

STATUS OF RECOMMENDATIONS ISSUED BY VIRGINIA TECH REVIEW PANEL

OVERALL SUMMARY

- 74 Recommendations Fully or Partially Adopted
- 3 Recommendations Not Adopted
- 13 Recommendations for specific actions on the Local, Federal or Institutional level
- 1 Recommendation has not been mandated, but has become an industry standard

Chapter 2: University Setting and Security

RECC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
II-1	Universities should do a risk analysis (threat assessment) and then choose a level of security appropriate for their campus.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-804 requires public IHEs to develop a written crisis and emergency management plan, and: <ul style="list-style-type: none"> - annually conduct a test or exercise of the crisis and emergency management plan; - annually review the crisis and emergency management plan; - conduct a comprehensive review and revision of the crisis and emergency management plan every four years. • VA Code § 44-146.18 requires the Department of Emergency Management (VDEM) to consult with the State Council for Higher Education for Virginia (SCHEV) in developing a model institutional crisis and emergency management plan for the purpose of assisting public and private two-year and four-year IHEs • VA Code § 23.1-805 requires public IHEs to establish policies and procedures for the prevention of violence on campus, including

assessment of and intervention with individuals whose behavior poses a threat to the safety of the campus community.

II-2	Virginia Tech should update and enhance its Emergency Response Plan and bring it into compliance with federal and state guidelines.	<i>Adopted</i>	<ul style="list-style-type: none"> The national Emergency Management Accreditation Program accredited Virginia Tech. Virginia Tech complies with VA Code § 23.1-804, which requires public IHEs to develop a written crisis and emergency management plan
II-3	Virginia Tech and other institutions of higher learning should have a threat assessment team that includes representatives from law enforcement, human resources, student and academic affairs, legal counsel, and mental health functions.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 23.1-805 requires public IHEs to establish threat assessment teams that include members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel.
II-4	Students, faculty, and staff should be trained annually about responding to various emergencies and about the notification systems that will be used.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 23.1-804 requires public IHEs to annually conduct a test or exercise in accordance with the IHE's crisis and emergency management plan, and certify to VDEM that such a test or exercise was conducted. Chapters 413 and 450 of the 2008 Acts of Assembly added VA Code § 23-9.1:11, recodified in 2016 as VA Code § 23.1-803, which requires public IHEs to establish a first warning notification and emergency broadcast system for students, faculty and staff, both on and off campus. § 23.1-803 further requires public IHEs to designate individuals authorized to activate the warning system and provide individuals with appropriate training for its use.
II-5	Universities and colleges must comply with the Clery Act, which requires timely public warnings of imminent danger.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 23.1-803 requires public IHEs to establish a comprehensive, prompt and reliable first warning notification and emergency broadcast system for students, faculty and staff, both on and off campus. Such system shall be activated in the case of an emergency and may rely on website announcements; email notices; phone, cellular phone, and text messages; alert lines; public address systems; and other means of communication. VA Code § 23.1-808 requires public and private nonprofit IHEs to

annually certify to SCHEV that it has reviewed its sexual violence policy and updated it as appropriate. Certification requires that the institution complies with all federal and state laws, regulations and guidance, including the Clery Act.

II-6	Campus emergency communications systems must have multiple means of sharing information.	<i>Adopted</i>	<ul style="list-style-type: none"> • Under VA Code § 23.1-803, public IHE first warning notification and emergency broadcast systems may rely on website announcements; email notices; phone, cellular phone, and text messages; alert lines; public address systems; and other means of communication.
II-7	In an emergency, immediate messages must be sent to the campus community that provide clear information on the nature of the emergency and actions to be taken.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-803 requires public IHEs to establish a comprehensive, prompt and reliable first warning notification and emergency broadcast system for students, faculty and staff, both on and off campus. Such system shall be activated in the case of an emergency and may rely on website announcements; email notices; phone, cellular phone, and text messages; alert lines; public address systems; and other means of communication.
II-8	Campus police as well as administration officials should have the authority and capability to send an emergency message.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-803 requires public IHEs to designate individuals authorized to activate the first warning notification and emergency broadcast system and provide such individuals with appropriate training for its use.
II-9	The head of campus police should be a member of a threat assessment team as well as the emergency response team for the university.	<i>Not Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs to establish a threat assessment team that includes members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. § 23.1-805 does not specify head of campus police or emergency response team.
II-10	Campus police must report directly to the senior operations officer responsible for emergency decision making. They should be part of the policy team deciding on emergency planning.	<i>IHE Initiative</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs to establish a threat assessment team that includes members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. • VA Code § 23.1-804 requires public IHEs to annually conduct a test or exercise in accordance with the IHE's crisis and emergency management

plan, and certify to VDEM that such a test or exercise was conducted.

II-11	Campus police must train for active shooters.	<i>No Mandate, Industry Standard</i>	<ul style="list-style-type: none"> • VA Code § 23.1-804 requires public IHEs to annually conduct a test or exercise in accordance with the IHE's crisis and emergency management plan, and certify to VDEM that such a test or exercise was conducted. • While campus police are not mandated in the VA Code to train for active shooters, this type of training is a best practice within the field of law enforcement and has become an industry standard.
II- 12	The mission statement of campus police should give primacy to their law enforcement and crime prevention role.	<i>IHE Initiative</i>	<ul style="list-style-type: none"> • Campus police departments have adopted mission statements that assign priority to public safety and the prevention of crime.

Chapter 4: Mental Health of Shooter

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
IV-1	Universities should recognize their responsibility to a young, vulnerable population and promote the sharing of information internally, and with parents, when significant circumstances pertaining to health and safety arise.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-1303 requires the governing board of each public IHE to establish policies and procedures requiring the notification of the parent of a dependent student when such student receives mental health treatment at the institution's student health or counseling center and such treatment becomes part of the student's educational record. Such notification shall only be required if it is determined that there exists a substantial likelihood that, as a result of mental illness the student will, in the near future, (i) cause serious physical harm to himself or others as evidenced by recent behavior or any other relevant information or (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs. • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. <ul style="list-style-type: none"> - The violence prevention committee must establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to community services boards (CSBs) or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.
IV-2	Institutions of higher learning should review and revise their current policies related to—	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law

- a) recognizing and assisting students in distress
- b) the student code of conduct, including enforcement
- c) judiciary proceedings for students, including enforcement
- d) university authority to appropriately intervene when it is believed a distressed student poses a danger to himself or others.
- enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. The violence prevention committee must:
- provide guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a physical threat to the community;
 - identify members of the campus community to whom threatening behavior should be reported;
 - establish policies and procedures that outline circumstances under which all faculty and staff are required to report behavior that may represent a physical threat to the community, provided that such report is consistent with state and federal law; and
 - establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.
- VA Code §23.1-802 requires the governing board of each public IHE to develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies and behavior.

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| IV-3 | Universities must have a system that links troubled students to appropriate medical and counseling services either on or off campus, and to balance the individual's rights with the rights of all others for safety. | <i>Adopted</i> | <ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. |
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- The violence prevention committee must establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.
- VA Code § 23.1-802 requires the board of visitors of each baccalaureate public IHE to establish a written memorandum of understanding with its local CSBs or behavioral health authority and with local hospitals and other local mental health facilities in order to expand the scope of services available to students seeking treatment.
 - The memorandum shall designate a contact person to be notified, to the extent allowable under state and federal privacy laws, when a student is involuntarily committed, or when a student is discharged from a facility. The memorandum shall provide for the inclusion of the institution in the post-discharge planning of a student who has been committed and intends to return to campus, to the extent allowable under state and federal privacy laws.

IV-4 Incidents of aberrant, dangerous, or threatening behavior must be documented and reported immediately to a college's threat assessment group, and must be acted upon in a prompt and effective manner to protect the safety of the campus community.

Adopted

- VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed.
 - The violence prevention committee must establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats,

and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.

IV-5	Adequate resources must be allocated for systems of care in schools and communities that provide culturally competent services for children and adolescents to reduce mental-illness-related risk as occurred within this community.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • In 2019, Governor Northam proposed \$36 million for additional school counselors in all public elementary, middle, and high schools. The General Assembly ultimately appropriated \$12 million, the state's share of costs to lower the current ratio of school guidance counselors in elementary school from 1:500 to 1:455, in middle school from 1:400 to 1:370, and in high school from 1:350 to 1:325. <ul style="list-style-type: none"> – In 2018, new budget language was adopted that expanded the options for school divisions to spending funding from the At-Risk Add-On supplement, allowing schools to spend that money on the hiring of new school guidance counselors. • In 2018, Governor Northam and the General Assembly expanded Virginia's Medicaid program to make health services, including behavioral health services, accessible for up to 400,000 additional men and women ages 19 through 64. • STEP-VA is a long-term initiative to improve community behavioral health services in Virginia. The General Assembly has appropriated a total of \$60 million through FY20 as part of the initiative. By July 2021, all 40 CSBs in Virginia are required to provide all STEP-VA services.
IV-6	Policies and procedures should be implemented to require professors encountering aberrant, dangerous, or threatening behavior from a student to report them to the dean.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. <ul style="list-style-type: none"> – The violence prevention committee must establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such

individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.

IV-7	Reporting requirements for aberrant, dangerous, or threatening behavior and incidents for resident hall staff must be clearly established and reviewed during annual training.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. The violence prevention committee must: <ul style="list-style-type: none"> – provide guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a physical threat to the community; – identify members of the campus community to whom threatening behavior should be reported; – establish policies and procedures that outline circumstances under which all faculty and staff are required to report behavior that may represent a physical threat to the community, provided that such report is consistent with state and federal law; and – establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law. • VA Code §23.1-802 requires the governing board of each public IHE to develop and implement policies that advise students, faculty, and staff,
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including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies and behavior.

- § 23.1-802 further requires that reach resident assistant in a student housing facility at a public IHE must participate in Mental Health First Aid training or a similar program prior to the commencement of their duties.

IV-8	Repeated incidents of aberrant, dangerous, or threatening behavior must be reported by Judicial Affairs to the threat assessment group.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed. The violence prevention committee must: <ul style="list-style-type: none"> - provide guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a physical threat to the community; - identify members of the campus community to whom threatening behavior should be reported; - establish policies and procedures that outline circumstances under which all faculty and staff are required to report behavior that may represent a physical threat to the community, provided that such report is consistent with state and federal law; and - establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.
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- VA Code §23.1-802 requires the governing board of each public IHE to develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies and behavior.

IV-9 Repeated incidents of aberrant, dangerous, or threatening behavior should be reported to the counseling center and reported to parents.

Partially Adopted

- VA Code § 23.1-1303 requires the governing board of each public IHE to establish policies and procedures requiring the notification of the parent of a dependent student when such student receives mental health treatment at the institution's student health or counseling center and such treatment becomes part of the student's educational record. Such notification shall only be required if it is determined that there exists a substantial likelihood that, as a result of mental illness the student will, in the near future, (i) cause serious physical harm to himself or others as evidenced by recent behavior or any other relevant information or (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs.
- VA Code § 23.1-805 requires public IHEs establish a violence prevention committee on campus composed of individuals charged with education on and prevention of violence on campus. Each violence prevention committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed and shall consult with legal counsel as needed.
 - The violence prevention committee must establish policies and procedures for (a) the assessment of individuals whose behavior may present a threat, (b) appropriate means of intervention with such individuals, and (c) sufficient means of action, including interim suspension, referrals to CSBs or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, and notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.

IV-10	The law enforcement agency at colleges should report all incidents of an issuance of temporary detention orders for students (and staff) to Judicial Affairs, the threat assessment team, the counseling center, and parents.	<i>Not Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires the governing board of each public IHE to establish a threat assessment team that includes members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. <ul style="list-style-type: none"> – Upon a preliminary determination that an individual poses a threat of violence to self or others or exhibits significantly disruptive behavior or a need for assistance, the threat assessment team may obtain criminal history record information as provided in §§ 19.2-389 and 19.2-389.1 and health records as provided in § 32.1-127.1:03. • Under VA Code § 37.2-818, records from a commitment hearing for involuntary admission are confidential. However, a court may issue an order to disclose the dispositional order if it finds that such disclosure is in the best interest of the person who is the subject of the hearing, or of the public.
IV-11	The college counseling center should report all students who are in treatment pursuant to a court order to the threat assessment team.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-805 requires the governing board of each public IHE to establish a threat assessment team that includes members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. <ul style="list-style-type: none"> – Upon a preliminary determination that an individual poses a threat of violence to self or others or exhibits significantly disruptive behavior or a need for assistance, the threat assessment team may obtain criminal history record information as provided in §§ 19.2-389 and 19.2-389.1 and health records as provided in § 32.1-127.1:03. • Under VA Code § 37.2-818, records from a commitment hearing for involuntary admission are confidential. However, a court may issue an order to disclose the dispositional order if it finds that such disclosure is in the best interest of the person who is the subject of the hearing, or of the public.

IV-12	The state should study what level of community outpatient service capacity will be required to meet the needs of the commonwealth and the related costs in order to adequately and appropriately respond to both involuntary court-ordered and voluntary referrals for those services.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • In 2010, the Joint Commission on Health Care issued a two-year study on the impact of recent findings and legislation addressing Virginia's mental health system. The report stated: <ul style="list-style-type: none"> – “[A] disproportionate proportion of funding continues to be dedicated to addressing crises, providing inpatient care, and unfortunately in incarceration rather than providing community-based supports and recovery-oriented services. Federal health reform legislation has the potential to help in funding mental health care. [...] Most importantly, it could provide coverage for a large proportion of people with mental illness who lack insurance of any kind and whose care is subsidized by Commonwealth taxpayers in one way or another. In the Commission's study of emergency evaluations conducted by CSBs during June 2007, 40% of the individuals evaluated were uninsured.” [Report of Joint Commission on Health Care, Final Report: Impact of Recent Legislation on Virginia's Mental Health System, 2010] • In 2018, Governor Northam and the General Assembly expanded Virginia's Medicaid program to make health services, including behavioral health services, accessible for up to 400,000 additional men and women ages 19 through 64. • STEP-VA is a long-term initiative to improve community behavioral health services in Virginia. The General Assembly has appropriated a total of \$60 million through FY20 as part of the initiative. By July 2021, all 40 CSBs in Virginia are required to provide all STEP-VA services.
IV-13	Va. Code 37.2-808 (H) and (I) and 37.2-814 (A) should be amended to extend the time periods for temporary detention to permit more thorough mental health evaluations.	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 499, 538 and 691 of the 2014 Acts of Assembly amended VA Code § 37.2-809 to extend the period that a person may be held pursuant to a temporary detention order (TDO) from 48 hours to 72 hours.
IV-14	Va. Code 37.2-809 should be amended to authorize magistrates to issue temporary detention orders based upon evaluations	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapter 331 of the 2008 Acts of Assembly amended VA Code § 37.2-809 to require a magistrate to issue a TDO upon the recommendation of any responsible person, any treating physician, or upon his own motion, after

conducted by emergency physicians trained to perform emergency psychiatric evaluations.

an in-person evaluation by an employee or designee of the local CSB, where it appears from all of the evidence readily available that the person meets the criteria for a TDO.

IV-15	The criteria for involuntary commitment in Va. Code 37.2-817(B) should be modified in order to promote more consistent application of the standard and to allow involuntary treatment in a broader range of cases involving severe mental illness.	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 799, 850 and 870 of the 2008 Acts of Assembly changed the criteria for emergency custody orders, temporary detention orders, and involuntary commitment proceedings, so that a person may be taken into emergency custody, placed under temporary detention, or involuntarily committed where it is found that the person has a mental illness and there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future (i) 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 (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs.
IV-16	The number and capacity of secure crisis stabilization units should be expanded where needed in Virginia to ensure that individuals who are subject to a temporary detention order do not need to wait for an available bed.	<i>Adopted</i>	<ul style="list-style-type: none"> • In 2018, the Commonwealth had 227 residential crisis stabilization beds, which served 5,351 individuals. [Department of Behavioral Health and Developmental Services, Annual Report, 2018] • In 2008, the Commonwealth had 94 residential crisis stabilization beds, which served 2,299 individuals. [Department of Behavioral Health and Developmental Services, Report on the System Transformation Initiative, 2009] • Under VA Code § 37.1-809, as amended by Chapters 691 and 773 of the 2014 Acts of Assembly, if a private inpatient bed cannot be identified by the time of the expiration of the period of emergency custody, the individual shall be detained in a state psychiatric facility.
IV-17	The role and responsibilities of the independent evaluator in the commitment process should be clarified and steps taken to assure that the necessary reports and collateral information are assembled before the independent evaluator conducts the	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-815 to clarify the role and responsibilities of the evaluator who is selected by a district court judge or special justice to provide an independent clinical evaluation of the person and recommendations for his placement. The 2008 Acts specified that the clinical examination must include:

evaluation.

- a clinical assessment that includes a mental status examination; determination of current use of psychotropic and other medications; a medical and psychiatric history; a substance use, abuse, or dependency determination; and a determination of the likelihood that, as a result of mental illness, the person will, in the near future, suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs;
- a substance abuse screening, when indicated;
- a risk assessment that includes an evaluation of the likelihood that, as a result of mental illness, the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any;
- an assessment of the person's capacity to consent to treatment, including his ability to maintain and communicate choice, understand relevant information, and comprehend the situation and its consequences;
- a review of the temporary detention facility's records for the person, including the treating physician's evaluation, any collateral information, reports of any laboratory or toxicology tests conducted, and all admission forms and nurses' notes;
- a discussion of treatment preferences expressed by the person or contained in a document provided by the person in support of recovery;
- an assessment of alternatives to involuntary inpatient treatment; and
- recommendations for the placement, care, and treatment of the person.

IV-18	The following documents should be presented at the commitment hearing:	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-817 to specify what must be considered at a commitment hearing.
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- The complete evaluation of the treating physician, including collateral information.
- Reports of any lab and toxicology tests conducted.
- Reports of prior psychiatric history.
- All admission forms and nurse's notes.

The 2008 Acts required the judge or special justice to consider:

- the recommendations of any treating physician or psychologist licensed in Virginia, if available;
- any past actions of the person;
- any past mental health treatment of the person;
- any examiner's certification;
- any health records available; and
- the preadmission screening report.

IV-19	The Virginia Code should be amended to require the presence of the pre-screener or other CSB representative at all commitment hearings and to provide adequate resources to facilitate CSB compliance.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-817 to require an employee or designee of the local CSB that prepared the preadmission screening report to attend the commitment hearing.
IV-20	The independent evaluator, if not present in person, and treating physician should be available where possible if needed for questioning during the hearing.	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 780, 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-817 to require the treating physician at the facility of temporary detention and the clinical evaluator chose by the court to both be available whenever possible for questioning during the commitment hearing through a two-way electronic video and audio, or telephonic communication system, if they are not physically present at the hearing.
IV-21	The Virginia Health Records Privacy statute should be amended to provide a safe harbor provision which would protect health entities and providers from liability or loss of funding when they disclose	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 782, 850 and 870 of the 2008 Acts of Assembly amended the Virginia Health Records Privacy Statute (VA Code § 32.1-127.1:03) to require health care entities to disclose health records in connection with commitment hearings.

information in connection with evaluations and commitment hearings conducted under Virginia Code 37.2-814 et seq.

- Chapters 782, 850 and 870 of the 2008 Acts of Assembly also added VA Code § 37.2-804.2, which states that any health care provider disclosing records related to a commitment hearing is immune from civil liability for any harm resulting from the disclosure, unless the person or provider disclosing such records intended the harm or acted in bad faith.

IV-22

Virginia Health Records Privacy and Va. Code 37.2-814 et seq. should be amended to ensure that all entities involved with treatment have full authority to share records with each other and all persons involved in the involuntary commitment process while providing the legal safeguards needed to prevent unwarranted breaches of confidentiality.

Adopted

- Chapters 782, 850 and 870 of the 2008 Acts of Assembly added VA Code 37.2-804.2, which holds that:
 - any health care provider, or other provider who has provided or is currently providing services to a person who is the subject of commitment proceedings shall, upon request, disclose to a magistrate, the court, the person's attorney, the person's guardian ad litem, the independent clinical evaluator, the CBS or its designee performing any evaluation, preadmission screening, or monitoring duties, or a law-enforcement officer any information that is necessary and appropriate for the performance of their duties pursuant to a commitment proceeding;
 - any health care provider, or other provider who has provided or is currently evaluating or providing services to a person who is the subject of commitment proceedings shall disclose information that may be necessary for the treatment of such person to any other health care provider or other provider evaluating or providing services to or monitoring the treatment of the person; and
 - any health care provider disclosing records related to a commitment hearing is immune from civil liability for any harm resulting from the disclosure, unless the person or provider disclosing such records intended the harm or acted in bad faith.
- Chapters 782, 850 and 870 of the 2008 Acts of Assembly amended the Virginia Health Records Privacy Statute (VA Code § 32.1-127.1:03) to require health care entities to disclose health records in connection with commitment hearings.
 - VA Code § 32.1-127.1:03 further provides that any health care entity that receives health records from another health care entity may make

subsequent disclosures as permitted by law.

- Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-815 and to require the independent clinical evaluator to review the temporary detention facility's records for the person, including the treating physician's evaluation, any collateral information, reports of any laboratory or toxicology tests conducted, and all admission forms and nurses' notes.
- Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-818 to clarify the treatment of records following a commitment hearing. Those changes:
 - clarified that a person who was the subject of a commitment hearing shall be entitled, upon request, to obtain a copy of the tape or other audio recording of such hearing;
 - allowed any person to seek access to the dispositional order by filing a written motion setting forth why such access is needed. The court may disclose the dispositional order if the court finds that such disclosure is in the best interest of the person who is the subject of the hearing, or in the best interest of the public;
 - provided the Executive Secretary of the Supreme Court and anyone acting on their behalf access to the court's records upon request; and
 - required the judge or special justice to order that copies of relevant records of the person be released to (i) the facility in which they are placed, (ii) the CSB of the jurisdiction where the person resides, (iii) any treatment providers identified in a treatment plan incorporated into any mandatory outpatient treatment order, and (iv) any other treatment providers or entities.

IV-23 Virginia Code 37.2-817(C) should be amended to clarify—

Adopted

- Chapters 850 and 870 of the 2008 Acts of Assembly amended VA Code § 37.2-817 to create subsections D, E, F, G, H, I, J and K to add clarity to

- the need for specificity in involuntary outpatient orders.
- the appropriate recipients of certified copies of orders.
- the party responsible for certifying copies of orders.
- the party responsible for reporting noncompliance with outpatient orders and to whom noncompliance is reported.
- the mechanism for returning the noncompliant person to court.
- the sanction(s) to be imposed on the noncompliant person who does not pose an imminent danger to himself or others.
- the respective responsibilities of the detaining facility, the CSB, and the outpatient treatment provider in assuring effective implementation of involuntary outpatient treatment orders.

the mandatory outpatient treatment process.

- Chapters 850 and 870 of the 2008 Acts of Assembly also added VA Code § 37.2-817.1, 37.2-817.2, 37.2-817.3 and 37.2-817.4 to add further clarity to the mandatory outpatient treatment process.

IV-24	The Virginia Health Records Privacy statute should be clarified to expressly authorize treatment providers to report noncompliance with involuntary outpatient orders.	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 850 and 870 of the 2008 Acts of Assembly added VA Code § 37.2-817.1, which includes a requirement that providers of services identified in the mandatory outpatient treatment plan must report any material noncompliance with the mandatory outpatient treatment order to the CSB. The CSB must then notify the court of any material noncompliance.
IV-25	Virginia Code 37.2-819 should be amended to clarify that the clerk shall immediately, upon completion of a commitment hearing, complete and certify to the	<i>Adopted</i>	<ul style="list-style-type: none"> • Chapters 751 and 788 of the 2008 Acts of Assembly amended VA Code § 37.2-819 to clarify that, upon receipt of any order from a commitment hearing for involuntary admission to a facility or for mandatory outpatient treatment, the clerk of court shall, prior to the close of that

Central Criminal Records Exchange, a copy of any order for involuntary admission or involuntary outpatient treatment.

business day, certify and forward to the Central Criminal Records Exchange (CCRE) a copy of the order.

IV-26	A comprehensive review of the Virginia Code should be undertaken to determine whether there exist additional situations where court orders containing mental health findings should be certified to the Central Criminal Records Exchange.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • In March of 2016, the Virginia General Assembly, in Item 313 (S) of the appropriations act, ordered the Department of Behavioral Health & Developmental Services (DBHDS) to “to develop a model program for mental health dockets to be used by courts in the Commonwealth to better handle the unique needs of individuals with mental illness.” • As a result, DBHDS also began to partner with the Office of the Executive Secretary of the Supreme Court of Virginia, both in its own Mental Health Docket Workgroup, as well as on the Problem-Solving Docket Advisory Group convened by the Chief Justice of the Supreme Court of Virginia. The final document that has been produced as a result of these collaborations was published on December 1, 2016, and it is the hope of DBHDS that this report will be used by communities as they explore the creation of a mental health docket in their locality.
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Chapter 5: Information Privacy Laws

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
V-1	Accurate guidance should be developed by the attorney general of Virginia regarding the application of information privacy laws to the behavior of troubled students.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • The Office of the Attorney General has responded to requests for an official advisory opinion that were related to this topic: <ul style="list-style-type: none"> – 2010: A Clerk of Court may install recording systems into a Circuit Court, General District Court, and/or Juvenile and Domestic Relations Court and require such systems to be on at all times court is in session. – 2010: Searches and seizures of students' cellular phones and laptops are permitted when there is a reasonable suspicion that the student is violating the law or the rules of the school. – 2008: A person entitled to inspect juvenile court records pursuant to § 16.1-305(A), (B), (B1) and (C) are not authorized to obtain copies of such records. • Chapter 719 of the 2019 Acts of Assembly directed the Virginia Center for School and Campus Safety (VCSCS) to convene a work group to develop guidelines and best practices for the sharing of information between a local school board or public IHE and law enforcement regarding a student whose behavior may pose a threat to the safety of a school or institution or the community, including information regarding each student's disciplinary history, medical conditions, or other relevant characteristics. <ul style="list-style-type: none"> – Chapter 719 required that the work group include representatives from the Department of Education, the State Council of Higher Education for Virginia, the Department of Behavioral Health and Developmental Services, the Office of the Attorney General, the Virginia School Boards Association, the Virginia Association of Chiefs of Police, the Virginia Sheriffs' Association, the Virginia Association of Campus Law Enforcement Administrators, and other interested shareholders. A report on guidelines and best practices is due October 1, 2019.

V-2	Privacy laws should be revised to include “safe harbor” provisions.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Chapters 782, 850 and 870 of the 2008 Acts of Assembly amended the Virginia Health Records Privacy Statute (VA Code § 32.1-127.1:03) to require health care entities to disclose health records in connection with commitment hearings. • Chapters 782, 850 and 870 of the 2008 Acts of Assembly also added VA Code § 37.2-804.2, which states that any health care provider disclosing records related to a commitment hearing is immune from civil liability for any harm resulting from the disclosure, unless the person or provider disclosing such records intended the harm or acted in bad faith.
V-3	<p>The following amendments to FERPA should be considered:</p> <p>FERPA should explicitly explain how it applies to medical records held for treatment purposes.</p> <p>FERPA should make explicit an exception regarding treatment records.</p>	<i>Federal Initiative, Not Adopted</i>	<ul style="list-style-type: none"> • Congress has not amended 20 USC § 1232g(a)(4)(B), the provision of the Family Educational Rights and Privacy Act (“FERPA”) that further defines “education records,” since the V.T. Review Panel issued its recommendations.
V-4	The Department of Education should allow more flexibility in FERPA’s “emergency” exception.	<i>Federal Initiative, Adopted</i>	<ul style="list-style-type: none"> • In January 2009, the U.S. Department of Education (DOE) amended 34 CFR § 99.36 to remove the previous requirement that the FERPA “health or safety emergency” exemption must be “strictly construed.” In making a determination whether a disclosure may be made under the “health or safety emergency” exception, an educational agency or institution may instead take into account the totality of the circumstances pertaining to a threat to the health or safety of a student or other individuals. • The 2009 amendment to 34 CFR § 99.36 states that if there is an articulable and significant threat to the health or safety of the student or other individuals, and educational agency or institution may disclose information to appropriate parties. The amendment

further provided that DOE will not substitute its judgment for that of the agency or institution, if, based on the information available at the time of the determination there is a rational basis for the agency's or institution's determination that a health or safety emergency exists and that the disclosure was made to appropriate parties.

- As a result of the Federal Commission on School Safety, DOE issued an FAQ guide on FERPA: <https://studentprivacy.ed.gov/resources/school-resource-officers-school-law-enforcement-units-and-ferpa>

V-5	<p>Schools should ensure that law enforcement and medical staff (and others as necessary) are designated as school officials with an educational interest in school records. [...] University policy should recognize that law enforcement, medical providers, and others who assist troubled students have an educational interest in sharing records.</p>	<i>IHE Initiative</i>	<ul style="list-style-type: none"> • Public and private IHEs hold primary responsibility for the implementation of Recommendation V-5.
V-6	<p>The Commonwealth of Virginia Commission on Mental Health Reform should study whether the result of a commitment hearing (whether the subject was voluntarily committed, involuntarily committed, committed to outpatient therapy, or released) should also be publicly available despite an individual's request for confidentiality.</p>	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • In 2010, the Joint Commission on Health Care issued a two-year study on the impact of recent findings and legislation addressing Virginia's mental health system. On the subject of public access to commitment hearings, the report stated: <ul style="list-style-type: none"> - "The Working Group on Health Privacy and the Commitment Process ('Health Privacy Working Group') was not of one mind about this issue and nor was the Commission. [...] After discussing the issue at several meetings, the Commission rejected a proposal to require commitment hearings to be closed upon motion of the respondent or respondent's counsel and sided with the view that commitment proceedings should be presumptively open, as they now are. [...] In effect, the Commission proposes to retain both the statutory presumption favoring open commitment hearings and the discretion of the presiding judge to restrict attendance at all or part of a particular

hearing upon motion of the respondent based upon a showing of good cause. However, in order to provide better guidance to the district courts and promote consistent practice, the Commission is proposing a standard to guide the exercise of judicial discretion... Recommendation 16". [Report of Joint Commission on Health Care, Final Report: Impact of Recent Legislation on Virginia's Mental Health System, 2010, pg. 51-53]

- Delegate Toscano (HB2156) and Senator Howell (SB1080) introduced unsuccessful legislation in 2009 to implement Recommendation 16 of the 2010 Joint Commission on the Health Care Final Report.

V-7

The national higher education associations should develop best practice protocols and associated training for information sharing.

NGO initiative

Chapter 6: Gun Purchase and Campus Policies

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
VI-1	All states should report information necessary to conduct federal background checks on gun purchases. There should be federal incentives to ensure compliance. This should apply to states whose requirements are different from federal law.	<i>Adopted</i>	<ul style="list-style-type: none"> • Virginia complies with federal law.
VI-2	Virginia should require background checks for all firearms sales, including those at gun shows.	<i>Not Adopted</i>	<ul style="list-style-type: none"> • Repeated and unsuccessful attempts at passing legislation in Virginia: <ul style="list-style-type: none"> - HB745 - 2008 - HB592 - 2008 - SB109 - 2008 - SB1257 - 2009 - HB1234 - 2010 - SB595 - 2010 - HB1669 - 2011 - HB364 - 2012 - HB2025 - 2013 - SB1232 - 2013 - SB1281 - 2013 - SB911 - 2013 - SB1001 - 2013 - HB812 - 2014 - HB535 - 2014 - SB39 - 2014 - SB287 - 2014 - HB1604 - 2015 - HB1923 - 2015 - SB694 - 2015 - SB993 - 2015 - HB482 - 2016 - HB599 - 2016 - HB632 - 2016 - SB199 - 2016 - SB301 - 2016 - HB1773 - 2017 - HB2187 - 2017 - HB2212 - 2017 - SB915 - 2017 - SB1194 - 2017 - HB140 - 2018 - HB717 - 2018 - HB721 - 2018 - HB977 - 2018 - HB1373 - 2018 - SB5 - 2018 - SB145 - 2018 - SB412 - 2018 - SB432 - 2018 - HB2479 - 2019 - SB1164 - 2019 - SB1454 - 2019 - HB4015 - 2019 Special Session I - SB4019 - 2019 Special Session I

VI-3	Anyone found to be a danger to themselves or others by a court-ordered review should be entered in the Central Criminal Records Exchange database regardless of whether they voluntarily agreed to treatment.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Chapters 751 and 788 of the 2008 Acts of Assembly amended VA Code § 18.2-308.1:3 to make it unlawful for any person who was the subject of a TDO and who subsequently agreed to voluntary admission to purchase, possess or transport a firearm. • Chapters 751 and 788 also amended VA Code § 32.1-819 to require the clerk of court to forward to the CCRE a certification of any person who has been the subject of a TDO, and who, after being advised by the judge or special justice that he will be prohibited from possessing a firearm, subsequently agreed to voluntary admission.
VI-4	The existing attorney general's opinion regarding the authority of universities and colleges to ban guns on campus should be clarified immediately.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • In 2011, the Supreme Court of Virginia found that George Mason University, and other public IHEs, may promulgate regulations that restrict weapons if those regulations conform to the U.S. Supreme Court's finding in <i>DC. v. Heller</i> that regulations that restrict the carrying of firearms in sensitive places, such as schools and government buildings, are presumptively legal. <i>DiGiacinto v. Rectors & Visitors of George Mason University, 281 Va. 127 (2011)</i>.
VI-5	The Virginia General Assembly should adopt legislation in the 2008 session clearly establishing the right of every institution of higher education in the Commonwealth to regulate the possession of firearms on campus if it so desires.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Repeated and unsuccessful attempts at passing legislation in Virginia <ul style="list-style-type: none"> - HB1271 - 2010 - HB1226 - 2012 • The Supreme Court of Virginia's <i>DiGiacinto</i> decision, discussed previously, partially addressed Recommendation VI-5.

Chapter 7: Murders at West Ambler Johnston

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
VII-1	In the preliminary stages of an investigation, the police should resist focusing on a single theory and communicating that to decision makers.	<i>Local law enforcement initiative</i>	<ul style="list-style-type: none"> The Virginia State Police has incorporated this as a best practice in investigative training. Local law enforcement agencies hold primary responsibility for the implementation of Recommendation VII-I.
VII-2	All key facts should be included in an alerting message, and it should be disseminated as quickly as possible, with explicit information.	<i>Adopted</i>	<ul style="list-style-type: none"> Chapters 413 and 450 of the 2008 Acts of Assembly added VA Code § 23-9.1:11, recodified in 2016 as VA Code § 23.1-803, which requires public IHEs to establish a comprehensive, prompt and reliable first warning notification and emergency broadcast system for students, faculty and staff, both on and off campus. Such system shall be activated in the case of an emergency and may rely on website announcements; email notices; phone, cellular phone, and text messages; alert lines; public address systems; and other means of communication.
VII-3	Recipients of emergency messages should be urged to inform others.	<i>IHE initiative</i>	<ul style="list-style-type: none"> Public and private IHEs hold primary responsibility for the implementation of Recommendation VII-3.
VII-4	Universities should have multiple communication systems, including some not dependent on high technology.	<i>Adopted</i>	<ul style="list-style-type: none"> Under VA Code § 23.1-803, public IHE first warning notification and emergency broadcast systems may rely on website announcements; email notices; phone, cellular phone, and text messages; alert lines; public address systems; and other means of communication.
VII-5	Plans for canceling classes or closing the campus should be included in the university's emergency operations plan.	<i>IHE initiative</i>	<ul style="list-style-type: none"> Public and private IHEs hold primary responsibility for the implementation of Recommendation VII-5.

Chapter 8: Murders at Norris Hall

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
VIII-1	Campus police everywhere should train with local police departments on response to active shooters and other emergencies.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> VA Code § 23.1-804 requires public IHEs to develop, adopted, and keep current a written crisis and emergency management plan. § 23.1-804 further directs public IHEs to coordinate with the local emergency management organization to ensure integration into the local emergency operations plan. Chapters 282 and 450 of the 2012 Acts of Assembly amended VA Code § 23-234, recodified in 2016 as VA Code § 23.1-815, to require all public and private IHEs that have campus police forces to enter in and become a party to mutual aid agreements with local law enforcement and/or the Virginia State Police when needed in the investigation of any death or felony criminal sexual assault.
VIII-2	Dispatchers should be cautious when giving advice or instructions by phone to people in a shooting or facing other threats without knowing the situation.	<i>IHE and Law Enforcement Initiative</i>	<ul style="list-style-type: none"> Public and private IHEs, cooperating with local law enforcement, hold primary responsibility for the implementation of Recommendation VIII-2.
VIII-3	Police should escort survivors out of buildings, where circumstances and manpower permit.	<i>IHE and Law Enforcement Initiative</i>	<ul style="list-style-type: none"> Public and private IHEs, cooperating with local law enforcement, hold primary responsibility for the implementation of Recommendation VIII-2.
VIII-4	Schools should check the hardware on exterior doors to ensure that they are not subject to being chained shut.	<i>IHE Initiative</i>	<ul style="list-style-type: none"> Public and private IHEs, cooperating with local law enforcement, hold primary responsibility for the implementation of Recommendation VIII-2. Pursuant to Chapter 723 of the 2019 Acts of Assembly, a Northham Administration work group is developing proposals to amend the building and fire codes to improve safety and security in active shooter or hostile threat situations that occur in any classroom or other area where students are located.

VIII-5	Take bomb threats seriously. Students and staff should report them immediately, even if most do turn out to be false alarms.	<i>IHE Initiative</i>	<ul style="list-style-type: none">• Public and private IHEs hold primary responsibility for the implementation of Recommendation VIII-5.
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Chapter 9: Emergency Medical Services Response

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
IX-1	Montgomery County, VA should develop a countywide emergency medical services, fire, and law enforcement communications center to address the issues of interoperability and economies of scale.	<i>Adopted</i>	<ul style="list-style-type: none"> Chapters 123 and 638 of the 2010 Acts of Assembly authorized the Towns of Blacksburg and Christiansburg, the County of Montgomery, and Virginia Tech to create the New River Valley Emergency Communications Regional Authority to develop a interoperable system of emergency communications for the region.
IX-2	A unified command post should be established and operated based on the National Incident Management System Incident Command System model.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 44-146.18 requires the Virginia Department of Emergency Management (VDEM) to prepare and maintain the State Emergency Operations Plan (COVEOP), which includes provisions for a unified command when there is more than one agency with incident jurisdiction or when incidents cross jurisdictions. The COVEOP aligns with the National Incident Management System (NIMS), as well as the Department of Homeland Security (DHS) <i>National Response Framework</i> (NRF) and the <i>National Disaster Recovery Framework</i> (NDRF).
IX-3	Emergency personnel should use the National Incident Management System procedures for nomenclature, resource typing and utilization, communications, interoperability, and unified command.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 2.2-222.1 directs the Secretary of Public Safety and Homeland Security to ensure that, consistent with NIMS, the Commonwealth implements a continued cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action pursuant to securing the Commonwealth at both the state and local level against man-made and natural disasters. The COVEOP aligns with the NIMS, as well as DHS NRF and NDRF.
IX-4	An emergency operations center must be activated early during a mass casualty incident.	<i>Adopted</i>	<ul style="list-style-type: none"> Emergency operations center activation occurs as soon as possible during a mass casualty incident.

IX-5	Regional disaster drills should be held on an annual basis.	<i>Adopted</i>	<ul style="list-style-type: none"> • The VDEM Exercise Branch supports annual regional and technical assistance exercises for each of VDEM's seven regions, as well as the annual exercise for the Virginia Emergency Support Team (VEST). The Exercise Branch also provides assistance to local and state government entities in designing and conducting an exercise.
IX-6	To improve multi-casualty incident management, the Western Virginia Emergency Medical Services Council should review/revise the Multi-Casualty Incident Medical Control and the Regional Hospital Coordinating Center functions.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 32.1-111.4:2 requires each of Virginia's Regional Emergency Medical Services (EMS) Councils to develop and maintain a regional EMS plan. • VA Code § 32.1-111.3 requires the Board of Health to develop and maintain a comprehensive and coordinated statewide EMS plan that incorporates the regional EMS plans and includes planning for mass casualty events.
IX-7	Triage tags, patient care reports, or standardized Incident Command System forms must be completed accurately and retained after a multi-casualty incident.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 32.1-111.3(B) requires that the statewide EMS plan includes a statewide Trauma Triage Plan. The plan must: <ul style="list-style-type: none"> ○ incorporate regional trauma triage plans tailored to a region's geographic variations and trauma care capabilities and resources; ○ include a uniform set of criteria for triage and transport of trauma patients; and ○ include a performance improvement program for monitoring the quality of EMS and trauma services and encouraging compliance.
IX-8	Hospitalists, when available, should assist with emergency department patient dispositions in preparing for a multi-casualty incident patient surge.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 32.1-111.3(B) requires the maintenance of a statewide Trauma Triage Plan that includes a uniform set of criteria for triage and transport, and a performance improvement program for monitoring the quality of EMS and trauma services and encouraging compliance.

			<ul style="list-style-type: none"> • VA Code § 32.1-111.3(B)(3) requires the State Emergency Medical Services Advisory Board (Advisory Board) to ensure each hospital director or EMS agency chief is notified of any incorrect interfacility transfer or triage, as defined in the statewide Trauma Triage Plan, specific to that hospital or EMS agency, and use those findings to improve the Trauma Triage Plan.
IX-9	Under no circumstances should the deceased be transported under emergency conditions.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 32.1-111.3(B)(3) requires the State Emergency Medical Services Advisory Board (Advisory Board) to ensure each hospital director or EMS agency chief is notified of any incorrect interfacility transfer or triage, as defined in the statewide Trauma Triage Plan, specific to that hospital or EMS agency, and use those findings to improve the Trauma Triage Plan.
IX-10	Critical incident stress management and psychological services should continue to be available to EMS providers as needed.	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 32.1-111.3(A)(13) requires the Board of Health to develop a comprehensive and coordinated statewide emergency medical services plan that includes a process for crisis intervention and peer support services for EMS and public safety personnel, including statewide availability and accreditation of critical incident stress management or peer support teams and personnel.

Chapter 10: Office of Chief Medical Examiner

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
X-1	The chief medical examiner should not be one of the staff performing the postmortem exams in mass casualty events; the chief medical examiner should be managing the overall response.	<i>Adopted</i>	<ul style="list-style-type: none"> Recommendation X-1 is part of the plan of the Office of the Chief Medical Examiner (OCME).
X-2	The Office of the Chief Medical Examiner (OCME) should work along with law enforcement, Virginia Department of Criminal Justice Services (DCJS), chaplains, Department of Homeland Security, and other authorized entities in developing protocols and training to create a more responsive family assistance center (FAC).	<i>Adopted</i>	<ul style="list-style-type: none"> The locality or VDEM establishes the Family Assistance Center (FAC) as quickly as possible. OCME plays a small, yet important, portion of the FAC. OCME will not be in charge of setting up an FAC; however, the OCME will be in charge of the Antemortem Data Collection Group within the FAC, if needed.
X-3	The OCME and Virginia State Police in concert with FAC personnel should ensure that family members of the deceased are afforded prompt and sensitive notification of the death of a family member when possible and provide briefings regarding any delays.	<i>Adopted</i>	<ul style="list-style-type: none"> VDEM has a FAC Plan and protocols are in place. The OCME does not make death notifications. The OCME will assist law enforcement in identification of the decedents. Law enforcement will make the appropriate death notification once identification is complete. OCME will assist law enforcement in any necessary briefings regarding delays in identification.
X-4	Training should be developed for FAC, law enforcement, OCME, medical and mental health professionals, and others regarding the impact of crime and appropriate intervention for victim survivors.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> Cross-training is currently in place between the Department of Criminal Justice Services (DCJS) and the Department of Behavioral Health and Developmental Services (DBHDS) to ensure that their respective responses to a mass casualty criminal event best serve victims and that the services are levied and complement each other. VDEM currently provides training statewide on developing plans for a FAC.

			<ul style="list-style-type: none"> • A new FAC plan is being developed and will include additional information and resources on the appropriate intervention for victim survivors.
X-5	OCME and FAC personnel should ensure that a media expert is available to manage media requests effectively and that victims are not inundated with intrusions that may increase their stress.	<i>Adopted</i>	<ul style="list-style-type: none"> • Recommendation X-5 is part of the FAC plan. • The OCME has personnel who will respond to the Joint Information Center and will utilize the Virginia Department of Health (VDH)'s Public Information Officers (PIOs) to assist in media response.
X-6	The Virginia Department of Criminal Justice Services should mandate training for law enforcement officers on death notifications.	<i>Adopted</i>	<ul style="list-style-type: none"> • Under VA Code § 9.1-102, as amended by Chapter 328 of the 2008 Acts of Assembly, DCJS established training standards and published a model policy in the communication of death notifications.
X-7	The OCME should participate in disaster or national security drills and exercises to plan and train for effects of a mass fatality situation on ME operations.	<i>Adopted</i>	<ul style="list-style-type: none"> • The OCME staff continues to participate in exercises and drills on mass fatality incidents.
X-8	The Virginia Department of Health should continuously recruit board-certified forensic pathologists and other specialty positions to fill vacancies within the OCME.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Although the OCME continues ongoing recruitment of board certified forensic pathologists when vacant positions become available in the district offices, a national shortage of forensic pathologists has created strong competition for qualified applicants to fill authorized positions.
X-9	The Virginia Department of Health should have several public information officers trained and well versed in OCME operations and in victims services.	<i>Adopted</i>	<ul style="list-style-type: none"> • The Virginia Department of Health's Office of Communications, the OCME Central Office and Regional Offices (and in coordination with the Local Health Districts) can provide a Public Information Officer (PIO) to address relevant concerns which should be requested through the state Joint Information Center (JIC) in the State Emergency Operations Center.

X-10	Funding to train and credential volunteer staff, such as the group from the Virginia Funeral Director's Association, should be made available in order to utilize their talents.	<i>Adopted</i>	<ul style="list-style-type: none">• The FAC, in partnership with the Virginia Funeral Director's Association (VFDA), are responsible for Recommendation X-10.
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Chapter 11: Immediate Aftermath and the Long Road to Healing

REC. #	RECOMMENDATION TEXT	STATUS	NOTES AND REFERENCES
XI-1	Emergency management plans should include a section on victim services that addresses the significant impact of homicide and other disaster-caused deaths on survivors and the role of victim service providers in the overall plan.	<i>Adopted</i>	<ul style="list-style-type: none"> Emergency management plans require DCJS and VA Criminal Injuries Compensation Fund (Virginia Victims Fund) be contacted immediately during an emergency event. VDEM is currently working to update their state FAC plan that will better detail the codified roles of DCJS and the Virginia Victim's Fund. DCJS staff serves on the committee that is currently revising this protocol.
XI-2	Universities and colleges should ensure that they have adequate plans to stand up a joint information center with a public information officer and adequate staff during major incidents on campus.	<i>Adopted</i>	<ul style="list-style-type: none"> VA Code § 23.1-804 requires IHEs to have emergency management plans, but it is not specific regarding joint information centers. The Board determines if the plan is current.
XI-3	When a family assistance center is created after a criminal mass casualty event, victim advocates should be called immediately to assist the victims and their families.	<i>Adopted</i>	<ul style="list-style-type: none"> Recommendation XI-3 is part of the FAC plan. VA Code § 23.1-804(A) requires that the DCJS State Crisis Response Coordinator be contacted and deploys a cadre of trained, crisis responders to provide services to the victims and their families in whatever capacity is needed- particularly for advocacy, intervention, and support.
XI-4	Regularly scheduled briefings should be provided to victims' families as to the status of the investigation, the identification process, and the procedures for retrieving the deceased.	<i>Adopted</i>	<ul style="list-style-type: none"> Recommendation XI-4 is part of the FAC plan.
XI-5	Because of the extensive physical and emotional impact of this incident, both short- and long-	<i>Partially Adopted</i>	<ul style="list-style-type: none"> Most regional and institution specific emergency management

	term counseling should be made available to first responders, students, staff, faculty members, university leaders, and the staff of The Inn at Virginia Tech.		plans identify and require adequate mental health services. <ul style="list-style-type: none"> • Short-term crisis intervention services are available through the DCJS State Crisis Response Coordinator. Trained crisis responders provide the immediate, crisis counseling and support that is essential after a criminal mass casualty event. • The DBHDS Emergency Management team addresses coordination of long-term mental health services beyond a locality's capacity.
XI-6	Training in crisis management is needed at universities and colleges.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • IHEs utilize training from state and national authorities. • DCJS provides training throughout the year on crisis management and response in IHEs.
XI-7	Law enforcement agencies should ensure that they have a victim services section or identified individual trained and skilled to respond directly and immediately to the needs of victims of crime from within the department.	<i>Adopted</i>	<ul style="list-style-type: none"> • DCJS has a victim services team, and VA Code § 23.1-804(A) requires that the DCJS State Crisis Response Coordinator be contacted immediately in an emergency event. • More outreach and training is needed to ensure that law enforcement agencies are aware of the state resources available to them after such an event.
XI-8	It is important that the state's Victims Services Section work to ensure that the injured victims are linked with local victim assistance professionals for ongoing help related to their possible needs.	<i>Adopted</i>	<ul style="list-style-type: none"> • DCJS and the Virginia Victims Fund coordinate efforts for victim services after a criminal mass casualty event. This includes utilizing local victim service resources immediately and for longer-term assistance.
XI-9	Since all crime is local, the response to emergencies caused by crime should start with a local plan that is linked to the wider community. Universities and colleges should work with their	<i>Adopted</i>	<ul style="list-style-type: none"> • VA Code § 23.1-815(C) requires that any campus police force enter into a mutual aid agreement with an adjacent local law-enforcement agency of the Department of State Police.

local government partners to improve plans for mutual aid in all areas of crisis response, including that of victim services.

- Local Victim Witness Assistance Programs should be included in emergency response plans to ensure that victims are receiving access to services and are informed of their rights as a victim of crime.

XI-10	Universities and colleges should create a victim assistance capability either in house or through linkages to county-based professional victim assistance providers for victims of all crime categories. A victim assistance office or designated campus victim advocate will ensure that victims of crime are made aware of their rights as victims and have access to services.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Many IHEs comply with Recommendation XI-10, though not all. • All localities have a Victim Witness Assistance Program that is required to provide victims' rights information and connect victims to resources and services as a part of their grant-funded responsibilities.
XI-11	In order to advance public safety and meet public needs, Virginia's colleges and universities need to work together as a coordinated system of state-supported institutions.	<i>Partially Adopted</i>	<ul style="list-style-type: none"> • Virginia's coordinating agency (SCHEV) regularly convenes IHE presidents, finance officers and others, where discussions of student safety occur.