WEDNESDAY, FEBRUARY 26, 2020
ACADEMIC AFFAIRS, STUDENT LIFE & RESEARCH COMMITTEE MEETING

Alex Shumate
Brent R. Porteus
Cheryl Krueger
Abigail S. Wexner
Hiroyuki Fujita
Alan A. Stockmeister
Elizabeth P. Kessler
Jeff M.S. Kaplan
Anand Shah
Alan VanderMolen
Janet Porter
Susan Olesik
Gary R. Heminger (*ex officio*)

Location: Longaberger Alumni House
Sanders Grand Lounge

Time: 3:45-5:45pm

Public Session

ITEMS FOR DISCUSSION

1. *Provost's Report – Dr. Bruce McPheron* 3:45-4:00pm
2. *Creating a Culture of Care: An Update on the Suicide and Mental Health Task Force Implementation Process – Dr. Melissa Shivers, Dr. Micky Sharma, Dr. Caroline Wagner, Madeline Perry* 4:00-4:20pm
3. *Institutional Equity: Advancing a Community that is Equitable, Fair and Just – Dr. Bruce McPheron, Katherine Lasher* 4:20-4:40pm
4. *Research and Creative Expression Strategic Plan in Action – Dr. Morley Stone, Dr. Matt Sullivan* 4:40-5:00pm
5. *Academic Affairs, Student Life & Research Scorecard – Dr. Bruce McPheron, Dr. Melissa Shivers, Dr. Morley Stone* 5:00-5:05pm

ITEMS FOR ACTION

6. Suspension of Admissions to the Master's of Business Logistics Engineering Program – Dr. Bruce McPheron 5:05-5:10pm
7. Name Change of the Aeronautical and Astronautical Engineering Bachelor's, Master's and Doctoral Degrees – Dr. Bruce McPheron
8. Amendments to the *Rules of the University Faculty* – Dr. Bruce McPheron
9. Faculty Personnel Actions – Dr. Bruce McPheron
10. Degrees and Certificates – Dr. Bruce McPheron

Executive Session 5:10- 5:45pm

Suicide and Mental Health Task Force

RECOMMENDATION REPORT

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I. PURPOSE AND SUMMARY

President Michael V. Drake commissioned the Suicide and Mental Health Task Force in response to important dialogue on campus about suicide prevention efforts and mental health services.

The Task Force was charged with making clear what we, as a university, do well; what we can do better; and what, if any, national best practices may be implemented or adapted to support our community better. President Drake charged the team with:

- Assessing and evaluating mental health and suicide resources at Ohio State.
- Comparing Ohio State's mental health and suicide prevention resources with those of other large state universities with an eye to what resources and innovations may be useful for students.
- Making specific recommendations for areas of improvement and the rationale behind the recommendations.

The Task Force was commissioned within the context of both a university-wide discussion as well as a national dialogue about college student suicide and mental health. Serious mental health problems are prevalent on college campuses across the nation and appear to be increasing at a significant rate.[1] [2] [3] [4] [5] Approximately one-third of college undergraduates exhibit symptoms of a mental health disorder, but national statistics consistently demonstrate that more than 80 percent of college students who die by suicide have never been seen by their college mental health services.[6] It is within this national climate that the Task Force has undertaken this important charge.

Helping students who are experiencing mental health problems is essential for the well-being of the affected students and the entire student body. Likewise, it is an important connection to the academic mission of the university. Research consistently demonstrates that college student mental health is linked to academic success, retention and students'

[1] Cook, L. J. Striving to help college students with mental health issues. (2007). *Journal of Psychosocial Nursing*, 45, 40–44.
[2] Eisenberg, D, Gollust, S. E., Golberstein, E., Hefner, J. L. (2007), Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77,* 534–542.
[3] Twenge J. M., Gentile, B., DeWall, C. N., Ma, D., Lacefield, K., Schurtz, D. R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review, 30*(145), 145-154. doi: 10.1016/j. cpr.2009.10.005
[4] https://sites.psu.edu/ccmh/files/2018/02/2017_CCMH_Report-1r4m88x.pdf
[5] Bruffaerts, R., Mortier, P., Kiekens, G., Auerbach, R. P., Cuijpers, P., Demyttenaere, K., ... Kessler, R. C. (2018). Mental health problems in college freshmen: Prevalence and academic functioning. *Journal of Affective Disorders, 225*, 97-103.
[6] Lipson, S. K., Gaddis, S. J., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities, *Journal of American College Health,* 63(6), 388-396, doi: 10.1080/07448481.2015.1040411

success in future career opportunities and ability to contribute in the labor market. [7] [8] [9] [10] For example, screening positive for depression is associated with an approximately twofold increased risk of dropping out of college, when controlling for prior academic performance and other background and demographic characteristics.[11] In this way, college student mental health and campus suicide prevention programming efforts are of significant interest to college administrators, parents and other stakeholders.[12]

In addition to calling upon the collective expertise that already exists among the membership of the Task Force, the group collected information and conducted calls with other institutions. The Task Force also met with mental health service providers, experts in suicide prevention and campus mental health initiatives, and students who shared ideas and perspectives.

This document summarizes the work of the Task Force. Section II summarizes the information gathered from internal and external sources. Section III includes recommendations, both Recommendations for Action, which are shorter-term goals that hold higher priority, and Recommendations for Further Consideration, which we suggest the university explore in order to advance a stronger culture of care at Ohio State. Culture of care encompasses a full, concentrated environment by the entire university community to outreach to one another. This includes faculty reaching out to students; administrators and staff extending their care and time to students in ongoing interactions; and encouraging students to check-in on their friends and peers.

[7] Arria, A. M., Caldeira, K. M., Vincent, K. B., Winick, E. R., Baron, R. A., & O'Grady, K. E. (2013). Discontinuous college enrollment: associations with substance use and mental health. *Psychiatric Services, 64*, 165-172.
[8] Eisenberg, D, Gollust, S. E., Golberstein, E., Hefner, J. L. (2007), Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry, 77,* 534–542.
[9] Eisenberg, D., Golberstein, E., Hunt, J. B. (2009). Mental health and academic success in college. *Berkeley Electronic Journal of Economic Analysis and Policy,* 9(1), doi: 10.2202/1935-1682.2191.
[10] Wang, P. S., Simon, G. E., Avorn, J., et al. (2007). Telephone screening, outreach, and care management for depressed workers and impact on clinical and work productivity outcomes. *JAMA, 298,* 1401–1411.
[11] Eisenberg, D., Golberstein, E., Hunt, J. B. (2009). Mental health and academic success in college. *Berkeley Electronic Journal of Economic Analysis and Policy,* 9(1), doi: 10.2202/1935-1682.2191.
[12] Lipson, S. K., Gaddis, S. J., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities, *Journal of American College Health,* 63(6), 388-396, doi: 10.1080/07448481.2015.1040411

II. OVERVIEW OF WORK OF THE COMMITTEE

Task Force Membership

- (Co-chair) Javaune Adams-Gaston, PhD - Senior Vice President for Student Life
- (Co-chair) Eileen P. Ryan, DO - Interim Chair and Professor, Department of Psychiatry and Behavioral Health, College of Medicine and Wexner Medical Center
- Ziv Bell, MA - Council of Graduate Students' representative and PhD Candidate in Clinical Psychology (Psychology)
- Sarah Gartner - Inter-Professional Council President and M.D. Candidate (College of Medicine, Class of 2019)
- Darcy Haag Granello, PhD - Professor of Counselor Education and Director of The Ohio State University Suicide Prevention Program
- David Horn, PhD - Professor of Comparative Studies
- Bernadette Melnyk, PhD, RN, APRN-CRP, FAANP, FAAN - Vice President for Health Promotion, University Chief Wellness Officer, Dean and Professor, College of Nursing, Professor of Pediatrics and Psychiatry and College of Medicine
- Shamina Merchant - Undergraduate Student Government President and Undergraduate Student (Information Systems)
- Jordan Moseley - Undergraduate member of Ohio State's Board of Trustees and Undergraduate Student (Public Management, Leadership and Policy)
- Anne Schira - Associate General Counsel, Office of Legal Affairs
- Cassandra Shaffer - Crime Prevention Officer with The Ohio State University Police Division

Interviews with Service Providers and Subject Matter Experts

Ohio State

- Maureen Cahill - Office of Student Life's Director of Student Health Insurance
- Lora Eberhard - Personal Counselor, The Ohio State University College of Medicine
- Gladys Gibbs, MD - Office of Student Life's Director of Student Health Services
- Mary Lynn Kiacz, MD - Office of Student Life's Medical Director of Student Health Services
- Cheryl Lyons - Office of Student Life's Director of Residence Life
- Anne McDaniel, PhD - Executive Director of the Center for the Study of Student Life
- Micky Sharma, PsyD - Office of Student Life's Director of Counseling and Consultation Service

External

- John Ackerman, PhD – Suicide Prevention Coordinator, Nationwide Children's Hospital
- Jeff Bridge, PhD – Principle Investigator, Nationwide Children's Hospital; Associate Professor of Pediatrics, The Ohio State University
- Brandon Carrus and Katherine Linzer, McKinsey & Company
- Louise Douce, PhD – JED Foundation representative
- Zoe Ragouzeos, PhD – Associate Vice President for Student Mental Health and Executive Director of Counseling and Wellness Services at New York University

Student Engagement and Suggestions

- Jaime Rainey: Mental Health Liaison program
- Emily Kearney: Peer Assistance Program/Warm Line
- Hannah Kemble: Stigma Reduction and Communication Enhancements
- Taylor Schwein: #mindstrong program
- Will Sullivan: Headspace guided meditation app
- USG feedback tool to capture student perception (APPENDIX A)
- Benchmarking with students at comparable institutions

EXTERNAL SCAN

Suicide and mental health issues on college campuses have emerged as nationwide issues over the past several years. To understand how these issues impact Ohio State, it is first important to consider these topics in the context of mental health and the national landscape.

Suicide in the United States

Suicide is the second leading cause of death in the United States among persons between ages 15-29 years.[13] The percentage of adults aged 18-25 having serious thoughts of suicide was 8.8 percent in 2016.[14] The rate of deaths by suicide has been rising. For persons between ages 15-24, the suicide rate was 13.2 deaths per 100,000 in 2016.[15] Suicide rates in the United States have risen 30 percent over the last 15 years according to data from the Centers for Disease Control and Prevention (CDC).[16]

[13] Turecki G, Brent DA (2016). Suicide and suicidal behavior. *The Lancet*. 387: 1127-1139.
[14] https://www.nimh.nih.gov/health/statistics/suicide.shtml
[15] https://afsp.org/suicide-rate-1-8-percent-according-recent-cdc-data-year-2016/
[16] https://www.cdc.gov/nchs/products/databriefs/db309.htm

The majority of persons who die by suicide have a diagnosable mental illness (especially a mood disorder, such as clinical depression) at the time of their death.[17] [18] Therefore, it is critical that any person who may be contemplating suicide have a thorough diagnostic evaluation, since these psychiatric disorders are treatable, and the appropriate treatment is dependent upon an accurate diagnosis. Because many suicide attempts and deaths are the result of unrecognized and/or sub-clinically treated mental health disorders, an important key to preventing many suicides is the ability to detect and intervene with people who are exhibiting signs of mental and emotional distress at the earliest possible occasion. This outreach approach to stigma reduction and suicide prevention programming as a method to detect and intervene with potentially suicidal individuals has been identified as one of the goals in the U.S. National Strategy for Suicide Prevention.[19] Unfortunately, it must be noted that there remains no absolute way to guarantee the prevention of suicide, even when mitigating factors are in place.

Suicide Risk Assessment and Suicide Screening

The Task Force identified that two main challenges at Ohio State are (1) attempting to identify those students suffering from emotional and cognitive symptoms and mental health conditions/disorders that place them at the highest risk for suicide, and (2) linking those students with the appropriate interventions and treatment. Addressing these challenges is not an easy task, and our review of the literature describing the challenges faced by other universities and their responses to campus suicide indicates that there is no panacea.

Suicide is a tragedy and a major public health concern. At the same time, it is important to keep in mind that suicide is a rare occurrence and, therefore, it is impossible to predict perfectly who will and who will not attempt suicide. Efforts to do so lead to large numbers of false negative and false positive predictions. A false negative refers to inaccurately identifying someone as not at risk when they are at risk. False positives refer to inaccurately identifying someone who is at risk when they are not. Therefore, a death by suicide does not necessarily indicate that someone must be at "fault" for not preventing the death. There is no currently available instrument or method of suicide risk assessment that can reliably identify who will die by suicide (sensitivity) and who will not (specificity); although findings from some research have indicated that depression, and its severity, as well as hopelessness can predict suicidal ideation (thinking about suicide).[20]

Suicide risk assessment is a complex process that must be conducted by a qualified mental health practitioner to determine an individual's risk for suicide. Ultimately, suicide

[17] Cavanagh JTO, Carson M, Sharpe M, et al. (2003) Psychological autopsy studies of suicide: a systematic review. Psychological Medicine, 33: 395-405.
[18] Appleby L, Cooper J, Amos T, et al. (1999). Psychological autopsy of suicides by people aged under 35. *British Journal of Psychiatry, 175*: 168-174.
[19] Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action.* Washington, DC: HHS, September 2012.
[20] Farabaugh, A., Bitran, S., Nyer, M. et al. (2012). Depression and suicidal ideation in college students. *Psychopathology, 45,* 228-234.

risk assessment cannot be conducted in a vacuum, as suicide is a process, not an event. Suicide is the culmination of a variety of factors, including diagnostic, genetic, familial, environmental, social, cultural and occupational factors. The risk of suicide in an individual can change rapidly. [21] [22] [23]

Suicide risk assessment "forms" are widespread, but many have not been tested for reliability and validity or lack adequate psychometric properties. A major flaw of such forms is that they lack the process of analysis and synthesis in that the clinician is not required to identify, prioritize and integrate risk and protective factors into an overall assessment of suicidal risk and development a management/treatment plan based on clinical judgment.[24] There is no substitute for informed clinical judgment in the assessment of suicidal risk, hence the need for an adequate number of clinicians to be available to assess students who present with suicidal ideation symptoms that place them at risk for suicidal behavior and/or screen positive on a suicide screening instrument.

Suicide screening is different from suicide risk assessment. Suicide screening refers to the use of a standardized protocol, and screening can be done with large segments of a population to identify individuals who may be at risk for suicide or other significant mental health concerns. Suicide screening can be offered to everyone within a population, regardless of whether they are considered to be at risk for suicide or other mental health problems, and whether or not they are displaying any particular warning signs or risk factors.[25] In contrast, suicide risk assessment is conducted by clinicians with individuals when there is already some indication that there may be an elevated risk for suicide or other mental health conditions. Suicide risk assessments help clinicians develop appropriate intervention plans, whereas suicide screening protocols are only intended to highlight the need for an individual to seek assistance from a qualified clinician.

Data from Ohio State have shown that when graduate students are offered an anonymous, online suicide and depression screening, approximately 7 percent complete the online screening tool.[26] This is roughly equivalent to the national average for graduate and medical students using the same screening protocol, and the Interactive Screen Program for Suicide Prevention is listed in the Best Practices Registry for Suicide Prevention.[27] Although this may seem like a low percentage of students, it is important to note that over

[21] Kleiman EM, Turner BJ, Fedor S et al. (2017). Examination of real-time fluctuations in suicidal ideation and its risk factors: Results from two ecological monetary assessment studies. J. Abnorm. Psychol, 126(6): 726-738. doi: 10.1037/abn0000273. Epub 2017 May 8.
[22] Bagge CL, Littlefield AK, Glenn CR (2017). Trajectories of affective response as warning signs for suicide attempts: An examination of the 48 hours prior to a recent suicide attempt. *Clin. Psychol. Sci.* doi: 10.1177/2167702616681628.
[23] Bagge CL, Littlefield AK, Glenn CR (2017). Trajectories of affective response as warning signs for suicide attempts: An examination of the 48 hours prior to a recent suicide attempt. *Clin. Psychol. Sci.* doi: 10.1177/2167702616681628.
[24] Simon RI (2011) Suicide Risk Assessment Forms. In Preventing Patient Suicide Clinical Assessment and Management, by RI Simon. American Psychiatric Publishing, Inc. Washington, DC
[25] Suicide Prevention Resource Center. (2014, September). *Suicide Screening and Assessment*. Waltham, MA: Education Development Center, Inc.
[26] RUOK OSU. (2018). The Ohio State University Suicide Prevention Program. Unpublished Report.
[27] AFSP. (2018). Interactive Screening Program. https://afsp.org/our-work/interactive-screening-program/

the four years that this screening has been offered to Ohio State graduate students, 99 percent of the students who have completed the screening have been in the highest tiers of risk for suicide and depression (tier 1 and 2), and fewer than 1 percent of the students have been in the lowest risk (tier 3). In other words, graduate students who have self-selected into this screening protocol have done so because they knew that they were at risk and reached out for help. Many of these same students have indicated that they have not sought help previously and no one else knew about their distress. In this way, large-scale screening programs have the potential to increase the number of high-risk students who come to the attention of the university who were previously unknown to the mental health staff. However, the small participation rate of any screening program means that suicide screening provides only one piece of what must be a very complex and multifaceted approach to suicide prevention on campus.

Problem of Conflating Access with Suicide

The Task Force was presented with no data that would lead to the conclusion that death by suicide at our institution is related to problems accessing mental health services at Ohio State. This statement is not meant to imply that there is not more that can and should be done to support mental health services for the students at Ohio State, but rather that it is important to not conflate the issues of mental health access and death by suicide at Ohio State.

Unfortunately, efforts to decrease stigma by downplaying the seriousness of mental illness by using generic terms such as “stress,” “worry,” etc. can have problematic effects. For example, the majority of individuals have experienced anxiety and depression at some point in their lives, but have not suffered from an anxiety disorder (such as panic disorder, obsessive compulsive disorder or generalized anxiety disorder) or a mood disorder (such as major depression or bipolar disorder). Research indicates that many Americans have experienced or witnessed a traumatic event in their lives, but most people do not have Post-Traumatic Stress Disorder (PTSD).[28] Anxiety, grief and sadness are part of the human experience. Problems may arise when we do not distinguish between feelings and a diagnosable mental disorder or condition. When the conditions of anxiety and depression are “normalized,” this can mask a serious health concern. Those who suffer from these conditions on a daily basis may believe that they must figure out how to deal with their distress alone, and then they may feel inadequate and more alienated and hopeless when they are unable to do so.

The majority of college students with diagnosable and severe mental health problems do not seek help, which is why it is essential for students to have a “menu of options” that offer a variety of interfaces and opportunities for evaluation and treatment. It is this population of students that is the most at risk for suicide, and we, at Ohio State, need to

[28] Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using *DSM-IV* and *DSM-5* Criteria. *Journal of Traumatic Stress*, *26*(5), 537–547. http://doi.org/10.1002/jts.21848

promote a culture of care. This culture is one that encourages students to seek help, promotes acceptance and support for those struggling and assists students in finding the appropriate resources to assist them in their recovery.

The importance of this culture of care cannot be overstated, as it is a protective factor for suicide that has strong empirical support. Feeling supported through a broad social support system (such as could be offered by a campus culture of acceptance and support) has been empirically demonstrated to decrease suicide likelihood of lifetime suicide attempts in a nationally representative sample by as much as 30 percent, even among individuals with many other risk factors for suicide.[29]

Campus Suicide in the U.S.

Suicide on college campuses is not a new phenomenon. Over the past decades, several institutions have been prompted to take significant actions to address stress and anxiety, as well as to mitigate the risk of suicide on their campus. Examples include:

- Cornell University posted security guards and installed fences and netting around university-owned bridges where six students died by suicide during the 2009-2010 academic year.

- New York University installed plexiglass barriers inside their library after two suicides in 2003 and installed additional floor-to-ceiling metal barriers after another suicide in 2009. The university also significantly increased mental health resources on campus, including increasing the number of therapists, psychiatrists and crisis intervention services, as well as instituting a walk-in clinic.

- Johns Hopkins University concealed the grades of first-semester, first-year students from graduate admissions and future employers on transcripts in order to reduce stress and anxiety for students. The policy was enacted in 1971 but removed in 2017.

- Yale University changed readmission policy in 2015 to make it easier for students to leave for medical or mental health reasons and then return to the university; prior to change students had to reapply for admissions.

A decade-long study (currently in the process of being repeated) of some Big Ten Conference institutions on campus suicide provides the best available data on this subject. That study included mostly large Midwestern universities (but not Ohio State) and found that the annual rate of deaths by suicide to be 7.5 per 100,000 students.[30] The Big Ten

[29] Kleiman, E. M., & Liu, R. T. (2013). Social support as a protective factor in suicide: Findings from two nationally representative samples. *Journal of Affective Disorders,* 150(2), 540–545. doi:10.1016/j.jad.2013.01.033.
[30] Silverman MM, Meyer PM, Sloane F, Raffel M, Pratt DM (1997). The Big Ten Student Suicide Study: A 10-year Study of Suicides on Midwestern University Campuses. *Suicide and Life-Threatening Behavior*, 27(3): 285-303.

study found that the rate of suicide among students was half that of their corresponding age group in the general population, which the authors attributed to colleges' efforts in the area of mental health and suicide prevention. A more recent study of suicide at four-year colleges and universities in the U.S. from 2004-2005 through 2008-2009 found a suicide rate of 7 per 100,000 students, and again found a significantly lower risk for suicide than in a matched national sample. However, it was also noted that the degree to which being a student provided some protective benefit against suicide has diminished.[31] The decrease in the availability of firearms on campus (versus homes) and other features of the campus environment were noted to be the basis for lower suicide rates for college students relative to their same-age peers. Of note in the study was the finding that although suicide by firearm and hanging were less prevalent than in the general population, suicide by jumping and poison were not significantly different in college students than the general population. This study highlights the importance of decreasing access to lethal means as part of suicide prevention efforts.

Campus Mental Health

About 75 percent of mental health conditions begin by age 24. [32] One in four young adults between the ages of 18 and 24 has a diagnosable mental illness/condition, and more than 25 percent of college students have been diagnosed or treated for a mental health condition within the past year. The National Alliance on Mental Illness (NAMI) college survey indicates that greater than 11 percent of college students have been diagnosed or treated for anxiety in the past year, and more than 10 percent reported being diagnosed or treated for depression. The survey also found that more than 40 percent of college students have felt more than an average amount of stress within the past 12 months. Additionally, more than 80 percent of college students felt overwhelmed by all they had to do in the past year and 45 percent have at times felt hopeless.

Most concerning, almost 73 percent of students living with a diagnosed mental health condition experienced a mental health crisis on campus, but 35 percent reported that their college did not know about it. As colleges across the country report large increases in enrollment, college counseling centers have also observed an increase in the prevalence and severity of mental health issues experienced by students and an increase in the number of students taking psychotropic medications. Research has found that 64 percent of young adults who are no longer in college are not attending college because of a mental health related reason. Depression, bipolar disorder and PTSD were the primary diagnoses of these young adults.[33] More than 45 percent of young adults who stopped attending college because of mental health related reasons did not request accommodations, and 50 percent of them did not access mental health services. Overall, 40 percent of students with diagnosable mental health conditions did not seek help, and 57 percent of them did not

[31] Schwartz AJ (2011). Rate, Relative Risk, and Method of Suicide by Students at 4-Year Colleges and Universities in the United States, 2004-2005 through 2008-2009. *Suicide and Life-Threatening Behavior*, 41(4): 353-371.
[32] https://www.nami.org/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf
[33] https://www.csc.edu/bit/resources/statistics/

request accommodations from their school. The number one reason that students do not seek help is stigma.[29]

The most recent data from the American College Health Association's (ACHA) National College Health Assessment (NCHA) released in 2017 show that students cited depression and anxiety as among the top impediments to academic performance. Nationally, about 40 percent of undergraduate students felt so depressed in the past year that it was difficult for them to function, and more than 62 percent felt overwhelming anxiety.[34] Ohio State participated in an administration of the NCHA in spring semester 2018 (national data for 2018 has not yet been released, so Ohio State's 2018 results shown below are compared to 2017 national statistics). Data for Ohio State students were similar to national numbers: 37 percent of undergraduates reported feeling so depressed it was difficult to function and 61 percent felt overwhelming anxiety.

Data from Ohio State's 2018 administration of the NCHA revealed that 81 percent of undergraduates and 89 percent of graduate and professional students responded that they would consider seeking help from a mental health professional. In 2018, 36 percent of undergraduate Ohio State student respondents reported they had received psychological or mental health services from a counselor, therapist or psychologist (compared to 41 percent nationally); 52 percent of graduate and professional student respondents reported they had received similar service (compared to 48 percent nationally).

A review of suicide-prevention research in the post-secondary education setting examined all studies in the Cochrane Group database as well as nine other databases; only eight studies met inclusion criteria, highlighting the scarcity of research in this critical area. [35] There was "insufficient evidence to support widespread implementation of any programs or policies for primary suicide prevention in post-secondary educational settings." Classroom instruction and gatekeeper training (training to help community members understand warning signs of suicide and how to respond when presented with such signs) increased suicide-related knowledge in the short-term, but there was no evidence that it had an effect on suicidal behavior. However, the findings were limited by the poor quality of the data.

Most researchers in the field agree that using changes in suicide death rates as the outcome variable is problematic since death by suicide is an infrequent event, making accurate prediction impossible as well as making it difficult to detect the impact of various interventions. Therefore, research on gatekeeper training and classroom instruction often uses changes in participants' knowledge, skills and willingness to intervene as a more appropriate measure of long-term effectiveness. Research on the REACH gatekeeper training at Ohio State found that one-year after the training, 89 percent of participants

[34] American College Health Association. (2018). *American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Data Report Fall 2017*. Hanover, MD: American College Health Association.
[35] Harrod CS, Goss CW, Stallones L, DiGuisseppi C (2014). Intervention for primary prevention of suicide in university and other post-secondary educational settings. *Cochrane Database Syst Rev*, Oct 29 (10):CD009439. doi: 10.1002/14651858.CD009439.pub2.

stated that in the past year they had attempted to intervene if they were concerned about the behaviors of another person.[36] The vast majority of participants reported that one year after training they would intervene if they were confident in their ability to intervene. Additionally, the vast majority of participants agreed that the REACH training was helpful in increasing their overall knowledge of suicide risk and how to refer students to help. These outcomes have been confirmed in more recent research, with a shorter-term follow-up. A 2017-2018 study of REACH participants demonstrated statistically significant improvements in all of the knowledge and skills questions at short-term follow-up after the training.[37]

Of note is that one study reviewed showed that method restriction and mandatory professional assessment of students who exhibited suicidal behaviors reduced the suicide rate. Restricting access to the means of suicide is guided by the fact that some deaths by suicide are impulsive, and more likely to result in death if a potentially lethal means is employed (e.g., firearm, jumping from heights such as bridges, garages and cliffs). In the absence of high-quality studies to further inform policy and programming, universities must grapple with the need to intervene in ways that will most likely impact suicidal behavior. A lack of empirical data regarding the most effective programming to impact campus suicide should not be interpreted as a call to inaction. Rather, the call to action should be saving lives through empirically validated identification of at-risk individuals and intervening appropriately.

INTERNAL SCAN

The Ohio State University offers a variety of direct suicide prevention and mental health services, as well as a variety of supportive programs and offerings that contribute to advancing mental health and wellness. The following is an overview of the most-used resources at the institution, as well as complementary services that could be leveraged as the university develops a more robust culture of care.

JED Foundation's (JED) Campus Initiative

JED[38] is a non-profit organization that exists to protect the emotional health and prevent suicide among teens and young adults in the United States. JED partners with high schools and colleges to strengthen their mental health, substance abuse and suicide prevention programs and systems. Ohio State is an inaugural recipient of the JED Campus Seal (2013), which recognizes schools for their comprehensive approaches to student mental health promotion and suicide prevention. (APPENDIX B)

The JED Foundation has also partnered with the Steve Fund to develop and adopt the "Equity in Mental Health Framework" [39] to support the mental health of students of color.

[36] REACH Gatekeeper Training Results. (2013). The Ohio State University. Unpublished Report.
[37] REACH Gatekeeper Training Results. (2018). The Ohio State University Suicide Prevention Program & Center for the Study of Student Life. Unpublished Report.
[38] https://www.jedfoundation.org/
[39] https://equityinmentalhealth.org/

Ohio State is currently in the recertification process for the JED Campus Seal, centered on the following steps:

- Develop life skills
- Promote social connectedness
- Identify students at risk
- Increase help-seeking behavior
- Provide mental health and substance abuse services
- Follow crisis management procedures
- Restrict access to potentially lethal means

The JED process is meant to help schools ensure appropriate policies and programs that are customized to a specific campus.

The Ohio State University Suicide Prevention Program

The mission of The Ohio State University Suicide Prevention Program[40] (Ohio State-SPP) is to develop a comprehensive, effective, culturally responsive, technologically advanced and sustainable system of suicide prevention at the Columbus and five regional campuses.

Ohio State-SPP uses a public health approach to suicide prevention, as recommended by the Surgeon General's Call to Action to Prevent Suicide[41] and more recently by the Harvard Health Policy Review.[42] The program was originally grounded in state and national evidence-based resources and was designed to engage all seven components of the JED/EDC Partnership Model for Comprehensive Suicide Prevention on College Campuses.[43] [44] [45]

Ohio State-SPP has been in continuous operation as a stand-alone office since 2006, making it one of the longest running campus suicide prevention programs in the nation. The program was originally funded from a Garrett Lee Smith (GLS) grant from SAMHSA (2006-2012), and now receives funding through university sources, primarily through the

[40] https://suicideprevention.osu.edu/
[41] U.S. Public Health Service, The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: 1999. Retrieved from https://profiles.nlm.nih.gov/ps/access/nnbbbh.pdf.
[42] Eells, G. T., Marchell, T. C., Corson-Rikert, J., & Dittman, S. (2012). A Public Health Approach to Campus Mental Health Promotion and Suicide Prevention. Harvard Health Policy Review, 13. Retrieved from http://www.hcs.harvard.edu/~hhpr/wp-content/uploads/2012/04/features-1.pdf.
[43] Suicide Prevention Resource Center. (2004). Promoting mental health and preventing suicide in college and university settings. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/sites/default/files/migrate/library/college_sp_whitepaper.pdf.
[44] Center for Substance Abuse Treatment (CSAT). (2008). Substance abuse and suicide prevention: Evidence and implications - A white paper. Substance Abuse and Mental Health Services Administration (SAMHSA).
[45] Ohio Mental Health and Addiction Services. (2018). Ohio's Suicide Prevention Plan. *http://mha.ohio.gov/Prevention/Suicide-Prevention/Ohios-Suicide-Prevention-Plan*

Office of Student Life, the Graduate School, the College of Education & Human Ecology and the Office of Military and Veterans Services.

The staff of the Ohio State-SPP office consists of a part-time Director, Assistant Director, three doctoral student graduate administrative associates, three Federal Work-Study students, three undergraduate interns, one military and veterans community advocate assigned through the Office of Military and Veterans Services and undergraduate and graduate student volunteers. There are also more than 70 campus partners who volunteer to assist with the work of the Ohio State-SPP, primarily in the form of conducting suicide prevention education and outreach programming.

The structure of the Ohio State-SPP is unique among college campuses because it operates as a separate unit within the university. The prevailing strategy among GLS grantees has been to embed the suicide prevention efforts within an existing office (e.g., the counseling center, health center or wellness program). By locating the program outside of an existing office, all of the more than 70 campus partners at Ohio State recognize that the model depends on a shared campus responsibility, and all departments and individuals are equally responsible to help develop a culture of care, including prevention. Thus, the program is owned by all campus and community partners together. The goal has been to get wide-scale buy-in from the partners and then to help each campus and community partner conceptualize, develop and implement their own unique contribution to campus suicide prevention.

The strengths of this large-scale partnership are many. Partners have unique insights into the different components of university life, and each brings an important perspective to share. Campus departments that have not traditionally seen their role as including mental health promotion and stigma reduction are recognizing that this must be a shared campus responsibility. Different partners have found different ways to become involved, but all have demonstrated a commitment both to the process and to the product of a campus culture of care. This unique structure has led to a partnership approach to suicide prevention at Ohio State that has been identified and promoted by SAMSHA as an evidence-based program for campus-based suicide prevention.

The work of the Ohio State-SPP is focused on the following major efforts: Education; Advocacy and Outreach for Stigma Reduction; Mental Health Screening and Referral; Partnerships Toward a Shared Campus Responsibility; and, Leadership in Suicide Prevention.

Office of Student Life's Counseling and Consultation Service (SLCCS)

The Office of Student Life's Counseling and Consultation Service[46] (SLCCS) provides individual and group mental health services, psychoeducational prevention and outreach programming to currently enrolled undergraduate, graduate and professional students. SLCCS services are confidential. In addition, they work with many Ohio State and

[46] https://ccs.osu.edu/

community providers to ensure that, when necessary, referrals for full-service, specialized or long-term care can be made. SLCCS services are not intended to take the place of a student's primary mental healthcare; it is intended to supplement or enhance this primary mental healthcare.

In the 2018-2019 school year, SLCCS will have 46 senior staff positions, 44 of which are full-time. The senior staff positions include those that report to SLCSS and are embedded in specific academic or administrative units on specific days of the week:

- Optometry
- Pharmacy
- Engineering
- North Residential Area
- Law
- Public Health
- Dentistry
- Nursing
- Office of Diversity and Inclusion
- Fisher College of Business
- Social Work
- Food, Agriculture and Environmental Science

Including the embedded positions that will be added in the coming school year, over the past three academic years, SLCCS will have increased the number of clinicians by 16 and support staff by two. (NOTE: The College of Veterinary Medicine and the College of Medicine each have embedded counselors who report directly to the colleges.)

SLCCS is fully accredited by the International Association of Counseling Services (IACS), and staffing levels are comparable with most other large, public universities. IACS recommends a clinician (not including psychiatrists) to student ratio of 1:1,000-1,500. Based on a student population of 60,000, SLCCS's ratio for the 2018-2019 academic year will be 1:1,463.

SLCCS has expanded its number of locations on campus to include not only the Younkin Success Center but also Lincoln Tower and the North Residential District. Staff members offer therapy in nine languages (Cantonese Chinese, English, Hindi, Korean, Malay, Mandarin Chinese, Spanish, Twi and Yoruba) and the staff is trained in trauma-focused support.

SLCCS offers a multi-model approach for service. First contact is handled through a telephone triage system, implemented in January 2013. Triage calls can be self-scheduled via an online portal. The goal is to offer students the availability of a triage call with a clinician within one day of initial contact. For those whose triage indicates an urgent need, the goal is to provide access to individual appointments within one week.

In addition to one-on-one appointments with counselors for those in crisis with urgent needs, SLCCS's multi-modal approach offers alternatives to those with non-urgent needs, including daily drop-in workshops, weekly group counseling sessions, student wellness coaching through the Student Life Student Wellness Center (SLSWC) and referrals to university and community clinicians.

Students are permitted 10 appointments per academic year. On average (nationally and at Ohio State), an individual student will typically use 5 to 6 sessions during that time. There is no limit to the number of group counseling and workshop sessions that a student may attend.

Demand for SLCCS services has increased dramatically in recent years. Over the past 15 years, there has been a 170 percent increase in the number of unique clients served, from 2,348 in 2003-2004 to 6,336 in 2017-2018. Over the same time period, there has been a 150 percent increase in the number of total appointments (14,300 to 35,709.) The increase in urgent appointments has been even more dramatic, from 376 in 2003-2004 to 1,571 in 2016-2017, a 318 percent increase.

Office of Student Life's Student Health Services (SLSHS)

The Office of Student Life Student Health Services[47] (SLSHS), located in the Wilce Student Health Center, is nationally accredited by the Joint Commission as an outpatient facility, providing a variety of health care services to students. Services routinely include primary and dental care, sports medicine and physical therapy, preventative medicine, optometry and gynecology as well as offering a full-service on-site pharmacy. All enrolled students are eligible to use the Wilce Student Health Center whether or not they have Ohio State University Comprehensive Student Health Insurance.

Over the past 10 years, SLSHS has seen a dramatic rise in the number of students diagnosed and treated for behavioral health conditions. Total visits for behavioral health concerns increased 48 percent from 3,762 in 2011-2012 (July-June) to 7,246 in 2016-2017. Anxiety and depression, taken together, now represent the second most frequent diagnoses for all visits to Wilce. In addition, SLSHS is seeing increasingly complex psychiatric disorders such as addiction and substance abuse, bipolar disorder, eating disorders, attention deficit disorder and schizophrenia.

SLSHS takes referrals from Student Life Counseling and Consultation Service for medical management of patients, as well as receiving referrals from Harding Hospital, Dublin Springs Hospital and Riverside Hospital.

During the 2011-2012 academic year, SLSHS issued 147 counseling and psychiatry outside referrals for behavioral health care. By 2016-2017, the referral rate had more than doubled to 380. These numbers do not include the students referred directly to the

[47] https://shs.osu.edu/

emergency department for immediate care, nor do they include referrals for ADHD and other psychological testing services.

Office of Student Life's Student Health Insurance (SLSHI)

Students at all campuses of The Ohio State University are required to have health insurance if they are enrolled at least half-time and in a degree program of study.

Student Life Student Health Insurance[48] (SLSHI) manages the university's health insurance requirement and provides an insurance option to fulfill the requirement: the Student Health Insurance Benefit plan (SHI Benefits Plan). This plan offers medical, dental and vision insurance. For the academic year 2017-2018, a total of 14,587 students and their dependents were covered under this benefit plan (5,211 graduate students, 1,047 professional students and 7,462 undergraduate students and their dependents).

The medical policy partner for the SHI Benefits Plan, UnitedHealthCare StudentResources (UHCSR) offers two online resources for *non-emergency* medical and mental health care available as part of the SHI Benefits Plan at no additional charge.

- HealthiestYou provides a student with round-the-clock access to board-certified physicians when a student is unable to visit the Wilce Student Health Center during open hours.

- New for policy year 2018 - 2019: BetterHelp is a confidential virtual counseling service, providing access to Psychologists (PhD / PsyD), Marriage and Family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC). These professional licensed counselors are available to students to schedule an appointment and decide on a communication method that best suits their needs, including ongoing text communications, live chat, phone, video or group webinars. Students who do not have the university's comprehensive student health insurance may purchase access to the service for $260/month.

Office of Student Life's Student Wellness Center (SLSWC)

The Office of Student Life's Student Wellness Center[49] (SLSWC) is structured to promote student wellness and success through a multi-model approach. This approach is centered on a holistic wellness model that encompasses nine dimensions of wellness (APPENDIX C) in an effort to educate and connect students to the concept of holistic well-being. Services at the SLSWC are delivered through a positive, student development and outcomes-oriented lens in order to generate goals and behavior change that are meaningful to each individual student. Services include efforts to address substance use and recovery, diet and body image, financial wellness, sexual health, violence prevention and mental health promotion. The SLSWC services are empowering and preventative in

[48] https://shi.osu.edu/
[49] http://swc.osu.edu/

nature and free for all Ohio State students. Likewise, the offerings complement those of SLCCS and extend that unit's multi-modal options.

Holistic wellness efforts are offered through a variety of individual coaching services. Examples of specific services that promote the concept of holistic wellness include:

- **Wellness Coaching**: Wellness Coaching provides opportunities for students to gain and improve their awareness around their capacity to create the life they want to live, both now and in the future. Coaching is offered by trained student coaches and one staff member.

- **Nutrition Coaching**: Nutrition coaching is available to students who want to optimize their health and well-being, and work through problems or barriers that block their path to holistic wellness. Nutrition coaching is intended to help students identify any imbalance in their food intake and explore ways to optimize their nutrition needs. Coaching is offered by trained student coaches and one staff member.

- **Financial Coaching**: Scarlet and Gray Financial assists students in creating the life they desire through the use of a goal-driven financial process. Coaching is offered by trained student coaches.

Office of Student Life's Residence Life

Ohio State houses approximately 14,000 students on-campus each year, which requires a multi-pronged approach for supporting students' mental health and wellness, as well as being prepared to respond in times of crisis.

The Office of Student Life's Residence Life includes "Advocating Wellness" as one of its core value areas. The professional and student staff are all trained annually by the staff from the Office of Student Life's Counseling and Consultation Service (SLCCS) as well as staff from the Student Life Student Wellness Center and Student Life Student Advocacy Center. Resident Advisors (RAs) are required to provide wellness-based programs within the halls. In 2017-2018, 862 wellness programs were offered, with 211 specifically related to emotional-wellness. Staff also provide passive education related to wellness resources through posters and newsletters throughout the year.

RAs work closely with their residents and are responsible for important support roles. To provide support for the RAs, Hall Directors meet with RAs individually and as staff teams weekly. RAs strive to support students who may be exhibiting concerning behaviors, such as threats or actions of self-harm. RAs also focus on the community relationship dynamics that are involved in the support of the students and their roommates.

All Residence Life and student staff are trained annually on crisis-management skills and protocol in preparation for their on-call and community management duties. All staff

participate in REACH suicide prevention training (in partnership with Ohio State – SPP) upon joining the office. Annual training each fall for new and returning staff includes how to triage, schedule and understand the operation of crisis counseling systems. Staff members are also educated on resources including the night-time protocol phone counseling service and the mental health response/transport resources by Ohio State Public Safety and local EMTs.

Psychological Services Center

Housed in the College of Arts and Sciences Department of Psychology, the Psychological Services Center (PSC)[50] offers free, evidence-based psychological treatments for a variety of issues, including depression, anxiety, substance use, coping with chronic medical conditions, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder and personality disorders, for adults in central Ohio, including Ohio State students and non-affiliated community members. Therapists are advanced students in Ohio State's Clinical Psychology Doctoral Program. Supervision and training are provided by licensed psychologists in the Department of Psychology. During the 2017-18 academic year, approximately 150 patients were treated in the PSC across the three clinics housed within the PSC (Cognitive Behavior Therapy (CBT) Clinic, Behavioral Medicine Clinic, and Addiction Recovery Clinic).

While the percentages vary by clinic, the client mix is approximately 60 percent community members and 40 percent Ohio State students. Wait times also vary by clinic, time of year and resources available. The Addiction Recovery Clinic typically has the shortest wait time, with new patients usually seen within one to two weeks of initial contact, while the Cognitive Behavior Therapy clinic has a wait time of one to four months.

Ohio State's Consultation and Assessment Team (CAT)

The Consultation & Assessment Team (CAT)[51] is a consultation team that reports to the Senior Vice President for Student Life. Permanent members include representatives from the Ohio State Police, ADA Coordinator's office, Office of Legal Affairs and the following units within the Office of Student Life: Counseling and Consultation Service, Student Advocacy Center and Student Conduct.

Consultation meetings are held at the request of Ohio State faculty, staff or students who are concerned about the behavior of a student that is potentially dangerous to others or presents a significant disruption.

The charge of the CAT team is:

- Assess situations involving students who pose a potential risk of harm to persons or property in the university community or of substantial disruption of university activities.

[50] https://psychology.osu.edu/psc
[51] https://ccs.osu.edu/for-staff-faculty/consultation-assessment-team/

- Consult with individuals involved in or impacted by the student's behavior.
- Recommend university responses to situations involving violent, threatening or significantly disruptive students.
- Student Life makes recommendations to the Senior Vice President for Student Life on an appropriate course of action with regard to a student who poses a potential risk of harm consistent with university rules and policies.

The team will recommend actions to help manage the situation accounting for community safety, individual student rights, and the preservation of the campus learning, living and working environment. CAT considerations include the potential for violence, strategies to contain disruption, resources available to assist the student in addressing core concerns and to assist others impacted by their behavior, accommodation that may be required by law and setting appropriate behavioral boundaries within existing policies and procedures.

The Ohio State University Division of Police

The Ohio State University Department of Public Safety[52] provides law enforcement, security services, emergency management planning and other public safety services to create a safe and secure environment for university students, faculty and staff. The Ohio State University Police Division (OSUPD)[53] is committed to protecting the general welfare of the university community and surrounding campus area.

OSUPD started requiring all campus police officers to take a 40-hour Crisis Intervention Training (CIT) course. The once-optional training reinforces OSUPD's commitment to providing enhanced support to its campus community. This police training covers all forms of crises and mental health, teaching officers about the resources available in the community for those in crisis, how to identify those suffering from trauma or a mental illness and how to respond when an individual is in a crisis situation, including de-escalation techniques. OSUPD encourages community members who are worried about a friend or coworker to reach out to them so they can perform a well-being check.

College of Nursing (#mindstrong and the Health Sciences Wellness Onboarding Program)

#mindstrong (formerly entitled Creating Opportunities for Personal Empowerment) is an evidence-based, manualized cognitive-behavioral skills building program that integrates key concepts contained in cognitive behavioral therapy typically delivered in seven weekly sessions. Findings from several studies have shown that this program decreases anxiety, depressive symptoms, stress, and suicidal ideation as well as increases self-esteem, healthy lifestyle behaviors, and academic performance in adolescents and college

[52] https://dps.osu.edu/
[53] https://dps.osu.edu/police

students.[54] [55] [56] [57] [58] [59] [60] #mindstrong can be delivered one on one, in small groups or in classroom venues. An online interactive version of the program also is currently being planned.

The Health Sciences Wellness Onboarding Program was launched in 2014 as a strategy to enhance the mental and physical health of graduate health sciences students. Students entering the seven health sciences colleges are offered the opportunity to participate in the program in the first two weeks of beginning their professional programs. Students complete an online personal wellness assessment, which includes depressive, anxiety and stress symptoms, using the PHQ-9, GAD-7 and the BIPS, along with a variety of other health/healthy lifestyle behavior assessments and are then matched with a second- or third-year nurse practitioner (NP) student who serves as a health coach for a semester. In the 2017-2018 academic year, students received the #mindstrong program as a central component of their health coaching. This wellness onboarding program is offered to students in the context of a research study with outcomes monitoring to determine the short- and long-term efficacy of the program.

Office of the Chief Wellness Officer

Ohio State's first Chief Wellness Officer was appointed in 2011 with a mission to create a culture of wellness and facilitate the highest level of well-being for the university's population. Ohio State has a vision to be the healthiest university in the world. In order to accomplish that vision, the One University Health and Wellness Council was created under the auspices of the Chief Wellness Officer in order to develop a university-wide wellness strategic plan and ensure a comprehensive, integrated and coordinated approach to wellness for faculty, staff and students across all campus locations. The Council is chaired by the Chief Wellness Officer, the Senior Vice President for Student Life and Human Resources' Associate Vice President for Total Rewards. Leaders from all units who are responsible for contributing to health and well-being of faculty, staff and students comprise

[54] Lusk, P., & Melnyk, B.M. (In Press). Decreasing Depression and Anxiety in College Youth Using the Creating Opportunities for Personal Empowerment Program (COPE). *Journal of the American Psychiatric Nurses Association.*

[55] Hoying, J., Melnyk, B.M., & Arcoleo, K. (2016). Effects of the COPE Cognitive Behavioral Skills Building TEEN Program on the Healthy Lifestyle Behaviors and Mental Health of Appalachian Early Adolescents. *Journal of Pediatric Health Care*, *30*(1), 65-72.

[56] Melnyk, B.M., Jacobson, D., Kelly, S.A., Belyea, M.J., Shaibi, G.Q., Small, L., O'Haver, J.A., & Marsiglia, *F.F.* (2015). Twelve-Month Effects of the COPE Healthy Lifestyles TEEN Program on Overweight and Depression in High School Adolescents. *Journal of School Health, 85*(12), 861-870.+*

[57] Melnyk, B.M., Amaya, M., Szalacha, L.A., Hoying, J., Taylor, T. & Bowersox, K. (2015). Feasibility, Acceptability and Preliminary Effects of the COPE On-line Cognitive-Behavioral Skills Building Program on Mental Health Outcomes and Academic Performance in Freshmen College Students: A Randomized Controlled Pilot Study. *Journal of Child and Adolescent Psychiatric Nursing, 28*(3), 147-154.

[58] Hickman, C., Jacobson, D., & Melnyk, B.M. (2014). Randomized controlled trial of the acceptability, feasibility, and preliminary effects of a cognitive behavioral skills building intervention in adolescents with chronic daily headaches: A pilot study. *Journal of Pediatric Health Care, 29*(1), 5- 16.

[59] Melnyk, B.M., Kelly, S., & Lusk, P. (2014). Outcomes and feasibility of a manualized cognitive-behavioral skills building intervention: Group COPE for depressed and anxious adolescents in school settings. *Journal of Child and Adolescent Psychiatric Nursing*, *27*(1), 3-13.

[60] Melnyk, B.M., Kelly, S., Jacobson, D., Arcoleo, K., & Shaibi, G. (2013). Improving physical activity, mental health outcomes and academic retention of college students with freshman 5 to thrive: COPE/healthy lifestyles. *Journal of the American Academy of Nurse Practitioner, 26*(6), 314-322;

the council along with leadership representation from the colleges, Administration and Planning, University Marketing, University communications, faculty, staff, graduate students and undergraduate students. Evidence-based multi-component intervention strategies and programs are targeted to individuals, the social and family network, the work place and policy. Population health and well-being outcomes are tracked and quality improvement strategies are implemented on an ongoing basis. A growing body of evidence indicates that employees and students who have higher levels of well-being: (a) are more engaged, productive, and satisfied, (b) perform at higher levels, including academics, (c) miss less work and school, and (d) are at a lower risk for the development of chronic disease, including mental health disorders.

Wexner Medical Center:

- Ohio State Department of Psychiatry and Behavioral Health/Harding Hospital

  Ohio State's department of Psychiatry and Behavioral Health along with the Harding Hospital provide the most comprehensive behavioral healthcare services for adults, older adults, children and adolescents in central Ohio. They offer more treatment options and a more experienced and diversified staff than any other psychiatric or behavioral health care provider in the area, including crisis management and acute inpatient care, a partial hospitalization program, mental and behavioral health outpatient care, neurotherapy and women's behavioral health.

- Emergency Department's Psychiatric Emergency Services

  The adult inpatient program at Ohio State Harding Hospital provides emergency stabilization, diagnosis and the initial stages of treatment. Stabilization is particularly important if there is a risk for personal harm (including suicide risk) or injury to others. Ohio State Harding Hospital Psychiatric Emergency Services (PES) facilitates all admissions to Ohio State Harding Hospital inpatient services. This service is available 24 hours a day, seven days a week. Referrals come from emergency departments, medical units, outpatient clinics and physician offices, community mental health centers and regional healthcare facilities. The PES clinician collaborates with Ohio State Harding Hospital residents and attending psychiatrists to determine the appropriate level of care required. PES uses a structured interview process for patient evaluation. Once a patient has been stabilized, the goal of adult inpatient treatment is to help the person return to independent living and family participation. Treatment and progress toward wellness can then continue through partial hospitalization or outpatient program. The Emergency Department's Psychiatric Emergency Services can also be available for mental health crises.

- Stress, Trauma And Resilience (STAR) Program

  Using evidence-based trauma-informed practices and approaches to care, the Ohio State department of Psychiatry and Behavioral Health's Stress, Trauma And Resilience (STAR) Program addresses the critical need to address traumatic experience before illness or injury as well as after. Specifically, the STAR Programs
  - Serves as a resource for psychological trauma education and training for students, faculty and professionals from The Ohio State University and the central Ohio region.
  - Conducts cutting-edge interdisciplinary research on the causes, biological and behavioral markers, prevention and treatment approaches of psychological trauma.
  - Provides personalized health care to victims of crime and their families (can offer up to 16 free trauma-focused counseling sessions).

Student organizations

Ohio State is home to nearly 1,400 student organizations that focus on a variety of academic, social, creative, cultural, social and special interests. Advocacy for mental health and wellness issues are central to at least 11 of these organizations, and each year a variety of movements and campaigns are present on campus.

INTERNAL SCAN CLOSING

Ohio State offers a wide variety of support and resources for students. At an institution this vast, maintaining an understanding of the comprehensive offerings can be challenging, but is necessary to helping students to navigate the system and access help. Likewise, it is important to continually monitor emerging trends and evolving needs in order to adapt and grow support mechanisms as the data and information suggests.

III. RECOMMENDATIONS

Based upon the review performed by the Task Force, it was identified that the university would be well-served to advance and promote a Culture of Care, similar to university-wide efforts surrounding general wellness and the advancement of excellence. Likewise, the university should ensure appropriate levels and types of resources as well as develop unit- and university-wide programs and protocols to create an Ohio State environment that is more caring, supportive and proactive in mental healthcare.

1. ADVANCE AND SUSTAIN A CULTURE OF CARE

Summary: Culture of Care encompasses a full, concentrated environment by the entire university community to outreach to one another. This includes faculty proactively reaching out to students; administrators and staff extending their care and time to students in ongoing interactions; and encouraging students to check-in on their friends and peers. Building such a culture involves more than a commitment to ideals of diversity and inclusion, mutual support and ready access to mental health resources. It requires institutional infrastructure and concrete practices that minimize the potential for psychological harm to our students; that empower faculty, staff, and students to look out for one another; and that increase the visibility and integration of resources for physical and mental health on and off campus.

RECOMMENDATIONS FOR ACTION

- Continue the university's ongoing work with the JED campus initiative, a strategic planning program that works with schools to strengthen their mental health, substance abuse and suicide prevention programs and systems. Recently, the JED Campus Seal has approved and adopted the "Equity in Mental Health Framework" [61] to support the mental health of students of color and international students. Ohio State is in the process of recertifying our JED Campus Seal. It is recommended that Ohio State continue with this work and more broadly communicate results and actions across the university.

- Implement options for greater mental health consideration in academic pursuits, including:
    - Implement the resolution passed by University Senate on November 10, 2016, (APPENDIX D) and by Undergraduate Student Government on September 21, 2016, (APPENDIX E) to recommend the inclusion of a mental health/suicide prevention statement on all course syllabi, at the undergraduate, graduate and professional levels.

[61] https://equityinmentalhealth.org/

- Develop a standard academic medical withdrawal and re-enrollment process.

- Provide greater academic support for short-term absences due to mental health concerns.

- Encourage the development of courses that include mental health promotion, life skills, balance in life and stress management as part of the General Education (GE) curriculum model.

- Disseminate mental health and crisis response information to all faculty and staff each year.
    - Most recently, this has taken the form of a digital handout[62] and in the past this piece was distributed in hard-copy form to all instructors.

- Expand discussion of mental health, crisis intervention and suicide prevention services at first-year, graduate, professional and transfer orientations, as well as First Year Success Series (FYSS) courses and STEP Professional Development Co-curriculars (PDCs).

- Expand REACH training at Ohio State. REACH is the Ohio State suicide prevention training program designed to help prevent suicide by teaching faculty, staff and students how to **R**ecognize warning signs, **E**ngage with empathy, **A**sk directly about suicide, **C**ommunicate hope and **H**elp suicidal individuals to access care and treatment. We recommend expansion in the following areas:
    - Encourage all colleges/departments across the university to participate in REACH training(s) each year.

    - Facilitate more REACH trainings for first- and second-year students through existing First Year Success Series (FYSS) courses and the Second-year Transformational Experience Program (STEP).

    - Facilitate more REACH training for graduate and professional students.

    - Embed REACH trainers into the Office of Human Resources and strongly encourage new staff who have direct contact with students to attend a REACH training within first six months of hire.

    - Enact opportunities to incentivize completion of REACH training.

[62] https://oaa.osu.edu/assets/files/documents/911handout.pdf

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- Assist academic units with developing ways to link academic courses to existing campus stress reduction and wellness resources (e.g., Wellness Coaching, SMART Lab, #mindstrong).

- Advance university-wide commitment to mental health through increased collaboration, communication and development of new partnerships.
    - Create a cross-university engagement group that regularly meets to share, collaborate, discuss trends and celebrate the work of mental health contributors across campus.

2. ENHANCE AND STANDARDIZE SCREENING PROCEDURES

Summary: Utilize nationally recognized, evidence-based and standardized suicide screening options.

There are a variety of nationally recognized, evidence-based and standardized suicide screening options. Some of the more well-known include the following:

- **Ask Suicide-Screening Questions (ASQ).**[63] The National Institute of Mental Health (NIMH) began a multi-site study in 2008 to develop and validate a suicide risk screening tool called the ASQ. The ASQ consists of four yes/no questions and takes only 20 seconds to administer. This screening identifies individuals that require further mental health/suicide safety assessment. The ASQ is designed for screening individuals ages 10-24, is free of charge and available in multiple languages, including Spanish, Portuguese, French, Arabic, Dutch, Hebrew, Mandarin and Korean. The majority of individuals who die by suicide are suffering from a diagnosable and treatable mental illness, frequently a mood disorder such as depression.
- **The Patient Health Questionnaire-9 (PHQ-9).** [64] The PHQ-9 is a screening instrument that has been shown in multiple studies to be a reliable, valid and brief measure of depression severity. Assessment of the severity of depression is important for guiding treatment decisions.
- **The Columbia-Suicide Severity Rating Scale (C-SSRS).** [65] The C-SSRS is a brief questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported

[63] Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L. Joshi, P. (2012). Ask Suicide-Screening Questions (ASQ): A brief instrument for the pediatric emergency department. *Archives of Pediatrics & Adolescent Medicine, 166*, 1170-1176.
[64] Kroenbke K, Spittzer RL, Williams JBW (2001). The PHQ-9 Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613
[65] Posner K, Brown GK, Stanley B, et.al. The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. Am J Psychiatry. 2011;168:1266–1277.

and available in 103 different languages. This scale has been successfully implemented across many settings, including college campuses.[66] [67]

RECOMMENDATIONS FOR ACTION

- Inventory current mental health and suicide screening protocols and tools to standardize usage and the method for communicating and sharing information among all screening units (digital and in-person). It is recommended that mental health and suicide screening protocols be evaluated for consistency across the university to assist with guiding students to the appropriate level of services.

    - Student Life's Counseling and Consultation Service (SLCCS) currently utilizes an expanded screening evaluation tool that assesses suicidality. SLCCS may consider adopting the PHQ-9 and the ASQ or C-SSRS in lieu of some of their current questions regarding depression and suicide. Standardizing very basic assessment of depression and suicidality will assist in the use of a common "language" among providers and screeners with respect to risk.

    - Although it has not been proven at Ohio State, national research indicates a high percentage of individuals who die by suicide had contact with a primary care provider within a month of their deaths.[68] It is therefore recommended that:
        - The PHQ-9 and ASQ be utilized for all students age 24 or under who visit a Student Life's Student Health Services (SLSHS) provider regardless of whether they present with a psychological concern.
        - The PHQ-9 and the C-SSRS be administered to all students age 25 or older[69] who visit a SLSHS provider.

- Expand The Ohio State University Suicide Prevention Program's anonymous online suicide prevention and mental health screening to include all graduate programs and other areas as identified. (Appendix F)

- Expand the wellness survey administered to graduate students in the Health Sciences colleges to all graduate students.

[66] http://cssrs.columbia.edu/the-scale-in-action/schools/
[67] https://caps.tcnj.edu/c-ssrs-training/
[68] Luoma JB, Martin CE, Pearson JL. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry,* 159(6): 909-916.
[69] The ASQ has been studied and validated in ages 10-24. The C-SSRS is slightly longer and requires training (30-min DVD) but has been validated on adults.

RECOMMENDATION FOR FURTHER CONSIDERATION

- Explore opportunities to adapt suicide prevention screenings into the new Digital Flagship program.

3. ENHANCE RESOURCES

Summary: Enhance current counseling and support services to include diversified services tailored to addressing varied needs of students in different states of distress, including providing resource managers to assist students who require mental health services to access the appropriate level of care and assist students who may be struggling with accessing the appropriate services.

RECOMMENDATIONS FOR ACTION

- Conduct a needs analysis to determine the level of resources and triage model necessary for SLCCS to continue to provide the appropriate level of service, including the ability to link students to external treatment services.
    - Based on needs assessment, consider increasing the number of counselors, including embedded counselors and support in Student Life's Student Health Services (SLSHS).

- Create a warm line for students.
    - Different from a crisis hotline, a warm line is intended to be a non-emergency line that operates during late night and early morning hours with the support of highly trained student volunteers. SUNY Albany instituted such a line in 1970, and it is still in operation today.[70] A warm line advances the benefits of a peer-to-peer support model that academic literature suggests can make a positive impact on student development.[71] In addition to SUNY Albany, similar lines are available at comparable institutions, including Texas A&M,[72] Washington University of St. Louis[73] and University of Notre Dame.[74] Student volunteers would need comprehensive training and supervision with a focus on clear understanding of referral resources and the hand-off process in cases of emergencies. It is recommended that this program report through SLCCS for training, oversight and referral management.

[70] https://www.albany.edu/middleearthcafe/indexME.shtml
[71] National Coalition for Mental Health Recovery. (2014). *Peer Support: Why it works.* Retrieved from https://www.ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf
[72] https://scs.tamu.edu/?q=helpline
[73] https://unclejoe.wustl.edu/
[74] https://ucc.nd.edu/emergency-services/warm-line/

- Increase collaboration with the Ohio State Wexner Medical Center units and the health sciences colleges, including the Emergency Department, Psychiatric Emergency Services, Department of Psychiatry Ambulatory Services, Stress, Trauma and Resilience (STAR) program; the College of Nursing, the College of Medicine and others as identified.
    - Consider implementing a shared electronic medical records system in order to improve communication across various areas providing mental health evaluation and treatment.

- Develop a central mental health case management process to enhance support and make it easier for students to take advantage of multi-modal resources.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- Explore the development of a walk-in clinic that would provide another option for students feeling they are in immediate crisis, with the recognition that a limit on capacity needs to be set in order to ensure that students experiencing severe symptoms have priority.
    - New York University has a Counseling Walk-In Service at the Student Health Center, which provides a safety net for students in crisis situations. Same day counseling assessments and psychiatric services received are at no cost to students.[75]

- Continue to monitor and, as needed, enhance student support to ensure diverse services tailored to address the varied needs of students.

- Explore expansion of existing mental health programming on campus, including, but not limited to, the #mindstrong program.

4. COMMUNICATION OF SUPPORT AND MENTAL HEALTH PROMOTION

Summary: Clearer, more concise explanation of available services and access points, with more definition of a comprehensive portfolio of resources that address various levels and types of need; early intervention programming.

RECOMMENDATIONS FOR ACTION

- Coordinate evidence-based, stigma-reduction promotional efforts across the university.

[75] https://www.nyu.edu/students/health-and-wellness/counseling-services/psychiatry.html

- Expand discussion of mental health throughout a student's academic journey, starting with Orientation (all programs for any student type) and including promotion of services, programs and courses available throughout each year, with focus on the start of semesters.

- Develop a comprehensive online and/or mobile tool to assist students in better understanding the resources that best tailor to their needs. It is recommended that this tool:

    - Clearly outlines available resources and simple explanation about access points.

    - Aggregates information from across the university (using list outlined in Section II) in a user-friendly manner that allows students to understand the level of service based on their needs.

- Collaborate with the Digital Flagship, OSU Mobile, Carmen and the Online Education Teams to determine the best methods for placement and delivery of digital messages related to mental health services to students.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- Evaluate the current community mental health resources available in the broader Columbus community and identify potential linkage with Ohio State. Determine possibility of including such organizations in communication materials in order for students to more readily access recourses in the community. (NOTE: SLCCS currently has a "find a provider" tool on their website, so a potential collaboration exists.)

5. Expansion of Delivery Mechanisms

Summary: Explore digital delivery/support platforms

During the course of its work, the Task Force received information from students, faculty and staff regarding digital platforms that provide support to students. The Task Force understands that its exploration of available digital delivery and support platforms was not exhaustive, and before the university implements a platform, additional review and data collection should be conducted.

RECOMMENDATIONS FOR ACTION

- Create an internal committee to review and advise on the introduction of digital platforms before purchase and/or use by the university. The committee should

be comprised of students, faculty and staff with expertise in digital platforms and the delivery of mental health support services via digital platforms.

RECOMMENDATIONS FOR FURTHER CONSIDERATION

- The following is a list of potential platforms for the university to consider for broader use in the future:

    - HeadSpace app:[76] A guided meditation application that explores the bond between mental strength, mindfulness and wellness (resilience) in order to address a single crisis, form a long-term approach to wellness and develop lifelong coping skills.

    - SilverCloud:[77] A confidential internet-based system or platform that delivers online therapeutic and psycho-education programs. SLCCS is currently awaiting the decision of a grant submitted to fund the purchase of SilverCloud.

    - SLCCS app:[78] Expansion of the existing app developed by CCS.

      "Just Breathe" campaign digital resources: Available as part of the upcoming university-wide "Just Breathe" campaign that is focused on stress reduction and resiliency building skills for faculty and staff. These digital resources may also be useful for both undergraduate, graduate and professional students.

    - A digital version of the cognitive behavioral therapy-based skills building program (i.e. #mindstrong) offered by the College of Nursing.

    - The Calm app:[79] Another guided meditation application similar to HeadSpace.

    - Therapist Assisted Online (TAO):[80] Self-help modules that provide students with evidence-informed interventions to manage anxiety and depression.

[76] https://www.headspace.com
[77] https://us.silvercloudhealth.com
[78] https://ccs.osu.edu/self-help/
[79] https://www.calm.com/
[80] Benton, S. A., Heesacker, M., Snowden, S. J., & Lee, G. (2016). Therapist-assisted, online (TAO) intervention for anxiety in college students: TAO outperformed treatment as usual. *Professional Psychology: Research and Practice, 47*(5), 363-371.

6. EXPLORE OUR CAMPUS ENVIRONMENTS TO ADVANCE ADDITIONAL SAFETY MEASURES

Summary: In accordance with best practices, continue to evaluate and consider environmental design to advance safety on campus.

In April, President Drake asked Senior Vice President for Administration and Planning, Jay Kasey, to convene a group to review physical structures of garages and identify potential safety enhancements on campus.[81] As of the submission of this report, the following action has been taken and/or is planned:

- The university's contract with ProtoCall, the provider for SLCCS's after-hours urgent call line, was expanded to include service for each of the 16 parking garages on campus. Signage, with unique crisis numbers for each garage, have been installed (APPENDIX G).
- Security enhancements are in progress in the Ohio Union South Garage.
- Student Life's Counseling and Consultation will work with student organizations to vision design for murals[82] (wall clings) to be installed on all other garage top floors.

RECOMMENDATIONS FOR ACTION

- Conduct an annual environmental review of vulnerabilities with respect to methods of suicide.

- Continue work with the JED Foundation, with particular focus on processes and protocols to restrict access across campus, including but not limited to, protocols for limiting access to chemicals and controlled substances.

- Continue environmental design review of university parking garages and implementation of design features, signage and murals.

[81] https://www.parking.org/wp-content/uploads/2016/05/0416_Suicide_Book_web_final3.pdf
[82] https://www.10tv.com/article/police-credit-teens-uplifting-notes-bridge-helping-save-six-lives

IV. CLOSING

Through the creation of this Task Force, Ohio State has demonstrated a commitment to ongoing leadership for the promotion of student mental health and well-being, making this effort a priority and shared value for the entire campus community. Importantly, the Task Force recognizes that the recommendations that are included in this report are more than the work that can be done by a single office or solely through the work of the mental health services on campus. This report serves to reaffirm the guiding principle of the JED Campus Seal, which is that the support for the emotional well-being and prevention of suicide of the students at Ohio State must be seen as a shared campus responsibility. Through these recommendations we aim to shine light on Ohio State's responsibility on mental health and suicide, thus expanding resources and communication to all students – undergraduate, graduate and professional. The strategy should be comprehensive, from prevention and detection to early evidence-based intervention and treatment. The work completed by this Task Force is only the beginning in advancing the Culture of Care at Ohio State, and we hope our recommendations will inspire new conversations, policy changes and actions for the future.

- **Student Feedback**

  - **Communication of Support and Mental Health Promotion**
    - FYSS sessions
    - STEP PDCs
    - Advertisements for services in academic areas, residence halls and other high traffic areas (Union, RPAC, etc.)
    - Advertise crisis textline, hotlines, Let's Talk, etc.
  - **Expansion of Delivery Mechanisms**
    - App ideas: SilverCloud
    - SMART lab utilized as an extension of SLCCS
    - Mental health modules embedded on Carmen
  - **Enhance and standardize screening processes**
    - Digital triage system (current phone method can cause some students anxiety and/or they do not want to tell their concerns to several people outside of their counselor)
  - **Enhance Resources**
    - Specialized counselors for relationships/relationship (domestic) violence
    - REACH training for all students (include the training in online modules first-year students have to complete before starting – similar to the sexual assault and alcohol training)
    - Option to discuss anonymously online (online chat service with a professional)
    - Peer counseling (area for students to speak to trained students about their mental health concerns)
    - SLCCS Ambassador program (students who represent SLCCS to other students could give presentations on resources and basics of mental health)
    - Several open sessions per day for walk-in appointments/emergencies
    - More diversity in counseling staff
    - More centralized location (expand Let's Talk hours – this resource is located in the Union so it's accessible, but many students don't know about it, so advertising it better and expanding its accessibility could be an asset to students)
  - **Advance a Culture of Care**
    - Support groups (ex: student organizations like Never Walk Alone)
    - Engagement by professors in supporting mental health
    - More flexible support group times (like SLCCS group therapy)
    - More regular surveys for students to voice their opinions/share feedback
  - **Care Management**
    - More streamlined system between branches of health care on campus

The JED Foundation Announces First Class of JEDCampus Seal Recipients

October 1, 2013

We are honored to announce the inaugural colleges and universities awarded the JEDCampus Seal. The Seal recognizes schools that exhibit comprehensive mental health promotion and suicide prevention programming. The Seal is part of the Foundation's JEDCampus program, the first nationwide program to facilitate a school's ability to assess and enhance their mental health support system from a campus-wide perspective.

The schools that have received the JEDCampus Seal are:

Alfred University
Barnard College
Boston University
Brandeis University
Columbia University
Cornell University
Emory University
Fordham University
Georgetown University
Luther College
Marymount Manhattan College
Monmouth University
New York University
The Ohio State University
Pace University
Pennsylvania State University, Altoona
School of the Art Institute of Chicago
Stevens Institute of Technology
Texas State University
Three Rivers Community College
Tulane University
University at Albany, State University of New York
University of Kentucky
University of Southern California
University of the Sciences
University of West Georgia
University of Nevada, Las Vegas
Worcester Polytechnic Institute
Yeshiva University
Yale University

“We are thrilled to be able to announce the first schools in the nation to receive the JEDCampus Seal. These schools have shown they employ a comprehensive, community-based approach to mental health care which will result in the identification and care of more at-risk students,” said John MacPhee, Executive Director of The JED Foundation. “We believe that the implementation of a campus-wide approach to mental health promotion will lead to safer, healthier campuses, and possibly greater student retention.”

The JED Foundation only publicly recognizes those schools awarded the Seal. The names of participating schools that do not receive the JEDCampus Seal are kept confidential. The JED Foundation provides customized suggestions for enhancements, which can become a road map for assisting schools in creating a comprehensive emotional health program on their campus. Please join us in congratulating these schools for the excellent work they are doing to support the emotional wellbeing of their campuses.

For more information on JEDCampus, visit www.jedcampus.org.

APPENDIX C: Overview of the Nine Dimensions of Wellness

The Student Life Student Wellness Center promotes balanced lifestyles and student success through the Nine Dimensions of Wellness:

Emotional Wellness
The emotionally well person can identify, express and manage the entire range of feelings and would consider seeking assistance to address areas of concern.

Career Wellness
The professionally well person engages in work to gain personal satisfaction and enrichment, consistent with values, goals and lifestyle.

Social Wellness
The socially well person has a network of support based on interdependence, mutual trust, respect and has developed a sensitivity and awareness towards the feelings of others.

Spiritual Wellness
The spiritually well person seeks harmony and balance by openly exploring the depth of human purpose, meaning and connection through dialogue and self-reflection.

Physical Wellness
The physically well person gets an adequate amount of sleep, eats a balanced and nutritious diet, engages in exercise for 150 minutes per week, attends regular medical check-ups and practices safe and healthy sexual relations.

Financial Wellness
The financially well person is fully aware of financial state and budgets, saves and manages finances in order to achieve realistic goals.

Intellectual Wellness
The intellectually well person values lifelong learning and seeks to foster critical thinking, develop moral reasoning, expand worldviews and engage in education for the pursuit of knowledge.

Creative Wellness
The creatively well person values and actively participates in a diverse range of arts and cultural experiences as a means to understand and appreciate the surrounding world.

Environmental Wellness
The environmentally well person recognizes the responsibility to preserve, protect and improve the environment and appreciates the interconnectedness of nature and the individual.

To: University Senate
From: Michael Frank, University Senator (Undergraduate)
Date: November 3rd, 2016

A RESOLUTION to recommend the inclusion of a mental health statement on course syllabi

LEAD SPONSOR: Michael Frank
COSPONSORS: Zach Clark, Lauren Todd, Varsha Challapally, Vikas Munjal, Laura Hammerstein, Mario Belfiglio, Sunder Sai, Sam Whipple

WHEREAS Pursuant to §3335-5-41-B of the University Faculty Rules, "The university senate, subject to the authority of the board of trustees, shall have the power [t]o consider, to make recommendations concerning, and (in pursuance of rules pertaining to the university) to act upon matters relating to the rights, responsibilities, and concerns of students, faculty, administrators, and staff"; and

WHEREAS The National Institute of Mental Health estimates that 18.1% of U.S. adults suffer from some form of mental illness,[1] and

WHEREAS 95% of college counseling center directors surveyed said the number of students with significant psychological problems is a growing concern in their center or on campus,[2] and

WHEREAS The Ohio State University Counseling and Consultation Service (CCS) provides a multitude of resources to prevent and treat mental illness,[3] and

WHEREAS The Office of Academic Affairs requires all faculty at The Ohio State University to distribute course syllabi to their students, and

WHEREAS The Ohio State University advises all faculty members to include syllabi statements that address academic misconduct and disability services,[4] [5] and

WHEREAS course syllabi are a form of communication that reaches nearly every student, and

[1] https://www.nimh.nih.gov/health/statistics/prevalence/index.shtml

[2] http://www.apa.org/monitor/2013/06/college-students.aspx
[3] http://ccs.osu.edu/about-us-and-our-services/
[4] https://oaa.osu.edu/coamfaqs.html#academicmisconductstatement
[5] http://http://www.ods.ohio-state.edu/faculty-staff/syllabus-statement/

WHEREAS unaddressed mental health concerns can harm a student's classroom performance, academic progress, and general wellbeing;

NOW THEREFORE BE IT RESOLVED that the University Senate encourages all instructors and academic units to include a mental health statement on course syllabi, similar to the following sample prepared by CCS:

> Mental Health Services:
>
> As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the **Office of Student Life's Counseling and Consultation Service (CCS) by visiting ccs.osu.edu or calling 614-- 292--5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at 614--292--5766 and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1-- 800--273--TALK or at suicidepreventionlifeline.org.**

49•R•15

A RESOLUTION TO SUPPORT THE INCLUSION OF A MENTAL HEALTH STATEMENT ON COURSE SYLLABI

Michael Frank (for himself, Sophie Chang, Lauren Fechtel, Paige Bennett, Win Adissem, Melissa Chime, and Varun Jambunath) introduced the following resolution to the Steering Committee, where it passed.

* * *

Whereas the Undergraduate Student Government represents all undergraduate students at The Ohio State University, and

Whereas the National Institute of Mental Health estimates that 18.1% of U.S. adults suffer from any form of mental illness,[1] and

Whereas 95% of college counseling center directors surveyed said the number of students with [2] significant psychological problems is a growing concern in their center or on campus, and

Whereas The Ohio State University Counseling and Consultation Service (CCS) provides a[3] multitude of resources to prevent and treat mental illness, and

Whereas the Office of Academic Affairs requires all faculty at The Ohio State University to distribute course syllabi to their students, and

Whereas The Ohio State University advises all faculty members to include syllabi statements[4] [5] that address academic misconduct and available services for students with disabilities, and

Whereas the inclusion of a mental health statement on all course syllabi will increase awareness of contact information for campus resources that offer treatment for mental health issues, and

Whereas the 48th General Assembly passed 48•R•15, which supported the inclusion of a mental[6] health statement on course syllabi;

Therefore Let it Be Resolved that the Undergraduate Student Government recommends that the administration of The Ohio State University encourage every academic department to include a mental health statement on their course syllabi.

[1] https://www.nimh.nih.gov/health/statistics/prevalence/any•mental•illness•ami•among•us•adults.shtml
[2] http://www.apa.org/monitor/2013/06/college•students.aspx
[3] http://ccs.osu.edu/about•us•and•our•services/
[4] https://oaa.osu.edu/coamfaqs.html#academicmisconductstatement
[5] http://www.ods.ohio•state.edu/faculty•staff/syllabus•statement/
[6] https://usg.osu.edu/posts/documents/doc_1182015_134957852.pdf

Floor Vote: Aye: Passed

Gerard Basalla
President

Danielle Di Scala
Vice President

Date Adopted: 9/21/16

Date Terminated:

APPENDIX F: Summary of Anonymous Suicide Prevention and Mental Health Screening Tool

The online, anonymous, completely voluntary suicide prevention/mental health screening program through The Ohio State University Suicide Prevention Program (Ohio State-SPP), in coordination with the American Foundation for Suicide Prevention (AFSP), should be expanded to include all graduate programs. Graduate programs should be strongly encouraged to offer this free voluntary screening to their graduate students.

- Context: 42 of 97 Master's and 94 PhD programs currently participate in this screening program, which is free to graduate programs. To expand, it will require additional resources in the form of doctoral level Graduate Associate (positions must be licensed professional counselors).

    - Ohio State-SPP offered screening to 5,500 grad students last year.
    - The Graduate School is extremely supportive of this endeavor and currently pays for the Graduate Associate who runs this program.
    - Once Graduate Programs 'opt in,' Ohio State-SPP does all the administrative work.
    - Students are not required to participate. The screening is voluntary and anonymous.
    - National response rate is 8 percent. Ohio State's response rate for graduate students is 7 percent.
    - Each additional Graduate Associate can screen approximately 6,000 students, according to AFSP best practices.
    - There must be resources in place at SLCCS or within other resources to receive the additional students who screen positive and engage in online discussions with a counselor through this screening process.

APPENDIX G: Sample signage from Ohio Union South Garage

Office of Institutional Equity

Advancing a community that is equitable, fair and just

Katherine Lasher, J.D.
Associate Vice President
Office of Institutional Equity

Prepared for the Ohio State Board of Trustees
Academic Affairs, Student Life & Research Committee
February 26, 2020

Who we are

A team who collaborates with individuals on our campuses,
in the Wexner Medical Center, and across the state
to provide education, support and response in accordance with the
Americans with Disabilities Act, Affirmative Action / Equal Employment
Opportunity, Protection of Minors, Title IX and other civil rights laws.

ACCESSIBILITY

AFFIRMATIVE ACTION
AND
EQUAL EMPLOYMENT
OPPORTUNITY

PROTECTION OF
MINORS

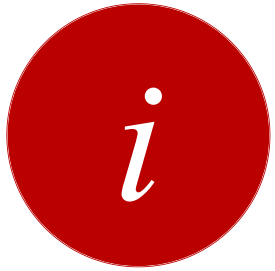
TITLE IX

Leadership and staffing

The right expertise, the right structure

- Established a single, independent office to coordinate handling of all complaints of harassment, discrimination and sexual misconduct, led by new Associate Vice President.
- Created clear, updated policy framework.
- Expanded campus education program under new Director of Education and Engagement.
- Developed a new, needs-based standard for intake and streamlined investigatory structure under new Director of Intake and Investigations.
- Provided best-in-class training to OIE staff members.

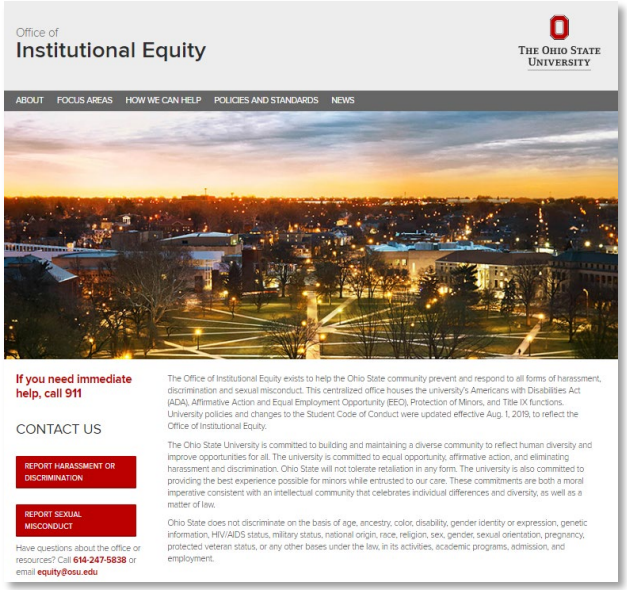
What we do

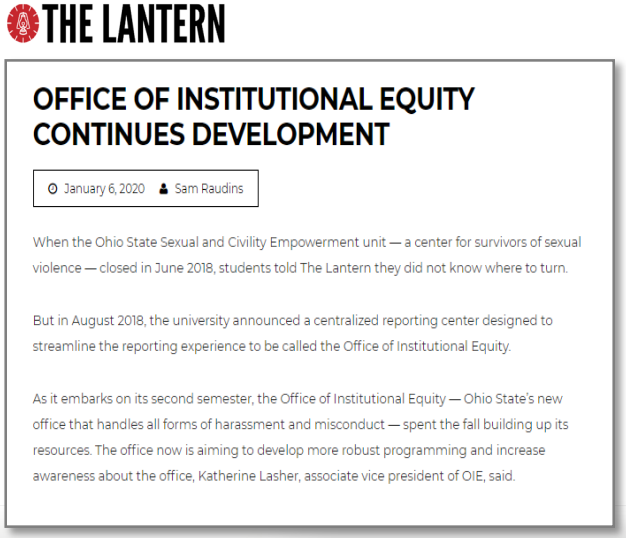


- **Coordinate response** to all complaints of harassment, discrimination and sexual misconduct.
- **Provide information** on support resources, assist with interim measures, and provide information about investigation options.
- **Conduct investigations and/or adjudicate** complaints of harassment, discrimination and sexual misconduct involving students, faculty and staff.

Awareness

- Launched **equity.osu.edu**.
- Launched one phone number to call for all harassment, discrimination and sexual misconduct concerns. (**614-247-5838**)
- Elevated broad awareness through media interviews, including in *The Lantern* and *The Columbus Dispatch*.
- Disseminated over 5,000 Violence Against Women Act brochures, which include information about OIE, to students in fall semester 2019.

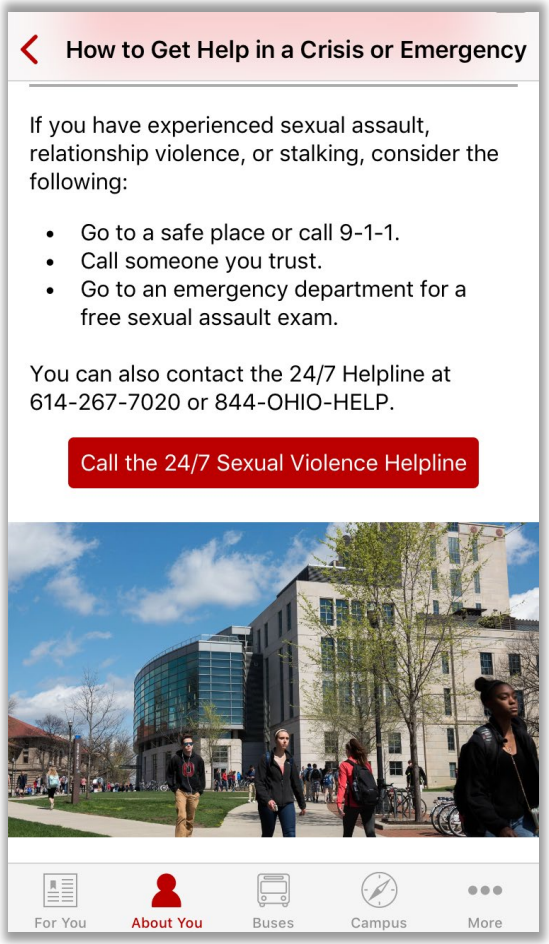




5

Awareness / App resources

- OIE participated in development of the Ohio State Wellness app, which launched in January 2020.
    - Relationship violence section provides information about OIE resources
- Added crisis screen to Ohio State app, which has been viewed 48,000 times since July 2019.
    - App provides one-click access to Sexual Violence Helpline



6

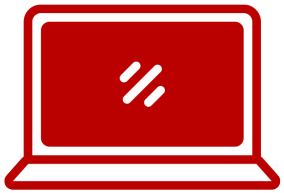
Education and training

- **Facilitated more than 90 in-person presentations** to students, faculty and staff during fall semester 2019.
- Partnered with **Athletics** to provide first-ever in-person training for all 36 athletic teams.
- Partnered with **Student Life Sorority & Fraternity Life** to add educational sessions to the approved list for the Standards of Excellence Program.
- Partnered with **CFAES** to offer in-person civil rights training to Extension agents in all 88 counties.

Online sexual misconduct training

All Ohio State students, faculty and staff are required to complete sexual misconduct prevention education each academic year. This year, **an incentive mechanism was introduced**:

- Students: “U Got This!”
  - To register for classes, new students must complete the training
- Faculty, staff, student employees: “Report = Support!”
  - To receive merit increases, eligible employees must complete the training.



Where we are going

Committed to being a national leader: Current priorities

- Expanding intake and investigations team, including creation of an Assistant Director of Intake and Assistant Director of Investigations.
- Creating independent adjudication panel.
- Fostering a culture of engagement through a work group to evaluate the bias response needs of the Ohio State community.

Where we are going

Committed to being a national leader: 6- to 12-month goals

- Creating a curriculum and education program to enhance understanding of all forms of harassment, discrimination and sexual misconduct.
- Taking steps to become one of the most accessible universities in the United States.
- Advance the protection of minors on campus by expanding the reach of youth protection at Ohio State.

Promoting the safety and well-being of our students, faculty and staff is Ohio State's top priority and a responsibility we all share.

There is no place for harassment, discrimination or sexual misconduct of any kind.

The Ohio State University
Board of Trustees Academic Affairs, Research and Student Life Scorecard
February 2020

	Measurement		2017-18	2018-19	2019-20 Actual	Status	2019-20 Target
Teaching and Learning	Percentage of faculty who have completed Teaching Practices Inventory		Launched in 2019	74.9%	77.2%*	▲	70% (Expected of all new UG teaching faculty by 2021)
	Percentage of faculty who have completed Teaching@OhioState modules/UITL Reading List		Launched in 2019	47.2%	54.6%*	▲	50% (Expected of all new UG teaching faculty by 2021)
	Student participation in high impact learning opportunities		In Progress	In Progress	In Progress		In Progress
	WSJ / THE Student Engagement Survey Public University Rank		16th	20th	7th	▲	Maintain Top 10
Access and Affordability	Percent of NFYS Pell recipients	Columbus	16.9%	16.4%	18.2%	▲	N/A
		Regional	38.5%	36.5%	34.8%	▼	N/A
	Percentage of Pell recipients with 100% tuition and mandatory fees met (Ohio residents)	Columbus	78.0%	96.0%	Available Mid-Oct 2020		95.0%
		Regional	50.0%	60.0%	Available Mid-Oct 2020		N/A
	Total institutional aid awarded to students (Columbus)	Non-Need-based	$74.7M	$77.6M	$78.5M	▲	N/A
		Need-based	$114.0M	$121.0M	$127.8M	▲	N/A
	Percentage of UG students graduating with no debt		48%	50%	Available Mid-Oct 2020		48%
	Average student debt for UG graduating cohorts who borrowed		$27,453	$27,242	Available Mid-Oct 2020		N/A
	No. of Columbus campus students who changed from Ohio State regional campuses or transferred from Ohio community and technical colleges		2,337	2,327	2,370	▲	2,370
Student Experience and Success	First year retention rates	Columbus	94.2%	94.5%	94.1%	▼	94.6%
		Regional	67.7%	70.5%	68.7%	▼	71.0%
	Four/Six-year graduation rates (Columbus, Freshman Cohort)	Four-year	62.4%	64.6%	67.0%	▲	65.0%
		Six-year	82.5%	83.5%	85.8%	▲	85.0%
	Graduation rates for transfer students (to Columbus campus)	Four-year	68.0%	69.0%	68.7%	◀▶	N/A
		Six-year	72.1%	72.7%	74.4%	▲	N/A
	Six-year graduation rates by Pell status (Columbus)	Pell Recipients	74.4%	75.7%	78.3%	▲	N/A
		Non-Pell Recipients	84.7%	85.3%	87.5%	▲	N/A
	Degree completions (All Campuses)	Bachelors	11,349	11,478	Data for 2019-20 available mid-July 2020	▲	N/A
		Masters	2,761	2,750		▲	
		Doctoral	855	886		▲	
		Professionals	807	802		◀▶	
		Total	15,772	15,916		▲	
	Participation in undergraduate student activities		80.9%	80.2%	Data Available Spring 2020	◀▶	83%
	Sense of belonging score - graduate/professional students (4-point scale, 4 being the most positive)		3.03	3.06		▲	3.20
	Graduating students' overall satisfaction with Ohio State experience	Columbus	91.1%	88.8%		▼	91%
		Regional	90.2%	90.3%		◀▶	91%
	Graduating students who say Ohio State is a good investment	Columbus	75.2%	70.0%		▼	75%
		Regional	71.1%	76.0%		▲	75%
Research and Creative Expression Excellence and Faculty Success	Number of National Academy Members and other Prestigious Awards		289	297	304*	▲	300
	Recruit and retain talent	Chaired Faculty	N/A	N/A	198*		205
		Postdoctoral Scholars	642	595	659*	◀▶	650
		Grad. Research Associates Funded on Grants	1,284 (64%)	1,295 (62%)	1,432 (63%)*	▲	1,489 (65%)
	Total R&D Expenditures/ US university rank - NSF HERD	Expenditures	$875M	$929M	Data Available Fall 2020		$950M
		Ranking	25th (14th public)	Rank Available Fall 2020		▲	21st
	Total industry-funded R&D Expenditures/ US university rank - NSF HERD	Expenditures	$139M	$158M	Data Available Fall 2020		$165M
		Ranking	5th (2nd public)	Rank Available Fall 2020		▲	3rd
	Total number of publications, citations and other creative expression indicators	Publications	21,671	22,695	Data Available Fall 2020	▲	23,150
		Citations	376,572	424,374		▲	433,000
		Performances and Exhibitions	In Progress	In Progress	In Progress		In Progress
	Technology Commercialization	Gross License Income	$7,972,860	$8,862,863	Data Available Fall 2020	◀▶	$5,000,000
		Start-ups	19	14		◀▶	15
		Invention Disclosures	458	418		▼	425
Reputation and Strategic Position	USNWR, America's Best Colleges Rank (Publics)		17	17	Available Sep 2020	◀▶	In Progress
	Number of Graduate & Professional Programs in Top 25		52	51	Available May 2020	◀▶	In Progress
	Online Degree/certificate Programs	# of Programs	27	36	38*	▲	35
		Program Enrollment	2520	3652	2875*	▲	3,000
		Revenue Generation	$13.3M	$16.6M	$27.3M*	▲	$25M

Note: BOT Time and Change Scorecard Metrics are indicated by light blue shading in the table.
* Data with an asterisk (*) are most recent, year-to-date data.

- **Meets or Exceeds Goal**
- **Caution**
- **Below Goal - Action Needed**
- **Data Pending for most recent year**

- ▲ **Performance Up from last Scorecard Update**
- ◀▶ **No Performance Change from last Scorecard Update**
- ▼ **Performance Down from last Scorecard Update**

SUSPENSION OF ADMISSIONS
TO THE MASTER'S OF BUSINESS LOGISTICS ENGINEERING PROGRAM

Synopsis: Approval to suspend admissions to the Master's of Business Logistics Engineering program (Fisher College of Business and College of Engineering), is proposed.

WHEREAS the university launched the Master's of Business Logistics Engineering (MBLE) program in 2005, when there were about 40 competing programs; and

WHEREAS there are now 80 competing programs, double the number when the MBLE program was created; and

WHEREAS increased competition has negatively affected both applications and enrollment in the MBLE program, which reached a high of 224 applications in 2012, but has since seen about a 50% decline; and

WHEREAS the program is expected to lose about $300,000 in the 2019-2020 year and is no longer seen as financially viable by the offering academic units; and

WHEREAS under a suspension of admissions, the university would no longer add students to the MBLE program, but Ohio State would allow the 42 students currently enrolled to complete their degrees as planned; and

WHEREAS a suspension of admissions would result in no loss of faculty or staff positions; and

WHEREAS the University Senate on January 30, 2020, recommended to the Board of Trustees that the university suspend admissions to the MBLE program:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the suspension of admissions to the Master's of Business Logistics Engineering program.

REQUEST FOR SUSPENSION OF ADMISSIONS TO, OR DISCONTINUATION OF A GRADUATE PROGRAM

Institutions must submit this form through their CCGS representative in order to notify the Chancellor of a change in admissions status for an approved graduate program. Please submit one form per program.

Note: Institutions that intend to suspend admissions or discontinue a graduate program that leads to educator preparation licenses or endorsements should contact Matt Exline (mexline@highered.ohio.gov) for direction on completing the Program Dormancy form.

Please check one:

☒ **Suspension of Admissions**

A university may suspend admissions into a graduate degree program if 1) the institution plans to reactivate admissions into the program within five (5) years of the suspension, or 2) the program has existing students that need to complete their degrees prior to discontinuation of the program.

If, after suspension of admissions into a graduate degree program, the program is not reactivated within the specified period, the program will be declared permanently discontinued. Reinstatement of a discontinued program will require formal approval as a new graduate degree program.

☐ **Immediate Discontinuation**

An institution may immediately discontinue a program if there are no students currently enrolled in the program, and there is no intent to reactivate the program in the future. Reinstatement of a discontinued program will require formal approval as a new graduate degree program.

Date of Request:
22 October 2019

Implementation Date:
July 20 or as soon after as possible

Name of institution:
Fisher College of Business & College of Engineering; The Ohio State University

Degree Designation: (e.g., MS in Biology, MBA, etc.)
MS in Business Logistics Engineering (MBLE)

Primary institutional contact for this request:

Name	Dr. Ben Tepper
Title	Associate Dean Graduate Programs Fisher College of Business
Phone number	614-688-2129
E-mail	tepper.15@osu.edu

Please respond to the following:

1. Provide a rationale for the suspension of admission or immediate discontinuation of the program.

   Applications to MBLE reached a high of 224 in 2012. Since that time, applications have declined by over 50%; 102 individuals applied for the Fall 2019 cohort. We have also experienced steady decline in the number of new enrollees each year. The average new class size between 2011 and 2015 was 40; from 2016 to 2019, the incoming cohorts have averaged 21.5 students. The decline in the number of students may be attributed to several factors, but two trends are primarily responsible for what we are seeing. First, the MBLE is now competing with twice as many similar programs as there were when it was launched in 2005. Second, MBLE has depended on applications from a source – Chinese students (i.e., 91% of the 2019 cohort is Chinese) – that is itself in sharp decline now. The smaller cohort sizes have, in turn, affected the MBLE's economic viability. We estimate the program's losses at $300,000 for the 2019/2020 academic year. Neither the College of Engineering nor the Fisher College of Business plan on continuing to offer scholarships to future enrollees, which is likely to further reduce interest in the program.

2. Indicate number of students currently enrolled in the program.

   The program currently has 42 students who make up two cohorts. Twenty (20) students will complete the program in December 2019. Twenty-two (22) students began the program in August 2019, and will graduate in December 2020.

3. Describe how the suspension of admissions and any plan for discontinuation of program will affect the program and the students currently in the program. Explain plans for notifying current students and assisting them in the completion of their degrees, when applicable.

   After the request to suspend admissions to MBLE is granted, The Fisher College and the College of Engineering will remain committed to fully serving the needs of the students who are still making their way through the program. That includes those who were admitted in Fall 2018 and those who were admitted in Fall 2019. The Colleges are also committed to serving the occasional stragglers who do not complete the program requirements in the planned 15 months. All these students will have access to the same level of academic and career advising support that has been afforded MBLEs going back to 2005. The Colleges will also continue to maintain the engagement of the program's hundreds of alumni. The Colleges have worked with their respective communications & marketing teams to develop plans for communicating with current students, faculty and staff who will be affected by a suspension, alumni, and corporate partners.

4. Will there be a loss of faculty or staff positions? If so, indicate when the faculty or staff members were or will be informed.

The MBLE program consists of engineering and business courses that serve multiple programs and that will continue to be taught after suspension of the MBLE. These courses may now run with slightly fewer numbers, but they will continue to be offered. In addition, removing the MBLE from the graduate program portfolio will allow the two colleges to deploy relevant staff and financial resources to more productive ends. We anticipate no loss of faculty or staff positions.

5. Describe the plan for communicating the suspension of admissions or discontinuation.

As noted above, communication with affected stakeholders has been prepared. See the supplemental material that has been prepared.

The person listed below verifies that this request has received the necessary institutional approvals and that the above information is truthful and accurate.

_____

Signature (Chief Academic Officer or Delegate – e.g., Graduate Dean)

_____

Typed Name & Title

_____

Date of Approval

The College of Engineering and the Fisher College of Business hereby request approval to suspend admissions to the Masters of Business Logistics Engineering (MBLE) program, effective Fall 2020 (or as soon thereafter as possible). Per the language from OAA's Academic Organization, Curriculum, and Assessment Handbook, Section III, herein we spell out the explanation for the request and the impact of a suspension on relevant units within the University.

Background

The MBLE has matriculated a total of 370 students since its launch in 2005. Alums have taken positions in over 100 companies including Apple, Amazon, and Tesla. The employment rate of MBLE graduates is typically at or near 100%.

The MBLE is a three-semester program that begins in September and concludes in December of the next academic year. The curriculum consists of 41 credit hours that are offered by the Colleges of Engineering and Business.

Semester 1
BUSML 7380: Strategic Logistics Management (1.5)
BUSMHR 7261: Organizational Behavior (1.5)
ISE 5200: Linear Optimization (3.0)
BUSML 5381: Transportation Management (3.0)
ACCMIS 5000: Accounting and Cost Analysis (3.0)

Semester 2
BUSML 7386: Logistics Tech & Application (1.5)
BUSML 7381: Logistics Decision Making (1.5)
ISE 7250: Operations Research Models and Methods (3.0)
ISE 5430: Warehouse and Facility Design (3.0)
ISE 6300: Simulation for Systems Analytics & Decision Making (3.0)
ISE 7882: Engineering Seminar (2.0; may be taken in Semester 3

Semester 3
BUSML 7383: Supply Chain Management (1.5)
BUSML 7382: Logistics Analysis (1.5)
ISE 5815: Integrated Lean Sigma Fundamentals (3.0)
BUSML 7388: Field Problems in Logistics (3.0)
BUSMHR 7261: Leadership (1.5)

4.5 hours of elective work may be taken in any of the three semesters; students may not enroll for more than 18 hours in any one semester

Tuition for non-residents is approximately $70,000 for three semesters; for residents, the tuition is around $42,000. In recent years, all students have qualified for and received a scholarship in the amount of $10,000.

The demographic profile of recent classes is 65% women, 91% international, with an average age of 25 and average work experience of 1 year.

Application and Enrollment Trends

The table below shows application and enrollment numbers going back to 2009. The table shows that, from 2009 to 2012, applications more than doubled from 90 to 224. Since 2012, applications have fallen by over 50%. Between 2011 and 2015 the number of enrollees reached a high of 40 and never fell below 33. Between 2016 and 2019, the incoming MBLE class has averaged 21.5 new students.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Applied	**90**	**118**	**159**	**224**	**208**	**202**	**157**	**164**	**118**	**124**	**102**
Admitted	**29**	**37**	**58**	**49**	**46**	**45**	**37**	**32**	**37**	**47**	**51**
Enrolled	**23**	**29**	**40**	**37**	**34**	**39**	**33**	**20**	**26**	**18**	**22**

The primary reasons why applications to MBLE have dropped in recent years are:

1. Increased competition: When the program was launched, there were 40 comparable programs in the U.S. There are now 80 such programs, and that collection includes offerings from MIT, Georgia Tech, Penn State, Case Western, Michigan, and Washington University, to name a few.
2. Tightening of U.S. visa rules for overseas students: The MBLE has been attractive to Chinese students (i.e., students from China constituted 91% of the most recently accepted class), many of whom would like to remain in the U.S. after graduation. What we have observed with the MBLE is consistent with a general trend across U.S. business programs; applications from Chinese students are declining.

Add to it, the Fisher College and the College of Engineering have decided to end the scholarship program that has been offered to the last three cohorts of MBLE students. Absent the ability to offer these scholarships, we anticipate that admissions to the MBLE will drop even further.

Financial Impact of Continuing to Admit Students

The table below shows estimates of the revenue, direct costs, and indirect costs associated with the most recently admitted class. As these estimates show, the estimated loss comes to over $300,000 in 2019. Assigning overhead can be difficult and, for that reason, it is worth pointing out that the program's net is negative even when the analysis does not account for indirect costs. This tells us that the program is not now economically viable and, with the expected continuing downward trend in applications and enrollments (see above), it is difficult to be sanguine about the near future.

Revenue (tuition, fees)	**$517,396**
Direct Costs (instruction, scholarships)	**$696,040**
Indirect Costs (?)	**$123,534**
Net	**($302,179)**

Impact of Suspending MBLE on the University

We have carefully reviewed how a suspension of MBLE would impact the units that are primarily responsible for offering the program's coursework. The following Table breaks down the core offerings of both the Fisher College and of the College of Engineering.

Unit	Courses in MBLE Core	Core Credit Hours
Fisher COB	10	19.5
COE	6	17

The Fisher College offers ten core courses or 19.5 credit hours of the MBLE core. All these courses are electives or core requirements of other Masters Programs. Consequently, they will be offered even after MBLE suspends admissions. The same is true of the courses offered by the College of Engineering. When the MBLE was first created, the curriculum drew from six engineering courses that were part of an existing program: the Masters of Integrated Systems Engineering. These courses will continue to be offered and the loss of MBLE will simply mean that the number of students in some sections will be lower than would be otherwise. Finally, the MBLE students choose electives from offerings that are available to students from other Masters programs. With the suspension of MBLE, these courses will continue to be offered, albeit with fewer students. In addition, removing the MBLE from the graduate program portfolio will allow the two colleges to deploy relevant staff and financial resources to more productive end

Two academic units, Marketing and Logistics (M&L) and Integrated Systems Engineering (ISE) have been the key players in the operation and delivery of the MBLE. The Chairs of those departments offered input on the decision to suspend MBLE. Appendix I to this

document contains an email message from Dr. Joe Goodman, Chair of M&L, to Ben Tepper, the Fisher College's Associate Dean for Graduate Programs; Appendix II contains an email from Dr. Farhang Pourboghrat, Chair of ISE.

The matter was also brought before the Fisher College's Executive Committee. After discussion, the committee voted unanimously to request that admissions to MBLE be suspended. Appendix III shows the relevant portion of the minutes from that meeting.

Commitment to Current MBLE Students and Program Alumnae

Assuming that the request to suspend the MBLE is granted, both Colleges are committed to fully serving the needs of the students who have already been admitted and who are making their way through the program. That includes the small number of students who sometimes do not complete the program in three semesters. The courses that these students need will be offered and they will have access to the same level of support (in terms of academic and career advising) that we have provided every previous MBLE cohort. In addition, the Colleges will remain committed to the hundreds of global MBLE alumni and intend to keep them engaged moving forward. Appendix IV contains communication to current MBLE students that illustrates how the Colleges will work with its stakeholders.

NAME CHANGE OF THE AERONAUTICAL AND ASTRONAUTICAL ENGINEERING BACHELOR'S, MASTER'S AND DOCTORAL DEGREES

Synopsis: Approval to change the name of the Aeronautical and Astronautical Engineering bachelor's, master's and doctoral degrees to Aerospace Engineering (College of Engineering), is proposed.

WHEREAS the departments of Mechanical Engineering and Aeronautical and Astronautical Engineering merged in 2010, resulting in the current Department of Mechanical and Aerospace Engineering; and

WHEREAS the difference between the name of the department administering the degrees and the name of the degrees has led to some student confusion regarding who administers the current Aeronautical and Astronautical Engineering degrees; and

WHEREAS the term "Aerospace" is more in keeping with 21st century terminology and aligned with the degree names most often offered by our peer institutions; and

WHEREAS the University Senate on January 30, 2020, voted to recommend to the Board of Trustees that the university adopt the name Aerospace Engineering for these bachelor's, master's and doctoral degrees:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the name change of the Aeronautical and Astronautical Engineering bachelor's, master's and doctoral degrees to Aerospace Engineering.

THE OHIO STATE UNIVERSITY

College of Engineering

Department of Mechanical and
Aerospace Engineering

Peter L. and Clara M. Scott Laboratory
201 W. 19th Ave.
Columbus, OH 43210-1142

Phone: 614-292-2289
Fax: 614-292-3163

mae.osu.edu

DATE: August 7, 2019

SUBJECT: Name Change Request for Aeronautical and Astronautical Engineering Degree and Program

TO: CCAA

The purpose of this petition is to request that the name of the Aeronautical and Astronautical Engineering Degree be changed to Aerospace Engineering Degree effectively immediately upon approval. This change is requested for Bachelors, Masters, and Doctoral degrees. Coincident with the degree name change, the program and course offerings bulletin listing should also be changed. This cover letter is accompanied by a justification and letter of support from the Mechanical and Aerospace Engineering Department chair, Vish Subramaniam.

Sincerely,

Jeffrey P. Bons

Jeffrey P. Bons
Chair, Mechanical and Aerospace Engineering Graduate Studies Committee
Professor of Aerospace Engineering
Department of Mechanical and Aerospace Engineering
Ohio State University
Columbus, OHIO

DATE: August 7, 2019

SUBJECT: Rational Name Change Request for Aeronautical and Astronautical Engineering Degree

In 2009, a reorganization proposal to merge the Mechanical and Aeronautical and Astronautical Engineering Departments into a single Mechanical and Aerospace Engineering Department was reviewed and approved by university administration. The change was implemented in 2010 and the merged department has functioned effectively since that time. At the time of the merger, no attempt was made to broaden the merger petition to include a change to the degree name. From time to time during the ensuing 9 years, students (primarily undergraduates) have expressed confusion as they have searched for the Aeronautical and Astronautical Degree programs, not realizing that these are administered by the Mechanical and **Aerospace** Engineering Department. The confusion brought about by the mismatch between the department name and the degree name is worth addressing to avoid this confusion. The change will also bring OSU into the 21st Century since most modern departments use the Aerospace moniker, as will be shown below. Accordingly, the purpose of this petition is to request that the name of the Aeronautical and Astronautical Engineering Degree be changed to Aerospace Engineering Degree for BS, MS, and PhD. Coincident with the degree name change, the program and course offerings bulletin listing should also be changed.

The table below contains a sampling of department and degree names for 8 top Aerospace Engineering Departments in the US:

School	Dept Name	Degree Name
MIT	Aeronautics and Astronautics	BS in Aeronautics and Astronautics
Stanford	Aeronautics and Astronautics	BS in Aeronautics and Astronautics
CalTech	Dept of Aerospace	Ugrad minor in Aerospace Eng Graduate degree in Aeronautics or Space Eng
Michigan	Aerospace Engineering	BS in Aerospace Eng.
Georgia Tech	Aerospace Engineering	BS in Aerospace Eng
Purdue	School of Aeronautics and Astronautics	BS in Aeronautical & Astronautical Engineering
Penn State	Aerospace Engineering	BS in Aerospace Eng
Arizona State	Aerospace Engineering	BS in Aerospace Eng with specialty

As is evident from the table, Aerospace Engineering is the more common department name and degree name. Notably, none of the departments have a degree name that is different from their department name. This suggests that OSU would do well to align the degree name with the new department name.

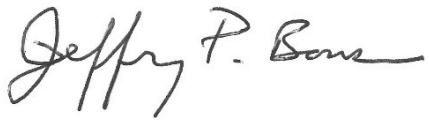
Finally, consistent with the department name change, in 2014 the name of the Aeronautical and Astronautical Research Laboratory (AARL) was changed to Aerospace Research Center (ARC). This is a high visibility, high impact research facility with annual expenditures in excess of $20M. The change of the name reflects the modernization trend in the field.

A meeting was convened of all aerospace engineering faculty in MAE on 8 March 2018. The faculty voted unanimously to have the degree (program and bulletin listing) name changed to Aerospace Engineering. Subsequently, the MAE External Advisory Board informed about the change being considered on 20 April 2018. There were no objections to the change, though some questioned the necessity.

Speaking for the Aerospace Engineering Faculty, changing the degree (program and bulletin listing) name to align with the department and laboratory name changes is the right thing to do. It clears up any confusion, follows the current norm in the discipline, and aligns with our most visible research asset.

If there are any questions regarding this rational, please don't hesitate to contact me a 7-8414 or bons.2@osu.edu .

Sincerely,



Jeffrey P. Bons
Chair, Mechanical and Aerospace Engineering Graduate Studies Committee
Professor of Aerospace Engineering
Department of Mechanical and Aerospace Engineering
Ohio State University
Columbus, OHIO

CHANGE REQUEST FORM
DEGREE TITLE CHANGE

CCGS member institutions must use this form to request degree title changes for previously approved graduate programs. Change requests must be submitted through the institution's CCGS representative. In order to ensure sufficient time for review, please submit all requests **at least four weeks prior to an upcoming meeting of the CCGS**. Documents may be submitted as PDF or Microsoft Office documents (e.g., Word or Excel).

Date of submission:
14 October 2019

Name of institution:
Ohio State University

Primary institutional contact for this request:

Name	Jeffrey Bons
Title	Professor, Associate Chair for Graduate Studies
Phone number	614-247-8414
E-mail	Bons.2@osu.edu

Previously approved title:
Aeronautical and Astronautical Engineering

Proposed new title:
Aerospace Engineering

Date that the request received final approval from the appropriate institutional committee:

Proposed implementation date:
August 2020

Educator Preparation Programs:
Indicate whether the program that is being retitled leads to educator preparation licenses or endorsements.

Licensure *Yes/No*
Endorsement *Yes/No*

Please provide the following information:

1. *Rationale for title change.*
   In 2009, a reorganization proposal to merge the Mechanical and Aeronautical and Astronautical Engineering Departments into a single Mechanical and Aerospace Engineering Department was reviewed and approved by university administration. The change was implemented in 2010 and the merged department has functioned effectively since that time. At the time of the merger, no attempt was made to broaden the merger petition to include a change to the degree name. From time to time during the ensuing 9 years, students (primarily undergraduates) have expressed confusion as they have searched for the Aeronautical and Astronautical Degree programs, not realizing that these are administered by the Mechanical and Aerospace Engineering Department. The confusion brought about by the mismatch between the department name and the degree name is worth addressing to avoid this confusion. The change will also bring OSU into the 21st Century since most modern departments use the Aerospace moniker
2. *Describe how the title change will affect students in the current program.*
   It clears up any confusion, follows the current norm in the discipline, and aligns with our most visible research asset.
3. *Are there any administrative, curricular, faculty or support service changes occurring along with the title change? If "yes," please describe.*
   None
4. *Have the appropriate accreditation agencies been informed of the proposed change (if applicable)?*
   N/A

The person listed below verifies that this request has received the necessary institutional approvals and that the above information is truthful and accurate.

_____

Signature (Chief Academic Officer or Delegate – e.g., Graduate Dean)

_____

Typed Name & Title

_____

Date of Approval

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Synopsis: Approval of the following amendments to the *Rules of the University Faculty*, is proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the president to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS the proposed changes to rule 3335-5-47.3, 3335-17-09 and 3335-19-02 in the *Rules of the University Faculty* were approved by the University Senate on January 30, 2020:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

The Ohio State University Board of Trustees
February 26, 2020

Topic:

Amendments to the *Rules of the University Faculty*

Context:

The University Senate has recommended revisions to the *Rules of the University Faculty* to address two topics:

1. **Expedite minor corrections to rules and bylaws - 3335-5-47.3 & 3335-17-09**
    - Minor corrections to rules and bylaws are achieved by the Senate secretary, but only the bylaws specify how this is done.
    - Moving the text from bylaws into the duties of the Rules Committee codifies minor corrections of the entire governance document.
2. **Clarify a five-day advance notice for Senate meetings - 3335-19-02**
    - Several years ago, deadlines for written notice of a Senate meeting were changed to require five days' advance notice. Previously, seven days' notice was required.
    - That timeline enables the Steering Committee to set the agenda at their meeting, which typically is scheduled less than seven days in advance, but more than five days in advance.
    - This revision of 3335-19-02 enables a uniform five-day notice requirement for both regular and special meetings of the Senate.

3335-5-47.3 Rules

(B) Duties and responsibilities.

(1) Be responsible, in cooperation with the secretary of the university senate, for the monitoring of the "Rules of the University Faculty" and of all statutes and bylaws pertaining to the senate.

(2) Ensure that all published rules and bylaws within the senate's purview are up to date, and recommend their republication at such intervals as may be desirable.

(3) Make recommendations for the revision of the procedural rules of the senate.

(4) Before senate action, the committee shall receive all proposed new rules and changes in existing rules. It shall review them and recommend such editorial or other changes it deems necessary to avoid conflict with other rules, to enhance clarity and precision, and to avoid ambiguity.

(5) Initiate rules or changes in existing rules and recommend them to the steering committee for scheduling for senate action.

(6) The secretary of the university senate in agreement with the rules committee may make non-substantive corrections in diction and grammar, and is authorized to correct names of offices, officers, units, credentials or constituents in the bylaws and in the rules without deliberation by the university senate nor by the board of trustees.

3335-17-09 Amendments.

~~(A) The secretary of the university senate, with the concurrence of the rules committee, is entrusted to make non-substantive emendations in diction and grammar, and is authorized to change titles of administrative offices, administrative officers, academic units, or student constituent groups in these election bylaws following appropriate action on these title changes by the university senate or the board of trustees.~~

~~(B) Additional~~ Amendments to these election bylaws shall follow the procedures specified in rule 3335-5-43 of the Administrative Code.

Senate adoption date: 3/8/1986; Senate revision date: 4/6/1996

3335-19-02 Meetings.

(A) Regular meetings of the senate shall be held during the autumn and spring semesters. In the spring semester each year the steering committee shall recommend and the senate shall adopt and publish the schedule of regular meetings for the following academic year. This schedule shall include at least seven meetings spread over the academic year. Scheduled meetings may be cancelled by the steering committee when deemed appropriate.

(B) Special meetings of the senate shall be scheduled upon:

(1) Majority vote of senate members present and voting at any meeting, or
(2) Call of the president of the university, or
(3) Call of the steering committee, or
(4) Petition signed by at least twenty-five voting members of the senate and presented to the secretary of the university senate.

(C) If the petition requesting a special meeting specifically requests a meeting at the earliest date and is transmitted with the necessary supporting material for distribution to the membership, then a special meeting shall be called within eight days of receipt of the petition by the secretary of the university senate.

(D) Written notice of the time and place of regular and special meetings, the order of business, and copies of any substantive proposals shall be sent to all members and alternate members at least five ~~seven~~ days prior to the senate meeting.

(E) At a time of emergency the president shall have authority to call a special meeting without a five day advance ~~written~~ notice.

(F) All senate meetings shall be open to the public.

(Prior effective dates: 2/19/1988, 7/30/2001, 7/30/2010; Board approval dates: 6/22/2012,

FACULTY PERSONNEL ACTIONS

BE IT RESOLVED, That the Board of Trustees hereby approves the faculty personnel actions as recorded in the personnel budget records of the university since the November 21, 2019, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	KRYSTOF S. BANKIEWICZ
Title:	Professor (Gilbert and Kathryn Mitchell Chair)
College:	Medicine
Term:	September 1, 2019 through June 30, 2024

Name:	RAYMOND L. BENZA
Title:	Professor (Bob and Corrine Frick Chair in Heart Failure)
College:	Medicine
Term:	March 1, 2020 through June 30, 2024

Name:	TREVOR L. BROWN
Title:	Executive Dean of the Professional Colleges
Office:	Academic Affairs
Term:	December 1, 2019 through June 30, 2022

Name:	EMIL F. COCCARO
Title:	Professor (George T. Harding III, MD, Endowed Chair in Psychiatry)
College:	Medicine
Term:	May 1, 2020 through June 30, 2024

Name:	MAGED M. COSTANTINE
Title:	Professor (Frederick P. Zuspan, MD, Chair in Obstetrics and Gynecology)
College:	Medicine
Term:	March 1, 2020 through June 30, 2024

Name:	LIAN DUAN
Title:	Associate Professor (Honda Chair for Transportation)
College:	Engineering
Term:	September 1, 2019 through August 31, 2024

Name:	THOMAS J. HUND
Title:	Professor (William D. and Jacquelyn L. Wells Chair at the Dorothy M. Davis Heart and Lung Research Institute)
College:	Medicine
Term:	March 1, 2020 through June 30, 2024

Name:	CHRISTOPHER JARONIEC
Title:	Interim Dean of Natural and Mathematical Sciences
College:	Arts and Sciences
Term:	January 1, 2020 through June 30, 2020

FACULTY PERSONNEL ACTIONS (cont'd)

Appointments
(cont'd)

Name:	BERNADETTE M. MELNYK
Title:	Dean (Helene Fuld Health Trust Endowed Professorship for Evidence-based Practice in Nursing and Healthcare)
College:	Nursing
Term:	November 1, 2019 through October 31, 2024

Name:	ANDRE F. PALMER
Title:	Professor (Fenburr Ohio Eminent Scholar in Nanotechnology: Molecular Self-Assembly)
College:	Engineering
Term:	September 1, 2019 through August 31, 2024

Name:	BLAKE R. PETERSON
Title:	Professor and Chair (John W. Wolfe Chair in Cancer Research)
College:	Medicine
Term:	March 1, 2020 through June 30, 2024

Name:	JAMES ROCCO
Title:	Interim Dean
College:	Medicine
Title:	Interim Vice President of Health Sciences
Unit:	Wexner Medical Center
Term:	January 6, 2020 through January 5, 2021, or until a permanent dean is named

Name:	BENJAMIN SEGAL
Title:	Chair (Stanley D. and Joan H. Ross Chair in Neuromodulation)
College:	Medicine
Term:	Septembr 1, 2019 through June 30, 2024

Name:	BRYAN A. WHITSON
Title:	Professor (Jewel and Frank Benson Family Research Professorship)
College:	Medicine
Term:	March 1,2020 through June 30, 2024

Reappointments

Name:	SHARYN D. BAKER
Title:	Professor (Gertrude Parker Heer Chair in Cancer Research)
College:	Medicine
Term:	August 24, 2019 through June 30, 2024

FACULTY PERSONNEL ACTIONS (cont'd)

Reappointments
(cont'd)

Name: SKYLER J. CRANMER
Title: Professor (Carter Phillips and Sue Henry Professorship in Political Science)
College: Arts and Sciences
Term: August 16, 2019 through August 15, 2024

Name: LAURENCE V. MADDEN
Title: Professor (Professorship in Plant Protection)
College: Food, Agricultural, and Environmental Sciences
Term: October 1, 2019 through September 30, 2024

Name: TIMOTHY PAWLIK
Title: Professor (Urban Meyer III and Shelley Meyer Chair for Cancer Research)
Title: Chair, Department of Surgery
College: Medicine
Term: July 1, 2020 through June 30, 2024

Name: INGRID WERNER
Title: Professor (Martin and Andrew Murrer Professorship in Finance)
College: Fisher College of Business
Term: March 1, 2020 through February 28, 2025

Extensions

Name: THOMAS K. GREGOIRE
Title: Dean
College: Social Work
Term: July 1, 2020 through June 30, 2022

Appointments/Reappointments of Chairpersons

JEFFREY M. CATERINO, Chair, Department of Emergency Medicine, effective January 13, 2020 through January 12, 2024

**DANIEL M. CLINCHOT, Chair, Department of Biomedical Education and Anatomy, effective July 1, 2020 through June 30, 2024

JAMES W. GREGORY, Chair, Department of Mechanical and Aerospace Engineering, effective June 1, 2020 through May 31, 2024

**Reappointment

Extensions of Chairpersons

MICHAEL D. SLATER, Director, School of Communication, effective July 1, 2020 through June 30, 2021

Faculty Professional Leaves

JILL K. CLARK, Associate Professor, John Glenn College of Public Affairs, effective Autumn 2020 and Spring 2021

PIERCE A. PAUL, Professor, Department of Plant Pathology, effective Spring 2020

REBECCA W. RECZEK, Professor, Department of Marketing and Logistics, effective Autumn 2020

CHRISTOPHER J. WALKER, Associate Professor, Moritz College of Law, effective Spring 2020

INGRID M. WERNER, Professor, Department of Finance, effective Autumn 2020 and Spring 2021

HONGTAO YI, Associate Professor, John Glenn College of Public Affairs, effective Spring 2021

CHRISTOPHER ZIRKLE, Associate Professor, Department of Educational Studies, effective Autumn 2020

Faculty Professional Leave Cancellations

ALEIX M. MARTINEZ, Professor, Department of Electrical and Computer Engineering, Cancellation of FPL for Spring 2020

MICHAEL J. MILLS, Professor, Department of Materials Science and Engineering, Cancellation of FPL for Autumn 2019

WOLFGANG WINDL, Professor, Department of Materials Science and Engineering, Cancellation of FPL for Spring 2020

Emeritus Titles

MARK G. ANGELOS, Department of Emergency Medicine, with the title of Professor Emeritus, effective February 1, 2020

DAVID BLOOME, Department of Teaching and Learning, with the title of Professor Emeritus, effective August 25, 2020

JOSEPH E. BRANDESKY JR., Department of Theatre, with the title of Professor Emeritus, effective June 1, 2020

DAVID COVEY, Department of Dance, with the title of Professor Emeritus, effective July 1, 2020

CARLA M. CURTIS, College of Social Work, with the title of Associate Professor Emeritus, effective January 1, 2020

PETER S. CURTIS, Department of Evolution, Ecology and Organismal Biology, with the title of Professor Emeritus, effective August 1, 2020

L. STANLEY DURKIN, Department of Physics, with the title of Professor Emeritus, effective January 1, 2020

KAREN S. ELIOT, Department of Dance, with the title of Professor Emeritus, effective December 20, 2020

LESLEY FERRIS, Department of Theatre, with the title of Professor Emeritus, effective January 1, 2020

STEVEN FINK, Department of English, with the title of Associate Professor Emeritus, effective January 1, 2020

SUSAN HADLEY, Department of Dance, with the title of Professor Emeritus, effective July 1, 2020

YONG K. HUANG, Department of Mathematics, with the title of Associate Professor Emeritus, effective January 1, 2020

KAREN E. IRVING, Department of Teaching and Learning, with the title of Professor Emeritus, effective January 6, 2020

ALBERT R. MILLER, Department of Horticulture and Crop Science, with the title of Professor Emeritus, effective January 8, 2020

PAMELA J. SALSBERRY, College of Public Health, with the title of Professor Emeritus, effective February 1, 2020

MARY TARANTINO, Department of Theatre, with the title of Professor Emeritus, effective September 1, 2019

PETER R. THOMISON, Department of Horticulture and Crop Science, with the title of Professor Emeritus, effective January 1, 2020

HOWARD A. WERMAN, Department of Emergency Medicine, with the title of Professor Emeritus, effective July 1, 2020

DEGREES AND CERTIFICATES

Synopsis: Approval of Degrees and Certificates for spring term 2020 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on May 3, 2020, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.