Recommendations Following
Investigation of April 16, 2007 Critical Incident at VA Tech
By the Office of the Inspector General

The recommendations made by the Office of the Inspector General (OIG) as a result of this investigation are focused on the commitment process as it is currently established in the code, as it was practiced in the New River Valley in late December 2005, and as it is carried out in many other communities across the state.

A. Availability of a Willing Detention Facility

It is recommended that the number and capacity of secure crisis stabilization programs be expanded statewide in order to address the challenges frequently faced by prescreeners in securing a willing temporary detention facility in a timely manner.

Recommendations for consideration by VA Tech

It is recommended that the procedure for Virginia Tech Police Department (VTPD) notification of the university on call administrator and the counseling center on call psychologist be reviewed to assure that these notifications occur as quickly as possible once the emergency custody period has been initiated for students who are experiencing a psychiatric emergency.

It is recommended that the role of the [VA Tech] on call psychologist in the initial screening and service evaluation of students experiencing a psychiatric emergency be clarified. It will be important that any procedures developed related to this role take into consideration the given time limits established by Va. Code § 37.2-808(H), which governs the duration of an emergency custody order.

B. Assessment by the Prescreener, Assessment by Attending Physician at the Detaining Facility, Examination by the Independent Examiner, and Presentation of Evidence and Testimony to the Special Justice

The OIG investigation of this phase of the commitment process revealed that the Certified Prescreener, the detaining facility, and the IE all performed their responsibilities in connection with the December 14, 2005 commitment hearing for the individual in compliance with the requirements of the Virginia Code.

It was learned through the investigation of this critical incident, and the related review of the standard practices and procedures for the commitment process in the New River Valley area, that the current construct of the Virginia commitment process, as established by Virginia Code and common practice, may limit the collection and interpretation of vital collateral information.

Assessing an individual's mental health and level of dangerousness, especially in the setting of an evolving psychological crisis, is often a very difficult task. Good psychiatric and risk assessment require accurate knowledge about many aspects of an individual's life. When an individual is denying dangerousness and/or mental illness, and is not overtly dangerous and/or mentally ill on a mental status exam, but has recently deteriorated to the point of meeting the requirements for court ordered detention to ensure safety, it is imperative that the examiner not rely solely on the statements of the individual in crisis and the necessarily abbreviated assessment obtained for the TDO. The examiner should also obtain additional collateral information to expand, clarify, or refute the limited information available and the information provided by the individual. This collateral information helps to elucidate the broader context in which the crisis occurred.

It is recommended that a comprehensive study of the commitment process in Virginia be conducted to determine the changes necessary to facilitate the collection and interpretation of critical collateral information that may be necessary for the assessment of an individual's mental illness and dangerousness in a broader context than is frequently achieved with the limitations of the current Virginia Code and practice.

It is further recommended that this study identify the changes that will be required to not only assure protection and safety of the individual and others but also enable engagement of the individual in such a way that his or her journey of recovery is supported and facilitated. [Note: This recommendation was added by the OIG after the report of the investigation was completed.]

C. Outpatient Commitment

It is recommended that the Virginia Code be amended to require that the name of the provider(s) that are to deliver the involuntary outpatient treatment be designated in the court order by the judge or special justice.

It is recommended that a brief study be conducted to determine what barriers prevent or complicate CSB/BHA's statewide from routinely recommending a specific course of treatment and programs for the provision of involuntary outpatient treatment as specified in Va. Code § 37.2-817(C) and develop a plan to address these barriers.

It is recommended that the responsibility of the CSB to recommend a specific course of treatment and programs for the provision of involuntary outpatient treatment, as specified in VA Code § 37.2-817(C), be further defined by Virginia Code, regulation or policy.

It is recommended that a brief study be conducted to clearly identify the barriers that prevent or complicate CSB/Behavioral Health Authorities (BHA) attendance at commitment hearings statewide and recommend solutions. Once these barriers are fully understood and a plan is developed to resolve the barriers, it should be determined

whether or not the Virginia Code should be amended to require CSB/BHAs to attend all commitment hearings.

It is recommended that a study be conducted to determine whether the following duties should be carried out by the court or by another entity acting as an official agent of the court:

- Locating a willing outpatient provider to provide court ordered outpatient treatment.
- Assuring that outpatient providers, who provide treatment to individuals who have been ordered to outpatient treatment, understand the responsibilities to the court when accepting these referrals.
- Arranging for the initial outpatient appointment.
- Providing a copy of the court order to the receiving provider.
- Notifying the CSB/BHA of the outcome of the commitment hearing (If the CSB/BHA is not present)

If, as a result of this study, it is determined that an entity serving as an official agent of the court should carry out these functions, changes in Code, regulation or policy should be made to designate this entity.

It is recommended that the court's expectations for outpatient providers who provide treatment to individuals who have been ordered to outpatient treatment be clarified, by Code, regulation or policy.

It is recommended that the expectations of the CSB, BHA or designated provider to monitor the person's compliance with the treatment ordered by the court as per Va. Code § 37.2-817(C) be clarified by Code, regulation or policy. Specifically address what action is to be taken by the CSB, BHA or designated provider in relationship to the court when the person fails to comply. Also clarify what role, if any, the CSB or BHA has for monitoring treatment when the designated provider is not the CSB or BHA.

It is recommended that the criteria that must be met for the judge or special justice to hold a second commitment hearing when the person fails to comply with the earlier order to outpatient treatment be clarified in Va. Code § 37.2-817(C).

D. Availability of Outpatient and Case Management Services

It is recommended that a brief study be conducted to determine what level of community outpatient service capacity will be required and the related costs in order to adequately and appropriately respond to both involuntary court ordered and voluntary referrals for these services. Once this information is available, it is recommended that outpatient treatment services be expanded statewide.

For the purpose of this recommendation, outpatient services includes primarily to two types of clinical services:

- Outpatient counseling or therapy which is often provided in an office setting, but also may be provided in another setting. This service is delivered by masters or doctorate level mental health professionals who are most often licensed as a clinical social worker, a professional counselor or a clinical psychologist.

- Outpatient psychiatric services provided by a psychiatrist, psychiatric nurse practitioner or other medical personnel who deliver a variety of therapeutic interventions, including medication.

It is recommended that the number of CSB case managers be increased in order to decrease caseloads and increase the support provided to those with serious mental illness and those who receive treatment services involuntarily. [Note: This recommendation was added by the OIG after the report of the investigation was completed.]

Recommendations for consideration by university counseling centers in the Commonwealth

- It is recommended that university counseling centers develop a written policy regarding:
    - Whether or not the center will accept referrals for court ordered involuntary treatment, and if so, the types of referrals they can accept.
    - Whether or not the center will report treatment related information to the courts and/or the CSB when the client is under order to receive court ordered treatment.

- It is recommended that university counseling centers notify the courts, CSBs and BHAs in their surrounding cities and counties of this policy.

- It is recommended that the university counseling centers 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.