of absence from school for a variety of reasons (e.g., medical, mental health, academic or disciplinary concerns). Schools should have policies in place to manage these events before they occur.

For more information refer to The Jed Foundation's *Student Mental Health and the Law:*
http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

9. Memoranda of Understanding (MOU): An MOU is an affiliation agreement or similar document that a college or university may develop with a local hospital that may receive a student for assessment or hospitalization.

For more information refer to The Jed Foundation's *Student Mental Health and the Law:*
http://www.jedfoundation.org/assets/Programs/Program_downloads/StudentMentalHealth_Law_2008.pdf

10. Motivational interviewing: Motivational interviewing is a client-centered therapeutic approach that focuses on enhancing an individual's motivation and commitment to change their behavior.

More information: http://gainscenter.samhsa.gov/pdfs/ebp/Motivational_Interviewing2011.pdf

11. Postvention: College and university postvention involves a series of planned interventions with those affected by a crisis and/or death (including suicide) with the intention to facilitate the grieving or adjustment process, stabilize the environment and reduce the risk of negative behaviors.

12. Prescription drug collection/drug return programs: Programs that aim to provide a responsible and safe way to dispose of prescription drugs while simultaneously educating the community about the risks associated with medication abuse.

Community example of drug take-back program:
http://middlesexpartnershipsforyouth.com/news/pressRelease.php?release=80

13. Programs: Programs refer to both nationally organized and local, campus-specific groups that raise awareness or promote a particular desired outcome.

Examples of programs:

LGBTQ Programs and Resources at Ithaca College -http://www.ithaca.edu/sacl/lgbt/resources/

Program for Student Veterans -http://paveoncampus.org/about-pave/what-is-pave

14. Screening tools: Screening tools may be administered in primary care, mental health, other healthcare settings, or online to enable early detection of mental health and substance abuse disorders.

List and description of mental health screening tools:
http://www.integration.samhsa.gov/clinical-practice/screening-tools

15. Triage system: A triage system may be utilized when the mental health system is unable to quickly meet the clinical needs of all those in need of care or to help determine urgency of need for care. Triage may involve a plan for communicating, in person or over the phone, with all individuals seeking mental health services. Critical questions are asked of all students to determine what level of care is needed (e.g., emergency or routine).

A description of the processes and procedures involved with developing and implementing a clinical triage system:http://campussuicidepreventionva.org/Eells&Rockland_Miller_Triage.pdf

Campus Specific Feedback:
Thanks for participating in the Campus Program. You can find detailed comments on each section of the survey below. This survey and the feedback comments should be viewed as the first step in an ongoing engagement and the beginning of the technical assistance process that is part of the Campus Program.

You have done a tremendous amount of work on your campus in promoting emotional well-being and prevention of suicide and substance abuse. Throughout the feedback report we have noted both areas where much excellent and innovative work has been done as well as areas that you might consider addressing more thoroughly.

We hope the survey process in and of itself has been useful and the feedback report offers helpful suggestions. We will be in touch shortly to schedule a time to come to campus to review the feedback report and discuss next steps with you and your team. Please contact Dr. Nance Roy (nroy@jedfoundation.org) if you have any questions about the survey or feedback report and Jillian Niesley (jniesley@jedfoundation.org) should you have any questions about the Program.
We look forward to working with you on the Campus Program over the coming years.

Review Your Answers

Policy, Systems and Strategic Planning   91.21%

The Campus Program Comments: *Engaging in an active and continuing strategic planning process allows schools to evaluate clinical and programming needs and to examine how they deploy both personal and financial resources to address student mental health challenges. It also gives schools a platform from which to evaluate effectiveness and impact of programs. Setting up a task force with wide campus representation to engage in strategic planning is the first action step in participation in the Campus Program.*

It is great to hear that emotional health is seen as a campus-wide responsibility and that you have developed a multi-disciplinary, cross-campus task force that focuses on emotional health, substance abuse, and suicide prevention. It is important that you have created a task force with representation from senior administration since we know that, in order to effect any type of long-term, systemic change on these issues, they must be seen as a campus-wide responsibility with support from the top down. This participation helps to keep the upper administration in the loop regarding these issues and also demonstrates a real commitment to university-wide engagement. You might want to consider adding a representative from the office of drug and alcohol education as a person with expertise in this area could be beneficial. Since there are two separate committees for mental health and substance abuse we recommend the two groups work closely together and collaborate, when needed.

It is great that you have a strategic plan in place that focuses on emotional well-being. Having a comprehensive and clear array of campus policies around health, mental health and substance misuse is an important ingredient in prevention. This conveys that the campus takes these issues seriously. Also this array of policies can help to address and define activities in those areas in which coordination is needed between the health, mental health, student affairs and academic departments in the school.

It is excellent that you require students to have insurance coverage and offer a student health insurance policy that provides for comprehensive medical, mental health and substance abuse care. This helps to streamline the referral process when students need to be seen off-campus and often allows them to remain in school while getting services, rather than having to return home for care because their insurance only covers them in their home state.

It is excellent that you have policies in place surrounding medical and mandatory leaves that allow for consideration on a case-by-case basis. It is also good that you communicate with families when a student is pending separation from the college since the family will very likely be involved in supervision of the student and monitoring care to some extent. Also, the family will likely be involved in decisions around return to school. While this cannot be done in every case and students may not agree with this, it is worth making a discussion about engaging family part of the protocol with students who are struggling. Even for students who refuse, this might bring to light issues that will help inform decision making and might help illuminate some of the student's problems. We will

be interested to hear how you manage leaves and return from leaves when we visit campus.

It is also good that you have an emergency disaster and postvention plan in place and that you share these processes with all offices on campus. Given the unexpected and abrupt nature of many of these types of situations, having protocol accessible to all staff and faculty members can increase the liklihood that they will be adequately prepared to deal with these types of events. A postvention guide has recently been published by HEMHA and is available on the HEMHA as well as the Jed Foundation websites for your review.

You appear to have a fairly comprehensive response to substance abuse on campus, including a clear protocol for responding to substance abuse emergencies which is shared with relevant offices and required evaluations for substance abuse infractions. It is curious that students who have an overdose are not required to be evaluated. You might consider having required evaluations for those who experience an overdose in order to provide appropriate education and/or services to those who might be struggling in this area. It is good that you work with area bar owners and police to curtail substance use in the community as this can go a long way in minimizing things such as underage drinking and binge drinking behaviors. Lastly, students may misuse stimulant medication to enhance academic performance. Therefore, it would be beneficial to establish educational campaigns to address the dangers of this behavior particularly around midterm and final exam times.

It is great that you have a well publicized "medical amnesty" policy since we know that such policies can increase the likelihood that students in the midst of an alcohol or drug related crisis will reach out for help without delay. It is also great to see you have clear protocols for responding and transporting intoxicated, overdosed and/or distressed students for emergency care, and that these procedures are shared with relevant offices.

1. Which office(s) is (are) responsible for promoting and protecting the emotional health (including substance abuse and suicide prevention) of the school's students?

✔ Emotional health is seen as a campus-wide issue with the involvement of multiple campus departments/stakeholders (e.g., upper administration, student affairs, security, student groups)   2.0

- While there is some involvement from other stakeholders, the responsibility primarily lies with the counseling service   1.0

- All or almost all of the responsibility lies within the counseling service   0.0

- None of the above   0.0

2. Does the school have a task force or committee that works on campus wide strategy and planning related to emotional health and substance abuse prevention on campus (please do not include campus Behavioral Intervention/At Risk teams in this response)?

✔ Yes   2.0

If yes, is this a: (check response that applies)

- *Single committee that works on both mental health and substance issues*   *0.0*

- *Single committee focused on mental health*   *0.0*

- *Single committee focused on substance issues*   *0.0*

✔ *Separate committees for mental health and substances*   *0.0*

- *Single committee focused on other*   *0.0*

- No   0.0

3. Which offices are represented on the committee(s)? Check all that apply:

- President's office   0.5

✔ Academic affairs/provost   0.5

✔ Student affairs   0.5

✔ Health services   0.5

✔ Counseling service   0.5

✔ Disabilities office   0.5

✔ Legal affairs   0.5

✔ Campus security   0.5

✔ Campus discipline   0.5

✔ Health education   0.5

- Office of drug and alcohol education   0.5

✔ Athletics   0.5

✔ Others (please list):   0.0

Others (please list):

Greek Life. Full list of members for substance abuse found here: http://www.gannett.cornell.edu/campus/drugs/presidents.cfm Full list of members for mental health found here: http://www.gannett.cornell.edu/campus/welfare/council/index.cfm

- N/A   0.0

4. Has (have) the existing committee(s) gone through a formal strategic planning process for emotional health and substance abuse programming (as described in the CampusMHAP guide)?

✔ Yes   2.0

Which strategic planning activities have been completed?

✔ Identified national and campus specific problems and trends   0.5

✔ Prioritized the problems to be addressed   0.5

✔ Used campus specific data to inform planning and programming   0.5

✔ Defined strategies and actions for addressing problems   0.5

✔ Developed a plan for assessing the interventions   0.5

✔ Collected and analyzed campus-specific data to assess impact of actions   0.5

- None of the above   0.0

- No   0.0

5. Does the school now have a written and easily updated strategic plan?

✔ Yes   1.0

Is the written plan easily accessible?

✔ Yes   *0.5*
- No   *0.0*

✔ Yes   *0.5*
- No   *0.0*

   - No   0.0

6. Are the strategic planning activities (intended programs) measured and evaluated?

✔ Yes   0.0

How are these activities/programs aimed at promoting mental health and preventing substance misuse and self-harm measured and evaluated for effectiveness? (Check all that apply)

✔ Data collected as to the number of students that engage in activities   0.0

✔ Surveys or market research conducted with students after events or programs   0.0

   - Student advisory panel provides feedback or invited feedback from students   0.0

   - Other   0.0

   - No   0.0

7. Is there a system in place to assess budgetary needs for programs or plans that emerge from the strategic planning process?

   - Yes   1.0

✔ No   0.0

8. Are full time students required by the school to have health insurance?

✔ Yes   2.0

   - No   0.0

9. Does the school offer a student health insurance plan that includes comprehensive coverage for mental health and substance use disorder services?

✔ Yes   1.0

   - No   0.0

10. Do the covered services in the school offered plan include (check all that apply):

✔ Medication Assisted Treatment (buprenorphine, methadone, suboxone) for student with opioid use disorders?   1.0

✔ Addiction counseling   1.0

   - None of the above   0.0

   - Other   0.0

Please describe:

11. Does the school have written and easily accessible medical leave of absence policies?

✔ Yes   1.0

   - No   0.0

12. Do school policies allow for making decisions about medical leaves on a case by case basis?

✔ Yes   1.0

- No   0.0

- N/A (no policy currently exists)   0.0

13. Does the school have protocols for managing mandatory leaves?

✔ Yes   0.0
- No   0.0

14. Is there a policy to consider/discuss communicating and coordinating with families when a student is considering a leave of absence (or is mandated to take a leave)?

✔ Yes   1.0
- No   0.0

15. Is there a policy to consider/discuss communicating and coordinating with families when a student is on academic probation or not attending classes?

✔ Yes   1.0
- No   0.0
- N/A (grad school only respondent)   0.0

16. Does the campus have an emergency/disaster plan which is shared with relevant campus offices and stakeholders?

✔ Yes   1.0
- No   0.0

17. Does the campus have a postvention protocol to deal with the aftermath of student death, suicide or other campus disaster?

✔ Yes   1.0
If yes, is this plan shared with relevant campus offices?

✔ *Yes*   *0.0*
- *No*   *0.0*

- No   0.0

18. Does the school have formally written policies on alcohol or substance abuse?

✔ Yes   1.0
If yes, does it include both illicit/illegal and prescription drug abuse?

✔ *Yes*   *1.0*
- *No*   *0.0*

- No   0.0

19. Are campus alcohol and drug policies explicit, clear and well publicized?

✔ Yes   2.0
Please check all that apply:

✔ Policies explicitly discuss alcohol at campus parties and events   1.0

✔ Efforts are made to communicate and coordinate campus substance use programming/strategies

with student leaders   1.0

✔ Efforts are made to communicate and coordinate campus substance use programming/strategies with leaders of campus Greek Life   1.0

✔ Efforts are made to communicate and coordinate substance use programming/strategies with student athlete groups and athletics program   1.0

\- The school honor code addresses the misuse of prescription stimulants for academic performance   1.0

✔ Alcohol advertising is prohibited in relation to school events   1.0

\- No   0.0

\- No policies exist   0.0

20. Regarding campus substance policies and activities. Please check all that apply:

✔ Campus administrators have worked with local/community authorities, shopkeepers and bars to promote enforcement of under-age drinking and public drunkenness laws off campus   1.0

\- Campus administrators have worked with local shops and bars to attempt to limit sale prices and "come-ons" which are intended to induce students to drink high quantities in short times   1.0

✔ Local police and campus security and student services are in regular communication to attempt to monitor and respond to trends in dangerous alcohol or drug use   1.0

21. Does the campus have a well-publicized "medical amnesty" policy such that students who request emergency care or report a friend who is intoxicated and/or potentially over-dosed will not be subject to disciplinary sanctions (or at least have limited sanctions)?

✔ Yes   2.0

\- No   0.0

22. Is there a policy or plan to consider communication with family members when a student has had a drug or alcohol infraction on campus?

✔ Yes   2.0

\- No   0.0

23. Is there a policy or plan to consider communication with family in the event of a health, mental health or substance related emergency?

✔ Yes   2.0

\- No   0.0

24. Does the university have clear protocols for responding and transporting intoxicated, overdosed and/or distressed students for emergency care and are these shared with the relevant offices (university security, housing, student services, health and counseling)?

✔ Yes   2.0

\- No   0.0

25. Does the university have a policy in place requiring students who have an alcohol or drug infraction to have an evaluation for substance misuse?

✔ Yes   2.0

✔ Yes   2.0

- No 0.0

26. Does the university have a policy in place requiring students who have an overdose to have a mandated motivational interview and targeted assessment for substance misuse?

- Yes 2.0

✔ No 0.0

27. Are there other strategic planning or policy activities not mentioned above?

✔ Yes 0.0

Please describe briefly

A range of initiatives described here: http://www.gannett.cornell.edu/campus/drugs/

- No 0.0

Developing and Supporting Life Skills   100.00%

The Campus Program Comments: *These areas are not always considered in a plan for mental health promotion and suicide prevention. Nevertheless, we know that promoting life skills can be an important element in suicide and substance abuse prevention, mental health promotion and in promoting student academic success.*

You clearly have this area well covered. You have many programs and/or groups for students that address topics such as relationship skills, conflict resolution, sexual harassment/relationship violence, and bullying and hazing as well as assistance with understanding financial aid and managing finances in general. It is apparent that you have a commitment to understanding current trends in building interpersonal effectiveness and emotional awareness through your groups that address communication skills and identifying and regulating emotions. It may be good practice to expand on this by developing groups that utilize a variety of DBT principles; the core DBT modules (mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness) build upon one another, providing students with a nice "toolkit" of skills to use as they navigate their world. It is also a form of treatment which has been found to be effective in reducing a variety of negative behaviors in adolescents and emerging adults. It is also excellent that the psychoeducational groups are conducted by offices across campus which helps to reinforce the message that these are campus-wide responsibilities.

28. Does the school have programs/groups that address the following interpersonal/emotional awareness areas: (Check all that apply)

✔ Communication skills   1.0

✔ Identifying and regulating emotions/promoting resilience   1.0

✔ Conflict resolution (including bystander training programs)   1.0

✔ Relationship skills (with emphasis on managing relationship breakups)   1.0

- Dialectical Behavior Therapy (DBT) groups   1.0

✔ Sexual harassment/relationship violence, stalking (your program should be compliant with the SAVE act)   1.0

✔ Bullying and hazing   1.0

29. Are there programs in place to help students: (Check all that apply)

✔ Manage financial aid   1.0

✔ Learn to manage finances in general   1.0

30. Please briefly describe programming in the areas listed in this section and share any additional programming related to life skills not mentioned above:

In-person trainings, courses and workshops, online tools and informational materials, and service centers specializing in academic and personal life skills such time management, study skills, writing skills, money management, communication & relationship skills, stress management and resilience provided by staff, departments and offices from all areas of campus.

Connectedness, Community and Family Support   100.00%

The Campus Program Comments: *We know that experiencing a strong sense of connection to others is a strong promoter of physical and emotional health and significantly lowers risk of suicide and substance abuse. And conversely, feeling disconnected to others can increase risk for all these problems.*

You have this area very well-covered with peer mentoring programs, programs connecting students to culturally based activities, RA programming, etc. It is nice to see that there is programming geared towards identifying high(er) risk student populations. You might think about including commuter and older/returning students, since we know that these groups can be at risk due to managing multiple responsibilities (i.e. work, family, etc.). It is great that you have peer educational campaigns aimed at reaching isolated/disconnected students as this can go a long way toward developing a sense of connectedness among students, as we know that students listen to students and messaging is most effective when it is designed and delivered by peers. In addition, it is excellent that academic advisors have been trained in identifying students who may be struggling, as their academic performance may be the first indicator that something is wrong.

We are impressed with the variety of programming you offer to enhance connectedness and look forward to hearing about these activities/programs when we visit campus.

31. Does the campus have a formal (chartered) Greek system?

✔ Yes   0.0

Are fraternities and sororities subject to careful and consistent oversight by the student affairs division?

✔ *Yes*   *0.0*

- *No*   *0.0*

- No   0.0

Is there an active off-campus, informal Greek system?

- *Yes*   *0.0*

- *No*   *0.0*

32. Are there peer mentoring programs, or programs to connect students to small peer groups available?

✔ Yes   2.0

- No   0.0

33. Does the school have any programs/activities to help promote continuing connection and communication between students and their families?

✔ Yes   2.0
- No   0.0

34. Are there programs/activities in place which help students connect to community based cultural, religious or national groups?

✔ Yes   1.0
- No   0.0
- N/A   0.0

35. Do RA's provide group building programming on their floors?

✔ Yes   2.0
- No   0.0
- N/A (your campus has no residence halls)   0.0

36. Are there programs/activities provided to promote tolerance and inclusiveness on campus?

✔ Yes   2.0
- No   0.0

37. Are there systems or strategies in place on campus to help in identifying and supporting disconnected and/or isolated students?

✔ Yes   2.0
How is this done? (check all that apply)

✔ Academic advisers trained to ask about loneliness/isolation and refer/consult when concerned
1.0

✔ RA training and dorm programming focused on connecting to isolated students   1.0

✔ Peer educational campaigns focused on reaching out to isolated students   0.5

✔ Communications with families about alerting campus services in case of concern about isolated
student   1.0

✔ Other   1.0
Notice and Respond: Friend2Friend bystander intervention program addressing students in distress
- No   0.0

38. Are there programs in place to support connectedness among the following high(er) risk student groups: (Check all that apply)

✔ Student vets   2.0

✔ LGBTQ students   2.0

✔ Minority or traditionally disadvantaged groups   2.0

✔ International students   2.0

- Commuter students (for residential campuses)   1.0
- Older or returning students   1.0
✔ Physically challenged students   1.0
✔ Students with learning disabilities   1.0
✔ Survivors of sexual assault   2.0
✔ Survivors of violence   1.0
✔ Students in recovery from substance abuse disorders   2.0
- None of the above   0.0

39. Please describe briefly any activities in Enhancing Connectedness for which you would like to provide more detail or not covered in the items above:

Cornell Minds Matter, a student mental health advocacy group, provides weekly Feel Good Friday sessions, general body meetings, Dining With Diverse Minds events, off-campus social activities, and Random Acts of Kindness to bring people together to connect and talk about student mental health. Student Assembly Lift Your Spirits Event to raise awareness of student mental health concerns, to destigmatize help-seeking, and encourage healthy self-care behaviors. Social Belonging Project: Cornell is participating in a multi-campus research study on a brief intervention to enhance a sense of social belonging for incoming students. Cornell Outdoor Education provides recreational activities, outdoor experiences, and team-building opportunities to promote connectedness and social belonging.

Academic Performance   100.00%

The Campus Program Comments: *Again, while often not considered part of a mental health promotion and substance abuse prevention program, these activities can certainly help promote emotional health and limit substance misuse.*

You have quite a few resources supporting student academic performance, including study and test-taking skills as well as free tutoring. It is good that you have a question regarding course load and stress on course evaluations, since we know that academic pressure/demands can significantly impact students' mental health.

It is great that you also provide programs and educational campaigns educating students, faculty and staff on the connection between physical and emotional health and academic success. This message is important for faculty, administration and students alike.

40. Are there programs/groups offered to address the following: (Check all that apply):

✔ Study skills   1.0
✔ Test anxiety   1.0

41. Do students have access to academic support services?

✔ Yes   0.0
Is there free or inexpensive tutoring available on campus?

✔ *Yes   2.0*
- *No   0.0*

- No   0.0

42. Are there opportunities for students to do course evaluations which include information about workload and course stress level?

✔ Yes   1.0
- No   0.0

43. Are there programs and campaigns to educate students about links between good physical and emotional health and academic success?

✔ Yes   1.0
- No   0.0

44. Please briefly describe any item in "Academic Performance" for which you would like to provide more detail:

Student Wellness   69.57%

The Campus Program Comments: *We know that general health and wellness is correlated with emotional health and substance misuse. Therefore, programs in place that promote general wellness will help to diminish rates of these other problems.*

You have developed many resources in this area.

It is great that stress and time management groups are offered on campus. You have student-run campaigns to educate peers on mental health and relationship health and safety but not substance abuse and general health. It would be important to include campaigns focused on substance abuse and physical health as this reinforces the idea that wellness includes both the body and the mind. Live programming is a great way to deliver these programs but attendance is often an issue on many campuses so it is good that you also use social media and online programming. In addition, it is great that you gathering metrics on the reach of your social media campaigns in order to evaluate the effectiveness of this programming.Things such as streaming PSA's on monitors across campus and contests/competitions can also be an effective way to deliver health promotion information.

It is excellent to hear that you offer non alcohol events on campus and have a recovery community (Sober@Cornell). This type of community building can go a long way in deterring students from engaging in harmful use of substances and providing space for students who are trying to abstain. It might be worth considering working with senior administration and residential life in creating a substance free dormitory/community for those students in recovery, since we know that abstaining from substances can be especially difficult on a college campus.

Substance use generally increases around breaks, athletic activities, and other types of campus-wide events so it is good that you are running educational campaigns around these times. Since we know that most misuse of prescription stimulants occurs during exam times, it can be useful to plan strategically-timed messaging around the dangers of misuse of stimulants during exams, reading periods, etc. In addition, rates of opioid misuse are not very high on campus, but are growing rapidly and represent a particularly dangerous behavior. Therefore, there is value in having campaigns educating students about this risk.

> *You might consider offering non-athletes free access to the gym. Exercise can play a crucial role in emotional well-being, particularly in the areas of stress reduction and emotion regulation. Therefore, providing students free access to the gym is a good step towards promoting wellness on campus.*

45. Are there programs/groups offered to address the following challenges (check all that apply)?

✔ Stress management   1.0

✔ Time management   1.0

46. Does the school offer programs that provide information about general physical health and wellness related to sleep, nutrition and exercise?

✔ Yes   2.0

- No   0.0

47. Are there student run campaigns to provide education to peers about: (Check all that apply)

✔ Mental health   1.0

- Substance abuse   1.0

- General health   1.0

✔ Relationship health and safety   1.0

48. How are these programs made available? Check all that apply:

✔ Live programs   1.0

✔ Online   1.0

✔ Social media   1.0

49. Does the school have a collegiate recovery community or substance free housing for students in recovery on campus?

- Yes   2.0

✔ No   0.0

50. Do students have free access to a gym with adequate time availability for non-athlete students?

- Yes   1.0

✔ No   0.0

51. Are there programs at orientation to educate new student about school policies regarding substance use and the dangers of misuse?

✔ Yes   2.0

- No   0.0

52. Are there strategically timed messaging campaigns to remind students about the risks and consequences of substance use/misuse?

✔ Yes   2.0

Please check all that apply:

✔ Messages about alcohol and 'party drugs' timed to coincide with school holidays, breaks and major athletic events   1.0

- Messages about stimulant abuse are timed to coincide with exam periods   1.0
- No   0.0

53. Are there messaging campaigns designed to educate students about the risks and dangers of opiate misuse-especially when used in non-pill form and/or when combined with other substances or alcohol?

- Yes   3.0
✔ No   0.0

54. Does the school collect metrics on the reach of messaging campaigns (For example, the number or percentage of students impacted, the number of retweets, etc.)?

✔ Yes   0.0
- No   0.0

55. Have you established defined spaces in student unions and/or other public areas for student groups to meet?

✔ Yes   1.0
- No   0.0

56. Are there regular alcohol free events and activities (music, food, etc.) that are available in the evenings and late night in well located campus areas?

✔ Yes   1.0
- No   0.0

57. Does the school have an active club and intramural program available to all students?

✔ Yes   2.0
- No   0.0

58. Are there programs/campaigns to educate students about the links between substance use, poor academic performance, accidents and relationship violence?

✔ Yes   1.0
- No   0.0

59. Please describe briefly any activities in Student Wellness for which you would like to provide more detail or not covered in the items above:

Students at Risk   97.50%

The Campus Program Comments: *Identifying students at risk is an important component of early intervention. Ideally, a robust program should take steps to intervene before problems become crises to the greatest degree possible. Asking students to self identify through various screening activities is one element of this process. The other is gatekeeper training programs. Behavioral Intervention Teams have become an important element of this type of program and also enhance inter-department communication. You can find more information about campus teams at: https://www.jedfoundation.org/professionals/programs-and-research/campus_teams.*

It is great that you ask for AOD and MH histories on incoming health forms and provide information about available resources on campus in advance of students' arrival. This can help them connect to support early on and ease their transition into college life.

It is great that you offer screening/wellness days 1x per semester and that they are staffed by offices across campus. This not only takes away some of the burden from the counseling center but also reinforces that these are campus wide concerns.

It is great that there is screening for MH and AOD at regular Health Center visits. We know that many students with emotional problems present initially to primary care or medical clinics and we know that many students who may be struggling with these issues may never present to the Counseling Service, but will use the campus Health Center. Primary Care can play a key role in identification and treatment of this large group of students who may otherwise fall through the cracks. We are interested in learning whether Primary Care staff also hold and treat students who screen positive and/or how care is coordinated with the Counseling Center.

Your gatekeeper training program seems well-rounded and it is great that you train administration, faculty, and a variety of students on campus. It is also good that you have a Behavioral Intervention Team (BIT) in place.

60. Are incoming first year and transfer students asked to complete questions related to mental health and substance use history on medical history forms (to help identify at risk students)?

✔ Yes   1.0

Are parents of incoming students encouraged to talk to their children about sharing this information with the school's counseling center or other relevant offices?

✔ *Yes   1.0*

- *No   0.0*

- No   0.0

61. Are there protocols in place for connecting students identified with mental health or substance use histories on admission to campus support services (Disabilities, Health Services, Counseling, Case Management and/or Health Education)?

✔ Yes   1.0

- No   0.0

62. Are well advertised/promoted screening/wellness days focused on issues such as:

substance use, depression, anxiety, eating disorders, sexual/relationship violence held on campus?

- More than 3 times/semester   4.0
- 2-3 times a semester   3.0
- ✔ 1 time each semester   2.0
- ✔ 1 time each academic year   1.0
- None of the above   0.0

63. Which staff members organize/run/staff these events? (Check all that apply)

- ✔ Staff from counseling center   0.5
- ✔ Staff from health services   0.5
- ✔ Staff from health/substance abuse education   0.5
- ✔ Staff from student affairs   0.5
- ✔ Staff from housing/residential life   0.5
- ✔ Student groups   0.5
- Others (please specify)   0.0

Others (please specify)

64. Do the school's health service clinicians routinely screen patients for: (Check all that apply)

- ✔ Substance use/misuse   2.0
- ✔ Depression and anxiety   2.0
- ✔ Suicidal ideation-if positive screen for depression   2.0
- None of the above   0.0

65. Does the campus have a gatekeeper program to train relevant campus faculty and staff in identifying and referring at risk students?

- ✔ Yes   3.0

Which (faculty and staff) groups are currently receiving training: (Check all that apply)

- ✔ Faculty   1.0
- ✔ Academic advisors   1.0
- ✔ Administrators (including bursar and financial aid offices)   0.5
- ✔ Health services staff   1.0
- ✔ Athletic department staff   1.0
- ✔ Residence Hall staff   1.0
- ✔ Other Student Affairs staff   1.0
- ✔ Campus safety/security   1.0

✔ Religious leaders/chaplains   1.0

✔ Dining and custodial staff   0.5

✔ Administrative support and clerical staff   0.5

✔ Transportation staff   0.5

- Others (please specify):   0.0

- None of the above   0.0

- No   0.0

66. Are online resources available for faculty and staff to reinforce/refresh their knowledge/information about identifying and referring at risk students?

✔ Yes   1.0

- No   0.0

67. Which student groups are trained in identifying and referring their friends who may be struggling with mental health or substance issues? Check all that apply:

✔ Resident advisors   2.0

✔ Peer advisors   2.0

✔ Student council leaders   1.0

✔ Fraternity and sorority leadership   1.0

✔ Student athletes   1.0

✔ Grad student association leaders   1.0

- None of the above   0.0

68. Are trainings available either in person or online for students in general to learn about mental health/substance use and to find out how to identify and refer at risk students?

✔ Yes   3.0

- No   0.0

69. Is information available to parents/families about identifying substance or mental health problems and educating them about campus support resources?

✔ Yes   2.0

Check all that apply:

✔ Information is presented at orientation   1.0

✔ Information is available online   1.0

✔ Mailings or emails sent to parents intermittently   1.0

- No   0.0

70. Does the campus have a well-publicized/promoted and functioning "At Risk" or "Behavioral Intervention" Team to collect and respond to reports of students of concern?

✔ Yes   3.0

- No   0.0

71. Is there a system in place (either as part of "at risk" team or independently) to offer support to students who are on academic probation (and/or struggling academically) and

to have academic advisors meet with them to explore for potential emotional or substance

issues?

✔ Yes   2.0

- No   0.0

72. Please briefly share any more information about programs above or other programming related to "Identifying Students At Risk" that you feel would be helpful:

Notice and Respond gatekeeper/bystander training - http://www.gannett.cornell.edu/notice/

Help Seeking Behavior   94.12%

The Campus Program Comments: *Increasing help seeking is the other important element of early intervention. Ideally, we should strive to have those students in need comfortable with and knowledgeable about asking for help.*

You seem to have done a good deal of work in this area. The University Health Center and Counseling Center were easy to locate from the homepage. Once at the website, it is apparent that a lot of work has been done to provide easily accessible information to students including various screening tools and resources about a number of topic areas. Your "Let's Talk" program sounds like an excellent resource and the website does a great job of explaining about this service as well as how it differs from traditional therapy. Information on who to contact and where to call in the event of an emergency was easy to find on both websites which is important since students need quick and easy access to this information in the event of an emergency. It is great that the Health and Counseling Center sites are cross-referenced as this reinforces a holistic approach to student well-being and makes the great resources you list more widely available.

You use a variety of conduits and media to promote your health education programming and destigmatization campaigns. If your school has TV monitors, you might also consider streaming PSA's on monitors in the dining hall, fitness center, student union, etc. You can find free PSA's on the Jed Foundation website.

It is good that you have strategically timed messaging about the dangers of substance misuse and the importance of self-care around high stress periods such as exams, as we know that students often fail to get adequate sleep, nutrition, etc. during high stress times. In addition, it is excellent that you have developed a peer mentoring program on campus to design and deliver wellness programming as we know that students are most apt to turn to and listen to their peers when they are struggling. In line with this, the #BeneaththeSurface sounds like an excellent resource where students can benefit from hearing how their peers handled and/or overcame obstacles in their life.

73. Are your counseling center and health education websites easily accessible from the university homepage?

✔ Yes   2.0

- No   0.0

74. How many clicks does it take to reach counseling website from the university homepage? (Check option that applies)

- 1-2   2.0

✔ 3-4   1.0

- More than 4   0.0
- Cannot be accessed from homepage   0.0

75. Does the school have well publicized/easily accessible screening tools for depression, anxiety, substance use disorders available on your counseling and/or health education websites?

✔ Yes   3.0

Do you use: (Check all that apply)

✔ Ulifeline Self-Evaluator   0.0

✔ Screening for Mental Health   0.0

- Publicly available screening tools (such as PHQ, GAD7 or CAGE)   0.0

✔ American Foundation for Suicide Prevention's Interactive   Screening Program   0.0

- Developed your own   0.0
- Others   0.0

- No   0.0

76. Is there easily accessible online information about substance misuse and mental health that is cross referenced/linked in the school's counseling center, health services and health education websites?

✔ Yes   2.0

- No   0.0

77. Does the school use other online information/programs or programs from other organizations or websites (eg., National Institute of Mental Health, National Institute on Drug Abuse, Screening for Mental Health, Ulifeline.org, HalfofUs.com) for any of these activities (screening or information sharing)?

✔ Yes   1.0

- No   0.0

78. Does the school have a peer mental health education (or peer counseling-with appropriate training and supervision) program on campus to take advantage of students' willingness to talk to their peers?

✔ Yes   1.0

- No   0.0

79. Does the school run campaigns that aim to: (Check all that apply)

✔ De-stigmatize mental health problems   1.0

✔ Encourage help seeking   1.0

80. Does the school have campaigns run through varied conduits and media that aim to (check all that apply)?

✔ Inform students about campus resources for emotional support   1.0

Check all materials or formats used to increase awareness that apply:

✔ Brochures/posters   0.5

✔ Campus newspaper, radio and TV stations   0.5

✔ Theater or other performances   0.5

✔ Online and social media   0.5

✔ Inform students about campus resources for substance education/treatment?   1.0

Check all materials or formats used to increase awareness that apply:

✔ Brochures/posters   0.5

✔ Campus newspaper, radio and TV stations   0.5

- Theater or other performances   0.5

- Online and social media   0.5

✔ Other   0.0

Please describe:

Inform students about study and time management skills (Learning Strategies Center)

81. Are these programs timed to coordinate with high stress times on campus (ex., messages are disseminated in relation to exam times)?

✔ Yes   1.0

- No   0.0

- N/A   0.0

82. Please briefly share any more information about programs above or other programming related to "Increasing Help Seeking Behavior" that you feel would be helpful:

#BeneaththeSurface is a print/social media campaign developed by student leaders that features actual students describing their personal struggles and which resources on campus assisted them in effectively addressing them

Mental Health and Substance Use Disorder Services   95.00%

The Campus Program Comments: *Providing adequate on site and access to ongoing mental health and substance abuse prevention support services is obviously the backbone of any college mental health system. This should include both providing basic primary care mental health services and crisis support services. Depending on the particular campus setting, the structure of these services may vary, but decisions about how these programs are organized should be based on a thoughtful assessment of needs, resources and off campus options for care.*

You have a variety of treatment options and clinical services offered at the Counseling Center. You mention you offer services in Athletics, the Student Center, and through your Let's Talk program. We are eager to hear more about these service and their utilization when we visit campus. You seem to be well staffed and see 19% of the student population which is higher than the national average. It is very helpful that you have a "psychiatry team" in the counseling center to provide medication evaluation and management. It will be good to hear more about how the psychiatric services are coordinated between the Counseling Center and the Health Center.

You have developed a triage system and employ several strategies to reduce wait time for appointments, offer services after hours, and have a well-publicized 24 hour hotline for crises.

You have established and maintain a comprehensive list of community mental health and substance abuse resources. It would be helpful to include information about whether the mental health providers are part of any insurance plans and to include some providers who work on a sliding scale basis or provide low fee services. You might also consider developing Memorandums of Understanding with those community providers you refer to most frequently in order to streamline the referral process, monitor high-risk students who are seen off campus, and coordinate discharge planning when a student has been hospitalized.

You have clear policies around prescribing and monitoring opiates, tranquilizers and stimulants. It is worth considering having students sign a consent form acknowledging that they understand the risks of prescription drug misuse when they are prescribed medications at the Health Center that have a increased potential for abuse. We know that much of the campus misuse of these drugs results from diversion from people who have received prescriptions for these medicines so there is value in discussing this with students receiving appropriate prescriptions for these medicines. It is also important to have educational campaigns that highlight the dangers of drinking alcohol while taking prescription drugs.

There is good evidence to support that having protocols whereby campus first responders have access to naloxone doses can be very helpful in the context of (suspected or real) overdose. We look forward to speaking with you about this when we visit campus.

83. Are mental health services available on campus?

✔ Yes   5.0

Which services are available on campus: (Check all that apply)

✔ Counseling/psychotherapy   2.0

✔ Academic/career counseling   2.0

✔ Group therapy   2.0

✔ Psycho-educational groups   2.0

✔ Online, email or chat services   1.0

✔ Other: 0.0

Let's Talk (walk-in consultations)

 - No   0.0

84. Is the counseling service accredited?

✔ Yes   1.0

Please indicate which body accredits the service:

 - *International Association of Counseling Services (IACS)   0.0*

 - *Joint Commission Accreditation (JCAHO)   0.0*

✔ *Other: (please list)   0.0*

 - No   0.0

 - No counseling service   0.0

85. Please indicate the staff to student ratio (include all clinical staff) for the services

offered

- ✔ 1 full time equivalent (FTE) : 1000 students or better   2.0
- - Between 1 FTE: 1000 students and 1FTE: 1500 students   2.0
- - Between 1 FTE : 1500 students and 1 FTE to 2000 students   1.0
- - Less than 1 FTE : 2000 students   0.0
- - N/A   0.0

86. Is there access to psychiatric medication management on campus?

- ✔ Yes   2.0

Where is this provided? (Check all that apply)

- ✔ At the counseling service   2.0
- - At the health service   2.0
- - At the university medical center   1.0
- - Through referral to outside consultants   1.0
- - Other   0.0

- - No   0.0

87. Does the school have the following available for substance use disorders on campus? (Check all that apply)

- ✔ Assessment services   2.0

Please check all that are offered:

- ✔ Motivational interviewing   1.0
- ✔ Group therapy   1.0
- ✔ Self-help/support groups (12 step and others)   1.0
- ✔ Clinicians who are substance abuse specialized therapists   1.0
- - Medication management of substance abuse (when indicated)   1.0
- ✔ Peer support and recovery groups   1.0
- - Others: please describe briefly: 0.0

- - Treatment   2.0

Please check all that are offered:

- - Motivational interviewing   1.0
- - Group therapy   1.0
- - Self-help/support groups (12 step and others)   1.0
- - Clinicians who are substance abuse specialized therapists   1.0
- - Medication management of substance abuse (when indicated)   1.0
- - Peer support and recovery groups   1.0
- - Others: please describe briefly: 0.0

- - Both   4.0

Please check all that are offered:

- Motivational interviewing   1.0
- Group therapy   1.0
- Self-help/support groups (12 step and others)   1.0
- Clinicians who are substance abuse specialized therapists   1.0
- Medication management of substance abuse (when indicated)   1.0
- Peer support and recovery groups   1.0
- Others: please describe briefly: 0.0

- Neither option   0.0

88. Are the services consistent with SBIRT (Screening, Brief Intervention and Referral to Treatment) approach (see: beta.samhsa.gov/sbirt)?

✔ Yes   2.0
- No   0.0

89. Which protocols have campus mental health clinicians been trained to follow (check all that apply)?

✔ Identify and treat depression and other emotional disorders   2.0

✔ Assess and provide basic treatment for substance use disorders   2.0

✔ Provide referrals for substance use treatment when needed   1.0

✔ Assess and manage suicide risk   2.0

✔ Use goal oriented, short term treatment modalities   1.0

✔ Follow legal and professional guidelines that govern student privacy, confidentiality and notification   1.0
- None of the above   0.0

90. Which of the following have primary health care providers on campus been formally trained (e.g. Mental Health First Aid, CE/CME trainings, etc) to do? (Check all that apply)

✔ Assess (and refer) for suicide risk   2.0

✔ Identify (and refer for) depression and other emotional disorders   2.0

✔ Manage and educate around basic health concerns including nutrition, sleep, sexual health, stress management   2.0

✔ Assess and refer for treatment of substance abuse   2.0
- None of the above   0.0

91. Are there clinical services offered outside of typical "business hours" (to allow for students who work or participate in varsity athletics to have access to treatment)?

✔ Yes   1.0
- No   0.0

92. Are counseling services provided outside of the counseling center office?

✔ Yes   1.0

Please check all that apply:

✔ Yes   1.0

Please check all that apply:

- Dorms   0.5

✔ Athletic areas   0.5

✔ Student center   0.5

✔ Other: (please specify)   0.0

Let's Talk program provided at various locations.
http://www.gannett.cornell.edu/services/counseling/caps/talk/index.cfm

- No   0.0

93. Does the counseling center have a triage system for quick assessment thereby reducing wait times for those in serious/urgent need of care?

✔ Yes   2.0

- No   0.0

94. Does the service employ any strategies (other than triage) to accommodate new students coming in for care during busy periods so as to limit wait lists/wait times?

✔ Yes   0.0

Check all that apply:

✔ Daily walk in hours for students with urgent problems/concerns   1.0

✔ Extending time between appointments for established patients/clients to open up spaces for new student appointments   1.0

✔ Increasing referrals during busy periods to community or other university based providers (university hospital based clinics, psychology training clinics) for students who need longer term therapy   1.0

✔ Expecting counseling clinicians to do a set number of weekly intakes to maintain space for new students   1.0

- Others: please list   0.0

- No   0.0

95. Are there mental health services in place for after-hours care/emergency situations?

✔ Yes, the school has on-campus services to serve after hour needs   2.0

- The school does not have on campus services but promotes a community resource or hotline for after-hours needs   1.0

- The school does not have on campus services but promotes a national 24 hour crisis or suicide prevention hotline for after-hours needs   1.0

- No, care/services for after-hours needs is not provided or promoted   0.0

96. Do linkages exist with local community services for providing ongoing care for those who need longer term mental health care than provided on campus?

✔ Yes   2.0

Please check all that apply:

✔ An updated list of community mental health resources is maintained and available at the counseling service and other relevant offices   0.5

- Information is maintained about typical wait times and insurance plans accepted   0.5

- There are sliding scale/low fee options available   0.5
- Memoranda of Understanding (MOU's) are maintained with larger services and clinics with whom there are relationships   0.5
- No   0.0
- N/A (all services are provided on campus)   0.0

97. Do linkages exist with local community services for providing substance use disorder care not available on campus?

✔ Yes   2.0

Please check all that apply:

✔ An updated list of community substance treatment resources is maintained and available at the counseling and health service and other relevant offices   0.5

- Information is maintained about typical wait times and insurance plans accepted   0.5

✔ There are sliding scale/low fee options available   0.5

- Memoranda of Understanding (MOU's) are maintained with larger services and clinics with whom there are relationships   0.5
- No   0.0
- N/A (all services can be provided on campus)   0.0

98. Do relationships exist with local emergency services to provide and coordinate care in medical, mental health and substance related emergencies?

✔ Yes   2.0
- No   0.0

99. Is there coordination of activities and programming between the counseling service and offices responsible for substance abuse education and treatment and health education? (answer "yes" if all activities are in a single office)

✔ Yes   2.0
- No   0.0

100. Is there coordination between campus behavioral intervention team (BIT) team, counseling, substance abuse services and discipline office?

✔ Yes   2.0
- No   0.0
- N/A (no BIT team exists)   0.0

101. Is there coordination and opportunities for training between campus clinical and services offices (counseling, health, health education and substance abuse services and disabilities offices) and relevant campus academic departments and programs (social work school, psychology department, psychiatry department, health education training program, etc.)?

✔ Yes   1.0
- No   0.0
- N/A (there are no graduate or training programs at your school)   0.0

102. Does the counseling center and health center have clear information on their website homepage(s) about how to respond to a health, mental health or substance related emergency for both daytime and after-hours?

✔ Yes   2.0

- No   0.0

103. Does the campus have access to (well publicized) 24/7 crisis phone and/or chat lines either through campus resources or local/national services?

✔ Yes   1.0

- No   0.0

104. Is there a process in place to share information (as legally appropriate) between local ER's and school health and/or counseling services?

✔ Yes   1.0

- No   0.0

105. Do the health service and counseling services have clearly defined and implemented policies around prescription of opiates, tranquilizers (benzodiazepines and sleep medicines) and stimulants?

✔ Yes   2.0

- No   0.0

106. Are student health and mental health services assuring that clinicians are following state requirements for prescription drug monitoring?

✔ Yes   1.0

- No   0.0

107. When students receive prescriptions for stimulants, tranquilizers/sleep medications, or opiates at the health or counseling services do they routinely receive information about the dangers, risks and consequences of drug misuse and diversion?

✔ Yes   2.0

- No   0.0

108. Are students given a consent document to sign attesting that they understand policies, risks and consequences of drug diversion?

- Yes   1.0

✔ No   0.0

109. Are they given the smallest quantity of pills that is clinically necessary when prescribed controlled or potentially dangerous/abused medications?

✔ Yes   2.0

- No   0.0

110. Does the university health service have a policy whereby students who are deemed at high risk for opiate overdose (this would include any student on campus known to have

had prior OD or near-OD on opiates) are provided with emergency naloxone doses to keep with them and given training on usage (similar to an Epi-pen carried by person with severe allergies)?

- **-** Yes   2.0
- ✔ No   0.0
- **-** N/A (in states in which this is not legal)

See page 28-29 of the report, Prescription Drug Abuse: Strategies to Stop the Epidemic" located at: healthyamericans.org   0.0

111. Are there "Clinical Services" that you are providing that you feel it would be helpful for us to know more about? Please describe briefly:

Full list of clincial services at : http://www.gannett.cornell.edu/services/counseling/caps/index.cfm

112. Additional Information
(Note: Please be aware that the following information is being requested to aid in our research activities and will be kept in the strictest confidence and will not impact your score on the survey.) Please indicate, in the past year:

How many suicides have occurred among your active students? **1**

How many suicide attempts have resulted in ER visits or hospitalizations? **54 ER**

How many alcohol overdose deaths have occurred on campus? **0**

How many other drug overdose deaths have occurred on campus? **0**

How many psychiatric hospitalizations have occurred? **48**

What percentage of the student body receives direct clinical services at the counseling service? **19**

How does the school collect and maintain information about these events? Please describe briefly:
The Health Service in conjunction with Cornell Police and Unviersity Communciations collects data on completed sucides and substance related deaths. The Counseling Service collects data on psychiatric hospitalizations and percentage of students receiving direct clinical care. Suicide attempts resulting in ER visits is harder to track because many of these are transports for ideation without a physical attempt.

Means Restriction and Environmental Safety   66.67%

The Campus Program Comments: *There is excellent empirical data supporting the importance of this area in suicide prevention. The challenge of managing means restriction is that it requires coordination among several areas and offices in the university: buildings and facilities, security, counseling, student services, among others. This area of concern should be included in inter-department strategic planning. Reviews of campus facilities should ideally occur on a fairly regular basis-and especially when the school is actively engaged in building projects.*

It is great that you have done an environmental scan in the past 12 months. There is value in doing annual scans, as these exercises can help find places on campus that might present a risk to students and further, engaging in this exercise helps keep environmental safety from a suicide

prevention perspective "on the radar" of facilities and public safety departments. It is good that you have restricted access to campus rooftops, windows, balconies, and bridges, control toxic substances and medications, host pill collection days, and offer an escort service.It would be important to assess whether any atriums pose a risk on campus. In addition, simple items like having non-weight bearing closet rods in dorms can provide a level of safety in dorm rooms and is not highly expensive.

Since we know that means restriction is one of the most effective strategies for preventing suicide, it is worrisome that firearms are allowed on campus. We will be eager to hear how the carry and storage policy might help to control guns on your campus.

113. Has the school completed a campus "environmental scan" for potential access to lethal means in the last 12 months?

✔ Yes, the school has done a campus "environmental scan" in the past 12 months   2.0

- No, the school has not done an environmental scan in the past 12 months but has previously completed this   1.0

- No, the school has never done a campus scan   0.0

114. To which of the following has access restricted on campus (Check all that apply)?

✔ Rooftops   0.5

✔ Windows   0.5

✔ Balconies   0.5

- Atriums   0.5

✔ Bridges   0.5

✔ Toxic substances   0.5

✔ Medication storage   0.5

- Others: 0.0
Please specify:

- None of the above   0.0

115. Do campus residence halls and apartments have break-away closet rods (to limit risk of hanging)?

- Yes   1.0

✔ No   0.0

- N/A (no residence halls)   0.0

116. Is there a policy addressing firearms on campus?

✔ Yes   0.0
Please explain further

- Firearms are completely prohibited on campus   2.0

✔ Firearms are not prohibited but the school has carry and storage policies and provides lockers for safe storage of firearms   1.0

- Firearms are not prohibited on campus   0.0

- No   0.0

117. Are toxic substances found in laboratories tracked, monitored and controlled?

✔ Yes   1.0

- No   0.0

- N/A (no labs)   0.0

118. Does the campus have prescription drug collection/drug return programs that are well publicized and regularly run?

✔ Yes   1.0

- No   0.0

119. Does the school have a policy regarding the use or sale of energy drinks?

- Yes   0.0

Does that include:

- School based food outlets limit sale of "energy" drinks   0.5

- Energy drinks are completely banned   0.5

✔ No   0.0

120. Does the school security department (or student group) offer a late night transport or escort system to decrease risk of accidents and assaults?

✔ Yes   1.0

- No   0.0

- N/A (non-residential campus)   0.0

121. Are there Means Restriction/Environmental Safety activities which you would like to tell us more about? Please describe briefly:

Means restriction on campus bridges efforts:
http://www.gannett.cornell.edu/campus/welfare/Means-restriction-resources.cfm

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Additional Comments and Feedback (responses in this section will have no impact on your score)

The Campus Program Comments: *Thank you for your comments.*

Your mental health services are indeed well organized and comprehensive, and we appreciated the various links throughout the survey that summarized programs, strategies, and services related to promoting emotional well-being on campus.

It is good that information about the health and wellness of the student body is reported and accessible to the Behavioral Health Oversight Team. In addition, one thing that many campuses find helpful is educating the campus community on the "pulse" of the students is collecting data of this nature and then share your data with the entire college community. Statistics like % of students seen at the health and counseling center, top 5 diagnoses or issues that students are struggling with, # of transports to the hospital for AOD, # of medical leaves, # of psychiatric hospitalizations, % of students on psychotropic medications, etc., can help the larger community understand the significance and prevalence of these issues on campus and the impact it has on student success.

122. Does the school have any other programs or policies in relation to mental health and/or suicide prevention which that may stand out as good practice and would be valuable to share with other schools?

✔ Yes   0.0

Please describe:

  Cornell's Mental Helath Framework, with links to multiple programs and strategies, can be found at: https://www.gannett.cornell.edu/cms/campus/wellbeing/framework.cfm Cornell Minds Matter. Efforts at the Dean of Students Office: http://dos.cornell.edu/

  - No   0.0

123. Does the school have any other programs or policies in relation to substance use prevention, treatment or recovery that may stand out as good practice and would be valuable to share with other schools?

✔ Yes   0.0

Please describe:

  Cornell's overall alcohol and other drugs initiatives can be found at: https://www.gannett.cornell.edu/campus/drugs/index.cfm Social norms poster campaign about alcohol use: http://www.gannett.cornell.edu/topics/drugs/alcohol/campaigns/target.cfm Environmental strategies to reduce high risk drinking at Slope Day, a large, annual, year-end celebration with high rates of student drinking: https://www.gannett.cornell.edu/cms/topics/drugs/alcohol/rules/upload/Slope-Day-Publication-pdf.pdf BASICS required for all ER alcohol poisoning transports

  - No   0.0

124. Are there specific challenges or limitations the school faces in supporting student emotional health?

✔ Yes   0.0

Please describe:

  One of the biggest challenges is funding for public health efforts around mental health and substance abuse. In particular, resource limitations limit our ability to sufficiently evaluate existing and potential strategies.

  - No   0.0

125. Are there specific challenges or limitations the school faces in addressing substance use problems on campus?

✔ Yes   0.0

Please describe:

  The main location of student drinking is off-campus residences which are not under the jurisdiction of the university's Code of Conduct. Local police agencies face resource challenges which at times makes it difficult to achieve optimal enforcement of drinking-related ordinances. Three-quarters of the chapters university's large fraternity system are privately-owned and therefore fall under the jurisdiction of the local police rather than university police.

  - No   0.0

126. How is data collected on student incidents like suicide, overdose and accidental deaths?

Data is collected as part of a collaborative effort involving Health Services, Communciations,

Counsel's Office and Cornell University Police. This information is often examined at regular

Behavioral Health Oversight Team meetings.

127. How is this data accessible to campus staff who use it to formulate policy and programs?

The information is shared with the Behavioral Health Oversight Team.

128. Please share any comments you have about this survey, the process of completing it, or any other issues related to this program you feel it would be helpful for us to have. Comments:

Many questions on this survey were difficult to answer because they asked about two different elements in the same question("double-barreled questions"). For example, "Does the school have a collegiate recovery community or substance free housing for students in recovery on campus?" We do have a recovery community (a student group called Sober@Cornell) but do not offer substance free housing, so it was difficult to answer this question accurately. In addition, we suggest changing the generic departmental reference of "Health Education" to "Health Promotion" to be consistent with the trends in the field and to reflect the broader prevention/campus leadership role that these departments play:
https://www.acha.org/documents/resources/guidelines/ACHA_Standards_of_Practice_for_Health_Promotion_in_Higher_Education_May2012.pdf