

**Virginia College Mental Health Study
Summary of Recommendations
November, 2011**

Recommendation 1: The Commonwealth should embark on a sequential plan, as resources permit, to assure that every community college has the capacity to provide brief screening and referral services for students who appear in need of mental health intervention; to maintain fully staffed threat assessment teams; to conduct risk assessment screenings in cases that may pose a risk of harm to campus safety; and to coordinate with CSBs, law enforcement agencies and families to carry out emergency interventions and other types of crisis response when necessary.

Recommendation 2: Each college and university that has not already done so should establish a planning group for involving and guiding students in clinically, culturally, ethically and legally appropriate roles in campus-based mental health awareness and suicide prevention.

Recommendation 3: Va. Code § 23-2.1:3 should be amended to make it clear that “originating school” includes transferring institutions of higher education, not only high schools. This can be accomplished by striking the statute’s internal title, “Students’ high school records,” and defining or revising “originating school” to include “secondary school and/or transferring institution of higher education.”

Recommendation 4: Va. Code § 23-9.2:8 should be revised (i) to relieve community colleges of the obligation to develop suicide prevention policies until such time as they have the mental health resources to carry it out and (ii) to delete the confusing and contradictory language in the last two sentences.

Recommendation 5: Va. Code § 23-9.2:3.C should be amended (i) to permit any available school health professional to authorize and document a decision to refrain from notifying a parent and (ii) to make the entire provision permissive, not mandatory, for community colleges.

Recommendation 6: The General Assembly should consider amending § 23-9.2:10 to make the personnel requirements of that section dependent on availability of clinically trained staff.

Recommendation 7: Each Virginia institution should establish a written MOU with its respective CSB to ensure both parties have the same understanding of the scope and terms of their operational relationship.

Recommendation 8: Each Virginia institution should establish a written memorandum of understanding for use with local psychiatric hospitals to assure inclusion of universities, where appropriate, in the post-discharge planning of student patients, whether admitted voluntarily or involuntarily.

Recommendation 9: Working together with the colleges and universities in their catchment areas, Virginia's Community Services Boards should establish a reliable system for assuring that a designated contact person at each Virginia institution is notified whenever one of its students is the subject of commitment proceedings and for assuring exchange of information among institutions, providers and the legal system in a timely fashion.

Recommendation 10: The Office of the Executive Secretary of the Supreme Court, the Department of Behavioral Health and Developmental Services, the Virginia Association of Community Services Boards, the Office of the Attorney General and Virginia's colleges and universities should conduct collaborative training activities to assure that all participants in commitment proceedings are familiar with special issues arising in cases involving college and university students.