

OCHE & Board of Regents Update

Recommendations for Implementation Priorities



GREAT FALLS
COLLEGE
MONTANA STATE
UNIVERSITY



MUS Statewide Taskforce on Suicide Prevention and Student Mental Health

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MSU Northern
MSU Billings
MSU Bozeman

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Executive Summary

At the 15 September 2016 Board of Regents meeting held in Billings, the MUS system took an important step forward in advancing support for the mental health needs of students from across the system. Ron Muffick, Director of Student Affairs for the Office of the Commissioner of Higher Education, and four members of the Suicide Prevention and Student Mental Health Task Force delivered the findings of the five Task Force working groups that had been charged by the Commissioner "to assess student mental health services and suicide prevention efforts throughout the Montana University System and develop best practices and make recommendations for improvement."

The recommendations detailed by Director Muffick and the task force representatives were well-received by members of the Board of Regents. Commissioner Clay Christian then summarized the sense of urgency with which he charged the MUS campuses to move forward with implementing as many of the recommendations as possible on the quickest possible timeline. Commissioner Christian said:

"The work you are doing will help students, will help lives, will help families. We appreciate that. We take these recommendations openly, and I really now encourage them to go to the campuses and see what is right for those campuses. . . . We need to move forward on implementing as many of these as we can as quickly as we can. It's just incredibly important to the system."

In light of this charge, the MSU four-campus system met to review the task force recommendations. A consultation team from Bozeman traveled to meet with counterparts at each of the other three campuses. We discussed how best to coordinate our responses to the Task Force recommendations - sharing ideas and resources and aligning processes where appropriate and possible. We agreed to work together to draft a 4-campus One-MSU work plan for the consideration of our campus leaders and then for the review of the Commissioner.

Collectively, we developed templates to coordinate and align the responses drafted by each of the individual campuses. We then synthesized this work into a global document emphasizing both areas of alignment and collaboration and areas of distinct campus-level solutions to support the needs of our various student populations. We believe this collaborative method is a model for the ongoing work of One-MSU. This approach allowed us to achieve an important balance between developing a cohesive and systemic response to the Task Force recommendations and exercising the flexibility necessary to adapt where necessary to specific local needs and circumstances.

The following document is the result of this four-campus collaboration.

Top-Tier Campus Recommendations

MSU-Bozeman

1. MSU-Bozeman has an outdated model for storing firearms and other weapons on campus. Currently every higher education institution in Montana (and throughout the Rocky Mountain West) with a campus police department has a centralized weapons storage facility with oversight from the campus police department. Currently MSU-Bozeman stores weapons in a decentered model in the Residence Halls. It is recommended that MSU-Bozeman create a centralized weapons storage facility and policy with administrative oversight from the University Police Department.
2. MSU-Bozeman should move forward with conducting an environmental scan of high and other dangerous places with the goal of reducing the access to these places as a means to reduce suicide. A new barrier, along with signage, should be added to the new campus parking garage to improve safety.

MSU Billings

1. While there are currently dedicated resources in the form of staff members in the Counseling Center, the number of counselors at MSU Billings falls below recommended national accreditation standards. It is recommended that the campus review the current number of mental health professionals in the Counseling Center and consider adding 1.0 – 1.5 new FTE to the Center.
2. With additional resources dedicated to the Counseling Center, it is recommended that current suicide prevention training is expanded for faculty, staff and students.
3. Continue to improve the overall campus awareness of the Student Consultation Team.
4. MSU –Billings, in concert with ASMSUB, will open a Centralized Weapon Storage Facility (aka *Armory*) located in Police & Parking Services effective Fall, 2017. The facility is currently completed, policies and procedures have been approved by the Chancellor's Cabinet, and a communication plan has finalized and activated.

MSU-Northern

1. Currently MSU-Northern does not have a mental health professional on campus that is dedicated to providing Counseling Services. Consider creating a new (1.0) FTE mental health professional on campus dedicated to leading campus mental health awareness and training for faculty, staff and students, in addition to offering clinical services.
2. With additional resources dedicated in the form of a mental health professional on campus, it is recommended that suicide prevention training is expanded for faculty, staff and students.
3. Continue to formalize and enhance the Campus Assessment, Response & Evaluation (CARE) Team, including formal meetings on a regular basis. Provide additional marketing materials on campus to faculty, staff and students about the mission and goals of the CARE Team.

Great Falls College-MSU

1. Currently Great Falls College MSU uses an outsourced model to support the mental health needs on campus. Consider creating a new (1.0) FTE mental health professional on campus dedicated to leading campus mental health awareness and training for faculty, staff and students, in addition to offering clinical services.
2. With additional resources dedicated in the form of a mental health professional on campus, it is recommended that suicide prevention training is expanded for faculty, staff and students.
3. Continue to formalize and enhance the Care and Behavior Assessment Team (CBAT), including formal meetings on a regular basis. Provide additional marketing materials on campus to faculty, staff and students about the mission and goals of the CBAT.

Recommendation #1 - Clinician on Every Campus - All MUS campuses should have a licensed mental health clinician on staff to assist with accurate diagnosis, effective treatment, and appropriate follow-up. The International Association for Counseling Services (IACS) recommends one licensed clinician for every 1000-1500 students.

MSU-Bozeman

1. *How many students are on the campus and how many FTE of licensed clinicians? If there is not a licensed clinician on staff, what are plans to fund or support one?* Counseling and Psychological Services (CPS) is budgeted for 14.5FTE during AY2017-18, which is 1:1134, within the recommended range by IACS standards.
2. *How do students access mental health care through the university?* Students taking 7 or more credits are eligible for free counseling services at CPS, MSU's agency for mental health services. Students are often referred by faculty, staff, friends, or parents, and many are self-referred. They are made aware of our services during freshman orientation, advertising on electronic bulletin boards and student newspaper, classroom presentations, Catapalooza, health fairs, the Family & Graduate Housing newsletter, several print materials/brochures, a CPS website, an MSU Suicide Prevention website, social media pages, and awareness events.
3. *How do students access after-hours resources for mental health crises?* Students access after-hours support by calling University Police or the Bozeman Help Center. Students who are clients at CPS are instructed to call the Bozeman Help Center. Students who live on campus are also encouraged to seek support from Residence Life staff, who can access a CPS staff member 24-7 through the on-call system. Administrators and members of the Division of Student Success can also access an on-call CPS staff member in the event of a crisis.
4. *How does the campus communicate crisis resources for students?* CPS has worked to provide consistent information regarding crisis resources. Local crisis resources include University Police, CPS, and the Bozeman Help Center. National resources include the National Lifeline and the Crisis Text Line. Each CPS client is given a card with these crisis numbers. These cards are also given widely at info/health fairs and to Residence Life Staff and other faculty/staff who may encounter students in distress. Advertisements with these numbers appear on electronic bulletin boards and in the student newspaper, as well as on our social media pages, MSU Website, CPS website, and the MSU Suicide Prevention Website. Most recently, 3,000 door hangers with crisis information were hung on each residence hall room from a partnership with CPS and Residence Life.
5. *What is the availability of the clinician to provide consultation and support for other campus staff concerned about a student's well-being?* CPS staff is available to consult with faculty and staff regarding students of concern. If a crisis develops outside of business hours, they can access the CPS on-call staff member through University Police or the Bozeman Help Center. This service is outlined in the Mental Health Services and Crisis Protocol distributed to each Dean, as well as at each gatekeeper training, new faculty orientation, and presentations to staff/faculty. It is also presented to parents at a Parent Orientation session, where parents are encouraged to consult with CPS in the event they are concerned about their student. Additionally, it is listed on our CPS and Suicide Prevention websites. CPS also has a designee attend Campus Safety and Welfare Team (CSWT) and Behavioral Intervention Team (BIT) meetings to provide mental health consultation when discussing students at risk.

Recommendation #1 - Clinician on Every Campus, Cont.

MSU Billings

1. *How many students are on the campus and how many FTE of licensed clinicians? If there is not a licensed clinician on staff, what are plans to fund or support one?*

We currently have three licensed counselors for a total of 1.15 FTE. One position is split between advocacy and counseling duties, and if/when needed, can direct more time to counseling duties. In those periods, our counseling FTE is 1.40 FTE.

The fall semester 2016 headcount (undergrad and graduate) at MSU Billings is 4,366 (data from MSUB Institutional Research), which means per national recommendations we should have 2.9-4.4 FTE counselors on staff.

2. *How do students access mental health care through the university?*

Students taking 7 or more credits are automatically assessed the Student Health Services fee; it is an optional fee for those taking less than 7 credits. Students may self-refer, or are referred by friends, faculty, staff, RA staff, or parents. We promote our services through a wide variety of channels, including New Student/Transfer/Adult Learner Orientations, *Virtual Hive (on-line portal, pre-orientation learning modules)*, digital screens, SHS and HEROES Facebook, in-classroom presentations, RA training, ASC Tutor training, SHS website, print materials and brochures, etc.

3. *How do students access after-hours resources for mental health crises?*

Students can access after-hours resources in several ways. After-hours resources are available on the SHS website, including the National Suicide Prevention Hotline. The QR code on the SHS front door directs students to the SHS website, which includes community 24/7 resources. Residential Life and Housing administration, the Dean of Students Office, and University Police can help students connect to 24/7 off-campus resources after hours. We offer a *Distressed Student Guide* for faculty and staff on the Vice Chancellor for Student Affairs website, which include community resource contact information.

4. *How does the campus communicate crisis resources for students?*

Crisis resource information is available on the SHS website and the QR code on our front door. Housing and Residence Life staff are trained to contact senior staff and/or University Police to help a residence hall student get connected to crisis resources, whether during normal business or after-hours. The University Police website has crisis resource information available in the Annual Security and Fire Safety Report, and information may be provided through the Emergency Notification System. National resources are available on the SHS website, through the QR code, and through our Student Health 101 e-magazine.

5. *What is the availability of the clinician to provide consultation and support for other campus staff concerned about a student's well-being?*

Counselors respond as soon as possible (often the same day) to staff concerns regarding a student's well-being. We offer an "on-call" hour daily to address immediate crisis needs. If a crisis develops outside of normal business hours, University Police can be contacted for assistance. The SHS Director and Lead Mental Health Counselor are members of the Student Consultation Team and can provide mental health consultation when discussing students at risk.

Recommendation #1 - Clinician on Every Campus, Cont.

MSU-Northern

1. *How many students are on the campus and how many FTE of licensed clinicians? If there is not a licensed clinician on staff, what are plans to fund or support one?* In the Fall of 2016, MSU-N had 1,232 students (1,062 FTE). There is currently one 1.0 FTE licensed counselor on campus, however, that position is part of Student Support Services, which is a TRiO federally grant supported program. MSU-N recognizes that there is a need for a non-grant funded licensed mental health provider and has pursued the use of a student fee. On February 6th, ASMSUN Senate voted to increase the Student Health fee to support the hire of a mental health provider, along with monies to provide outreach and programming. This recommendation will be taken to the May Board of Regents meeting.
2. *How do students access mental health care through the university?* Students access mental health care with the licensed counselor in Student Support Services. The counselor is well integrated into the mental health provider community, so the students are either self-referred or have been referred by Student Health Services, Athletics, other MSUN faculty or staff, or by mental health or primary providers in the community.
3. *How do students access after-hours resources for mental health crises?* There are no after-hours resources for mental health crises on campus or in the community. Students must dial 9-1-1 or go to the emergency room for an assessment by an on-call psychologist or psychiatric APRN with the hospital.
4. *How does the campus communicate crisis resources for students?* Because MSUN does not have mental health crisis resources available in our community, they are not formally communicated to students, staff or faculty on campus. If a student attends counseling on campus, their appointment cards include the community crisis line and the national suicide prevention line and there are cards that include contact information for the National Suicide Prevention Lifeline and the Crisis Text Line.
5. *What is the availability of the clinician to provide consultation and support for other campus staff concerned about a student's well-being?* To date, the clinician has been able to provide consultation and support for staff in regards to students' well-being, however, having another mental health professional on staff would be helpful, because this is not part of the role of the counselor for Student Support Services.

Great Falls College MSU

1. *How many students are on the campus and how many FTE of licensed clinicians? If there is not a licensed clinician on staff, what are plans to fund or support one?* Our campus administrators established contact with the Great Falls Mental Health Triage Services which provides outpatient psychological treatment services for individuals who have been referred by crisis prevention agencies and other community referral sources. Great Falls Mental Health Triage Services, a team of licensed professional therapists, is able to provide

clinical care within 24 hours of receiving the initial referral. They will see clients regardless of their ability to pay 24 hours a day, 7 days a week.

2. *How do students access mental health care through the university?* Great Falls College MSU rolled out and posted this resource by March 1, 2017.
3. *How do students access after-hours resources for mental health crises?* Great Falls Mental Health Triage Services provides services 24 hours a day, 7 days a week.
4. *How does the campus communicate crisis resources for students?* Great Falls College MSU will communicate crisis resources for students through faculty, staff, Academic Advising & Career Center, Disability Services, posters, D2L Brightspace, monitors, and the College's website.
5. *What is the availability of the clinician to provide consultation and support for other campus staff concerned about a student's well-being?* When needed the Care, Behavior, and Assessment Team (CBAT) at Great Falls College MSU will meet and refer students. Great Falls Mental Health Triage Services will respond within 24 hours.

Recommendation #2 & #6 - Guidelines for Gatekeeper Training - Campuses should have established guidelines to ensure appropriate individuals and groups receive suicide prevention training.

MSU-Bozeman

1. *Who is the lead person responsible for coordinating suicide prevention training on the campus and what is his/her professional training or discipline? How is it determined who will take on this role? How are these duties re-assigned if the lead person leaves his/her position?* The CPS Outreach Coordinator, Dr. Brian Kassar, is a licensed psychologist with training and expertise in college student mental health and suicide prevention. As the project director for the SAMHSA Grant, he has received additional training and consultation from SAMHSA and the Suicide Prevention Resource Center. He coordinates the prevention efforts and QPR training conducted by CPS, along with several additional CPS staff members. Additional campus-wide prevention efforts also exist with campus stakeholders and the Committee for Mental Health. Brian assumed this role given his position as Outreach Coordinator at CPS and as Project Director for the SAMHSA grant.
2. *Which suicide prevention program(s) is used on campus?* QPR (Question, Persuade, Refer) and Kognito are the two gatekeeper trainings that we use most regularly. We also train CPS staff in CALM (Counseling on Access to Lethal Means) and use elements of CALM training when training others on means reduction.
3. *Who provides the suicide prevention training and how many trainers are on campus?* There are currently six QPR-certified staff members, all of whom are licensed psychologists or counselors at CPS: Brian Kassar, Betsy Asserson, Sam White, Mariah Hill, Ryan Niehus, Chip Kern. Drs. Cheryl Blank and Laura Thum will also become certified soon, as will future staff CPS members.
4. *Who are the identified groups for suicide prevention training? (For example, residence life staff, student government leaders, faculty, etc).* Residence Life staff took both the Kognito training module as well as received QPR training. We also provided QPR training to QMSU, Athletics, Veterans, and members of Fraternity/Sorority Life, and Kognito training was marketed to the general student body, but specialized marketing targeted Fraternity/Sorority Life, ASMSU, and Faculty/Staff. Both QPR and Kognito are marketing towards faculty and staff members, with a special professional development opportunity offered through HR. Moving forward:

Residence Life Staff: Collaborate with leadership to ensure Kognito and QPR are completed during staff orientation before residents return.

International Students: Dr. Mariah Hill, our Diversity Coordinator, will work with group leadership to provide QPR training each year; Kognito will be marketed to each group.

Athletics: Dr. Ryan Niehus will coordinate with Athletics staff to continue providing QPR training throughout the year; Kognito will be marketed to student athletes and staff.

Veterans: Chip Kern, the Veteran liaison, will collaborate with Joe Schumacher in the Veteran Center to offer QPR training to Veterans and staff; Kognito will be marketed to Veterans.

FSL: Dr. Brian Kassar will collaborate with Erin MacDonald Peck and FSL leadership to provide QPR training to individual chapters and Fireside Chats, as well as market Kognito.

Faculty & Staff: Drs. Betsy Asserson & Brian Kassar will collaborate with the Committee for Mental Health to explore ways to make faculty/staff training more systemic and streamlined, including working with administration, deans and department heads, and HR to provide professional development opportunities.

5. *How are outcomes measured to determine effectiveness of suicide prevention programming?* A program evaluation is built in to the Kognito program; program evaluations are distributed at QPR training sessions. Additionally, a more specific manner of tracking gatekeeper referrals could be implemented. Dean of Students, CSWT, and CPS data could potentially be used towards this goal.
6. *What is the sustainability for the gatekeeper training programs?* Because of our grant funding, both QPR and Kognito can be sustained through AY2017-18. Thereafter, we have included a request for gatekeeper funding in our base budget proposal. Additionally, integration with our Student Health Services may also provide funding opportunities for training and prevention programming and materials.
7. *How will each campus establish a regular training schedule for identified groups to ensure each member of those groups is trained?* Currently there is not a formal training schedule in place. CPS offers QPR trainings at various times throughout the semester, and is available by request for departments and organizations. Deans and Department heads are made aware of the training, and encourage those in their department to attend or schedule a training. Residence Life staff are trained at the beginning of the fall semester during their orientation. New faculty are made aware of training options at New Faculty Orientation, but do not receive the training at that time. CPS and the Committee for Mental Health can work to devise a more streamlined system to train faculty, staff, and new faculty. CPS can continue to work closely with Residence Life, ASMSU, and the Office of Activities and Engagement to reach students more effectively.

Recommendation #2 & #6 - Guidelines for Gatekeeper Training, Cont.

MSU Billings

1. *Who is the lead person responsible for coordinating suicide prevention training on the campus and what is his/her professional training or discipline? How is it determined who will take on this role? How are these duties re-assigned if the lead person leaves his/her position?*
The Lead Mental Health Counselor and Student Health Services Director will coordinate the prevention training efforts. The Lead Mental Health Counselor will primarily coordinate the QPR trainings and the SHS Director is overseeing the Kognito online training modules.
2. *Which suicide prevention program(s) is used on campus?*
Question, Persuade, Refer (QPR) is an in-person, small group training facilitated by a MSUB faculty or staff member who is certified by the QPR Institute. We also adopted Kognito's *At Risk for Faculty and Staff* and *At Risk for Students* online training modules. Student Health Services staff also completed the *Counseling on Access to Lethal Means* (CALM).
3. *Who provides the suicide prevention training and how many trainers are on campus?*
Beginning fall semester 2017, MSUB will have a total of four QPR-certified trainers—the Associate Dean of Students, the Wellness Specialist, the Lead Mental Health Counselor, and a faculty member in the Education Department.
4. *Who are the identified groups for suicide prevention training? (For example, residence life staff, student government leaders, faculty, etc).* RA Staff, HEROES, offered as a Dean of Students Workshop series; offered as a Student Employee Excellence Day (SEED) training; offered as a residence hall program; offered as a *Don't Cancel That Class* presentation. Additional student groups, including International Students through the Office of International Studies, as well as Student-Athletes through the Athletic Department have been identified for additional outreach.
5. *How are outcomes measured to determine effectiveness of suicide prevention programming?*
There is not a formal evaluation or test required for the QPR training. Completion of the course includes, but not limited to, active discussion and participation and acquisition of QPR materials (booklet, local resources, etc.). Furthermore, the Director of the Academic Support Center (ACS) will help develop QPR assessments.
6. *What is the sustainability for the gatekeeper training programs?*
MSUB administration approved funds for Kognito for the 2017-2018 academic year. Through consistent, targeted promotion we anticipate a high completion rate, which may provide opportunities for funding past one year. We plan to continue to recruit and secure 1-2 new certified QPR facilitators each year.
7. *How will each campus establish a regular training schedule for identified groups to ensure each member of those groups is trained? Will be established once sustainability and active coordination is developed. Currently, communication occurs through a variety of channels including Dean of Students Workshops/Brown Bag Lunch Series, and Division of Student Affairs Professional Development committee workshops, as well as for faculty and other departments upon request.*

Recommendation #2 & #6 - Guidelines for Gatekeeper Training, Cont.

MSU-Northern

1. *Who is the lead person responsible for coordinating suicide prevention training on the campus and what is his/her professional training or discipline? How is it determined who will take on this role? How are these duties re-assigned if the lead person leaves his/her position?* There has not been a formal model of suicide prevention training established on campus. It is likely that the mental health professional proposed in recommendation #1 would become the lead person and the person in that position would continue to be the coordinator.
2. *Which suicide prevention program(s) is used on campus?* The counselor in Student Support Services is trained in QPR and a faculty member on staff is trained as a Mental Health First Aid trainer, however no program has been formally identified by the campus.
3. *Who provides the suicide prevention training and how many trainers are on campus?* Currently we do not provide training. The trainers would likely be the on campus mental health professional. The campus may look at expanding the trainers to student affairs and perhaps student leaders as peer trainers.
4. *Who are the identified groups for suicide prevention training? (For example, residence life staff, student government leaders, faculty, etc).* Once established, faculty, staff, residence life, student leaders, and possibly students at orientation would be offered training.
5. *How are outcomes measured to determine effectiveness of suicide prevention programming?* Maxient is the system we will utilize, which can give some empirical data but feedback from the student body would be supported as to whether or not the training was effective, useful, pertinent and/or appreciated. The number of participants (if voluntary) will show whether the mission and marketing of the training was effective. A question we would explore is if this would be mandatory for employees at orientation or first hire orientation or if it would be voluntary.
6. *What is the sustainability for the gatekeeper training programs?* This depends on if there is funding via the budget or grants. There was a proposal to add it to student fees or ask each department with a budget to allot a monetary amount toward the training-which is not very stable or consistent. There is also the possibility of outside donation or off campus funding.
7. *How will each campus establish a regular training schedule for identified groups to ensure each member of those groups is trained?*
The CARE team would assess and determine which groups to target for gatekeeper training.

Great Falls College MSU

1. *Who is the lead person responsible for coordinating suicide prevention training on the campus and what is his/her professional training or discipline? How is it determined who will take on this role? How are these duties re-assigned if the lead person leaves his/her position? At this time we do not have a lead person for suicide prevention training. However, we have a faculty member Elfie Neber, a Licensed Clinical Social Worker who is on our Care, Behavior, and Assessment Team. She has taken the lead to conduct a Suicide Prevention Day every fall on our campus and a Mental Health Awareness Day with her psychology students enrolled in her classes on our campus.*
2. *Which suicide prevention program(s) is used on campus? Q.P.R.*
3. *Who provides the suicide prevention training and how many trainers are on campus? Karl Rosston conducted the most recent training on our campus. As a team, we want to see this as an annual training for our campus.*
4. *Who are the identified groups for suicide prevention training? (For example, residence life staff, student government leaders, faculty, etc). Faculty, staff, and students are the identified groups for suicide prevention training.*
5. *How are outcomes measured to determine effectiveness of suicide prevention programming? At this time we do not have any measurable outcomes to determine effectiveness of suicide prevention programming.*
6. *What is the sustainability for the gatekeeper training programs? We want to see ongoing sustainability for gatekeeper training programs.*
7. *How will each campus establish a regular training schedule for identified groups to ensure each member of those groups is trained? The Care, Behavior, and Assessment Team plan to meet monthly to identify training programs and protocol and to develop an annual training for all faculty and staff. Consideration will be given to widespread online training and on-campus training.*

Recommendation #7 - Reducing Access to Lethal Means and Environmental Scans**

Means Restriction involves removing or reducing access to potential means for suicide. The Jed Foundation (1) and Suicide Prevention Resource Center (2) recommend that Means Restriction be included as one component of a comprehensive plan for suicide prevention at colleges and universities. Common lethal means for college student suicides include firearms, jumping from high places, poisoning, suffocation, drowning, and hanging (3).

Means Restriction Reduces Suicide:

- Reduces immediate access to means in times of crisis or impulsive decision making;
- Delays time between thought and action;
- Reduces fatality when less lethal means are chosen;
- Increases likelihood of intervention by others.

A common misconception is that people who are suicidal will find a way to kill themselves even without a gun or their chosen means. However, studies show that if a person's preferred suicide method is unavailable, it is unlikely they will switch to a different one (7), and that even if an alternate method is used, it is likely to be less lethal (8).

Impulsivity & Suicide:

Research indicates that as many as two-thirds of those who reported suicidal behavior didn't plan their attempt ahead of time (4, 5). Also, the time between decision and action was short: a quarter of those made an attempt 5 minutes after making the decision; half of those within 20 minutes, and three-quarters within an hour (3). When means aren't available in this brief window, a suicide attempt or fatality can be drastically reduced.

Firearms

Firearms are highly lethal because the effects are immediate and irreversible with little opportunity to back out or be saved once the trigger is pulled (2). Nationwide (85%) and in Montana (86.8%) of suicides are completed by firearm (2, 6). It is recommended that firearms be restricted during times of a mental health or suicidal crisis until the crisis has passed (2).

****Much of this information was taken from The Means Restriction workgroup for OCHE-sponsored Montana University System Campus Summit. Members include: Brian Kassar, Psy.D., MSU Bozeman; Karl Rosston, LCSW, Montana DPHHS; Jerry Girard, LCPC, MT-Western; Matt Caires, Ed.D., MSU Bozeman; Elizabeth Stearns-Sims, MS.Ed, UM-Helena College; Jamie Smith Eastwood, Student, Carroll College.*

Recommendation #7 - Reducing Access to Lethal Means & Environmental Scans, cont.

MSU-Bozeman

1. Access to prescription drugs and dangerous materials

- a. Host a prescription take-back event on campus and/or publicize existing events in the community (M. Torres)
- b. Have providers restrict prescriptions to sub-lethal quantity and dosage when students are at risk. Additionally, less lethal/addictive classes of medications are chosen, particularly with students at risk (COMPLETED)
- c. SHS Providers provide written contracts with students when prescribing opiate and stimulant medications to provide patient education against risk for harm and distributing without a prescription (COMPLETED)
- d. University Police trained and have Naloxone available, in the event of an overdose (J. Mitchell and F. Parrish)
- e. Use of Chem Inventory System, searchable for ID hazard chemicals and work to control access (C. Catlett)
- f. Aggressive minimization of chemicals on hand (C. Catlett)
- g. Control access with locked labs, perhaps with self-closing doors and number code locks (C. Catlett)

2. Access to high places, rooftops and other dangerous locations

- a. Create an inventory of all campus buildings taller than four stories (J. Butler)
- b. Organize a campus assessment of all buildings in the inventory for access to high and/or dangerous locations; utilize the JED Foundation check list as a template to guide this work (C. Ringer)
- c. Conduct an assessment of access to keys to rooftops and other dangerous locations for buildings in the inventory (C. Ringer)
- d. Develop signage to be displayed on rooftops and other dangerous locations for buildings in the inventory (B. Kassar)
- e. Develop a plan to install a safer rooftop barrier along the top of the new MSU Parking Garage (R. Stevens/W. Banziger)
- f. Consider adding a "blue-light" phone on the top of the new MSU Parking Garage to ensure access to a phone in case of emergency (R. Stevens/W. Banziger)
- g. Consult with the City of Bozeman on safety remediation efforts with the downtown parking garage (M. Cairnes)

3. Create a centralized storage facility at the Huffman Building

- a. The Chief of Police will coordinate with Facilities Services to hire a consultant to provide a design and cost estimate for an Armory/Weapons Storage Facility. It is anticipated that the weapons storage facility will be an addition to the existing Huffman building where the police department is currently located. Making an addition to the Huffman Building rather than building a standalone facility will significantly reduce the cost of construction and make the weapons easily assessable to law enforcement personnel for checking weapons in and out to students. Currently minimally trained resident assistants handle rifles and shotguns that are stored in a storage room at each housing facility. The current process does not allow for the storage of handguns. These weapons are likely being stored in a student's vehicle. Transferring this responsibility to law enforcement will ensure

that properly trained personnel will handle the weapons. Building a storage facility will allow for the storage of all weapons, including handguns.

- b. The Chief of Police will consult with other peer-institutions that currently provide a weapons storage facility managed by campus law enforcement. Included in this research will be best practices and lessons learned. Once the research is complete, the Chief of Police will develop legally vetted policies and procedures for the storage and handling of student owned weapons.
 - c. The Chief of Police will work with the Director of Counseling and Psychological Services to identify training that will enhance an officer's ability to recognize signs of distress or suicide during firearm check-out. This will add a high level of safety to the weapons storage process, further enhancing security at the University.
 - d. The Chief of Police will work with General Counsel to discuss how changes in the weapons storage protocols may affect the University's weapons policy. This coordination will ensure that protocols do not conflict with the student's right to own and have access to their weapon, while still maintaining a high level of safety for a student that may be experiencing depression or suicidal thoughts.
4. ***Suicide Prevention Training:*** Train student health/counseling clinicians on how to assess for suicide risk and access to means. Counseling on Access to Lethal Means (CALM) is a free, online training module provided by the SPRC at: <http://training.sprc.org/>

MSU Billings

1. Access to prescription drugs and dangerous materials

- A. Prescription drugs:** Our code of conduct and Health Services policies do not focus on prescription drug use/misuse.

Recommendation: We will reach out via our SHS listserv to solicit ideas on how prescription drug use/misuse is monitored and enforced through policy while also connecting with our colleagues within the system to determine the language used within codes of conduct. We will examine with other Billings agencies, e.g. Billings Police, Billings Clinic, St. Vincent's Hospital, RiverStone Health the possibility of a "prescription drop off" initiative for prescription drugs not being used, but need to be disposed of.

Responsible official: Dean of Students and Director of Student Health Services

B. Access to Dangerous Chemicals:

- a. ***Custodial-*** Our custodial services team within Facilities Services has a set of policies and procedures related to chemical use which is provided to each team member. The outline of those policies is included at the end of this document.
- b. ***Science Department*** - All chemicals on Campus are stored in the appropriate storage areas in the departments. They may be in flammable cabinets, acid cabinets or just a dry chemical storage areas. The Science Chemical Stockroom where chemicals are stored is a secure area and is kept locked unless someone is working in the office. Laboratories that house chemicals are to be locked when there is no one in the lab or at the end of the workday. The responsibility of the proper storage of chemicals is the instructors for the classes. All areas have been inspected and the chemicals have been properly stored at the time of the last inspection.

Recommendation #7 - Reducing Access to Lethal Means & Environmental Scans, cont.

2. *Access to high places, rooftops and other dangerous locations*

- A. Members of the MSUB University Mental Health Task Force utilized the Jed Foundation's Environmental Scan and Means Restriction Evaluation checklist to assess our grounds and facilities. Results of this scan have been presented as part of an overall report to the Vice Chancellor for Student Affairs.
- B. This scan helped to identify possible high-risk places
- C. We are working to provide signage in some possible high-risk places, with the possibility of using the signage template from MSU.

3. *Centralized storage of weapons*

In concert with ASMSUB, a Centralized Weapon Storage Facility (aka *Armory*) located in Police & Parking Services has been established (100% funded by ASMSUB), and a communication plan has been activated.

4. *Suicide Prevention Training:*

Student Health Services staff complete the Counseling on Access to Lethal Means (CALM) during summer 2017. SHS staff have also completed QPR training and/or Kognito's *At Risk for Faculty and Staff* online training module.

MSU-Northern

1. *Access to prescription drugs and dangerous materials*

- A. Prescription drugs: Residence Hall policies prohibit the misuse of prescription drugs. It is less clear regarding students who do not live on campus. The code of conduct does not focus on prescription drug use/misuse.

Recommendation: Connect with colleagues at MSU Billings and MSU-Bozeman to determine the language used within codes of conduct. Clarify specifics on prescription drug misuse in the Code. Additional training is needed regarding the symptoms of drug use and suspected prescription drug misuse.

Responsible official: Dean of Students and Director of Student Health

2. *Access to high places, rooftops and other dangerous locations*

- a. There are no buildings at MSU-N taller than four stories. The closest we have is the rooftop to Pershing Hall, tower access to Cowan Hall, and all upper floors of Donaldson Hall.
- b. All high point access at MSU-N and access doors are locked and secured and the Physical Plant and IT are the only key holders to these areas.
- c. Any future environmental scan on high places should be conducted by the Facilities Operations Manager.
- d. Recommendations: Consider new signage on any buildings of concern; continue to be vigilant about restricting access to higher story building by other means besides door entry; provide training to staff and faculty about the importance of restricting access to higher places and increasing awareness of suicide prevention.

Recommendation #7 - Reducing Access to Lethal Means & Environmental Scans, cont.

3. *Centralized storage of weapons*

- a. The current MSU-N student handbook requires all firearms to be stored with a member of the Residence Life staff in a locked gun cabinet. Residents can request the Residence Life staff person to release their weapon after correct identification and proof of

- ownership.
- b. Students have been asking for weapons storage with more capacity and that are better equipped to ensure firearms are not damaged while being stored.
 - c. Currently MSU-N has “gun cabinets.” They are looking into upgrading to “gun safes.”
Recommendation: Strengthen weapon check-in and check-out procedures to ensure that gun owners have timely access to their firearms; improve training for staff on assessing the mental well-being of the gun owner prior to releasing a weapon.
Responsible official: Dean of Students

Great Falls College MSU

1. Access to prescription drugs and dangerous materials

- a. Prescription drugs: The code of conduct does not focus on prescription drug use/misuse.
Recommendation: Connect with colleagues at MSU Billings and MSU Bozeman to determine the language used within codes of conduct. Consider adding language to the Code that prohibits prescription drug misuse.
Responsible official: Chief Student Affairs and Human Resources Officer

2. Access to high places, rooftops and other dangerous locations

- a. There are no buildings at Great Falls College MSU taller than three stories.
- b. Any future environmental scan on high places or dangerous locations should be conducted by the Director of Facility Services, in consultation with the Chief Student Affairs and Human Resources Officer.
Recommendations: None at this time.

3. Centralized storage of weapons

- a. Great Falls College MSU does not provide on-campus housing, and therefore there is a limited need to provide storage for weapons
- b. Current Great Falls College MSU policy does restrict the storage of weapons on campus in vehicles.
Recommendation: Provide faculty, staff and students additional training about the current policy about prohibiting weapons storage in vehicles.
Responsible official: Chief Student Affairs and Human Resources Officer

Behavioral Intervention Teams (BITs) - Although not a recommendation from the OCHE workgroups, all four MSU campuses currently have functioning BITs on each campus. Specifics include:

MSU-Bozeman – Campus Safety and Welfare (CWST)

Membership includes: Associate Dean of Students (Chair), DOS case manager, Director of Residence Life (and representative), Director of Counseling, Student Health Representative, Director of Disability Support Services, University Police

Meetings: The CWST meets every-other Tuesday during the academic year in the Police Department. A tentative time is scheduled/reserved on alternating Tuesday's for weeks when more severe situations take place or when the workload is exceptionally high. Communication takes place "real time" through Maxient notes and pings to team members so regularly scheduled meetings are more of a debrief rather than action planning. The group will also convene in times of emergency, as needed.

Electronic Records Management: Maxient

Group reports to: Dean of Students

Strengths of current model – The CSWT follows all recommended standards and procedures recommended by NaBITA. In looking at other BIT teams in the northwestern region, our team is in front in terms of its innovative use of Maxient. For example: tracking students through Maxient and using the NaBITA threat assessment tool allows for a standardized method of assessment and recording of information. Use of Maxient reporting forms in addition to having a designated office for reporting causes less confusion and empowers faculty and staff, causing more reports to be filed and less students fall through the cracks. Trainings done in small and large groups across campus make the team more visible and more used on campus. Fast response to student situations creates better faculty buy-in and increases student safety. Response rarely involves only providing a referral and students receive an average of 3 meetings with CSWT members who ensure appointments are attended and that treatment plan is effective.

Opportunities for improvement – Because the team receives so many reports, it is often operating at its maximum. Many of the reports are not a threat of danger but still require follow-up which has created a team that functions as a CARE team as well as a BIT team. A need to look at the CARE aspect of the work as well as potential expansion (case management) is needed. Psychiatry services on and off campus need to be expanded to meet the needs of CSWT students. The report we generate from Maxient before our CSWT meetings is very user friendly but it takes time and a special skillset to generate.

Suggested action items moving forward – Discuss the possibility of creating two teams- CARE and BIT. Put resources into hiring caseworkers. Discuss ways in which we can expand psychiatric care and medication management for the CSWT students. Look into better ways of generating the CSWT report- possibly work with Maxient on this.

Behavioral Intervention Teams (BITs), Cont.

MSU Billings – Student Consultation Team (SCT)

Membership includes: Dean of Students (Chair), Associate Dean of Students, Vice Chancellor for Student Affairs, Director of the Academic Support Center, Director of Student Health Services, Student Health Services Lead Counselor, Director of Jacket Student Central (City College), Director of Advising and Career Services, Campus Police, Director of TRiO - Student Support Services, Director of Compliance (Athletics), and a Faculty member.

Meetings: Our meetings are conducted every other Monday from 2:00-3:00 pm and are located in the Student Union Building. If there is a significant student issue or crisis between meeting dates, this group or some members of this group may convene at any point.

Electronic Records Management: Maxient

Group reports to: Vice Chancellor for Student Affairs

Strengths of current model –

- Diversity of membership – it is great to have members from a variety of areas across campus as students gain support from a variety of faculty and staff and we are able to provide valued wrap-around/follow-up services based on the breadth and depth of who is engaged.
- As time has progressed and the committee has had some sustainability, our conversations about students with concerning behavior have more depth to them and there is more engagement/dialogue, which creates a stronger outcome from the meetings.
- In addition to student discussions, we also utilize this group to develop campus-wide training topics to ensure we are providing training for faculty and staff based on behaviors or topics prevalent with our students. We have hosted a series of workshops Fall 2016 and currently this semester to provide venues for dialogue and training in order to best support our students.
- MSUB joined as a member of the *National Association of Behavioral Intervention Teams Association* (NaBITA) in July 2017. This will allow us to continue to use best practices to guide our work and to ensure training and professional development opportunities for members of our SCT.

Opportunities for improvement –

- Structure of the team and membership – Consider reviewing the NaBITA national best practices on membership. While one of the current strengths is the diversity of membership, significant number of members on the Team also has drawbacks.
- Consider integrating the NaBITA threat assessment tool into their current practices.

Suggested action items moving forward -

- Need to review at the overall structure and membership in consultation with NaBITA best practices to determine if the right number of individuals and positions are serving on this Team or if there are too many members.
- Need to examine establishing a smaller BIT team (n=4) that goes beyond students with concerning behavior, to include faculty, staff, and non-MSUB individuals who come across campus.

Behavioral Intervention Teams (BITs), Cont.

MSU-Northern - Campus Assessment, Response & Evaluation (CARE) Team

Membership includes: The MSUN campus is in the process of establishing the policy, procedures, and reporting measures of the CARE Team with the intention of being able to market and utilize it fully by Fall 2017 orientation. The MSUN CARE Team may include a representative from Student Affairs, Residence Life, Athletics, Student Success, Student Health Services, a faculty member from each college and graduate programs, and a mental health provider. The team will regularly seek additional consultation from other campus departments and professionals, such as, Disability Services, Financial Aid, the Little River Institute, Human Resources, Veteran Services, the Chancellor, the Vice Provost for Academic Affairs, the Registrar, and academic advisors. The CARE Team Lead will act as the chair of the CARE Team. The Team will meet regularly to address student concerns or more often, if needed. In coordinating with students, faculty, staff, and community members, the Team will utilize objective approaches to identify, assess, and intervene with individuals.

Meetings: The CARE Team will meet twice a month or more often as needed.

Electronic Records Management: Maxient

Group reports to: Chancellor

Strengths of current model-

- Access to a database/access to student information
- Utilization of multidisciplinary team
- University commitment for sustainability and strong support from the Chancellor
- Development of a streamlined reporting forum for individuals to identify and intervene concerns related to students

Opportunities for improvement -

- Training with Maxient – to expand the use of the data
- Ability to have a systemic plan of how to use the data
- Improve public and campus awareness of the use of this committee on campus through the MSUN website
- Establish a sustainable professional development plan, including professional association membership (e.g. NaBITA) and activities for staff and students.

Suggested action items moving forward -

- Establish measurable outcomes and a timeline for goals and objectives in TaskStream
- Develop a plan to promote CARE Team mission
- Develop a presentation to faculty/staff and community groups to discuss the MSUN CARE team and its benefits
- Engage faculty/staff and community members in reporting
- Convene a meeting with MSUN individuals with budget authority to provide funds to support the CARE Team (train the trainer, marketing, etc.)
- Solicit support from University Relations to assist in developing presentations and marketing materials to the public

Behavioral Intervention Teams (BITs), Cont.

Great Falls College MSU – Care and Behavior Assessment Team (CBAT)

Membership includes: Chief Student Affairs and Human Resources Officer, Director of Advising, faculty member (who is also a licensed clinical counselor), a faculty member (who is also a psychiatric nurse practitioner), Director of Disability Services.

Meetings: CBAT meets monthly

Electronic Records Management: Maxient

Group reports to: Mary Kay Bonilla, Chief Student Affairs and Human Resources Officer.

Strengths of current model - The strengths of our current model includes an interdisciplinary small team with a broad range of experiences across campus. Our team includes the Director of Advising, a faculty member who is a licensed clinical counselor, a faculty member who is also a psychiatric nurse practitioner, Director of Disability Services, and the Chief Student Affairs and Human Resources Officer.

Opportunities for improvement - Our team is moving towards regular monthly meetings to identify where we are weak and to provide continual training to our faculty and staff.

Suggested action items moving forward - Monthly meetings will help us identify continuing action items to consider as we move forward as an interdisciplinary team. Suggested action items include letting our campus know how and when to make referrals to the CBAT and to provide suicide prevention training to our campus community as a whole.

Postvention - Although not a recommendation from the OCHE workgroups, the MSU campuses all agreed this was an important component of a more comprehensive approach to suicide prevention.

MSU-Bozeman

1. *Is there a postvention protocol that is agreed to by relevant campus staff in the event of a student death or completed suicide?* Yes. CPS, Dean of Students, University Police, and Residence Life coordinate a response with those impacted by a student death/suicide. Services are provided to individuals and campus groups that are affected.
<http://www.montana.edu/suicide-prevention/documents/MH%20Protocol.pdf>
2. *Is there a protocol in place to determine how to appropriately inform staff and students of a campus death?* Yes. Guidance is provided in the Mental Health Resources & Crisis Protocol, as well as in direct consultation with CPS following a death.
3. *Are there outreach and debriefing resources available to the campus following a suicide or campus death?* Yes. CPS, the Dean of Students Office, Residence Life, and faculty departments work closely to identify the students and groups who are impacted by a student suicide/death. Group debriefings are provided by CPS, and students are encouraged to seek individual services as well. In the days following a crisis, students are given priority, same-day services. Group debriefings are conducted on-site, and after-hours if necessary. Specialized print materials have been created to discuss issues associated with grief/loss, outline campus/crisis resources, and encourage help-seeking to avoid the risk of suicide contagion. The Dean of Students Office works with impacted students to provide advocacy and assistance with classes and professors.
4. *Is there guidance or training to the campus about how to discuss a completed suicide in order to minimize the risk of cluster suicides?* This information is included in the Mental Health & Crisis Resources Protocol, and is also provided in consultation with faculty and staff when they consult with CPS following a completed suicide.

MSU Billings

1. *Is there a postvention protocol that is agreed to by relevant campus staff in the event of a student death or completed suicide?* Protocols, check-lists, communication flow for a variety of offices, departments across campus, e.g. University Relations, Registrar, Financial Aid, etc., are assembled and reside in the Office of the Vice Chancellor for Student Affairs.
2. *Is there a protocol in place to determine how to appropriately inform staff and students of a campus death?* Communication flow, and template of communications exist in the Office of the Vice Chancellor for Student Affairs, and has been discussed with University Relations, Chancellor's Office.
3. *Are there outreach and debriefing resources available to the campus following a suicide or campus death?* SHS Counseling staff and community partners (i.e., Pet Partners, community counselors, respective campus ministry organizations) in coordination with SHS Director and relevant parties (i.e., DOS, VCSA)

Postvention, Cont.

4. *Is there guidance or training to the campus about how to discuss a completed suicide in order to minimize the risk of cluster suicides?* Guidance and recommendations do exist in the postvention manual. In addition, we have the opportunity of working closely with mental health professionals at RiverStone Health, Billings Clinic, and St. Vincent's Hospital.

MSU-Northern

1. *Is there a postvention protocol that is agreed to by relevant campus staff in the event of a student death or completed suicide?* No, there is nothing formal. However, the CARE Team will meet to determine appropriate responses.
2. *Is there a protocol in place to determine how to appropriately inform staff and students of a campus death?* No, there is not a formal process. On a case by case basis, the message would be developed by Human Resources, the Chancellor's Office, and University Relations.
3. *Are there outreach and debriefing resources available to the campus following a suicide or campus death?* No, there is nothing formal; historically on-campus counseling services were offered to all of campus.
4. *Is there guidance or training to the campus about how to discuss a completed suicide in order to minimize the risk of cluster suicides?* No, the CARE Team may consider exploring this.

Great Falls College MSU

1. *Is there a postvention protocol that is agreed to by relevant campus staff in the event of a student death or completed suicide?* In the event of a student death or completed suicide, the Care, Behavior, and Assessment Team (CBAT) plan to meet to determine next steps in offering services.
2. *Is there a protocol in place to determine how to appropriately inform staff and students of a campus death?* Great Falls College MSU has "Protocol for Death of a Current or Admitted Student" that outlines duties to complete for various entities on campus, including a procedural checklist and follow up steps.
3. *Are there outreach and debriefing resources available to the campus following a suicide or campus death?* The Care, Behavior, and Assessment Team (CBAT) plans to meet and determine resources and make them available to faculty, staff, and students. As a team we are looking at the "Postvention: A Guide for Response to Suicide on College Campuses" (from A Higher Education Mental Health Alliance Project).
4. *Is there guidance or training to the campus about how to discuss a completed suicide in order to minimize the risk of cluster suicides?* The Care, Behavior, and Assessment Team (CBAT) needs to look at this.

Footnotes

1. Jed Foundation & Clinton Health Matters Campus Program. (2015). Retrieved from <http://www.thecampusprogram.org/framework-for-success>
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3. Harvard T.H. Chan School of Public Health. (2015). Means Matter. Retrieved from <http://www.hsph.harvard.edu/means-matter>
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8. Vyrostek, S. B., Annest, J. L., & Ryan, G. W. (2004). Surveillance for fatal and nonfatal injuries—United States, 2001. *Morbidity and Mortality Weekly Report*, 53(SS07), 1–57.