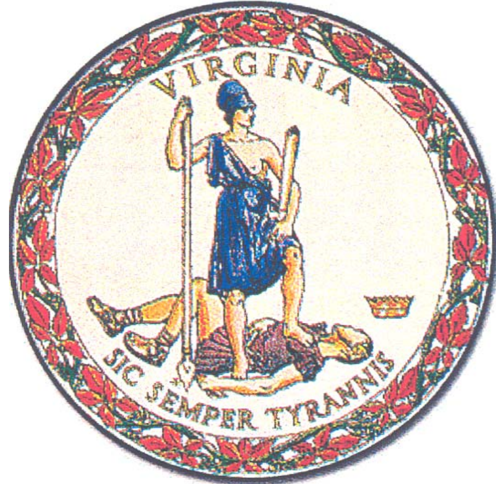

Investigation – Records
Virginia Tech Cook Counseling Center
Blacksburg, Virginia

Office of the Inspector General
For Behavioral Health & Developmental Services

James W. Stewart, III
Inspector General

Report # 179-09
Issued: November 9, 2009

Office of the Inspector General
For Behavioral Health & Developmental Services

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Section I - Introduction

In May 2007, the Office of the Inspector General for Behavioral Health & Developmental Services (OIG), formerly the Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services, conducted an investigation of services provided by the Virginia Tech Cook Counseling Center (CCC or the Center) to Seung-Hui Cho (SHC). At the time of the investigation, the CCC was not able to locate records regarding the services provided to this student. This earlier investigation resulted in the issuance of OIG Report #140-07, which can be found on the OIG website www.oig.virginia.gov.

On July 22, 2009, Dr. Chris Flynn, the Director of the CCC, informed the OIG by email that the missing records related to services provided by the CCC to SHC had been located. He reported that the records had been found by Dr. Robert Miller, former director of CCC, among stored papers in his own home. An electronic copy of the following six documents was forwarded to the OIG by Dr. Flynn on July 22, 2009:

- Triage Form completed November 30, 2005
- Triage Form completed December 12, 2005
- New River Valley CSB Uniform Pre-Admission Screening Form dated December 13, 2005
- Carilion New River Valley Medical Center Discharge Summary for SHC dated December 14, 2009
- Triage Form completed December 14, 2005
- A series of emails that begins December 12, 2005 at 8:46 a.m. and ends December 14, 2005 at 4:24 p.m. that informs Dr. Miller of the events that led to the issuance of a Temporary Detention Order (TDO) for SHC

Throughout this report these documents will be referred to collectively as either the **"CCC Records"** or simply the **"Records".**

As a result of the discovery of the CCC Records, the OIG initiated a second investigation of services provided by CCC to SHC. The purpose of this investigation was 1) to determine what information about SHC was available to the staff at CCC who served him, 2) to determine the extent to which the information that was available to CCC staff regarding SHC was documented in the CCC Records, 3) to assess how completely the services that were delivered to SHC were recorded in the CCC Records, 4) to assess the appropriateness of the services provided to SHC by CCC in light of the information that was available regarding him from collateral sources and from the contact CCC counselors had with him, and 5) to formulate recommendations that will improve

the response of college and university counseling centers to individuals who are experiencing a psychiatric emergency.

This investigation was conducted in two phases. Phase one included the following activities:

- The CCC Records for SHC were reviewed by the OIG.
- Interviews were conducted with the following employees of the CCC:
    - Cathye G. Betzel, Psy.D. – Licensed Clinical Psychologist, Director of Training
    - Christopher Flynn, Ph.D. – Licensed Clinical Psychologist, Center Director
    - Rita F. Klein, Ph.D. – Licensed Clinical Psychologist, Assistant Director for Clinical Services
    - Sandra K. Ward – Office Manager
- Interviews were conducted with the following individuals:
    - Carol Agee – General Counsel, Carilion Health System
    - Tom Brown – Dean of Students, Virginia Tech
    - Lucinda H. Roy, Ph.D. – Professor and English Department Chair, Virginia Tech
    - Mike Turner – Carilion New River Valley Medical Center
- The following documents that are not a part of the recently discovered CCC Records were reviewed by the OIG:
    - Transmittal cover sheet used to FAX SHC's writing from the English Department to the Office of the Dean of Students on October 18, 2005
    - Triage Form completed October 18, 2005
    - Copies of nine emails related to SHC that were either sent or received by Dr. Miller, the former CCC Director between October 18 and October 21, 2005
- Based on the above investigatory activities, 22 findings were formulated by the OIG. On September 29, 2009, the Inspector General met with Dr. Flynn, the current Director of the CCC, to review these findings. The Counseling Center was asked to provide a written response to each recommendation indicating the actions that had already been taken or were planned in order to implement the recommended changes.

Phase two of this investigation included a site visit to the CCC in Blacksburg, VA on October 28 and 29, 2009 in order to assess progress toward recommendations that had been included in OIG Report #140-07 (issued June 2007) and to review plans for implementing any new recommendations presented on September 29, 2009. This portion of the investigation involved the following:

- Interviews were conducted with the following employees of the CCC:
    - Vicki Arbuckle, PMHNP-BC – Nurse Practitioner, Assistant Director for Psychiatry Services
    - Gary Bennett, Ph.D. – Licensed Clinical Psychologist
    - DaHyun Chun, Ph.D. – Counselor
    - Christopher Flynn, Ph.D. – Licensed Clinical Psychologist, Center Director
    - Brandon Phillips, Psy.D. – Counselor
    - Rob Richey, M.S. – Licensed Professional Counselor, Case Manager
    - Reliford Sanders, Jr., Ph.D. – Licensed Clinical Psychologist
    - Manbeena Sekhon, Ph.D. – Counselor
- Interviews were conducted with 12 students who were clients of the CCC.

- Interviews were conducted with the following additional individuals:
  - Harvey Barker Ph.D. – Executive Director, New River Valley CSB
  - Paul M. Barnett – Special Justice
  - Wendell Flinchum – Chief, Virginia Tech Police Department
  - Mary Beth Nash - Virginia Tech Associate Counsel and Special Assistant Attorney General
  - Cheri Warburton, LPC – Adult Clinical Services Director, New River Valley CSB War
- Various CCC and Virginia Tech policies, procedures and other documents were reviewed.

The following individuals who were significantly involved with matters related to CCC's services to SHC are no longer with the Center and were not available to be interviewed by the OIG: Sherry K. Lynch Conrad, Ph.D., LPC – CCC Counselor, Maisha Smith, Ph.D. – CCC Post Doctoral Fellow, and Robert C. Miller, Ed.D., LPC– former CCC Director.

Section II - Authority of the Office of the Inspector General

The Office of the Inspector General for Behavioral Health & Developmental Services (OIG) is established by Virginia Code § 37.2-423 to inspect, monitor and review the quality of services provided in the facilities operated by the Department of Behavioral Health & Development Services (DBHDS) and providers as defined in Virginia Code § 37.2-403. The OIG conducts inspections and makes policy and operational recommendations in order to prevent problems, abuses, and deficiencies in and improve the effectiveness of programs and services. Oversight is provided on an ongoing basis in response to specific complaints of abuse, neglect, or inadequate care and as a result of monitoring serious incident reports and other information received. Findings and recommendations of the OIG are directed to the Office of the Governor, the members of the General Assembly and the Joint Commission on Healthcare.

Virginia Code § 37.2-424(4) authorizes the OIG to access any and all information, including confidential consumer information, related to the delivery of services to consumers in state facilities or served by providers. All consumer information shall be maintained by the Inspector General as confidential in the same manner as is required by the agency or provider from which the information was obtained.

On August 19, 2009, the Administrator of the Estate of Seung-Hui Cho provided written authorization to the Cook Counseling Center to disclose the confidential CCC Records of Seung-Hui Cho to the general public. This authorization acknowledged that health information disclosed under this authorization might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity. Because this report is based upon analysis of the health records maintained by the CCC and their disclosure to the general public has been authorized, this report will also be considered a public document.

Section III - Background Information

Brief Description of the Cook Counseling Center

The VA Tech Cook Counseling Center was established in 1966 and is operated by the university. In 2005 the Center was staffed with 9 full time counselors, one psychiatrist and one nurse practitioner. All counselors were classified as administrative faculty and had PhD's in clinical psychology or counseling psychology and educational counseling with licensure as a professional counselor (LPC). At that time the Center offered an American Psychology Association approved internship program in professional psychology and employed three interns and one post doctoral fellow. Hours of operation were 8:00 a.m. to 5:00 p.m. with no evening or weekend appointment times. Students could reach a counselor after hours by dialing the center and paging the on-duty emergency counselor.

Explanation of Cook Counseling Center Intake Process in Effect in 2005

The following is an explanation of 1) how students were received by and processed into the CCC and 2) how certain records were maintained in 2005 when SHC was served:

A. Intake Process

Each student who sought services at CCC was required to participate first in a screening interview (Triage Interview) with a counselor. The purpose of the Triage Interview was to determine 1) why the student was seeking services and 2) whether or not the student was experiencing a crisis that required an emergency response. This was to include a clinical evaluation of level of risk for suicidal thought or intent, homicidal thought or intent, psychosis, mania, or any other serious mental health concern.

- If the student walked into the center without first calling, the individual would be seen for a 30 minute in-person Triage Interview by a counselor as quickly as possible at the next available appointment time.
- If the student called in by phone, a 15 minute telephone Triage Interview appointment time would be assigned and the student was expected to call back at that time to speak with a counselor. If the student failed to call back for the Triage Interview, there was no follow-up by a counselor unless the Center had prior information about the student that raised particular concerns.

Each Triage Interview was to be documented on a Triage Form (Attachment A). At the end of the Triage Interview, if the counselor determined 1) that the student was willing to receive services and 2) that the needs of the student fell within the scope of expertise of the CCC, the student was offered an appointment time for a 50 minute Intake Interview. At the point that an Intake Interview was conducted, the student became a client of the CCC and a case number was assigned.

As a part of the Triage Interview the counselor was expected to make a determination regarding the urgency of the need for services by assigning one of the following severity ratings:

1. *Extremely Urgent: Refer to Emergency Counselor*. If this rating was selected, an Intake Interview would be conducted right away by a counselor if the student was already in the office. If the Triage Interview was by phone, the Intake Interview would be scheduled as quickly as the student could get to the Center.
2. *Urgent: No more than one-week delay.* With this rating, the Intake Interview would be scheduled within one week.
3. *Troubled: Further contact within 2 weeks.* With this rating, the Intake Interview would be scheduled within two weeks.
4. *Development: Client is able to wait several weeks. May refer to group or workshops while waiting.*
5. *Skill Developer: May refer to group or workshop or 1-2 follow-up sessions may be scheduled when available.*
6. *Information Seeker: Further sessions may not be needed.*

B. Consultations to Faculty, University Staff and Parents

CCC counselors periodically had contact with faculty, university staff and parents who sought consultation regarding students about whom they were concerned. This occurred both for students who were being served by the Center and for students who had had no contact with the Center. It was expected that each consultation was to be documented on a separate Triage Form.

C. Record Keeping

All Triage Forms that were completed as a result of Triage Interviews were filed chronologically by the date that the interview occurred in a secure area in the CCC front office. For those students who received an Intake Interview, a Counseling Record was created, the Triage Form was pulled from the central file and placed in the student's Record, and a case number was assigned.

At the time that SHC was seen at the Center it was the expectation of Dr. Miller (former CCC Director) that all Triage Forms that were completed by counselors as a result of consultations were to be placed in his inbox for his review. The staff members who were interviewed by the OIG were not clear about how the consultation Triage Forms were connected to and eventually filed with the interview Triage Forms for a given student. They said that it was their impression that once Dr. Miller reviewed the consultation Triage Forms he would go to the front office to determine if a Triage Interview had been conducted for the student who had been the subject of the consultation. They also said that "word of mouth" within the Center would often help staff connect the consultation Triage Forms with the Triage Interviews. Also, front desk staff helped to make the connection.

<u>Sequence of Events Related to Services Provided by CCC and Communications between University Officials and CCC Staff:</u>

From information found in the Record and interviews conducted by the OIG investigator, the following sequence of events was compiled. These events relate to 1) services provided to SHC by

CCC and 2) communications between university officials and CCC staff regarding SHC. More details are provided about each of these events in Sections IV and V of this report.

- October 18 to October 21, 2005, Dr. Miller (CCC Director) exchanged nine emails related to SHC either by sending or receiving the messages. Those who originated these emails included Dr. Miller, Professor Roy (VA Tech English Department Chair), Tom Brown (Dean of Students), and Francis Keene (Director of Judicial Affairs).

- October 18, 2005, Tom Brown called Dr. Klein (CCC) to seek consultation regarding concerns about SHC's writing.

- Mid-October, 2005, Professor Roy called Dr. Betzel (CCC) to seek consultation about SHC.

- November 30, 2005 at 9:12 a.m. SHC called CCC and spoke with Cheryl Curran at the front desk. She scheduled a telephone Triage Interview for him with Dr. Smith at 9:45 a.m. that same day.

- November 30, 2005 at 9:45 a.m. Dr. Smith conducted a telephone Triage Interview with SHC. This resulted in the completion of a Triage Form and the scheduling of an Intake Interview for December 12, 2005 at 2:00 p.m. with Dr. Betzel.

- December 12, 2005 prior to 2:00 p.m. SHC called CCC to cancel his appointment.

- December 12, 2005 Dr. Betzel placed a follow up call to SHC because he had cancelled his 2:00 p.m. appointment. He did not answer and she left a voice message.

- December 12, 2005 at 4:21 p.m. SHC returned Dr. Betzel's call. Cheryl Curran at the front desk received this call and scheduled SHC for a telephone Triage Interview at 4:45 p.m. that same day with Dr. Betzel.

- December 12, 2005 at 4:45 p.m. SHC called back at which time Dr. Betzel conducted a telephone Triage Interview with him. This interview was documented on a Triage Form.

- December 14, 2005 at 10:46 a.m. Dr. Miller received an email from Gerard Kowalski (VA Tech Director of Residence Life) which contained an email from Patricia Smith (Resident Life Area Coordinator) with a Residence Life "On Call Report" dated Tuesday, December 13, 2005, that reported on the incident which led to the issuance of a Temporary Detention Order (TDO) for SHC on December 13, 2005.

- December 14, 2005 at 11:35 a.m. Sandra Ward (CCC Office Manager) received a call from either a staff member at the New River Valley Medical Center or from SHC directly. It is not clear who placed the call, but Ms. Ward did talk directly to SHC and scheduled an appointment for him with Dr. Conrad at 3:00 p.m. that same day.

- December 14, 2005 at 2:25 p.m. CCC received a FAX from Carilion New River Valley Medical Center which included the hospital Discharge Summary for SHC and the New River Valley Community Services Board Uniform Pre-Admission Screening Form.

- December 14, 2005 at 3:00 p.m. Dr. Conrad conducted an in-person Triage Interview with SHC that was scheduled to last 30 minutes. This resulted in the partial completion of a Triage Form.

- December 14, 2005 at 4:24 p.m. Dr. Miller forwarded the email that he had received from Gerard Kowalski at 10:46 a.m. to a number of CCC staff including Dr. Conrad.

- December 14, 2005 at 4:25 Sandra Ward at the CCC front desk notified Dr. Miller that SHC had been seen by Dr. Conrad at 3:00 p.m. that day.

- There was no contact between SHC and CCC after the December 14, 2004 3:00 p.m. in-person interview with Dr. Conrad.

Section IV – Review of Information Received by Cook Counseling Center Staff Prior to First Triage Interview on November 30, 2005

Through investigative interviews in May 2007 and more recent interviews with Professor Roy, Tom Brown (Dean of Students) and CCC staff, the OIG learned of the following communications with CCC staff regarding SHC that occurred prior to his first call to CCC for services on November 30, 2005.

Communication with Dr. Klein on October 18, 2005

Tom Brown recalls that Professor Roy sent a copy of SHC's writing to him and shared her concerns about the student with him. He received the writing by FAX on October 18, 2005 at 1:17 p.m. Upon request, copies of both SHC's writing and the cover sheet that had been used to FAX this material from the English Department to him was FAXed to the OIG.

Brown consulted with Dr. Klein (CCC) about SHC's writing but does not recall whether he read the material to her over the phone or provided a copy to her. He indicated that it was his normal practice to mention the name of a student when he consulted with other offices about troubled students, but did not recall whether SHC's name was provided to Dr. Klein.

Dr. Klein recalls that on October 18, 2005, she received a call from Tom Brown who was seeking consultation regarding a student that Professor Roy had called him about. The student was writing and reading out loud in class his work that was disturbing to the class. The writing involved the mutilation of animals. Dr. Klein recalls that Brown read the content of the writing to her over the phone. Her assessment was that there were no actual threats. She discussed with Brown ways to suggest that the student voluntarily come into the CCC for services. Dr. Klein reports that she discussed this consultation with Dr. Miller.

Dr. Klein reports that she completed a Triage Form on this consultation and placed the form in Dr. Miller's mailbox as was expected of counselors who conducted consultations with faculty or parents. This Triage Form was not in the CCC Records provided to the OIG. When the OIG investigator asked if a copy of the form could be made available, Dr. Klein reported that she had located the form in the front office where all Triage Forms on students whose cases have not yet been opened are filed. She indicated that this form did not contain SHC's name because Tom Brown had not provided the student's name to her. Upon request, a copy of this form was FAX'ed to the OIG.

Email Communication to and from Dr. Miller between October 18 and 21, 2005

Copies of emails provided to the OIG by Professor Roy reveal that Dr. Miller received or sent nine emails related to SHC between October 18 and October 21, 2005. Five of these emails were initiated by Professor Roy and were directed to or copied to Dr. Miller. Dr. Miller initiated two of these emails to Professor Roy, and he was copied on two emails initiated by other university officials. These emails conveyed the following related to SHC:

- October 18 at 5:03 p.m. from Miller to Roy and copied to Brown (Dean of Students), Klein (CCC) and Betzel (CCC)
  - Acknowledges that he received word that day regarding "a student of concern".
  - Says from what he understands the material written is not specifically threatening of self or others, but very disturbing.
  - Offers consultation from Dr. Betzel at CCC and says that she can see the student the next day if needed.
- October 18 at 5:07 p.m. from Roy to Miller
  - Acknowledges Dr. Miller's email.
- October 18 at 7:05 p.m. from Roy to Miller and others
  - Thanks Dr. Miller for providing advice about the student whose "poem" contains disturbing material.
  - Informs Dr. Miller that she will be meeting with the student to review the "piece" he submitted to his professor (Giovanni).
  - References that Professor Giovanni has requested that SHC be moved to another class and she (Roy) will suggest independent study to him.
  - Says she will inform SHC that it is inappropriate to take secret photos of faculty and classmates. Mentions that she has discovered that he was also taking photos in at least one other class.
- October 18 at 8:58 p.m. from Brown to Roy and copied to Miller
  - Conveys to Roy that she is "on the right track".
  - Says there is no specific policy related to cell phones in class and calls her attention to a policy related to "disorderly conduct".
  - Says he talked with a counselor (Klein at CCC) and that he had shared the content of the "poem" with the counselor and she did not pick up on a specific threat. Says that the counselor had stated that "it would be near impossible to assess the student's mental state without talking to him".
  - Says that the counselor, like Bob (Miller), suggested a referral to Cook.

- October 18 at 9:16 p.m. from Keene (Director of Judicial Affairs) to Roy and copied to Miller and others
    - Says she can address the student's questions about the cell phone and disorderly conduct.
    - Says she agrees that the content of the "poem" is inappropriate and alarming but doesn't contain a threat to anyone's immediate safety, "thus not actionable under the abusive conduct – threats section of the UPSL".
- October 19 at 3:40 p.m. from Roy to Miller and others
    - Says she and another professor met with the student, that he was very quiet, and that it took him a long time to respond to questions.
    - Thinks he may be willing to work with her rather than continuing in the professor's class.
    - Says he admitted that he is very quiet and very shy – hence his cap and dark glasses.
    - Said he didn't seem to think that his writing should have alarmed anyone.
    - Says she is genuinely concerned about him because he appeared to be very depressed. Says that at one point he was near tears.
    - Says that he said that he understood why people assumed from the piece that he was angry with them.
    - Said she strongly recommended to him that he see a counselor and that he did not commit to this recommendation one way or the other.
    - Says he agreed to get permission from others before taking their photos in class.
    - Says she had been in contact with a detective (Virginia Tech Police) and that if the student returns to the professor's class they will have some security.
- October 19 at 3:45 p.m. from Roy to Keene (Director of Judicial Affairs) and copied to Miller and others
    - Says she had met with the student that day and is hoping he will agree to work with other professors rather than remain in the class since some of the students did interpret his piece as threatening.
    - Says she does not want the students to be afraid to come to class.
- October 20 at 12:47 p.m. from Miller to Roy and copied to Klein (CCC) and Betzel (CCC) and others
    - Says from the emails he has received it sounds like she and her staff have done an excellent job with the student.
    - Says it sounds like the student may benefit from someone like Roy or another professor coming to counseling with him for a first appointment.
    - Says that George Jackson (police officer) has been helpful in the past with students reluctant to come to CCC.
    - Says he would be willing to meet with the student personally.
    - Says that Klein and Betzel are informed.
- October 21 at 6:46 p.m. from Roy to Miller and others
    - Says she will be working with the student and he will not be going to the professor's class so security not needed.
    - References that the other students are genuinely upset by what the student read and by the photos he took.
    - Says she will again try to convince get him to seek counseling, but that she does not think it will happen.

- Attached to this email are the following:
  - October 19 at 2:54 p.m. from Roy to SHC in which she thanks him for meeting with her, says his explanation of his work was helpful, says she is glad he has agreed not to take any more unauthorized photos of classmates or professors, conveys that his work did seem to convey anger toward others, encourages him to write a note to his classmates and professor, gives him a deadline to respond to her offer for independent work, encourages him to see a counselor and recommends Dr. Betzel, and conveys personal concern for him.
  - October 21 at 3:26 p.m. from SHC to Roy which is a two and a half page response to her offer for independent study in which he accepts her offer for independent study. In this response he conveys his dissatisfaction with Professor Giovanni's class and anger with her for the way he felt she responded to his work and the way he felt she treated him in class. He reveals how uncomfortable it is for him to read in front of people "or anything for that matter". He conveys that he feels like he is treated differently than the other students and is "punished". He apologizes for the situation that has occurred related to Professor Giovanni's class.
  - October 21 at 6:34 p.m. from Roy to SHC in which she says she is glad he is willing to work independently with her, explains the logistics of the arrangement, says that they can go over some of the issues he raised in his long October 21 email to her.

There was no documentation related to this exchange of emails and consultation in the CCC Records.

<u>Communication with Dr. Betzel in October 2005</u>

Professor Roy recalls that she communicated with several individuals at CCC regarding SHC beginning in mid-October 2005. She reported that she spoke with Dr. Betzel by phone as a follow up to the email she received from Dr. Miller in which he referred her to Dr. Betzel. Professor Roy said that she thought SHC was suicidal but did not have the skills to diagnose him. She said the purpose of her call was to encourage Dr. Betzel or another CCC counselor who was trained in diagnosis to come to her office to meet with SHC and with her. She reported that this was an intense conversation because she wanted to convey how concerned she was that the CCC had determined that it was not appropriate for a counselor to see SHC in her office, instead requiring him to come to the Center.

Dr. Betzel recalls that she had "one or more conversations" with Professor Roy about SHC. She remembers that Professor Roy talked about the student's disturbing writing, that faculty members did not want him in their classrooms and that she had made the decision to tutor him outside the classroom. She recalls that they talked about how to enable SHC to receive counseling. Dr. Betzel offered to see SHC and encouraged Professor Roy to refer him to CCC. She also remembers talking with Professor Roy about her decision to work with the student on an individual basis outside the classroom setting, wanting to ensure her safety.

Dr. Betzel does not recall that she completed a Triage Form on this consultation, and there is no record of any communication between Professor Roy and Dr. Betzel in the CCC Records.

According to Dr. Klein, support staff at CCC do recall that Dr. Miller announced at a regular support staff meeting that Professor Roy was concerned about SHC and that the front desk staff were to be on the lookout for him.

Section V – Review of Cook Counseling Center Records

This section provides a detailed description of the content of the six documents that are included in the CCC Record that was provided to the OIG.

First Triage Interview – November 30, 2005

On November 30, 2009, SHC called the CCC at 9:12 a.m. seeking services. During this call he was given a time for a telephone Triage Interview at 9:45 a.m. that same morning with Dr. Smith. At 9:45 a.m. he called the CCC for the telephone interview with Dr. Smith. Dr. Smith completed a Triage Form to document this call.

Significant information in the November 30, 2005 Triage Form includes:

- It notes that the person seeking services is the student himself.
- It is noted that SHC was not currently being treated by a mental health or medical professional, that he was not taking any medications, and that he had not been seen at the CCC before.
- The Type of Problem section is completed as follows:
    - *Depressed mood* is checked with a note that says "decreased social interactions – 2 years".
    - *Relationship problem* is marked with an "N" for no, with a note that says "does not have any relationships".
    - *Panic episodes/anxiety* is checked with a note that says "when having to talk to people – always".
    - *Self-destructive behavior* is marked with an "N" for no.
    - *Have you been hearing voices or seeing things that others do not*? is marked with an "N" for no.
    - *Has there been any traumatic or upsetting event in your life recently*? Is marked with an "N" for no.
- The Decrease in Functioning section is completed as follows:
    - *Are you having trouble with concentration?* is checked yes with an indication that this is a change.
    - *Are you attending classes regularly?* is checked yes.
    - *Are you able to keep up with your class demands?* is checked yes.
    - *Are you able to interact with your friends/family/classmates*? is checked no with an indication that this is not a change.
    - *Has there been any change in your sleeping habits*? is checked no.

  - *Any change in your appetite/eating?* Is checked yes with a down arrow indicating a decreased appetite.
- The Assessment of Harm to Self or Others notes that he had no thoughts, past thoughts or past attempts related to suicidal ideation or homicidal ideation.
- The Assessment of the Reason for Call indicates that SHC was referred to CCC by a professor, had been depressed, had difficulty in social situations, and would like to see Cathye Betzel since one professor had talked to her about the student.
- The Severity Rating that is selected on the Triage Disposition section is "3) Troubled: Further contact within 2 weeks".
- The Other Disposition Information section notes, "Ref (refer): CCC: CB – Requested Dr. Betzel."
- Dr. Smith scheduled an Intake Interview for SHC on December 12, 2005 at 2:00 p.m. with Dr. Cathye Betzel.

There is no indication on the November 30 Triage Form that Dr. Smith talked with SHC about any of the information made available to the CCC through the earlier consultations described above in Section IV.

<u>Second Triage Interview – December 12, 2005</u>

On December 12, 2005, SHC was scheduled to see Dr. Betzel at 2:00 p.m., however, some time earlier in the day he called CCC and spoke with a receptionist to cancel the appointment. He said that he did not want to reschedule. On that same day, after the cancellation call had been received, Dr. Betzel called SHC by phone to follow up with him, but there was no answer. Dr. Betzel left a voice message for him and noted at the bottom of the November 30 Triage Form that she had left a message inviting him to call back to reschedule. SHC returned her call at 4:21 p.m. and he was given an appointment with Dr. Betzel for a telephone Triage Interview at 4:45 p.m. At 4:45 p.m. he called back and spoke with Dr. Betzel for approximately 30 minutes. Dr. Betzel completed a Triage Form to document this call.

Significant information in the December 12, 2005 Triage Form includes:

- It notes that the person requesting services is the student himself.
- It is noted that SHC was not currently being treated by a mental health or medical professional, that he was not taking any medications, and that he had not been seen at the CCC before. Dr. Betzel clarifies that she indicated he had not been seen at the CCC before because he had not advanced to the point of receiving counseling and had only had a Triage Interview. She reported to the OIG that she had been aware of the November 30 "triage" interview and had reviewed the Triage Form completed by Dr. Smith.
- The Type of Problem section is completed as follows:
  - *Depressed mood* is checked, which is consistent with November 30 assessment.
  - *Relationship problem* is not checked
  - *Panic episodes/anxiety* is checked, which is consistent with November 30 assessment.
  - *Self-destructive behavior* is marked no, which is consistent with November 30 assessment.

- *Have you been hearing voices or seeing things that other do not*? is not checked, which is consistent with November 30 assessment.
- *Has there been any traumatic or upsetting event in your life recently*? is not checked, which is consistent with November 30 assessment.

- The Decrease in Functioning section is completed as follows:
  - *Are you having trouble with concentration?* is checked yes, which is consistent with November 30 assessment.
  - *Are you attending classes regularly?* is checked yes, which is consistent with November 30 assessment.
  - *Are you able to keep up with your class demands?* is checked yes, which is consistent with November 30 assessment.
  - *Are you able to interact with your friends/family/classmates*? is checked no, which is consistent with November 30 assessment.
  - *Has there been any change in your sleeping habits*? is checked no, which is consistent with November 30 assessment.
  - *Any change in your appetite/eating?* Is checked no, which is not consistent with November 30 assessment.
- The Assessment of Harm to Self or Others notes that he had no thoughts of suicidal ideation or homicidal ideation, which is consistent with the November 30 assessment. No assessment is recorded of whether or not he had experienced past thoughts of or past attempts at suicide or homicide as was noted on the November 30 assessment.
- The Assessment of the Reason for the Call indicates that this was a follow up call after cancellation of the "intake" appointment. It says that his stated difficulties were about the same and no worse, but that he did not want to come in for services at this time.
- No Severity Rating is selected in the Triage Disposition section of the form, so there is no indication of severity or expectations for follow up. Dr. Betzel explained to the OIG that a selection was not made because SHC did not want to pursue services and no Intake Interview would be scheduled. She reported that she did offer an opportunity for him to reschedule.
- In the Other Disposition Information section it notes, "Cancelled intake appointment because decided he didn't want to come in – offered R/S (reschedule) – he declined at this time."

There is no indication on the December 12 Triage Form that Dr. Betzel talked with SHC about any of the information made available to the CCC through the earlier consultations described above in Section IV.

<u>Receipt of Notification by CCC that SHC Had Been Hospitalized on December 13, 2005</u>

On December 14, 2005 at 10:46 a.m. Dr Gerard Kowalski, Director of Residence Life, sent an email to Dr. Miller as an "FYI". Attached to this message was a December 14, 2005 8:05 a.m. email from Patricia Smith (Residence Life Area Coordinator) that contained a December 13, 2005 Residence Life "On Call Report". The "Resident Involved" was SHC. Following is the content of this report:

- References that "Cho had a history of erratic behavior and counseling-based issues over the course of the semester".

- Reports that "Cho's suitemate had called VTPD (Virginia Tech Police Department) because Cho expressed suicidal ideations and had previously had "blades" in the room".
- Reports that "Cho went to the Police Station on his own will to talk to an Access counselor".
- Reports that "the magistrate issued a temporary detention order so Cho was to spend the night at the New River Valley Medical Center for further examination/counseling."

On December 14, 2005 at 4:24 p.m. Dr. Miller forwarded the 10:46 a.m. email to 19 CCC staff including counselors, interns and support staff. Dr. Betzel, Dr. Klein, Dr Conrad and Dr. Smith were included in the distribution.

<u>Receipt of Uniform Pre-Admission Screening Form and Hospital Discharge Summary by CCC</u>

On December 14, 2005 at 2:25 p.m. CCC received a FAX'ed copy of the New River Valley CSB Pre-Admission Screening Form and a copy of the Carilion New River Valley Medical Center Discharge Summary from the Carilion Medical Center.

The pre-authorization screening of SHC was conducted at 8:15 p.m. on December 13, 2005. This form includes the following:

- Diagnosis was Depressive Disorder, NOS
- Police reported that a dorm resident complained that SHC was harassing her by sending unwanted instant messages and leaving messages on a dry erase board outside her room.
- Police reported that they were contacted by the father of SHC's roommate after SHC left an instant message for the roommate indicating he might as well kill himself. SHC told the police this was a joke.
- SHC denied any feelings of depression or anxiety and denied any suicidal thoughts, intentions or desires.
- Roommate reported that SHC's behavior had been bizarre lately with a description provided.
- SHC was not able to come up with a safety plan to adequately ensure safety and was unwilling to contact his parents.
- The CSB Prescreener determined that SHC 1) was mentally ill and/or abusing substances, 2) was an imminent danger to self or others, 3) was able to care for self, 4) was capable of consenting to voluntary treatment/hospitalization, 5) was not willing to be treated voluntarily, 6) there was not a less restrictive community alternative, and 7) involuntary hospitalization was recommended.
- The Prescreener recommended services to be considered in planning for discharge that included medication management and outpatient services.

The Hospital Discharge Summary notes that SHC was discharged on December 14, 2005. This summary includes a mental status exam, a description of the hospital course, and indicated that the diagnosis was deferred. The disposition section states, "It is recommended that patient follow up in counseling. Access will also do some safety checks. Follow up and aftercare to be arranged with counseling center at Virginia Tech. Medications, none".

Third Triage Interview – December 14, 2009

On December 14, 2005 at 11:35 a.m. the CCC received a call from either the staff of Carilion New River Valley Medical Center or directly from SHC. During this call a member of the support staff at CCC spoke directly with SHC and an in-person Triage Interview was scheduled with Dr. Conrad at 3:00 p.m. that same day. The appointment was kept, and Dr. Conrad filled out a Triage Form to document this interview.

Significant information in the December 14, 2005 Triage Form includes:

- It notes that the person requesting services is the student.
- There is a "sticky note" attached to the first page that says, "I met with student for about 30 min. – he denied any suicidal or homicidal ideation."
- Much of the demographic information is not completed.
- It is noted that SHC had "2 previous "triages" 11/30/05 & 12/12/05".
- The sections of the form on Type of Problem and Decrease in Functioning are X'ed out and not completed. There is a "sticky note" attached at the top of the page that says," Did not assess – student has had 2 previous triages in past 2 wks – last 2 days ago."
- The Assessment of Harm to Self or Others section notes that he had no thoughts of suicidal ideation or homicidal ideation which was consistent with the November 30 and December 12 assessments. No assessment was made of whether or not he had experienced past thoughts of or past attempts at suicide or homicide as had been noted on the November 30 assessment.
- The Assessment of the Reason for the Call section notes, "Referred by St Albans (Carilion) for follow-up after student was admitted there yesterday and spent the night. He denies suicidal and/or homicidal thoughts. Said the comment he made was a joke. Says he has no reason to harm self & would never do it. Is going home on Saturday. Has last final tomorrow. Did not miss any finals while hospitalized."
- No Severity Rating was selected in the Triage Disposition section of the form, so there was no indication of severity or expectations for follow up.
- The Other Disposition Information section states, "Encouraged him to return for intake in January but did not schedule appt. because he doesn't know schedule. Provided emergency numbers for CCC, Connect, Respond and Access and encouraged him to call one of these #'s if he begins to have suicidal or homicidal thoughts."

There was no indication on the December 12 Triage Form that Dr. Conrad talked with SHC about any of the information made available to the CCC through the earlier consultations described above in Section IV or the information received in the two earlier Triage Interviews.

Section VI – Office of Inspector General Findings

Finding #1: When SHC personally initiated contact with CCC to seek services, appointments were scheduled promptly and with no delay.

- SHC called the CCC at 9:15 a.m. on November 30, 2005 to request services the first time, and he was given an appointment for a telephone Triage Interview with Dr. Smith at 9:45 a.m. that same day.

- SHC called CCC from the hospital at 11:34 a.m. on December 14, 2005 to request an appointment, and he was given appointment for an in-person Triage Interview with Dr. Conrad at 3:00 p.m. that same day.

Finding #2: When SHC called to cancel his December 12, 2005 2:00 p.m. in-person Intake Interview appointment, follow-up by CCC was very prompt. Dr. Betzel called him that afternoon and conducted a telephone interview with him at 4:45 p.m. that same day.

Finding #3: It was the CCC's practice in 2005 a) only to provide services to students who were willing to receive these services and b) only to provide services to student within the CCC facility proper. When Professor Roy requested in mid-October 2005 that a CCC counselor meet jointly with her and with SHC in her office, she was informed her that this would not be possible.

Finding #4: Student's Initial Request for Services

Finding #4.a: When Dr. Smith conducted the first Triage Interview with SHC by telephone on November 30, 2005, the following information about this student had already been received by CCC counselors:

- From the consultation Dr. Klein provided to Tom Brown, Dean of Students on October 18, 2005:
    - Professor Roy in the English Department was sufficiently concerned about SCH's writing to seek consultation from the Dean of Students.
    - SHC was reading his writings out loud in class and this was disturbing to the class.
    - The specific content of one "poem" written by SCH had been reviewed by a CCC counselor (Dr. Klein) who was of the opinion that there were no actual threats.
- From the series of emails that were sent or received by Dr. Miller between October 18 and 20, 2005:
    - Professor Roy found the content of SHC's writing disturbing. Students in SHC's class felt that the material was threatening and were upset about his reading of the material in class.
    - SHC had taken photos of faculty and classmates secretly in the classroom and they were upset about his actions.
    - Professor Giovanni had requested that SHC be moved to another class, and
    - Professor Roy was sufficiently concerned about SHC to meet with him and work out a plan to move him from the classroom into independent study.
    - Professor Roy felt that SHC was very depressed and should be seen by a counselor.
    - Professor Roy had been in contact with a detective about the situation and the concern that SHC would return to Professor Giovanni's class.
    - Professor Roy had encouraged SHC to move from Professor Giovanni's class into independent study with Professor Roy.
    - SHC responded to Professor Roy's offer with a very lengthy email in which he conveyed his dissatisfaction with Professor Giovanni's class and anger with her for the way he felt she responded to his work and the way he felt she treated him in class; revealed how uncomfortable it was for him to read in front of people "or anything for that matter"; conveyed that he felt like he was treated differently than

the other students and was “punished”; apologized for the situation that had occurred related to Professor Giovanni’s class; and accepted the offer for independent study.

- From the consultation Dr. Betzel provided to Professor Roy in mid-October, it was known that:
  - Professor Roy was concerned about SHC’s disturbing writing and felt that he was suicidal and needed counseling.
  - Faculty members did not want him in their classrooms, and Professor Roy had made a decision to tutor him outside the classroom.
  - Professor Roy wanted a CCC counselor to come to her office to meet jointly with SHC and her.

Finding #4.b: There is no evidence in the CCC Records to indicate that Dr. Smith was aware of the consultations provided by Dr. Klein, Dr. Miller and Dr. Betzel when she interviewed SHC by phone on November 30, 2005 or that Dr. Betzel was aware of the consultation provided by Dr. Klein when she conducted a follow up telephone interview with SHC by phone on December 12, 2005.

Finding #4.c.: Dr. Smith determined that SHC was willing to receive services and honored his request by scheduling the Intake Interview with Dr. Betzel.

Finding #5: Student’s Request for Services Following Hospitalization

Finding #5.a: When Dr. Conrad conducted an in-person interview with SHC on December 14, 2005, following his discharge from the hospital, in addition to the information described in Finding 4.a. above regarding the consultations provided by Dr. Klein, Dr. Miller and Dr. Betzel, the following information had also been received by CCC staff:

- From the first telephone “triage” interview conducted by Dr. Smith on November 30, 2005:
  - SHC had voluntarily sought the services of CCC.
  - Regarding his type of problem, he was determined to have depressed mood, decreased social interactions for two years, an absence of relationships, panic episodes/anxiety always when having to talk to people, no self-destructive behavior, no hearing of voices or seeing things that others do not, and no recent traumatic or upsetting events in his life.
  - Regarding any decreases in function, it was determined that SHC was having trouble with concentration, was attending classes regularly, was keeping up with class demands, was not able to interact with friends/family/classmates, had no change in sleeping habits, and was experiencing a decrease in appetite/eating.
  - Regarding assessment of harm to self or others, it was determined that he had no thoughts, past thoughts or past attempts related to suicidal ideation or homicidal ideation.
  - It was determined that SHC was referred by a professor and that the student would like to see Dr. Betzel since the professor had talked to her about him.
  - In accessing the severity of the situation it was determined that SHC should be seen within the next two weeks.
  - SHC agreed to come in for an “intake” interview with Dr. Betzel.

- From the second telephone "triage" interview conducted by Dr. Betzel on December 12, 2005:
    - SHC had cancelled his December 12, 2005 "intake" interview.
    - The assessment of his type of problem was the same as the November 30 assessment except that there was no reference to relationship issues.
    - The assessment regarding any decreases in function was the same as the November 30 assessment except that there was no indication of a change in appetite/eating.
    - The assessment of harm to self or others was the same as the November 30 assessment.
    - SHC did not want to come in to CCC for services.
- From the Residence Life "On Call Report" that Dr. Miller received on December 14:
    - SHC had a history of erratic behavior and counseling-based issues over the course of the semester.
    - Several Residence Life staff had extensive familiarity with SHC
    - SHC's suitemate called the Virginia Tech Police Department because SHC expressed suicidal ideations and had previously had "blades" in the room.
    - SHC went to the police department of his own will to talk to an ACCESS counselor.
    - The magistrate issued a Temporary Detention Order and SHC was hospitalized at the New River Valley Medical Center for further examination/counseling.
- From the Uniform Pre-Admission Screening Form that was completed by the New River Valley CSB on December 13, 2005 and forwarded to CCC by the Carilion New River Valley Medical Center on December 14, 2005:
    - Diagnosis was Depressive Disorder, NOS
    - Police reported that a dorm resident complained that SHC was harassing her by sending unwanted instant messages and leaving messages on a dry erase board outside her room.
    - Police reported that they were contacted by the father of SHC's roommate after SHC left an instant message for the roommate indicating he might as well kill himself. SHC told the police this was a joke.
    - SHC denied any feelings of depression or anxiety and denies any suicidal thoughts, intentions or desires.
    - Roommate reported that SHC's behavior had been bizarre lately with a description provided.
    - SHC was not able to come up with a safety plan to adequately ensure safety and was unwilling to contact his parents.
    - The CSB Prescreener determined that SHC 1) was mentally ill and/or abusing substances, 2) was an imminent danger to self or others, 3) was able to care for self, 4) was capable of consenting to voluntary treatment/hospitalization, 5) was not willing to be treated voluntarily, 6) there was not a less restrictive community alternative, and 7) involuntary hospitalization was recommended.
    - The Prescreener recommended services to be considered in planning for discharge that included medication management and outpatient services.
- From the Carilion New River Valley Medical Center Discharge Summary forwarded to CCC on December 14, 2005:
    - The Mental Status Exam revealed that SHC had no indication of psychosis, delusions, suicidal or homicidal ideation.

- The Disposition was that SHC follow up in counseling, that ACCESS do safety checks, and that follow up and aftercare be arranged with the counseling center at Virginia Tech. No medication was recommended.

Finding #5.b.: When SHC called by phone on December 14, 2005 to request an appointment, he was scheduled for a 30 minute Triage Interview instead of a longer Intake Interview despite the fact that two Triage Interviews had been conducted with him on November 30 and December 12 and he had been discharged from a period of psychiatric hospitalization that same day.

Finding #5.c: There is no clear indication that Dr. Conrad was aware of all previous CCC services and collateral information regarding SHC.

- There is no evidence in the CCC Records to indicate that Dr. Conrad was aware of the consultations provided by Dr. Klein, Dr. Miller and Dr. Betzel when she interviewed SHC on December 14, 2005.
- It is clear from the CCC Records that Dr. Conrad was aware that SHC had been interviewed by other CCC counselors on November 30 and December 12, 2005 and that she had access to the two Triage Forms completed as a result of these interviews.
- It is not likely that Dr. Conrad had access to the Residence Life "On Call Report" regarding the circumstances that led to SHC's hospitalization and the issuance of the Temporary Detention Order since it was not forwarded to CCC staff by Dr. Miller until 4:34 p.m. on December 14, 2005 which was after her 3:00 p.m. appointment with SHC.
- While there is evidence that Dr. Conrad was aware that SHC had been hospitalized, there is no evidence in the CCC Records that she was aware of the content of the Uniform Pre-Admission Screening Form and the hospital Discharge Summary that were received by CCC at 2:25 p.m. on December 14, 2005, just 35 minutes prior to her interview with SHC at 3:00 p.m.

Finding #5.d.: Dr. Conrad did not make a current assessment of the Type of Problem SHC was having, did not assess for Decrease in Functioning, and did not make a judgment regarding the urgency of need for services as was called for on the Triage Form. As a result, her determination that SHC currently had no thoughts of suicidal or homicidal ideations could only be based on the following: a) SHC's own denial of these ideations and his comments that he had made a joke and had no reason to harm himself and b) the previous assessments by Dr. Smith (November 30 by telephone) and Dr. Betzel (December 12 by telephone). There is no indication that Dr. Conrad made an independent assessment of SHC's mental status on the day that he was seen.

Finding #5.e: There is no evidence on the Triage Form that SHC was unwilling to receive ongoing services following the Triage Interview with Dr. Conrad. Dr. Conrad encouraged him to return for an Intake Interview in January but did not schedule an appointment because he did not know his schedule. She provided several different emergency phone numbers and encouraged him to call one of these numbers if he began to have suicidal or homicidal thoughts. The total responsibility for future contact with CCC was placed on the student.

Finding #6: At the time that SHC was served at CCC, the Center did not have an established policy or procedure regarding the expectations of counselors to follow up on students who had been

hospitalized for psychiatric reasons. After SHC was seen for a Triage Interview on December 14, 2005, there was no effort by CCC to follow up with him.

Finding #7: Court Ordered Outpatient Treatment

Finding #7.a.: There is no evidence in the CCC Records that SHC was ordered by the court to receive outpatient treatment as a result of the commitment hearing that was held on December 14, 2005. The New River Valley CSB Uniform Pre-Admission Screening Form, which is in the Records, documents the prescreener's thoughts prior to hospitalization regarding "Services to be considered in planning for discharge". The services checked included "medication management" and "outpatient". The Carilion New River Valley Discharge Summary, also included in the CCC Records, states that, "It is recommended that he be offered some outpatient counseling culturate to proper norms". In the "Disposition" section of the Discharge Summary it states, "It is recommended that patient follow up in counseling. Access will also do some safety checks. Follow up and aftercare to be arranged with counseling center at Virginia Tech. Medications, none". However, the Records do not include a copy of the Court's Certification and Order for Treatment which contained the actual court order for outpatient treatment.

Finding #7.b: In 2005 the CCC did not accept involuntary or ordered referrals from any source, including other departments of the university, outside agencies or courts.

Finding #8: Record Keeping System

Finding #8.a: The CCC record keeping system and related staff practices in 2005 regarding the retention of clinical documentation for students who had not yet reached the Intake Interview stage of services created barriers to assuring that all documents related to a given student would consistently be accessible to any counselor who dealt with that student.

Finding #8.b.: The CCC Records do not include completed Triage Forms or other documents that provide a written record of the consultations provided by Dr. Miller or Dr. Betzel to Professor Roy. It was the expectation of counselors in 2005 that all consultations with faculty, staff and parents be recorded on a Triage Form. There is no evidence that Triage Forms were ever completed by Dr. Betzel or Dr. Miller.

Finding #8.c.: The CCC Records do not include a completed Triage Form or other documents that provide a written record of the consultation provided by Dr. Klein to Tom Brown. Dr. Klein did complete a Triage Form which she located in the front office central filing system months after SHC was served and after the critical incident that occurred in April 2007. Dr. Klein reports that she was not given the name of the student when Tom Brown consulted with her by phone and therefore was not able to include the student's name on the form.

Finding #8.d.: It was Dr. Miller's expectation that all Triage Forms resulting from consultations provided by CCC counselors to faculty, university staff or parents be placed in his mailbox so that he could review them. There was no clear procedure for how these forms were later filed so that counselors who later served the student who was the subject of the consultation could have access to the information.

Finding #8.e.: When the OIG conducted an on-site investigation at CCC in May 2007, inspectors were told that the CCC Records for SHC were lost. It was discovered in July 2009 when the Records were returned to the CCC that Dr. Miller had removed the files from his office when he left employment in 2007. The expectation at that time was that all Triage Interview forms on students who had not yet been seen for an Intake Interview were to be filed in the secure area in the front office.

Finding #8.f.: A "counseling file" was never created and a case number was never assigned for SHC at CCC despite the fact that there had been three consultations by CCC counselors with faculty and staff, two Triage Interviews resulting from SHC's initial request for services, a third Triage Interview in person resulting from SHC's referral to CCC for follow-up services after psychiatric hospitalization. At the time that SHC was served, it was CCC's practice only to create a "counseling file" and assign a case number at the point that a student participated in an Intake Interview which was dependent upon the student's expressed willingness to continue in services beyond the Triage Interview. As a result there was no single place that the counselors who interviewed SHC could go to obtain all records related to him.

Finding #9: Each time the CCC counselors and staff made contact with SHC, he responded by complying with the expectations and requests that were made of him:

- On November 30, 2005, he called in for his 9:45 a.m. telephone "triage" interview on time.
- On December 12, 2005, he called the CCC prior to his 2:00 p.m. in person "intake" interview to cancel his appointment instead of simply failing to show.
- On December 12, 2005, he returned Dr. Betzel's follow-up call right away at 4:21 p.m. and then called back at 4:45 p.m. allowing her to conduct a brief interview by phone.
- On December 14, 2005, he was on time for his 3:00 p.m. in-person interview.

Finding #10: According to the counseling staff who were interviewed, a primary purpose of the Triage Interview was to determine whether or not the student was experiencing a crisis that required an emergency response. This was to include a clinical evaluation of level of risk for suicidal thought or intent, homicidal thought or intent, psychosis, mania, or any other serious mental health concern. The information called for on the Triage Form does not provide the supporting comprehensive clinical and collateral information that is necessary to make these judgments. A 15 minute telephone interview does not assure adequate time to make these determinations. A more comprehensive mental status exam is required.

Section VII – Office of Inspector General Recommendations

Based on the above findings, the Office of the Inspector General developed the following recommendations for the Virginia Tech Cook Counseling Center:

Recommendation #1: It is recommended that the Center develop a written policy regarding whether or not court ordered involuntary treatment referrals will be accepted, and if so, the types of referrals that will be accepted. It is further recommended that the Center notify the courts and the

local community services board (CSB) of this policy. Note: These recommendations were also included in OIG Report #140-07 which was issued in June 2007.

Recommendation #2: It is recommended that the Center develop criteria and procedures for providing required treatment to students who have been deemed in need of mental health services and for whom the treatment is a part of a university support plan for these students. Note: This recommendation was also included OIG Report #140-07 which was issued in June 2007.

Recommendation #3: It is recommended that the Center review and clarify the expectations required of the counseling staff to assess the mental status of individuals who undergo a Triage Interview or screening interview to assure that the information that is collected and recorded is sufficiently comprehensive to support the clinical judgments that are required to fulfill the defined purpose of this interview. Note: The purpose of the Triage Interview is defined in Section III on page 6 of this report.

Recommendation #4: It is recommended that the Center review and revise its recordkeeping procedures and practices to assure that all information made available to the administrative and counseling staff regarding a given student be recorded and maintained in such a way that any staff member who deals with that student has access to and is expected to review the entire body of information in a timely fashion. This should include information related to telephone and inperson contacts, scheduling of appointments, consultations with faculty/university staff/parents, other collateral contacts, documents provided by other agencies or departments, screening and intake interviews, and ongoing treatment sessions.

Recommendation #5: It is recommended that the Center develop policies, protocols and criteria that will clarify the responsibility of counselors and case managers to initiate outreach and follow-up activities for 1) individuals of concern who come to their attention and 2) students, faculty, parents and others who bring to their attention individuals of concern. Factors to be considered include severity/intensity/nature of the identified problem, potential for risk to self or others, recent psychiatric inpatient services, breadth of concern about the individual within the university community, number of times the individual has made contact with the center and not followed through with treatment.

Section VIII – Cook Counseling Center Response to Recommendations and Follow-Up by the OIG

The Cook Counseling Center was asked to provide a written response to each recommendation indicating the actions that had already been taken or were planned to implement the recommended changes. On October 28 and 29, 2005 the OIG made a site visit to Blacksburg to assess progress by the Center in implementing plans to comply with the OIG recommendations.

The CCC Response and the OIG Assessment of Progress are provided below for each recommendation:

OIG Recommendation #1: It is recommended that the Center develop a written policy regarding whether or not court ordered involuntary treatment referrals will be accepted, and if so, the types of referrals that will be accepted. It is further recommended that the Center notify the courts and the local community services board (CSB) of this policy.

CCC Response:

Following the tragic events of April 16, 2007, the entire process of mandatory outpatient treatment ordered by the courts underwent significant revision and clarification (VA Code: 37.2-817). Under these provisions (37.2-817.1 through 37.2-817.3), the community services board in the area in which the patient resides is responsible for developing a treatment plan for mandatory outpatient treatment, implementing the plan, and monitoring compliance with the plan.

The New River Valley Community Services (www.nrvcs.org) is the local community services board serving Montgomery County where Virginia Tech is located. Given that the Cook Counseling Center is the on-campus treatment facility for Virginia Tech students, the Counseling Center is willing to coordinate any mandated outpatient treatment with the NRVCS and provide services consistent with the professional capabilities of the Cook Counseling Center staff to currently enrolled students who are court ordered for treatment.

The Cook Counseling Center and the NRVCS have developed and signed a "*Memorandum of Understanding*" (CCC Attachment A on page 42 of this report) in which coordination of care for students has been outlined and implemented. This Memorandum was signed by the respective directors of NRVCS and the Cook Counseling Center. The portion relevant to the mandated outpatient treatment of students is presented below and section 3 outlines the procedure the Case Manager follows in working with NRVCS:

> *D. Outpatient Treatment Following Discharge.*
>
> > *1. A Virginia Tech student who is evaluated by Access, who has been subject to a temporary detention order, or who has received a civil commitment shall, upon his/her release, continue to receive appropriate treatment; treatment may be offered by the Cook Counseling Center, the New River Valley Community Services Board, a treatment facility or a private health care provider. The Case Manager of the Cook Counseling Center shall coordinate follow-up care with any of these agencies. Compliance with the treatment recommendations of the inpatient facility will be considered a condition of continued enrollment at Virginia Tech; this applies directly to a Virginia Tech student who receives a Mandatory Outpatient Treatment Order.*
> >
> > *2. Responsibilities of the Community Services Board. Under Virginia Code (37.2-817F), the Community Services Board monitors implementation of mandatory outpatient treatment, and reports any material noncompliance to the court. The Outpatient Treatment Plan must be part of the order and includes the services to be provided and identification of the provider who will provide the services. When a Virginia Tech student receives a Mandatory Outpatient Treatment Order, the*

Community Services Board will notify the Case Manager of Virginia Tech and develop an appropriate treatment plan.

3. Responsibilities of the Cook Counseling Center. The Case Manager of the Cook Counseling Center will work with the Community Services Board to develop an appropriate treatment plan for any currently enrolled Virginia Tech student. The Case Manager, in consultation with the Director of the Cook Counseling Center, will determine whether counseling services and/or psychiatric treatment will be part of the treatment plan under the Mandatory Outpatient Treatment Order. The Cook Counseling Center will report any failure to meet the requirements of a Mandatory Outpatient Treatment Order to the Community Services Board. Any Virginia Tech student who does not meet the requirements of a Mandatory Outpatient Treatment Order may face sanctions within the university, including an emergency suspension.

OIG Assessment of Progress (October 29, 2009):

The OIG confirmed that the director of the CCC has written to the New River Valley CSB and also to the Clerks of the Courts in Blacksburg and the surrounding localities requesting their assistance in notifying the "Chief Judge, the Districts Court Judges, and the Special Magistrates who preside over mental health commitment hearings" about the participation of the case manager with students who are the subject of a TDO and explaining CCC's role related to court ordered outpatient treatment. Following is an excerpt from the CCC correspondence:

> "The Case Manager of the Cook Counseling Center will attend hearings following temporary detention orders for any Virginia Tech student. The Case Manager will present evidence as needed to assist the student in obtaining optimal care at the appropriate treatment facility. When a student is released from the hospital, the Case Manager will coordinate follow-up care either at the Cook Counseling Center, the New River Valley Community Service Board, and/or treatment facilities wherever the student may reside.
>
> ***The Case Manager of the Cook Counseling Center will work with the Community Services Board to develop an appropriate treatment plan for any Virginia Tech student; this includes students who may receive a Mandatory Outpatient Treatment Order.*** The Case Manager, in consultation with the Director of the Cook Counseling Center, will determine whether counseling services or psychiatric treatment at the Center will be part of the treatment plan under the Mandatory Outpatient Treatment Order. The Cook Counseling Center will report any failure to meet the requirements of a Mandatory Outpatient Treatment Order to the Community Services Board. Any Virginia Tech student who does not meet the requirements of a Mandatory Outpatient Treatment Order may face sanctions within the university, including an emergency suspension."

The Memorandum of Understanding developed between the CCC and the New River Valley Community Services Board in the summer of 2008 indicates an openness on the part of the CCC to accept involuntary referrals. In the section of this document that addresses responsibilities of the two agencies related to Outpatient Treatment Following Discharge it states:

> "The Case Manager of the Cook counseling Center will work with the Community Services Board to develop an appropriate treatment plan for any currently enrolled Virginia Tech student. The Case Manger, in consultation with the Director of the Cook Counseling Center, will determine whether counseling services and/or psychiatric treatment will be part of the treatment plan under the Mandatory Outpatient Treatment Order."

The CCC has developed a handout entitled "Information for Students Referred for Case Management following Temporary Detention Order / Involuntary Hospitalization". This document states:

> "If appropriate to your needs, you may receive treatment from the Cook Counseling Center, from an off-campus licensed mental health professional or from the Community Services Board; in either case, care will be coordinated with the Case Manager from the Cook Counseling Center. Should you wish to receive treatment from an off-campus professional, it is imperative that the provider coordinates care with the Case Manger regarding treatment. In the event that treatment recommendations include outpatient commitment, the Cook Counseling Center will coordinate care with the Community Services Board."

While the role of the CCC in court ordered involuntary treatment referrals has not yet been documented in the CCC Staff Policy and Procedure Manual, the director indicates that all staff have received written notification of this information by memo.

OIG interviews with the clinical and supervisory staff of the CCC who are routinely involved in working with students who are the subjects of Temporary Detention Orders revealed that these staff members understand clearly the role of the Center in coordinating services for these students and the decision by the CCC to accept mandatory outpatient treatment referrals. Other clinical staff do not have a clear understanding of the circumstances in which the CCC would provide counseling to a student who does not seek services voluntarily, but did say they would seek clarification from the director if an issue related to this were to arise.

There have been no court ordered outpatient treatment referrals to the CCC since 2007.

OIG Recommendation #2: It is recommended that the Center develop criteria and procedures for providing required treatment to students who have been deemed in need of mental health services and for whom the treatment is a part of a university support plan for these students.

CCC Response:

The key words in this recommendation are "required treatment." In general, counseling centers work with students who are self-referred for treatment, who enter treatment voluntarily and are given the usual provisions of confidentiality granted under Virginia Code (32.1-127.1:03) for health records. Over 99% of students who seek services at the Cook Counseling Center do so voluntarily. When a client receives "required treatment" ordered by another agency, the therapist is then acting on behalf of the agency and confidentiality of the client's statements cannot always be provided.

Regardless of the nature of treatment, voluntary or required, the therapist must always act in the best interests of the client. In very specific circumstances, the Cook Counseling Center sees students whose participation may not be entirely voluntary; these circumstances may include the following:

1. Students referred for a "Mandatory Assessment" requested by another university office, usually the Office for Student Conduct.
2. Students who have been hospitalized for evaluation of danger to self or others who have received a "Temporary Detention Order".
3. Students whose continued enrollment requires continued counseling and for whom the Threat Assessment Team has mandated this.
4. Students who have received a "Mandatory Outpatient Treatment" order from the courts and whose treatment plan from the community service board includes services at the Cook Counseling Center.

Each of these circumstances will be reviewed below.

1. *Mandatory Assessments.* All students who enroll at Virginia Tech do so voluntarily and their continued enrollment is conditional on following standards outlined in the "University Policies on Student Life" (http://www.judicial.vt.edu/documents/UPSL.pdf.). Students who violate university standards of behavior and whose behavior may indicate a potential psychological disturbance may be considered for an "Interim Suspension"- as part of this process, they may also be referred to the Cook Counseling Center for a "Mandatory Assessment." These policies and procedures were updated most recently in June 2009 and updated materials were provided to the referring offices. This procedure follows:

   - In cases where a student is being considered for Interim Suspension under the provisions of University Policies for Student Life, the referring office (typically the Office of Student Conduct) may request a mandatory assessment of a student. In these circumstances, the Cook Counseling Center may meet with the student for the purposes of evaluating their (a) mental state, (b) likelihood of danger to self, and (c) likelihood of danger to others. This policy is outlined in the University Policies for Student Life (http://www.judicial.vt.edu/documents/UPSL.pdf).
   - It is incumbent on the counselor for the Cook Counseling Center to notify the student that s/he is acting on behalf of the university, not on behalf of the student, and that the results of the evaluation will be shared with university officials – this clarifies that the counselor is not abrogating the therapist-client relationship and attendant confidentiality restrictions. The decision to issue an interim suspension is not the responsibility of the counselor but of the referring office.
   - A request for a mandatory assessment may come from the following offices:
     A. Student Conduct
     B. Dean of Students
     C. Residential Life
     D. Threat Assessment Team
   - The staff member of the Cook Counseling Center shall clarify the responsibilities of the student and the counselor, as well as to whom any report will be directed.

- The counselor will follow the Cook Counseling Center procedures for conducting a mandatory assessment and for coordinating all procedures with the student.

2. *Temporary Detention Orders.* Under Virginia Code (37.2-804.1), an individual who is suffering from a mental illness, who may cause physical harm to him/herself or others either intentionally or by being unable to care for self, who is in need of hospitalization and unwilling to be hospitalized voluntarily may receive a temporary detention order and be hospitalized at a psychiatric facility.

   Under Virginia Code (37.2-809.H), a hearing must be held within 48 hours following the issuance of a temporary detention order; these hearings occur before a judge and take place within the hospital facility. Since these hearings are legal proceedings, they are open to those who have an interest in the outcome of the hearing. Under this practice, the Case Manager of the Cook Counseling Center (or his designee) attends all hearings of Virginia Tech students. At these hearings, the Case Manager may provide a synopsis of the student's prior treatment at the Cook Counseling Center or any information gathered by the CARE Team or the Threat Assessment Team. In all cases, the Case Manager indicates to the student that, following discharge, the student must continue in treatment with either the Cook Counseling Center or an off-campus provider until such time that the student is no longer in need of treatment or no longer a Virginia Tech student. The student is asked to sign a release of information allowing the Case Manager to speak to any treatment provider who works with the student. If the student does not comply with this request and is seen, either by the Case Manager or the treatment provider, to still be in need of treatment, then the student may face a referral to Student Conduct for failure to comply with the request of a university official.

   Discharge planning for students begins almost at the initiation of the hospitalization since in-patient treatment continues only until a less restrictive means of treatment is offered. Depending on the student's wishes, the severity of the illness, and the available options for treatment, at discharge a student may wish to return to Virginia Tech, to take a limited time away from the school, or to withdraw for medical reasons for the remainder of the semester or a longer period. Following the appropriate determination of discharge planning or goals, the Case Manager maintains contact with the student and the treatment provider while the student remains enrolled at Virginia Tech or is discharged from treatment following resolution of the concern that led to the hospitalization.

   Students who wish to withdraw from school for psychological concerns may file an application for academic relief; academic relief may allow them to leave school and withdraw from classes or to drop classes in which they have fallen behind. The Case Manager may assist them with these options and refer them to the website of the Cook Counseling Center for applications for academic relief (http://www.ucc.vt.edu/academicrelief/).

3. *Threat Assessment Team Referral*. The University Threat Assessment Team is charged with assessing any situation where a university community member's behavior may represent a potential threat of violence to the safety of the campus community (VA Code 23-

9.2:10). The University Threat Assessment Team has the responsibility for the assessment and intervention with a community member who may pose a threat. As part of the risk management strategy, the Team may require a student to continue in counseling with a member of the Cook Counseling Center staff; since enrollment at the university is voluntary, a student may withdraw from the university at any time but continued enrollment under the evaluation by the University Threat Assessment Team may be contingent on continued counseling. In these circumstances, the Director of the Cook Counseling Center will work with the student (and the Case Manager) to determine the appropriate counseling needs. The Director will report compliance with the counseling to the Threat Assessment Team.

The procedure for working with a student referred by the Threat Assessment Team parallels the procedure for working with mandatory assessments. The student is notified that the counselor is working on behalf of the university and that this is not a counseling relationship with the attendant confidentiality. The student is notified that the results of the assessment will be shared with the Threat Assessment Team and the student is asked to sign an "Informed Consent" document that acknowledges these facts.

4. *Mandatory Outpatient Treatment*. As noted in the response to Recommendation 1 (above), the Cook Counseling Center will coordinate treatment with the community service board of any student who receives a outpatient commitment order at her/his hearing. Virginia Code (37.2-817F) specifies that the community service board will develop, implement and monitor compliance with a mandatory outpatient treatment order; the Case Manager will coordinate the delivery of appropriate services with the community services board.

OIG Assessment of Progress (October 29, 2009):

Virginia Tech and the CCC have made tremendous strides in enhancing the response to students who are identified as being at potential risk to self or others. The role of the CCC with these students is well defined and the Center is actively involved in multiple ways.

The OIG has confirmed that the CCC has established a comprehensive set of procedures for the Mandated Assessment Process. This procedure acknowledges that the CCC is performing the assessment on behalf of the university and stresses the importance of clarifying this relationship with the student. The procedure also establishes well defined expectations for dealing with the referral source, informed consent, the assessment process, and the reporting of recommendations. A special Referral for Mandatory Assessment form has been developed by the CCC to enable the referring agency to clearly describe the purpose of the referral. To assure that the student understands the mandatory assessment process, the CCC provides each student with a detailed information sheet. Interviews conducted by the OIG with counseling staff at the CCC revealed that staff understand the Center's role in carrying out mandatory assessments and are effectively implementing this procedure.

The OIG confirmed that in the fall of 2007, the CCC adopted a practice of having the Center case manager present at all commitment hearings for Virginia Tech students who have been the subject of a TDO. A Memorandum of Understanding between the CCC and the New River Valley CSB states that "The Case Manager of the Cook Counseling Center will attend all hearings following

temporary detention orders for any Virginia Tech student. The Case manger will present evidence …… to assist the student in obtaining optimal care at the appropriate treatment facility." The CCC job description for the case manager describes the responsibility of this position to attend court hearings for involuntarily hospitalized students. A local Special Justice and officials of the New River Valley CSB reported to the OIG that the CCC case manager routinely attends commitment hearings for Virginia Tech Students. The only exception occurs when the case manager has not been notified in advance of the hearing, and this seldom happens. In the spring semester 2008, the CCC case manager attended 14 commitment hearings; notification was not received in advance of one or two additional hearings. In the fall semester 2009 (to date) the case manager attended 9 hearings; notification was not received in advance of two hearings. By being present at the commitment hearings, the CCC case manger is now able to assure that the Special Justice has all available information from the CCC regarding a student who is the subject of a hearing, is able to provide a clear understanding of the role the CCC can fulfill with the student, assists with discharge planning, and assures coordination of care.

The OIG was able to confirm through interviews with students who have been the subject of a TDO that they are being followed by the case manager while they remain enrolled at Virginia Tech or until discharge from treatment following resolution of the concern that led to the hospitalization. This requirement applies both to students who are released following the temporary detention and those who are committed to either inpatient or outpatient mandatory services. At the commitment hearing the case manager provides the student with a detailed information sheet that clarifies this expectation and the alternatives for receiving follow-up services. The student is required to acknowledge in writing that continued enrollment at Virginia Tech is dependent upon compliance and to indicate whether or not he agrees to comply. Failure to comply may affect the student's enrollment in the university.

As required in Virginia Code § 23-9.2:10 (D) Virginia Tech established a Threat Assessment Team. An initial team was created several months following the April 16 tragedy, and effective December 10, 2007, the University President appointed a permanent University Threat Assessment Team. This team is chaired by the Virginia Tech Chief of Police and includes the Dean of Students and representatives from Human Resources, Student Affairs, Academic Affairs, Legal Counsel and the Director of the Cook Counseling Center. The team is charged with developing comprehensive fact-based assessments of students, employees, or other individuals who may present a threat to the university, and is empowered to take timely and appropriate action, consistent with university policy and applicable law. Through interviews with members of the Threat Assessment Team, the OIG was able to confirm that the CCC Director is an active participant and that he has made a very positive contribution to the overall work of the team. Since the establishment of the Threat Assessment Team, a number of referrals have been made by the team to the CCC for Mandatory Assessment. Several of these have resulted in a requirement that the student receive counseling services.

OIG Recommendation #3: It is recommended that the Center review and clarify the expectations required of the counseling staff to assess the mental status of individuals who undergo a Triage Interview or screening interview to assure that the information that is

collected and recorded is sufficiently comprehensive to support the clinical judgments that are required to fulfill the defined purpose of this interview.

CCC Response:

The triage system utilized by the Cook Counseling Center was developed so that a mental health professional would assess a student's concerns as quickly as possible and then make an appropriate determination about need for services. At some institutions, students call the counseling center and request an appointment and one is then scheduled for them at the next available time, sometimes weeks away from the time they call. The difficulty with this system is that students may be in crisis and need more immediate attention – and the person doing the scheduling is typically an administrative assistant without mental health expertise.

Since 2007, the Cook Counseling Center has made changes in the triage and evaluation procedure. Currently, almost all triage appointments are conducted in face-to-face meetings with a mental health professional. While a student may request a phone triage appointment if they are not on-campus, these requests have been minimal. The time allotted to conduct a triage assessment has been increased from 15-20 minutes to 30 minutes. Each full-time staff counselor keeps four hours free for triage appointments per week and over 60 hours are scheduled each week, allowing 120 new clients to be evaluated weekly. It is the goal of the triage system to have the student receive an in-person evaluation within 24 hours of the time they make contact – and the vast majority of students are seen in this time frame. In a situation that is deemed to be an emergency by the student, they are encouraged to come in as soon as possible and they are seen the same day – this may require additional triage times during the week.

When a student arrives for the triage appointment, the student completes two on-line questionnaires – one asks for demographic information and the other is a standardized measure of psychological symptoms and distress, *Counseling Center Assessment of Psychological Symptoms (CCAPS)*, which provides normative data measuring student distress. The counselor accesses the completed questionnaires before meeting with the student and signs-off on that review. The counselor then spends 30 minutes with the students assessing the current concerns, any psychological symptoms, the presence or absence of suicidal and homicidal ideation, plans, or intent. During an interview, the counselor assesses both the content of what the student is saying as well as how the material is being presented through the mental status portion of the interview – both of these are critical. The counselor's job is to assess quickly whether either portion of the presentation requires a more comprehensive assessment to be completed at the present time or through the extended process of the "Intake" appointment. At any point, the counselor may decide that more time is required because of the immediacy of the student's concern and continue to complete a continued assessment. In these circumstances, consultation and engagement of a psychiatric professional may also be necessary. If the student is in crisis, the counselor continues to meet with the student until a plan of action to ensure the student's safety is developed.

At the end of each triage interview, the student is assigned to one of three levels – (0) minimal risk, (1) follow-up required, (2) hospitalization required (CCC Attachment B on page 47 of this report). If a student is assigned to level one, the follow-up appointments are noted as "Urgent" and the student is seen on a weekly basis. Each of the students who are 'Level 1' are followed carefully and

there is immediate follow-up with the scheduling of the "Intake" appointment at the next available time. Should a student assigned to a 'Level 1' miss an appointment or call to cancel an appointment, the student must speak with a counselor. Students who are 'Level 2' are the focus on an immediate intervention and seen following the procedures outlined above for a "Health and Safety Emergency".

The counselor completes a triage form for each student in an electronic medical record. The electronic medical record system currently in use by Cook Counseling Center was developed by Titanium Software and was designed expressly for counseling centers; currently over 350 counseling centers in the United States and Canada use Titanium for this purpose. The advantage to an electronic medical record is that it saves on paper files, makes it easier to track client records, and information cannot be deleted once signed and entered into the system. In accordance with Library of Virginia procedures (http://beta.lva.virginia.gov/agencies/records), the student records are maintained for 10 years after the last date of treatment and then erased.

Health and Safety Emergencies.

- Staff members of the Cook Counseling Center are always available to assist a student experiencing a health and safety emergency. During office hours, triage times are held throughout the day for evaluation of potential emergencies. Students are often self-referred, referred by any of the CARE Team members, or by faculty, staff and family members. The staff of the Cook Counseling Center evaluates each student during triage appointments for danger to self or others and is prepared to intervene appropriately.
- The Cook Counseling Center employs three psychiatric professionals (psychiatrist and two nurse practitioners) who may also be called on to assist in the evaluation of students during an emergency or through regularly scheduled appointments.
- After usual workday hours, one staff member of the Cook Counseling Center is on-call each night, 365 days per year, and carries an emergency phone and/or pager. The counselor may be called directly by the answering service when calls are forwarded from the Center or by the on-call administrator from the Dean of Students office, the on-call administrator from Residential Life, or by the Virginia Tech Police.
- The student's right to confidentiality and treatment is the cornerstone of a counseling relationship; however, the counselor also has a duty to protect the student from danger to self or to others and this may call for abrogation of the usual restrictions on the sharing of information. In a health and safety emergency, the counselor on-call may do whatever is necessary to support and protect students; this includes notifying police, university officials, or community mental health facilities and hospitals to obtain services for the students. While the counselor attempts to release only the minimum information necessary, the usual restrictions on confidentiality are eased to ensure that students get the optimal assistance. Under recent revision to Virginia Code (38.2-804), mental health professionals may share any necessary information with each other and with a magistrate during an emergency custody evaluation and this revision makes clear that the mental health professional will be immune from civil liability while acting in good faith to protect a client.
- Under Virginia Code (54.1-2400.1) mental health professionals are also expected to issue a Tarasoff-type warning if they feel that a client may represent a danger to others; under these warnings, the therapist is required to notify potential victims if they are in danger by a client.

The therapist may also notify police to ensure that the client receives a thorough assessment of dangerousness.

Procedure on Parental Notification. Following the above procedures, counselors are released from confidentiality to seek support and protection of a student potentially dangerous to self or others. Recent revisions to Virginia Code (23-9.2:3.C) now make parental notification mandatory except in limited circumstances. The new code requires notification of the parent(s) of a dependent student (as defined by tax status) when the student is treated by the counseling center or health center and there exists a substantial likelihood that the student may cause harm to self or others by reason of psychological disturbance. The law makes a clear provision for an exemption to parental notification if such notification would be likely to cause harm to the students – if this exception is exercised, it must be in writing.

OIG Assessment of Progress (October 29, 2009):

The OIG confirmed that the CCC Staff Policy and Procedure Manual 2009 outlines in some detail the expectations of staff who provide clinical services. The section on Triage/Screening Appointments makes it clear that triage appointments are to be scheduled for 30 minutes and that this will usually be an in-person appointment. OIG interviews with both counselors and students who have received services confirmed that Triage Interviews are in-person and usually last 30 minutes or more. Most students who were interviewed and had made their first contact with the CCC within the past 24 months reported that they had been seen for their first appointment within 24 hours of their initial call to the Center. By abandoning the historical practice of conducting shorter Triage Interviews (15 to 20 minutes), many by telephone, and moving to 30 minute interviews in-person, the CCC now provides the opportunity for a more thorough initial assessment of each new client.

The Policy and Procedure Manual establishes the expectation that the counselor determine a severity status for each student who is seen for a Triage Interview. The electronic record keeping system that is utilized by the CCC prompts the counselor to make this assessment. The OIG confirmed that the CCC has revised its protocol for determining the "follow-up" status or "severity" status of students who receive services. The new system is more clearly defined than the protocol that was in place in 2005. Counselors are expected to assess the "follow-up" status of each student not only after the Triage Interview but also after every contact.

Through interviews with CCC counselors the OIG confirmed that counselors are able to extend a Triage Interview or make an immediate referral to the on-duty emergency counselor to conduct a more thorough intake assessment and mental status exam if it a student is determined to be at risk. Several students with whom the OIG spoke reported that they were experiencing a crisis when they requested services and were seen by the counselor for a full hour during their first appointment. The OIG reviewed the electronic record keeping system and found that the Intake Interview section of the record prompts the counselor to record their assessment of the student's mental status.

The counselors who were interviewed reported that over the past two to three years the Center has done a good job of providing training to them in areas related to assessment of students who may be dangerous to self or others and students with more complex psychological conditions.

All students with whom the OIG spoke indicated that they knew how to reach a CCC counselor after hours and several of the students had actually used the available emergency numbers to seek assistance during the evening or weekend hours. Several students reported that they had been able to be in touch with their regular counselor after hours by going through the on-call counselor.

OIG Recommendation #4: It is recommended that the Center review and revise its recordkeeping procedures and practices to assure that all information made available to the administrative and counseling staff regarding a given student be recorded and maintained in such a way that any staff member who deals with that student has access to and is expected to review the entire body of information in a timely fashion. This should include information related to telephone and in-person contacts, scheduling of appointments, consultations with faculty/university staff/parents, other collateral contacts, documents provided by other agencies or departments, screening and intake interviews, and ongoing treatment sessions.

CCC Response:

In the aftermath of the tragedy of April 16, 2007, the Office of the Inspector General (http://www.oig.virginia.gov/documents/VATechRpt140-07.pdf), the Governor's Review Panel (http://www.vtreviewpanel.org/report/index.html), and President Steger (http://www.vtnews.vt.edu/documents/2007-08-22_communications_infrastructure.pdf) reviewed the policies and procedures regarding the communication of information about at-risk students. Information regarding students-at-risk may come from sources external and internal to the university, directly to the Cook Counseling Center or to other offices in the university. The Cook Counseling Center has participated in the reorganization necessary to organize this information and disseminate it to the appropriate offices or structures within the university. The Cook Counseling Center has reviewed its previous relationships with agencies external to the university, its role on committee structures within the university, and Cook's internal policy and procedures.

As detailed above in response to Recommendations 1 & 2, the Cook Counseling Center works closely with the New River Valley Community Services to coordinate care for students who may have been hospitalized following temporary detention orders; similarly, the Case Manager coordinates care with each of the local hospitals with psychiatric facilities to ensure continuity of care for students who seek voluntary care.

There are two separate entities charged with ensuring a safe and supportive campus environment; the "CARE Team" is focused on support and intervention with students while the "Threat Assessment Team" is charged with assessing individuals and situations that may pose a threat to the safety of self and others in the entire community of students, faculty, and staff. These entities are separate in mission and focus but communication between them is essential. The membership of the committees intentionally has some overlap so that there is clear communication involved in gathering and transmitting information affecting students. The Dean of Students, the Director of the Cook Counseling Center, and the Threat Assessment Program Manager & Deputy Chief of Police are members of both groups and the Threat Assessment Investigator is a member of the CARE Team and attends meetings of the Threat Assessment Team.

CARE Team. The Dean of Students office at Virginia Tech convenes and organizes the CARE Team; the Team meets every Monday at 11:00 a.m. during the academic year and as needed over the summer months. The mission of the CARE Team is to support and intervene with students whose behavior, physical or emotional health, or academic performance put them at risk. The goals of the CARE Team include assessing the functioning of students, developing plan of support or intervention, assigning responsibility for follow-up, and monitoring the situation until it is resolved. Given the breadth of the mission for the CARE Team, membership is drawn from a wide range of offices including the following:

Student Affairs

- Dean of Students (includes the Dean, the Associate Dean, and Case Manager)
- Cook Counseling Center (Director, Case Manager)
- Judicial Affairs (Director)
- Residence Life (Director)
- Services for Students with Disabilities (Director)
- Schiffert Health Center (Director)

Dean for Undergraduate Registration

- University Registrar

Office of the President

- University General Counsel

Administrative Services

- University Police Threat Assessment Program Manager & Deputy Chief
- University Police Threat Assessment Investigator

Additionally, the CARE Team may also rely on representatives from other offices as needed including the Women's Center, the Cranwell International Center, and representatives from academic colleges and departments. The CARE Team meets weekly and maintains records of each of its meetings and the students discussed. The case load of the CARE Team typically includes 15 - 20 students weekly including both new cases to be staffed and follow-up with on-going cases. Students may be referred to CARE Team from any member of the CARE Team or from faculty, staff or students.

The role of the Cook Counseling Center participants on the CARE Team is primarily consultative given that confidentiality laws preclude sharing of information without the client's permission except in very specific instances including health and safety emergencies. While the Cook Counseling Center may not always share information regarding the students, the majority of cases considered by the CARE Team either result in a referral to the Center or are students currently being treated at the Center.

Cook Follow-up of CARE Team Students. To maintain communication and continuity of care, the notes from the weekly CARE Team are presented the same day at the weekly case conference of the Cook Counseling Center.

- Prior to the case conference, the Case Manager checks the electronic records of the Cook Counseling Center to see if each student who was discussed is either being treated presently or has been treated in the past. This information is noted prior to the Case Conference review and an "alert" is placed in the electronic medical record so that the counseling staff is aware of any current or ongoing concerns of the student.
- Each student is discussed by the staff of the Cook Counseling Center to ensure that each of the student's concerns or problems will be addressed should they seek counseling.
- Counselors may take material from the case conference and discuss these with the students who are being followed by the CARE Team; with the student's permission, information may be given back to the CARE team to facilitate communication and/or an intervention with the student.
- A student experiencing a health and safety emergency may come to the attention of the CARE Team during its weekly meeting but emergency interventions are not deferred until a meeting of the CARE Team since they may arise at any time and in any area across campus.

Threat Assessment Team. The tragedy at Tech also placed a bright light on the importance of assessing individuals who may represent a threat to themselves or others at Tech. The results of internal reviews and subsequent legislation in the Commonwealth of Virginia led to the creation of a university threat assessment team. As required by Virginia Code (23.9.2:10), the threat assessment team in a public higher education setting includes representation from academic departments, student affairs, university police, human resources, university counsel, and mental health. The threat assessment team may be called upon to assess threats posed by students, faculty or staff but review of threat assessment in higher education reveals that threats are equally or more likely to be posed by individuals who are not members of the academic community.

The Director of the Cook Counseling Center serves as the mental health representative to the Threat Assessment Team. The role of the Director of the Cook Counseling Center differs on the Threat Assessment Team from that described above for the CARE Team. Some of these distinctions include the following:

- The Threat Assessment Team is charged with assessing and intervening with individuals who may pose a threat to the safety of self and others. The Director may interview witnesses and individuals whose behavior poses a concern and, in doing so, acts as an agent of the university and not as the therapist of the student. This distinction is critical since confidentiality does not apply when s/he is acting on behalf of the Threat Assessment Team and the student must be notified of this at the initiation of any interview.
- In a health and safety emergency, the Director may divulge information necessary to ensure a prompt and safe intervention with a student. This may include confidential material gathered by a counselor in the course of treatment with a student client; as noted above, only information critical to ensuring the safety of the student or community is released and all other information remains confidential. This release of information is considered critical when seeking an emergency custody order from a magistrate or during a hearing for a temporary detention order.
- Under Virginia Code, the issuance of a temporary detention order is public information since it occurs through a court hearing. If a student is issued a temporary detention order, by definition public information, any member of the Threat Assessment Team may share this knowledge with the full team.

Cook Counseling Center Procedures. In August 2008, Cook Counseling Center began using Titanium Software, an electronic medical record system designed expressly for counseling centers; Titanium is currently used by over 350 counseling centers in the United States and Canada.

When a student calls the Center, the appointment is made for the next convenient time for the student as a 'triage' appointment. The Center uses a standardized form for triage assessments that is available through the Titanium software. Notes are kept in electronic form from that appointment and all future appointments. As noted above, the medical record is kept for ten years from the last appointment in accordance with Commonwealth of Virginia procedures (http://beta.lva.virginia.gov/agencies/records). In keeping with standards of mental health professionals, an electronic "file" is begun when the student makes contact with the Center and the file is updated for each subsequent visit or contact.

In addition to the direct contacts with students who seek services voluntarily, the counseling center consults frequently with faculty, students, parents, and staff who are concerned about students or peers; the consultations number over 700 per year. The student of concern may be a student never seen in the Center or a student who is currently being seen. In either case, the counseling center does not divulge whether a student is a client of the Center or not to the individual calling for a consultation (this may change if there is an exception to confidentiality such as a health or safety emergency). Since the fall of 2008, electronic notes from consultations are filed as "Non-client" notes under the name of the student of concern so that all information is available to the counseling staff should the student seek an appointment at a later date. When a student calls for the initial appointment, the front office staff does a search for all notes for non-clients and integrates any notes into the current electronic file; professional staff members are also expected to conduct a similar search. For students who are active clients, consultation notes are entered into their current electronic file. Information such as previous treatment records, information from collateral sources, and other contacts is scanned into the current electronic record. Under the client file, all contacts and scanned documents are listed by date, e.g. appointment history, counselor notes, consultations, and scanned documents – as are alerts from CARE team or the Threat Assessment Team if any exist.

Through this process of integrating consultation notes, notes from sources external to the university, and notes from internal committees charged with facilitating a comprehensive review of at-risk students, a more complete assessment of the student is possible for the clinician assigned to work with the student. The counselor or psychiatric professional is responsible for reviewing all of the notes (if any) in the client file prior to a first meeting with the student.

OIG Assessment of Progress (October 29, 2009):

Through a demonstration of the CCC's new electronic record keeping system the OIG was able to determine that all records related to a given student who is being served by the Center are maintained in a single electronic file. This file includes not only intake information, assessments, and counseling notes but also summaries of consultations provided by CCC staff to faculty, university staff and parents regarding the student and collateral information provided by outside providers. Because the summaries of consultations regarding students who are not yet clients of the

CCC are also maintained in the electronic system, front office staff and counselors are able to easily access this information. Interviews with counselors revealed that the majority of counselors routinely review all available information about a new student client prior to the Triage Interview.

CCC counselors and administrative staff who were interviewed confirmed that information about students who come to the attention of the university CARE Team and Threat Assessment Team is provided to all counseling staff without delay so that very little time passes before all staff who may come in contact with a student of concern are fully informed. The responsibilities of the CCC case manager to assure a timely flow of information about students from various university agencies and the CARE Team to the counseling staff is well documented in the case manager's job description.

OIG Recommendation #5: It is recommended that the Center develop policies, protocols and criteria that will clarify the responsibility of counselors and case managers to initiate outreach and follow-up activities for 1) individuals of concern who come to their attention and 2) students, faculty, parents and others who bring to their attention individuals of concern. Factors to be considered include severity/intensity/nature of the identified problem, potential for risk to self or others, recent psychiatric inpatient services, breadth of concern about the individual within the university community, number of times the individual has made contact with the center and not followed through with treatment.

CCC Response:

Recommendation 5 poses the most critical concern when assessing, treating and following-up with students of concern; all of the changes, policies, protocols and procedures enumerated in responses one through four have as their focus that students-at-risk will be identified, provided support, and ensured a safe and healthy resolution of their concerns. Without reiterating each point made above, there have been significant changes in the way that the Center relates to (1) external agencies such as the NRVCS and area hospitals, (2) changes across departments and divisions within Virginia Tech, and (3) internal policies and procedures within the Center. The most important integrating factor to all three of these areas is the role of the Case Manager within the Cook Counseling Center.

In the first case, the Case Manager is responsible for maintaining and coordinating relationships with New River Valley Community Services and with area hospitals with psychiatric facilities. Under the "Memorandum of Understanding" with NRVCS, the Case Manager is notified when a student has been evaluated by ACCESS, the emergency services unit of the NRVCS, regardless of whether the student was hospitalized or released following an evaluation. If a student is hospitalized following the issuance of a temporary detention order in one of the area hospitals (ranging from Roanoke to Galax), the Case Manager attends the hearings to coordinate the necessary information from the university to the special justice and to provide the necessary linkage for follow-up care after discharge. Students who leave the hospital may return to school or may take a leave of absence to continue intensive treatment elsewhere; in either situation, the Case Manager seeks a release of information to continue contact with the treatment provider until the student is released from treatment or graduates from the university. The Case Manager coordinates care for students who return to Virginia Tech.

Secondly, the Case Manager is the central connection to the university CARE Team; the Case Manager attends each meeting of the CARE Team, and enters relevant notes at the Cook Counseling Center. He briefs the staff of the Center weekly on students who are of concern to the CARE team. The Case Manager has access to files maintained by the CARE Team and the files maintained by the Office of Student Conduct for adjudicated cases. The Case Manager coordinates care of students under review by the Threat Assessment Team through interaction with the Threat Assessment Investigator. All requests for Mandatory Assessments are directed first to the Case Manager who, in conjunction with the Director, decides on the assessment procedure for the student.

Within the Center, the Case Manager coordinates care for students entering or leaving the hospital, returning to the university following leave for psychological reasons, and for students who may need more intensive treatment. Each counselor does a careful assessment of a student's functioning level through triage appointments and later follow-up appointments. On the triage form and for every subsequent appointment, counselors assign students to a "Level"; there are three levels including: "0" for students who are evaluated as minimal risk of danger to self or others, and whose care will generally include counseling until the concern is resolved; "1" is the level assigned to student who may represent significant concern including functional disturbances related to psychological symptoms and who are in need of on-going treatment including counseling and evaluation for medication; "2" is the level assigned to students who are in need of immediate intensive treatment including hospitalization or intensive outpatient treatment – when a student is assigned to "2", parents are notified in almost all cases. The Case Manager tracks all students who are at levels 1 & 2 until the concerns are dropped down to a level 0. Every Friday, all professional staff members meet in small groups to discuss students in their care who are levels 1 or 2. The Case Manager provides each staff member with a list of their students who are at these levels. Follow-up appointments with students who are at level 1 (or have been 2) are marked "Urgent" in the electronic schedule and counselors must make contact with students at level 1 if they cancel or miss a scheduled appointment. When a client treated by the Center is hospitalized, the Case Manager notifies the treatment provider of the current status of the student and coordinates discharge planning with the treating professional, the hospital, NRVCS, and family members. See CCC Attachment B for a full explanation of the Cook Counseling Center Follow-Up System.

As part of the consultation with other students, faculty, parents or others, the counselor clarifies (a) whether they have addressed their concerns to the individual of concern and (b) whether the student is willing to seek counseling of his/her own volition. When the answer is affirmative to both of these questions, the counselor provides information to assist in making the referral to the Cook Counseling Center; this includes ways in which to facilitate an appropriate referral including ways to gently deal with any resistance. In some cases, the counselor may use the information to initiate contact with the student directly.

In other instances, the individual student, faculty member, parent or others may not be comfortable in addressing their concerns directly with the student of concern or the student may have refused to seek counseling on his/her own. The counselor may then seek the permission of the concerned individual to bring the student's name forward to the university CARE Team or Threat Assessment Team to develop an intervention strategy or the concerned individual may contact other offices, e.g. Dean of Students, Residential Life, directly to make a plan to engage the student. In either case, the

counselor will continue to work with these other offices to engage the student and to coordinate referrals to the Center. The counselor will follow-up as necessary to insure that the student has been connected to the appropriate resources on or off campus. In all cases, the referring agent (student, faculty, parents, or staff) is apprised of the outcome of the referral as fully as possible; in some cases such as on-going counseling, there may be limitations as to what can be shared with the referring agent.

OIG Assessment of Progress (October 29, 2009):

OIG interviews with staff revealed that the counselors are routinely using the new follow-up rating protocol and make an assessment to determine the follow-up rating each time a student is seen. Counselors indicated that they find the new system to be helpful. The description of this protocol in the CCC Policy and Procedure Manual is detailed and clearly addresses the expectation that counselors take an active role in contacting students of concern who drop out of service or do not follow through with services. Most of the counselors who were interviewed reported that they would not hesitate when dealing with a student whom they had reason to believe may be dangerous to self or others to contact the Virginia Tech Police to request a "wellness check" or contact the Dean of Students or communicate the concern to the Threat Assessment Team through the CCC director or case manager.

The establishment of the case manager role at the CCC has greatly enhanced the Center's ability to maintain contact with and coordinate care for students about whom not only the Center but also other key departments and agencies are concerned. Officials at the New River Valley CSB and the Special Justice who was interviewed indicated that communication with the Center and the coordination of care for Virginia Tech students who come to their attention have improved. As a result of the case manager's participation in the university CARE team and his responsibility to convey information from the team discussions to the CCC counseling staff, the counselors are more fully informed regarding the students who come to the attention of this interdepartmental team. The university requirement that all students who are the subject of a TDO must receive care coordination and counseling from the CCC case manager, regardless of the outcome of the commitment hearing, has significantly improved the Center's ability to maintain contact with some of the university's most at-risk students.

As indicated in the response to this recommendation, the Center has clarified the expectations of counselors when receiving information from or providing consultation to parents, faculty, or other students about a student of concern. While counselors are to make every effort to encourage and facilitate the student's seeking service on his own, the counselor may use the information to initiate contact with the student directly if there are serious concerns about the student. Counselors who were interviewed described a range of actions they would take if a student who had serious mental health concerns was brought to their attention by a third party and efforts to have the student voluntarily seek services failed. Most reported that they would bring the situation to the attention of the Center director. Other responses included contacting the Dean of Students, the CARE team or making a referral to the Threat Assessment Team.

CCC Attachment A

MEMORANDUM OF UNDERSTANDING

I. BETWEEN:

Virginia Polytechnic Institute & State University ("Virginia Tech")
Cook Counseling Center
240 McComas Hall
Blacksburg, Virginia 24061

New River Valley Community Services Board (CSB)
700 University City Boulevard
Blacksburg, Virginia 24060

II. PURPOSE:

A. To facilitate coordination of mental health care for all students at Virginia Tech who may receive services from both agencies.

B. To clarify roles and responsibilities for each of the agencies with regard to mental health treatment of Virginia Tech students.

C. To outline policies and procedures for the coordination of mental health care with both agencies.

III. STATUTORY BASE:

The Code of Virginia establishes the New River Valley Community Services Board as the local public mental health, mental retardation, and substance abuse authority. The Code of Virginia states the powers and authority of the Community Services Board (Code of Virginia, Sections 37.2-500, et seq.)

IV. FUNCTION OF EACH PARTY

The Cook Counseling Center provides mental health services to currently enrolled students at Virginia Tech. The Cook Counseling Center services include crisis intervention, psychological evaluation, counseling, psychiatric evaluation and medication management.

The New River Valley Community Services Board Access Unit provides emergency services 24 hours-per-day, 7 days-per-week including crisis intervention, pre-screening for hospitalization, securing inpatient beds, and working with legal, judicial, healthcare and other referral sources.

V. RESPONSIBILITIES OF EACH PARTY

(See attached Practices & Procedures)

VI. SIGNATURES

______________________________	______________________________
Harvey Barker, Ph.D., Executive Director New River Valley Community Services	Christopher Flynn, Ph.D., Director Cook Counseling Center

VII. PRACTICES AND PROCEDURES:

A. Overview

The Cook Counseling Center ("Cook") provides services to currently enrolled students at Virginia Tech. Often, students who are in crisis present to Cook during the work-day and are evaluated immediately; after hours, a counselor is on-call and should a student in crisis need an immediate evaluation, the student is seen at the Virginia Tech police station. When a student is evaluated and found to be in need of hospitalization and desires hospitalization, the counselor will work with the student to find an appropriate placement. This procedure works well when a student is (a) willing to be hospitalized, (b) has appropriate medical insurance, and (c) a hospital that accepts the student's insurance has an available bed.

In circumstances when a student is (a) unwilling/incapable to accept hospitalization that the evaluating professional feels is necessary, or (b) does not have insurance and requires admission to a state facility, or (c) has been detained by the Virginia Tech police or the town, county or state police under an emergency custody order, or (d) requires admission to a crisis stabilization unit operated by the Community Services Board, it will be necessary for the student to be evaluated by an ACCESS clinician from the New River Valley Community Service Board for pre-hospitalization screening. Evaluation by the ACCESS clinician may result in admission to the appropriate treatment facility or release from care.

B. Involuntary Hospitalization

1. Statutory Authority. In the Commonwealth of Virginia, any individual who is deemed to have a mental illness, to represent a danger to self or others as a result of mental illness, is in need of hospitalization, and is unwilling or incapable of volunteering for hospitalization may be subject to an emergency custody order issued by a magistrate. The law enforcement agency in the jurisdiction will transport that person to a hospital or secure facility for an evaluation to be conducted by an ACCESS clinician. The magistrate may consider information from the following sources in making a determination of whether there is probable cause to issue an emergency custody order:

- The recommendation of any treating or examining physician or psychologist licensed in Virginia
- Any past actions of the individual
- Any past mental health treatment of the person
- Any relevant hearsay evidence
- Any medical records available
- Any affidavits submitted, if the witness is unavailable
- Any other information the magistrate considers relevant (37.2-808)

Following this evaluation, the magistrate may issue a temporary detention order that will result in an immediate hospitalization.

Virginia Code (37.2-804.2) specifically allows for the disclosure of information regarding a person being evaluated for an emergency custody order, temporary detention order, or commitment hearing by a healthcare provider: "*Any provider who has or is providing services to a person who is the subject of a commitment proceeding shall disclose information that may be necessary for the treatment of such person to any other provider evaluating, providing services, or monitoring treatment of the person*." This also includes releasing any relevant information to a law enforcement officer to protect the officer, the person or public from physical injury or to address the health car needs of the person.

Under recent revision to Virginia code (37.2-817C), the criteria for civil commitment are as follows:

> "*…the person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs…*"

2. Responsibilities of the Cook Counseling Center. Clinicians at the Cook Counseling Center may, in the course of their work with students, determine that a student meets the requirements for involuntary hospitalization listed above. The clinician will contact the New River Valley Community Services and ask for an evaluation by an ACCESS clinician. If the student is unwilling to stay at Cook for an evaluation, the Virginia Tech police will be notified and will transport the student to the Virginia Tech police station until the ACCESS worker reaches campus. Cook will provide the ACCESS clinician with as much of the following information as is possible:

a. The presenting problem and reason for evaluation
b. The name, address, sex, ethnicity and age of the students
c. The student's mental health history including any previous counseling, hospitalizations, diagnosis or medications
d. The student's known history of suicidal ideations or dangerousness
e. The student's known history of substance abuse
f. The student's known history of legal problems
g. The names of parents or emergency contacts as appropriate

3. Responsibilities of the ACCESS clinician. The presence of the ACCESS clinician may be requested by the Cook Counseling Center or, after-hours, by the Virginia Tech police or other police agency to evaluate a Virginia Tech student. The ACCESS clinician will conduct an evaluation of the student and make a recommendation to the magistrate to either hospitalize the student under a temporary detention order or to release them. In either case, the ACCESS clinician will notify the Cook Counseling Center or the counselor-on-call, and the Virginia Tech police of the results of the evaluation

C. Hospitalization and Hearing under a Temporary Detention Order

1. Under current Virginia law, anyone who is held in a hospital under a temporary detention order is entitled to a hearing within 48 hours (if the termination of the 48 hour hold is on a weekend or holiday, then the hearing will be held on the next working day, Code 37.2-814A). The following outcomes may result from a hearing:

- The patient may sign a voluntary admission and stay at the facility.
- The patient may be committed to the facility not to exceed 30 days; subsequent orders not to exceed 180 days.
- The patient may receive a Mandatory Outpatient Treatment order.
- The patient may be released.

2. Responsibilities of the Cook Counseling Center. The Case Manager of the Cook Counseling Center will attend all hearings following temporary detention orders for any Virginia Tech student. The Case Manager will present evidence as outlined above (2 a-g) to assist the student in obtaining optimal care at the appropriate treatment facility. When a student is released from the hospital under any of the conditions noted above, the Case Manager will coordinate follow-up care either at the Cook Counseling Center, the New River Valley Community Service Board, and/or treatment facilities wherever the student may reside.

3. Responsibilities of the Community Services Board. When a Virginia Tech student is discharged, they may be referred to the Community Services Board for continuing treatment on a voluntary basis or an involuntary basis following a Mandatory Outpatient Treatment order. The treating clinician at the Community Services Board will request a release from the student to communicate with the Case Manager of the Cook Counseling Center to ensure continuity of care and appropriate disposition.

D. Outpatient Treatment Following Discharge.

1. A Virginia Tech student who is evaluated by Access, who has been subject to a temporary detention order, or who has received a civil commitment shall, upon his/her release, continue to receive appropriate treatment; treatment may be offered by the Cook Counseling Center, the New River Valley Community Services Board, a treatment facility or a private health care provider. The Case Manager of the Cook Counseling Center shall coordinate follow-up care with any of these agencies. Compliance with the treatment recommendations of the inpatient facility will be considered a condition of continued enrollment at Virginia Tech; this applies directly to a Virginia Tech student who receives a Mandatory Outpatient Treatment Order.

2. Responsibilities of the Community Services Board. Under Virginia Code (37.2-817F), the Community Services Board monitors implementation of mandatory outpatient treatment, and reports any material noncompliance to the court. The Outpatient Treatment Plan must be part of the order and includes the services to be provided and identification of the provider who will provide the services. When a Virginia Tech student receives a Mandatory Outpatient Treatment Order, the Community Services Board will notify the Case Manager of Virginia Tech and develop an appropriate treatment plan.

3. Responsibilities of the Cook Counseling Center. The Case Manager of the Cook Counseling Center will work with the Community Services Board to develop an appropriate treatment plan for any currently enrolled Virginia Tech student. The Case Manager, in consultation with the Director of the Cook Counseling Center, will determine whether counseling services or psychiatric treatment will be part of the treatment plan under the Mandatory Outpatient Treatment Order. The Cook Counseling Center will report any failure to meet the requirements of a Mandatory Outpatient Treatment Order to the Community Services Board. Any Virginia Tech student who does not meet the requirements of a

Mandatory Outpatient Treatment Order may face sanctions within the university, including an emergency suspension.

VIII. MODIFICATION OR TERMINATION OF THE AGREEMENT

This agreement will be reviewed annually by the parties and will not be modified or terminated without sixty (60) days notice. All modifications must be agreed to by both parties and must be in writing.

CCC Attachment B

COOK COUNSELING CENTER FOLLOW-UP SYSTEM

After each and every contact, students are assigned a follow-up level. The follow-up level identifies both the need for follow-up with the student and the follow-up course of action. The follow-up level is noted in the record under "Status" in Titanium. This follow-up level would also apply to students who are referred off campus for services. Follow-up level should also be used for after-hours contacts. Below is the description for each follow-up level and the course of action to be followed in contacting the student:

FOLLOW-UP LEVEL 0

This will represent the majority of the students that are seen at the Cook Counseling Center.

Description: Based on information from the last clinical contact with client and/or from a reliable third-party:

1) There is minimal to no risk of danger to self or others
2) There is low concern about relapse or progression into more acute psychopathology if treatment is discontinued.

Action: No action or follow-up is required. The clinician is free to do whatever is determined as clinically appropriate if a student no-shows or cancels an appointment (i.e. - nothing, an e-mail, a phone call, etc.). If an off-campus referral is made, the clinician is free to do whatever is determined as clinically appropriate in terms of follow-up.

FOLLOW-UP LEVEL I

Students identified with this follow-up level will need to be followed very carefully until they are moved to either of the other levels.

Description: Based on information from the last clinical contact with client and/or from a reliable third-party:

1) There is indication that potential for danger to self or others may exist.
2) There is potential for progression into more acute psychopathology that would cause risk to self or others.

Action: When a student no-shows or cancels an appointment the student should be contacted. Students will be phoned unless the student specifies an alternate form of contact (for example, e-mail). Attempts to contact the student are continued until it is determined to be nonproductive. If the student cannot be reached, administrative consultation occurs with a new set of decisions made regarding follow-up or lack thereof.

If the student is reached, the student's risk level is reassessed. A very clear and concrete description of all efforts made to reach the student is entered in the record. If the student is reached, the details of the reassessment are included in record entry. If the student is reached but is refusing continued treatment this is to be documented in the record and discussed with an administrator or supervisor.

If the student is referred to a medical or mental health provider follow-up contact with the student is made and continued until transfer of care to another provider is complete. A completed release of information form may assist with this.

Case manager may be utilized for help with follow-up at clinician discretion.

Any follow-up appointments at the Cook Counseling Center will be scheduled as urgent appointments until the status of the student changes and is documented as such.

FOLLOW-UP LEVEL II

Students identified with this follow-up level, will likely be placed in an inpatient setting unless there is another acceptable alternative. Upon release, follow-up level will be reassessed.

Description: Based on information from the last clinical contact with client and/or from a reliable third-party:

There is a "substantial likelihood" of danger to self and/or others or significant de-compensation into disorganized, irrational and unpredictable behavior. A level II follow-up is used for students we would seriously consider hospitalizing, even if they do not miss an appointment.

Action: Every attempt should be made to place the student in a safe and monitored environment to prevent any danger to the student or someone else. If these efforts are unsuccessful, then we will do whatever is necessary to insure the student's safety (contact emergency person, contact the Dean of Students, contact the police, initiate emergency custody order for involuntary hospitalization, etc.).

Parents that are financially supporting their student are notified of the student's likelihood of causing serious physical harm to him/herself or others. If there is reason to believe this notification would cause harm to the student or another person this would be documented in the record and the parent would not be notified.

The Cook Counseling Center Case Manager will be notified of any student with this follow-up level. The Cook Counseling Center Case Manager will coordinate follow-up for these students. The treating counselor may continue treatment with the student if it is assessed to be clinically appropriate at discharge.