DRAFT 02/20/2008

The Mental Health Continuum of Care and Related Legal Issues in The State University System of Florida

Report to the Mental Health Issues Subcommittee of the Student Affairs Committee of the Board of Governors

February 26, 2008

EXECUTIVE SUMMARY

Following the tragic Virginia Tech shootings on April 16, 2007, President George W. Bush charged the United States Secretary of the Department of Health and Human Services Mike Leavitt to solicit reports on college campus safety from the governors of all fifty states. On April 30, 2007, the Florida Gubernatorial Task Force for University Campus Safety was established. In May 2007, the State University System (SUS) Board of Governors surveyed public and private institutions across Florida concerning campus safety and security, which contributed to the Gubernatorial Task Force Report Findings and Recommendations. Subsequently, the Florida Board of Governors created the Emergency Preparedness and Campus Safety Task Force and the Mental Health Issues Subcommittee of the Student Affairs Committee of the Board of Governors.

In September 2007, Board of Governors staff sent a follow-up survey to SUS institutions requesting further information. Additionally, an interinstitutional legal work group was established to provide guidelines and best practices for the sharing of mental health information concerning at-risk students. Another work group made up of university student affairs and counseling center personnel was established to address other issues related to the mental health continuum of care on university campuses. This report uses the culmination of information gathered via the surveys and work groups, along with additional research, to provide an overview of some of the current practices of the State University System, promising practices for how higher education institutions can approach mental health issues, and recommendations for consideration by the Mental Health Issues Subcommittee of the Student Affairs Committee of the Board of Governors and individual institutions.

Within the State University System of Florida, there are numerous resources and services to address student mental health issues. These resources are diverse in nature, and vary according to the institution. Institutions were asked to respond to questions regarding their services across the mental health continuum of care, including education, prevention, intervention, treatment, and aftercare. They were asked about (1) the university administrative structure; (2) staffing and resource availability; (3) funding; (4) services/programming; (5) staff roles and training; (6) university policies and procedures; and (7) communication and information sharing.

When placing the SUS within the context of the national approach to student mental health issues, many promising practices have been identified. The evaluation of institutional responses and the assessment of where the System stands have led to several recommendations for further improvements:

- Institutions—individually and as part of the System—should draw on promising practices identified in this and other reports to continue to improve policies, procedures, and services across the mental health continuum of care.

- Institutions and the State University System should seek additional funding for increased levels of staff, as well as increased services and training across the mental health continuum of care (specific recommendations regarding training will come from the Board's on-campus training workgroup). Efforts should be made to identify additional external funding sources and to garner federal grant money aimed at improving mental health services on campus. Institutions and the SUS should seek additional funding from as many sources as possible and not limit funding sources to those listed in the Appendices of this report. The fee cap issue identified in this report as hindering staffing levels must be addressed.

- Each institution in the State University System should examine the structures, responsibilities, policies, and procedures of the management or response team(s) established to review students and incidents that indicate at-risk behavior. A centralized reporting system with a single point of contact to collect and disseminate information, as appropriate, about at-risk students is recommended. In addition to having a multidisciplinary team that focuses on crisis management, institutions should have teams or structures in place (e.g., a behavior consultation and assessment team) to discuss students who are not at the crisis stage.

- Institutions and the State University System should seek guidance from the U.S. Department of Education as to the ability and extent to which an institution may share information from education records with another institution in which the student is currently enrolled. If the U.S. DOE's guidance states that an institution is foreclosed—once a student has become enrolled—from obtaining information from an education record from an institution where the student was previously enrolled, institutions and the SUS should seek an amendment to the Family Education Rights and Privacy Act (FERPA) to allow for the transfer of education records to an institution in which a student has subsequently become enrolled.

- The BOG Student Affairs Committee should consider whether to recommend that Florida FERPA be amended to comport with Federal FERPA, or alternatively, repealed in its entirety to eliminate inconsistent interpretations and applications.

The Mental Health Continuum of Care and Related Legal Issues in the State University System of Florida

TABLE OF CONTENTS

BACKGROUND

On April 16, 2007, a student opened fire on Virginia Tech's campus and killed 32 students and faculty, wounded 17 others, and finally committed suicide. On April 19, Virginia Governor Timothy M. Kaine established the Virginia Tech Review Panel to assess the response to the campus shooting. The Review Panel presented its final report (http://www.governor.virginia.gov/TempContent/techPanelReport.cfm) in August 2007.

In the aftermath of the Virginia Tech tragedy, President George W. Bush enlisted the United States Secretary of the Department of Health and Human Services Mike Leavitt to solicit reports from the governors of all fifty states. These reports were intended to analyze steps taken to improve security on university campuses as well as to assess how universities would respond to a similar crisis.

Following a request from Secretary Leavitt, Florida Governor Charlie Crist established the Gubernatorial Task Force for University Campus Safety on April 30, 2007. To assist with the work of the Gubernatorial Task Force, the State University System Board of Governors in May 2007 surveyed public and private institutions across Florida about campus safety and security.

On May 24, 2007, the Florida Gubernatorial Task Force for University Campus submitted its Report on Findings and Recommendations to Governor Crist (http://www.dcf.state.fl.us/campusSecurity/). The final Report to the President on Issues Raised by the Virginia Tech Tragedy (http://www.hhs.gov/vtreport.html) was submitted on June 13, 2007.

The Florida Gubernatorial Task Force identified actions needed by several organizations including the State University System. The Emergency Preparedness and Campus Safety Task Force of the Board of Governors of the State University System took up those issues on June 14, 2007. During an organizational meeting, Task Force Chair Tico Perez set up three workgroups to address the following areas: (1) technological options, (2) physical security and cooperation with local law enforcement, and (3) on-campus training and ability to spot potential problems early.

In addition, Governor Sheila McDevitt established a fourth group from the Student Affairs Committee to address mental health issues. Governors McDevitt, Arlen Chase, and Ryan Moseley serve on the Mental Health Issues Subcommittee of the Student Affairs Committee of the Board of Governors under the leadership of Governor Stanley Marshall. The following members of the Office of the Board of Governors served as staff on the Subcommittee: (1) Dorothy Minear, Interim Vice Chancellor for Strategic Initiatives; (2) Vikki Shirley, General Counsel; (3) Lynda Page, Associate Director for

Academic and Student Affairs; (4) Justin Low, Hardee Fellow/Research Associate; and (5) Monoka Venters, Hardee Fellow/Research Associate.

Following the recommendation of the Florida Gubernatorial Task Force, General Counsel Vikki Shirley established a legal work group to provide guidelines and best practices for the sharing of mental health information concerning at-risk students. The legal work group consisted of representatives from the State University System institutions, the Community College System, the Association of Independent Colleges and Universities of Florida, the Center for Excellence in Higher Education Law and Policy at Stetson University College of Law, and the Department of Mental Health Law and Policy at the Florida Mental Health Institute. Vice Chancellor Minear established another work group made up of university student affairs and counseling center personnel to address other issues related to the mental health continuum of care on university campuses.

Members of the Mental Health Issues and the Legal Workgroups held meetings via conference call with Board staff during the summer of 2007. In reviewing the situation, Board staff found it useful to organize its efforts around the following issues: (1) prevention, (2) identification of students who pose a risk, (3) implementation of awareness and education programs relating to mental health and campus safety, (4) improvements in information sharing (about students and between/among agencies), (5) the removal of organizational and legal barriers that impede the flow of necessary information, and (6) increased funding for mental health and wellness efforts.

In September 2007, the two workgroups conducted an in-depth survey of the 11 State University System institutions. This follow-up survey did not request information from private schools or community colleges. The survey updated and expanded upon the May 2007 survey by asking questions about the mental health continuum of care. In particular, each respondent was asked to think across the continuum of education, prevention, intervention, treatment, and aftercare when responding to the survey.

In October 2007, some members of the Mental Health Issues and the Legal Work Groups attended a joint meeting in Orlando to discuss challenges and impediments to sharing information concerning students at risk and to discuss the interplay of federal and state laws regarding sharing mental health information. The groups also discussed recommendations that they would provide to the Mental Health Issues Subcommittee of the Student Affairs Committee of the Board of Governors.

This report is a compilation of information from the two surveys as well as recommendations from the Mental Health Issues and Legal Work Groups. This information should not be interpreted as being exhaustive, but as an overview of the current ability of institutions in the State University System of Florida to address mental health issues on campus, with possible direction on how to proceed into the future.

SUMMARY OF RELEVANT FEDERAL AND STATE LAWS

The Gubernatorial Task Force recommended that the State University System establish a legal working group to provide guidelines and best practices for the sharing of mental health information concerning at risk students. As previously stated, the SUS formed the legal work group, and members examined federal and state laws that govern information sharing. Because questions have consistently arisen as to the impact of the Family Education Rights and Privacy Act (commonly known as FERPA) and the Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA), the legal work group sought to provide some clarity as to their applicability at SUS institutions. The following section outlines guidelines for institutions based on the way that FERPA and HIPAA impact sharing of mental health information about students.

The Family Educational Rights and Privacy Act (FERPA) was enacted by Congress in 1974 to protect the privacy interests of students and/or their parents in students' education records. FERPA applies to all public or private educational institutions or agencies that receive funds under a program administered by the U.S. Department of Education. Under FERPA, parents have the right to access and amend their children's education records, and the institution must obtain written consent of the parents prior to the disclosure of these records to other persons, unless the disclosure falls within one of the recognized exceptions under FERPA that allow for disclosure without parental consent. When a student reaches the age of 18 or attends a postsecondary institution, the rights accorded to parents under FERPA are transferred to the student.

Education records are defined as any records, files, documents, and other materials that contain information directly related to a student and are maintained by an educational agency or institution. Education records do not include (1) records of instructional, supervisory, and administrative personnel that are in the sole possession of the maker and that are not accessible or revealed to any other person except a substitute; (2) records maintained by campus law enforcement; (3) employment records of non-student employees; (4) records maintained by a physician, psychiatrist, psychologist, or other professional or paraprofessional relating to the provision of treatment of students who are either 18 years of age or who are attending a postsecondary institution and that are only available to other treatment providers; and (5) directory information.

Numerous exceptions were created under FERPA to allow for disclosure of education records to others without a student or parent's consent. The most relevant exceptions include the release of information to (1) other school officials within the institution who have legitimate educational interests in the information; (2) officials of other institutions in which the student seeks or intends to enroll; (3) appropriate persons in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or others; (4) persons designated in a subpoena issued for law

enforcement purposes; and (5) parents of a dependent student of such parents as defined in section 152 of Title 26.

In addition, institutions may disclose to an alleged victim of any crime of violence or non-forcible sex offense the final results of a disciplinary proceeding conducted by the institution against the alleged perpetrator of the crime, irrespective of whether the institution concluded a violation was committed. In cases where the institution determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and that the student also violated the institution's regulations or policies relating to the crime or offense, the institution may disclose the final results of the disciplinary proceeding to anyone, not just the victim.

In cases where a student has violated a law or an institutional policy governing the use or possession of alcohol or a controlled substance, the institution can disclose this information to the parent or legal guardian of the student, provided the student is under the age of 21. Institutions can also disclose disciplinary records to school officials, both within the institution and in other institutions, who have legitimate educational interests in the behavior of the student if the conduct that gave rise to the disciplinary proceeding posed a significant risk to the safety or well-being of the student or others.

Recently, the U.S. Department of Education issued a series of brochures (http://www.ed.gov/policy/gen/guid/fpco/index.html) providing guidance to colleges, universities, students, and parents regarding disclosure of information under FERPA under certain circumstances such as in a health or safety emergency and the disclosure of information not covered by FERPA such as records created by a law enforcement unit on campus and information known to school officials based on personal knowledge or observation of a student. In the event of an emergency, institutions may disclose education records without student consent to appropriate parties such as law enforcement officials, public health officials, and medical personnel if necessary to protect the health or safety of students or others.

The Department also interprets this exception to allow for disclosure of education records to parents if the health or safety emergency involves their child. However, as noted by the Department, this exception is limited to the period of the emergency and does not permit a blanket release of information from a student's education records. With respect to law enforcement units on campus, investigative and other records created and maintained by these units are not subject to FERPA and can be disclosed to anyone, including outside law enforcement without student consent. The Department recommends that campus law enforcement unit officials be designated in the institution's FERPA notification policy as a "school official" with a "legitimate educational interest" so they can be given access to information from students' education records. However, once provided access to education records, campus law

enforcement officials must protect the privacy of those records and may only disclose the information in compliance with FERPA.

One concern relating to FERPA identified by the Legal Work Group is the limited ability of an institution to share information from education records with another institution in which the student is currently enrolled. FERPA only permits an institution to share information from education records with another institution in which the student "seeks or intends to enroll" or if a disciplinary action was taken against a student for conduct that posed a significant risk to the safety or well-being of the student or others. It is unclear how these two exceptions work together; therefore, as a threshold matter, guidance should be sought from the U.S. Department of Education as to the ability and extent to which an institution may share information from education records with another institution in which the student is currently enrolled. Based upon that guidance, if an institution is foreclosed – once a student has become enrolled - from obtaining information from an education record from an institution where the student was previously enrolled, the Legal Work Group recommends seeking an amendment to FERPA to allow for the transfer of education records to an institution in which a student has subsequently become enrolled.

Florida has enacted its own version of FERPA, section 1002.22, Florida Statutes, which provides the same general rights and protections but differs in some aspects. A primary distinction between the two laws exists with respect to subpoenas. Under federal FERPA, institutions can disclose information pursuant to subpoenas issued for purposes of law enforcement without notifying the student if the court or other issuing agency has determined that the circumstances require the institution *not* to disclose the existence or contents of the subpoena or any information furnished in response to the subpoena to any person.

By contrast, Florida law requires the institution to notify the student of the subpoena in advance of the institution complying with the subpoena and makes no exception for subpoenas issued for purposes of law enforcement. Consequently, when a Florida institution receives a subpoena from a law enforcement agency or state attorney in connection with a criminal investigation, the institution must provide the student with advance notice of the subpoena, which could compromise the integrity of the investigation if the student has access to the records sought in the subpoena.

Because of this and some other discrepancies between the two laws, the Legal Work Group issued the following recommendation relating to FERPA. The Board of Governors Students Affairs Committee should consider whether to recommend that Florida FERPA be repealed given the substantial protections afforded under federal FERPA or that Florida FERPA be amended to make it consistent with its federal counterpart.

In addition to FERPA, other state and federal laws protect student health records. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations adopted by the Department of Health and Human Services require all covered entities – most often health care providers and health plans – to safeguard protected health information (PHI) contained in patient records. Although HIPAA excludes individually identifiable health information in education records covered by FERPA from the definition of PHI, treatment records maintained in a campus health center and used solely for treatment purposes could be subject to the HIPAA privacy regulations if the health center transmits health information in electronic form for purposes of insurance reimbursement. Notwithstanding, HIPAA permits disclosure of PHI where disclosure of the information would prevent or lessen the risk of a serious or imminent threat to the health or safety of a person or the public. Last fall, the U.S. Department of Education announced that it plans to issue further guidance on the interplay between FERPA and HIPAA.

Similar to HIPAA, section 456.057, Florida Statutes, protects the confidentiality of patient records and prohibits disclosure of patient records absent written consent of the patient or the patient's legal representative, except under certain narrow exceptions. For example, section 456.059, Florida Statutes, permits psychiatrists to disclose confidential patient communications to the extent necessary to warn any potential victim or to notify a law enforcement agency when a patient has made an actual threat to harm an identifiable victim or victims. Prior to disclosure, the psychiatrist must have made a clinical judgment that the patient has the apparent capability to commit the act and it is more likely than not that the patient will carry out the threat in the near future.

Likewise, section 490.0147, Florida Statutes, permits a psychologist to disclose confidential information from a patient when there is a clear and immediate probability of physical harm to the patient, other individuals, or to society. Under this exception, the psychologist is permitted to communicate the information to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.

CURRENT PRACTICES IN SUS INSTITUTIONS

I. UNIVERSITY ADMINISTRATIVE STRUCTURES

Mental health services, particularly the provision of counseling services, are set up differently across the State University System (SUS). For the most part, mental health and counseling services at the universities are under the purview of the Division of Student Affairs, with many counseling center directors reporting directly to the Vice President of Student Affairs. At some institutions, particularly the larger ones, there is a reported distinction between mental health counseling services and psychiatric services.

All institutions reported that they have an on-campus facility where students can receive various forms of medical care and assistance. At some institutions, services are centralized in one primary facility. At some of the larger institutions, however, students may be directed to different locations depending on the nature of their need. Counseling services, psychiatric services, and basic health services can be housed in different locations, with cross-referrals made as appropriate. Services are typically located conveniently on campus, except for cases where external specialists are needed or instances on small or branch campuses where resources may not be readily available.

II. STAFFING AND RESOURCE AVAILABILITY

Staffing for psychiatrists, psychologists, and other university/college personnel who provide primary treatment, counseling, and related mental health services to students was reported by the SUS institutions as follows in September 2007:

	Psychiatrists	Psychologists	Social workers	Graduate students (i.e., mental health professionals in training)	Other university/college personnel providing mental health services
FAMU	1	1	0	2	3
FAU	1	4	3	7	0
FGCU	1	3	0	2	4
FIU	2	13	0	6	0
FSU	3.5	8	2.5	4.8	1.5
NCF	1	2	2	3	0
UCF	1	12	1	9	6
UF	4.23	23	1	21	8.95
UNF	.6	1	1	3	5.5
USF	1.3	8	0	3.5	0
UWF	0	4	0	2	1

Notes from the table:

- **FAMU** - The psychiatrist is a consultant, not an FTE. FAMU employs one doctoral-level counselor and three master's-level counselors who have certification or licenses as mental health counselors.
- **FGCU** - Has two part-time psychiatrists, three part-time psychologists, three part-time graduate students, four "other" part-time employees.
- **FIU** – The two psychiatrists work 12 hours per week and comprise 0.3 FTE.
- **UF** – Other mental health counselors - Five FTE; OPS psychological residents/mental health counselors - 5 FTE; ARNP-1 FTE.
- **UNF** – 0.6 FTE psychiatric providers—nurse practitioner and psychiatrist; 5.5 license-eligible or licensed mental health counselors.
- **UWF** - No psychiatrists on staff due to shortage of psychiatrists in the service region. UWF has 2.5 psychologists who provide primary treatment.

In September 2007, universities reported that they employ the following levels of staff and identified the following outstanding needs in their counseling centers:

INSTITUTION	Current student-to-counseling staff ratios	Additional counselors needed to reach the IACS* ratio of 1:1,500 students
FAMU	2,305	1.6
FAU	2,200	3
FGCU	2,333	2.4
FIU	3,234	12
FSU	3,417	15
NCF	784**	0
UCF	3,150	16
UF	1,698	3
UNF	2,462	4
USF	3,500	22
UWF	4,000	4.2

* International Association of Counseling Services.

** The counseling center serves both New College and USF Sarasota/Manatee. Calculating this ratio assumes a 750 unduplicated student headcount for New College and a 3,250 unduplicated student headcount for USF Sarasota/Manatee.

Most of the SUS institutions reported that they have accredited counseling centers, with student-to-staff ratios ranging from 784:1 to 4,000:1. The average reported student-to-staff ratio was 2,644:1.

The International Association of Counseling Services (IACS) has recommended a student-to-staff ratio of no more than 1,500:1. Only New College, with a ratio of 784:1, met the IACS recommendation. To meet the IACS recommendation, each institution would need to hire additional counselors ranging from 1.6 to 22 (excluding New College). The reported average number of additional staff needed was 8.32 (excluding New College).

According to the 2007 National Survey of Counseling Center Directors, the average ratio nationally was 1,969:1. Only New College (784:1) and UF (1,698:1) fell below the national average.

All SUS institutions reported that they can see students immediately (the same day) if the situation is urgent. During the calendar year of 2006, ten universities reported seeing a total of 4,517 urgent cases for an average of 451.7 urgent cases per institution. The University of Florida reported the highest number of urgent cases at 2,216. Omitting the 7 cases for New College, the total was 4,510, and the average number of cases was 501.1.

The waiting period for follow-up appointments after an initial urgent session during peak times (e.g., exam periods) ranged from 1 day to 14 days. One institution representative noted that the challenge in scheduling appointments was finding a time when students who have class and work are available. The same representative noted that the institution was more likely to refer to outside agencies during peak times; however, affordable community resources are limited.

The reported waiting period for non-emergency appointments ranged from 1 day to 42 days; however, most institutions reported that they see students on a non-emergency basis within 7 days. Some institutions reported that they schedule appointments based on whether the situation was deemed low, moderate, or high risk.

Five institutions reported that they have no limit on the number of counseling sessions a student may schedule. Four universities reported that they limit the number of individual counseling sessions a student may schedule. These limits range from a low of 10 sessions per academic year to a high of 12 sessions per semester. Two institutions reported that they operate on a case-by-case basis, evaluating each student once that student approaches a limit of 10 or 12 sessions. At that point, the case is reviewed, with potential for continuation or referral to an external agency.

Almost all of the SUS institutions reported that they have evening or weekend services; however, these services are limited. One representative reported that the university only sees on-going therapy clients after regular business hours. One representative reported that the university only provides crisis telephone consultations on evenings and weekends.

III. FUNDING

The Gubernatorial Task Force recommended that the State University System should determine ways to increase the funding dedicated to campus mental health and wellness needs, including community education. Institutions reported that they fund

their health centers and health personnel through different combinations of educational and general (E & G) funds and student health fees. Some specialty programs and services are also funded through auxiliary funds and external grant money. Many SUS institutions reported that they have applied for and received federal monies to improve mental health services on campus. Examples of grants received are included in the Appendices.

The Gubernatorial Task Force also recommended that the State University System should examine additional funding sources for mental health and safety activities, including modifying state fee caps to fund student counseling and health initiatives and assessing a security/technology fee. Student health fees contribute to counseling and health services at all eleven institutions, but vary in their degree of impact and support. At some institutions, a minimal amount of money from fees is directed to fund counseling and health initiatives, but at most institutions these fees are a driving force that are integral to overall operations. Seven institution representatives reported that they use a combination of health fees and E & G funds to finance staff salaries, whereas three institution representatives reported that they rely primarily on student health fees to fund their staffing needs.

There was an overwhelming recommendation from institution representatives to increase or remove the 40% of tuition aggregate fee cap (5% per year increase) as set out in section 1009.24, Florida Statutes. Representatives reported a general dissatisfaction with having funds tied to this formula, because it has limited resources available to the health centers, particularly to those centers that are more reliant on these fees. The flexibility to administer fees in greater accordance with institutional needs was advocated by most representatives on the work groups.

The Board of Governors staff did an assessment of the fee cap and determined that both restrictions would need to be adjusted upward to ensure sufficient funding to address mental health staffing and resource needs. The Board of Governors is currently looking at options concerning the assessment of a security/technology fee.

IV. SERVICES/PROGRAMMING

Education and Prevention

The Gubernatorial Task Force recommended that our campuses and our communities should focus more attention and resources on preventing mental health issues than simply responding to critical incidents. All university representatives supported an increased emphasis on preventive care, and, even though some institutions identified some outreach programs that they already have in place, general consensus was that more resources are needed in order to develop additional outreach programs. Institutional representatives outlined some minor strategies to advocate for more preventive care, including multidisciplinary behavioral assessment teams and peer

education programs. However, they went on to acknowledge that, without additional resources, responding to the more critical incidents had to remain a high priority. Additional funding would allow institutions to implement cutting-edge approaches such as hiring staff to collaboratively develop campus prevention efforts related to mental health.

The Gubernatorial Task Force specifically recommended that the State University System should undertake a study of the level of student involvement in Florida colleges and universities and provide recommendations to develop supportive campus climates that will result in strong student participation in daily activities and decisions affecting their campus life, particularly safety and security. Most institutions in the SUS reported that they have administered the National Survey of Student Engagement (NSSE). Most institutions indicated that they participate on an annual basis, although a few institutions reported participating more intermittently. Approximately half of the institutions reported having experience administering other surveys, as well, but there appears to be little consistency or duplication in the content of these surveys, and they seem to be more reflective of individual institutional goals and priorities.

Few practical recommendations were provided in response to this particular survey in terms of specific programs designed to enhance student engagement, but this issue has been addressed in more depth by the SUS Access and Diversity Team. (Refer to the 2006 Access and Diversity in Florida Higher Education Report of the Governor's Access and Diversity Commission and the Board of Governors Student Affairs Committee.) However, there appeared to be an underlying theme of changing institutional philosophy regarding student engagement. There was evidence of a heightened urgency and commitment to increase student engagement and active learning on campuses through various initiatives.

The Gubernatorial Task Force recommended that each individual college and university should develop and include an "Introduction to Mental Health" course as part of its undergraduate curriculum as part of its efforts to educate all members of the campus community. Almost all institutions in the SUS reported that they offer some form of course or workshop that can assist students with mental health issues. Some of these sessions were reported as more directly beneficial than others, and nowhere in the SUS are these mandatory. For many institutions, workshops offered through the counseling center and other related units are the primary source of assistance available to students. Institutions with "First-Year Experience"-type courses also cite benefit to the students, although mental health issues are only one component of the overall course. A couple of institutions also have academic courses available to students, with one psychology department offering courses in stress management and personal growth, and one institution offering a lower-division course in personal health.

The Gubernatorial Task Force recommended that individual institutions should encourage and foster the development of organized peer mental health support groups on campus. Most SUS institutions reported that they have organized peer mental health support groups on campus, but these groups cover a wide array of activities and interests. Three of the institutions reported having a chapter of "Active Minds" on campus – a student-run group focusing on mental health awareness, education, and advocacy. Additionally, one representative reported that the university has student organizations which assist in outreach programs, but no official peer support group. Another representative reported that the university is currently recruiting students for a peer support group. Two university representatives reported that they have no such groups.

Intervention

All SUS institutions reported observing an increase in the number of students with "severe psychological problems" in recent years. The survey asked about the number of students who have attempted suicide in the past five years. Institutions presented numbers of suicide attempts ranging from 2 over the past 5 years to 3-11 each academic year. Several institutions reported difficulties in being able to obtain and maintain related accurate data, because not all attempts are reported. Complications with distinguishing suicide attempts from accidental drug overdoses can also be challenging, and many institutions acknowledged that actual attempts may in fact be higher than those reported. The Fall 2006 National College Health Assessment (NCHA) (http://www.acha-ncha.org/index.html) indicated that nationally 1.3% of students reported attempting suicide in the prior academic year.

When asked what institutions could do to better deal with suicide prevention, university representatives most frequently focused on the importance of educating the university community on how to respond, including using early intervention efforts and techniques like suicide prevention training such as Question, Persuade, Refer (QPR) and peer education. Several institution representatives requested funding for adequate clinical staffing. Other suggestions included the following items: (1) education efforts aimed at parents, (2) increased communication with parents of students in distress, (3) legislation to increase community mental health services, (4) a first-year seminar course for students focusing on prevention and education, (5) mandated health insurance that includes mental health coverage, and (6) developing a strategic plan to enhance the overall mental health of the student body.

The Gubernatorial Task Force recommended that each individual college and university should implement programs to prevent underage drinking, substance abuse, suicide, bullying, domestic and dating violence, and other violent or destructive behavior. There is an exhibited presence of such programs within the SUS, as institution representatives identified numerous services and programs to address

such behavior. A variety of approaches, workshops, and online resources are in place at each institution.

Treatment and Aftercare

The survey had a series of questions regarding the identification of students at risk of harming themselves or others. University representatives outlined examples of common barriers to identifying at-risk students, including (1) the stigma associated with mental health issues, (2) insufficient education programs for faculty and staff, and (3) reluctance on the part of faculty or staff to become involved. They reported that some barriers apply to particular institutions, such as the difficulty of getting to know students in a large setting, insufficient mental health personnel to provide adequate levels of training and requisite consultation on a large campus, and the problems associated with being a commuter school. Other barriers mentioned were (1) individuals' desire not to punish a student; (2) the fact that suicidal students often isolate themselves; (3) the difficulty for non-professionals to identify danger signs; (4) the lack of buy-in across university units about spending time learning how to respond to at-risk students; (5) the absence of a specialized team to identify at-risk students; (6) the inability to access past mental health and former school records; and (7) the lack of a central registry to which faculty, staff, administrators, and students can report problematic behaviors.

On the other hand, institution representatives indicated that efforts are being made to address some of these and other potential barriers. For instance, the education programs mentioned previously and the staff training referenced later in this report help increase individuals' ability to identify at-risk behaviors and to encourage students to seek needed assistance through the university health center and/or counseling center. Institution representatives reported that students may self-identify, or they may be referred by other students, faculty, or staff. Referring staff members included university police, residence life staff, members of student affairs, and staff from the office of student rights and responsibilities. One institution reported that it has a University Consultation Team that discusses problematic student behavior. Another institution reported that it has a Student Situation Resolution Team co-chaired by the Associate Dean of the Faculties and the Associate Dean of Students, which performs a similar function. All of the SUS institutions now report having some kind of multidisciplinary management team in place to address concerns about students identified as at risk. However, some institution representatives acknowledged that most of their efforts are still focused on crisis management and that they are working to put more integrated systems in place that focus on prevention and intervention. (Refer to the Section on Communication and Information Sharing Across Intra-Institutional Lines for more details.)

The survey asked how students identified as at risk are evaluated and treated. The institution representatives indicated that at-risk students are referred to the counseling

center or health center. Some institution representatives indicated that a staff member physically escorts the student identified as at risk to the counseling center. Evaluation methods generally consisted of triage, assessment, and consultation. Other methods mentioned included having the student sign a no-harm contract, increasing the number of counseling sessions if the student already is receiving services, and/or using a "Plan for Living" for students who are not in imminent danger.

All institutions reported that they initially attempt to assist the student on campus. However, institutions reported that they will either refer a student for an outside evaluation or initiate hospitalization if the student presents an imminent threat to self or others. The institutions reported that they prefer the voluntary hospitalization process, but they use involuntary hospitalization under the Baker Act if the student is unwilling or unable to consent to hospitalization.

Collaboration With Community-Based Agencies

The Gubernatorial Task Force recommended that each university and college should establish/expand its formal working relationship with local mental health systems and community-based organizations in order to ensure adequate support for and communication about campus mental health issues. Most SUS institutions reported existing working relationships with community agencies, and another one has plans underway to develop such a relationship. These relationships extend across a diversity of services, but focus primarily on follow-up support services for students who have received care on campus but need further treatment. These agreements include a balance of formal and informal relationships.

Referrals for community-based services are generally made by the campus health center or some other university representative. Information regarding community-based services is also made available in many instances on Web sites, and other printed materials and brochures regarding community-based services are available at health centers and counseling centers.

Mutual Aid Agreements

The Gubernatorial Task Force recommended that the State University System, the Division of Community Colleges, and the Association of Independent Colleges and Universities of Florida should examine the feasibility of mutual aid agreements between campuses to provide or augment mental health services. New College indicated that it has agreements in place. The University of Florida also cited a working relationship with Santa Fe Community College.

Outside of those partnerships, however, there appeared to be no other formal agreements in place within the SUS. Representatives expressed confidence that other institutions would offer aid in times of crisis whether formal mutual aid agreements

existed or not, and are willing to explore and consider more official agreements with other institutions and organizations.

According to SUS representatives, the benefits of such agreements include timely service to affected students and a better array of services, resources, and responses. Identified potential problems include the following:

- Liability (for meeting with students who do not attend one's institution);
- Reimbursement for services;
- Caseload management (especially considering that partnering community colleges may have large student populations with few corresponding mental health practitioners); and
- Unpredictable and possibly inequitable distribution of requests for service, which could unfairly impact registered students and unfairly burden already pressed counseling centers.

V. STAFF ROLES AND TRAINING

Staff Roles

The Gubernatorial Task Force recommended that each university or college administration, faculty senate, and student government should promulgate formal statements identifying their appropriate role in campus mental health.
Representatives from one institution reported that their university administration has "affirmed its role in promoting mental health and student safety," and another reported that the university is currently using a statement by the Jed Foundation as a blueprint for its operations. The remaining SUS institutions reported that they have nothing formal in place, although a few stated that they have works-in-progress.

Staff Training

The Board of Governors Task Force Subgroup on Training has been charged with addressing training surrounding mental health issues on campus. However, some relevant information was obtained from the survey and subsequent discussions with members of the Mental Health Issues and Mental Health Legal Workgroups.

All SUS institutions reported that they provide mental health training to their student and professional residential housing staff. Some institutions reported that they only provide training once a year, whereas others reported that they provide training on a more continuous basis. The training generally focuses on "at-risk behaviors" and referral to campus resources. A few institutions include "Behind Closed Doors" training, a form of "hands-on" training that replicates scenarios dealing with issues such as depression/suicidal ideation, roommate conflicts, and disruptive behavior. One institution reported that it uses the suicide prevention training called Question, Persuade, Refer (QPR).

Mental health training for campus law enforcement personnel varied. Some campuses reported that they provide training only on Baker Act Assessment, whereas others reported using Crisis Intervention Training. A few campuses reported sending select law enforcement officers to a 40-hour advanced training in crisis intervention.

Of the institutions involving the police through the Crisis Intervention Team (CIT) Memphis Model, one institution representative reported that the university requires two basic trainings prior to the voluntary CIT training. Two institution representatives reported that they have members of law enforcement on Crisis Incident Response Teams. One institution representative reported that the university has a Crisis Management Unit, which is a collaborative effort between campus police and the psychology department. Two other institution representatives reported that they provide law enforcement officials mental health training during orientation and/or in-service training. Three institution representatives did not indicate whether the university provides any mental health training to campus law enforcement.

Many institutions reported that they offer mental health training to faculty, most often during new faculty orientation. A couple of institutions reported that they provide optional training or events for faculty. Some institutions reported that they include training on mental health issues for teaching assistants.

Mental health training for staff in student affairs also varied greatly. Some institutions reported that they provide specific mental health training through on-going staff development, whereas others reported relying on training provided during staff members' professional preparation.

The survey asked whether other appropriate campus entities receive mental health training. One institution reported that it provides specific training for athletes as well as for academic departments where levels of stress are known to be very high. Another institution reported that it is discussing whether to offer QPR to coaches, athletes, and Greek associations. A few universities reported providing training to victim advocates; one also indicated that it provides training to the Lesbian, Gay, Bisexual, and Transgender Resource Center.

The survey did not address whether legal counsel receive mental health training. All SUS institutions reported that they provide employee assistance programs for tenure-earning faculty and administrative staff. Many institutions reported providing employee assistance programs for adjunct faculty and/or graduate assistants.

The Gubernatorial Task Force recommended that each Florida college and university should develop, promulgate, and market a campus-specific, multi-media awareness training program for faculty, staff, students, and parents. The Task Force indicated that each program should include recognition of early warning signs of emotional

crisis and methods of notification of appropriate campus authorities. Completion of this program should be required for all staff and faculty, including adjunct instructors. The majority of SUS institutions reported that they have not implemented new "campus-specific, multi-media" awareness training programs that extend beyond programs that existed prior to the Virginia Tech incident. Some institution representatives pointed to training that is available through collaboration with other units on campus, such as counseling centers and police departments. Very few of these opportunities seem to be required for faculty and staff at the time the survey was conducted. University representatives cited a need for additional resources to initiate more new programs like those recommended by the Gubernatorial Task Force.

The Gubernatorial Task Force recommended that the State University System, the Division of Community Colleges, and the Association of Independent Colleges and Universities of Florida should jointly develop clearly written desktop/internet reference materials and scenario-based training materials concerning mental health early warning signs and campus intervention and response procedures which can then be tailored by individual institutions for use by their faculty. Institutional representatives acknowledged that this recommendation would be good practice, with some noting the importance of accommodating for differences among institutions and ensuring that these nuances are recognizable when applied to college campuses.

Additionally, the Gubernatorial Task Force recommended that awareness programs and education at individual colleges and universities should target faculty, staff, students, and parents. Recommendations from SUS institutions on specific materials and examples of good training processes/materials that show promise for expansion and/or replication have been included in the Appendices of this report.

VI. COMMUNICATION AND INFORMATION SHARING

Across Intra-Institutional Lines

In terms of providing confidential information to university authorities, all institutions indicated that they keep information confidential unless the student signs a written release or the student presents an imminent threat to self or others. One university representative indicated that the university's release form allows sharing limited information for up to 90 days. The representative went on to say that the student health services center does not release specific medical information; it releases only the following general information: (1) date of visit, (2) a general statement that the student was "treated for illness," and (3) any recommendation for time off from classes or work.

If the student presents an imminent threat to self or others, many institution representatives reported that they notify university police. Most of these institutions indicated that university police provide an incident report to appropriate university officials such as the Office of Vice President of Student Affairs, Office of Student Rights

and Responsibilities, Residence Life, and/or critical response team members. One institution representative stated that the Administrative Medical Withdrawal procedures include notification of select university officials.

The Gubernatorial Task Force recommended that each college and university should develop a multidisciplinary crisis management team, integrating and ensuring communication between the university law enforcement or campus security agency, student affairs, residential housing, counseling center, health center, legal counsel, and any other appropriate campus entities to review individuals and incidents which indicate "at risk" behavior. The team should facilitate the sharing of information, timely and effective intervention, and a coordinated response when required. Eight institutions had crisis management teams in place before the incident at Virginia Tech. Since that time, the remaining three institutions have instituted formal response teams, meaning that an established team is present at each SUS institution. Some institutions, however, indicated that the majority of their efforts are still concentrated on crisis management. It is unclear how these teams handle potential incidents at branch campuses. Post-Virginia Tech, however, there is an acknowledged need to expand on these response teams and to be more multi-disciplinary in approach and more effectively prepared should major crises occur on campus.

Members of the Work Groups discussed various models for health care service units that operate under strict codes of confidentiality. One representative pointed out that, if the three most likely points of contact for at-risk students (counseling services, health services, and services for students with disabilities) report to the same health care administrator, a natural connection can be created. All three of these service areas keep professional confidential records. However, with a single administrative supervisor who ensures the privacy and confidentiality of the services for students, the administrator can also remain aware of specific cases of students who present themselves as at risk. This university representative went on to point out that such an arrangement provides opportunity for coordination of care, but also maintains the opportunity to create awareness and communication if necessary. Such an administrator can also sit on a multidisciplinary behavioral management team and remain informed of other student issues that come up through the housing department or the police department. This type of "management" team for students at risk was cited as a best practice.

Other members of the Work Groups agreed that establishing a centralized reporting system for gathering information about at-risk students has merit. Members expressed concern that having a crisis management team without a centralized reporting system does not ensure that at-risk students come to the attention of the team. If an institution does not have a centralized system, three staff members could report an at-risk student to the counseling center, to the health center, and to the police, respectively. In such a case, six units on campus could be working on a portion of the at-risk student's

problems; however, no unit would have a comprehensive view of the issue. Members felt that establishing a centralized reporting system would help the crisis management team became aware of more facets of the problems of the at-risk student. Members stated that such a central reporting system should be housed in a well-known, highly visible office such as a Dean of Students' office.

Across Inter-Institutional Lines

In general, institution representatives reported that they do not voluntarily share information with other universities, and the few who reported sharing information only do so with signed consent from the student. Institution representatives acknowledged that it would be helpful to receive information on transfer students, but are mindful of the confidentiality issues that abound.

Members of the Work Groups discussed the limited ability of a community college to share information with an institution in the State University System. Members felt that this issue was particularly important, because many community colleges are large feeder schools for SUS universities. The Legal Work Group recommended that guidance on this issue be sought from the U.S. Department of Education. For a full discussion of this issue, refer to page 5.

Across Community Lines

The Gubernatorial Task Force recommended that, within legal guidelines governing health and mental health information, campus mental health centers should develop a protocol for the exchange of information with local mental health providers regarding individuals who might pose a danger to themselves or others. There was an approximate split in the SUS between representatives who reported that their institutions have contracts with off-campus agencies and those who reported that their institutions do not have such contracts. Whether a formal contract exists or not, university representatives reported that they still actively refer students to external agencies when appropriate. When students are referred off campus, whether it is to a contracted agency or not, institution representatives reported that staff typically work to gain releases from students in order to share information with the provider. With at least one institution, once the "transfer" of the student is complete and the individual is no longer an active client of the counseling center, there is no more ongoing communication with the new service provider.

If a student has been voluntarily committed to a hospital for psychiatric treatment as a result of an assessment made by an on-campus mental health professional, information is shared between involved parties if a signed consent is received from the student. Work group members reported that this process can be complicated and ineffective, however, due to the unofficial relationship between universities and hospitals. In most instances, no formal relationship exists between the two, so hospitals do not follow

through on information-sharing with universities, especially given that they sometimes may not even realize that a patient is a college student.

If a student has been involuntarily committed under the Baker Act, information is shared with the hospital through the Baker Act form. The hospital, however, does not share information with the institution unless the student signs a consent form.

Only a couple of institution representatives reported that their universities have a policy in place that requires discharged students to be evaluated before being readmitted to classes. However, representatives from some institutions that do not have such policies expressed interest in instituting such measures.

VII. UNIVERSITY POLICIES AND PROCEDURES

Involuntary medical withdrawal policies

Five institution representatives reported that they have involuntary medical withdrawal policies. At four of these institutions, representatives reported that the policy is very rarely used, if ever at all. A representative from the fifth institution reported that the university has employed the policy for approximately three to five students per year since the policy's inception in 2000.

Emergency Management Plans

The Gubernatorial Task Force recommended that the law enforcement and counseling components of each institution should familiarize themselves with the resources of the Statewide Crisis Response Team and include its activation as part of the institution's emergency management and critical incident plans. As of September 2007, only a few institution representatives reported that they had formal practices in place to familiarize staff with the resources of the Statewide Crisis Response Team, although some institution representatives reported that they are actively working on how best to utilize this resource.

The Gubernatorial Task Force recommended that, as part of its emergency and critical incident planning process, each college and university should develop its plans based on existing State models, including the behavioral health and medical components, and identify resources necessary and available following a critical incident or disaster. For the most part, institutional response teams have outlines in place which are reflective of existing State models.

PROMISING PRACTICES

The Gubernatorial Task Force Report identified a number of efforts currently underway at Florida colleges and universities that are innovative and effective and should be considered "best practices" by other institutions:

- **For intervention in a mental health emergency:** The Florida Crisis Intervention Team Coalition.
- **For student mental health peer support on campus:** The National Active Minds Program (a chapter exists at the Florida Mental Health Institute at the University of South Florida).
- **For student awareness:** The emergency contacts information card provided to each incoming student at the University of Florida.

As the work groups considered the issues raised by the Gubernatorial Task Force, they discussed additional best and promising practices for SUS institutions. The list below highlights some suggested practices for consideration; however, the list is not exhaustive. Institutions should review the list and craft responses that work best for their individual campuses.

I. University Administrative Structures

- Implementation and/or strengthening of multidisciplinary response teams to review individuals and incidents which indicate "at risk" behavior, to intervene in a timely and effective manner, and to respond in a coordinated manner.
- Development of a Behavior Consultation and Assessment Team to meet and talk about students who present issues but are not at the crisis stage.
- Proactive, preventive approaches such as forming a unit designated to provide prevention and health education.

II. Staffing and Resource Availability

- Maintaining adequate staff to meet the International Association of Counseling Services (IACS) guideline of having one professional counseling center staff person for every 1,500 students.

III. Funding

- The National Alliance on Mental Illness (NAMI) issued a policy recommendation shortly after the Virginia Tech tragedy that systems invest adequate resources in mental health services before a crisis occurs.
- NAMI specifically recommended that universities include screening, assessment, and treatment of serious mental illness within health services available to students. The services covered should include treatment, medication, intensive case management, and rehabilitation.

IV. Services/Programming

- Peer training programs such as Active Minds.
- Suicide prevention training such as QPR (Question Persuade, Respond) for faculty, staff, and students.
- Establishing a 24/7 hotline for assistance with mental health issues.
- Provision of Living Learning Communities to develop supportive campus climates.
- Inclusion of a mental health training component in First-Year Experience classes.
- Participation in AlcoholEdu or a similar on-line assessment program to promote healthy choices about alcohol.

V. Staff Roles and Training

- Adoption of a version of the Jed Foundation "Prescription for Prevention: Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities" dealing with mental health early warning signs and campus intervention and response procedures.
- Including Crisis Intervention Training (CIT) for university police departments.

VI. Communication and Information Sharing

- Commitment to the protection of the confidentiality of information shared with mental health professionals. Professionals cannot treat issues if the patient no longer shares concerns. However, confidentiality must give way in situations of imminent danger to self or others.
- Inclusion of a centralized reporting system to ensure that the crisis management team has comprehensive information about at-risk students.
- Provision of updates to faculty, administrators, law enforcement, and other school officials with legitimate educational interests in student education records on the FERPA requirements and disclosure exceptions and provide them with resource information from the U.S. Department of Education available at http://www.ed.gov/policy/gen/guid/fpco/index.html. The Department also provides informal responses to routine questions about FERPA via email at FERPA@ED.Gov.
- Provision of an informational brochure and contact card from the counseling center for students who have been involuntarily committed under the Baker Act, and encouragement (or possibly mandating) that students contact the counseling center when they are released from the community provider.

VII. University Policies and Procedures

- Review of FERPA notification policies to ensure that they are consistent with current FERPA requirements and interpretations by the U.S. Department of Education.
- Maintenance by the Dean of Students of emergency contact information for each student (i.e., the designation by the student of someone who can make medical decisions).
- Mandating a one-time assessment for a student who has been involuntarily committed under the Baker Act, to be done prior to allowing the student to return to class.

RECOMMENDATIONS

- Institutions—individually and as part of the System—should draw on promising practices identified in this and other reports to continue to improve policies, procedures, and services across the mental health continuum of care.

- Institutions and the State University System should seek additional funding for increased levels of staff, as well as increased services and training across the mental health continuum of care (specific recommendations regarding training will come from the on-campus training workgroup). Efforts should be made to identify additional external funding sources and to garner federal grant money aimed at improving mental health services on campus. Institutions and the SUS should seek additional funding from as many sources as possible and not limit funding sources to those listed in the Appendices of this report. The fee cap issue identified in this report as hindering staffing levels must be addressed.

- Each institution in the State University System should examine the structures, responsibilities, policies, and procedures of the management or response team(s) established to review students and incidents that indicate at-risk behavior. A centralized reporting system with a single point of contact to collect and disseminate information, as appropriate, about at-risk students is recommended. In addition to having a multidisciplinary team that focuses on crisis management, institutions should have teams or structures in place (e.g., a behavior consultation and assessment team) to discuss students who are not at the crisis stage.

- Institutions and the State University System should seek guidance from the U.S. Department of Education as to the ability and extent to which an institution may share information from education records with another institution in which the student is currently enrolled. If the U.S. DOE's guidance states that an institution is foreclosed—once a student has become enrolled—from obtaining information from an education record from an institution where the student was previously enrolled, institutions and the SUS should seek an amendment to FERPA to allow for the transfer of education records to an institution in which a student has subsequently become enrolled.

- The BOG Student Affairs Committee should consider whether to recommend that Florida FERPA be amended to comport with Federal FERPA, or alternatively, repealed in its entirety to eliminate inconsistent interpretations and applications.

APPENDIX A
Gubernatorial Task Force on University Campus Security
Higher Education Survey
May 2007
http://www.dcf.state.fl.us/campussecurity/

Governor Charlie Crist signed Executive Order 07-77 on April 30, 2007, creating the Task Force on University Campus Safety and requiring that group to examine and report on a number of specific issues related to campus safety and security. The Task Force has been specifically formed to help improve communication and collaboration between education, mental health, law enforcement, and emergency management agencies. To allow us to comply with these requirements and to adequately assess some of these critical issues, we are asking that you complete and return the attached survey by noon on May 21, 2007.

Section 1 –

Identifying students who pose a risk: Improving information sharing among mental health and health professional and education and law enforcement within the parameters of applicable federal law

1. Do the following campus personnel receive mental health training? Please check, if "yes," and enter a brief description of the type of training they undergo.

Type of personnel	Check if "yes"	Description of training
residential staff		
student affairs		
counselors		
student health staff		
campus law enforcement		
faculty		
other		

2. Does your college or university have an Employee Assistance Program (EAP) for: (Check if "yes")

Tenure-earning faculty	__	Adjunct faculty	__
Administrative staff	__	Graduate assistants	__
Contract workers	__	Consultants	__
Other _____	__		

Is there a documented protocol for referrals to the EAP? (yes/no) If "yes," please describe.

3. Are mental health counselors able to see students immediately (same day) on an urgent/crisis basis? (yes/no)

   If "yes," how many urgent cases were seen in calendar year 2006?

   After an initial urgent/crisis counseling session, what is the average waiting period (# of days) before a student is scheduled for regular counseling sessions during peak usage periods (e.g., final exams)?

   In general, what is the current waiting period (# of days) for non-emergency appointments to your counseling center?

   Do you have a psychiatrist on staff or readily available? (yes/no)

   How many of each of the following university/college personnel provide primary treatment, counseling, and related mental health services to students?
   Psychiatrists _____
   Psychologists _____
   Social workers _____
   Graduate students (i.e., mental health professionals in training) _____
   Dean of students staff _____
   Other (please specify _____) _____

   Is your counseling center accredited? (yes/no)

   What is your current counseling staff to student ratio?

   How many additional counselors would you need to reach the maximum IACS ratio of 1:1,500 students?

   Do you provide mental health services to students outside of regular weekday business hours – i.e., evenings and weekends? (yes/no) If "yes," are those services on-campus or off-campus (i.e., community-based)? (campus/community)

   Does the university/college provide follow-up services to students outside of scheduled counseling services? (yes/no) If "yes," what office provides these services? (counseling center/health center/dean of students/other)? (all that apply)

4. Has your university/college seen an increase in students with severe psychological problems in recent years? (yes/no)

   How many students have reportedly attempted suicide in each of the last 5 years?

   What services can be better provided to deal with suicide prevention?

5. Do the following centers/offices use a standardized evidenced based mental health assessment tool?

Center/Office	Check if "yes"	Describe instrument
Student health center		
Counseling center		
Other facility where trained professionals assess risk evidenced based mental		

6. Once a student is identified as a risk by the student health or counseling center, what is the mechanism to assess level of risk and urgency for referral to expert mental health professionals? What are the protocols for referrals?

7. Once an assessment is completed, is there a documented protocol for providing confidential privileged information to university/college authorities? (yes/no)
   If "yes," to which university/college authorities?

8. Does your university/college financially support peer-to-peer student support organizations, such as *Active Minds,* dedicated to the mental health of college students? (yes/no)
   If "yes," what organizations are supported?

9. Does your campus security/law enforcement entity have mental health awareness training such as the Crisis Intervention Team (CIT) Memphis Model? (yes/no)
   If "yes," what training is utilized?

10. Are there federal laws (such as HIPAA or FERPA), rules, policies, or other restrictions that adversely affect your ability to share information? (yes/no)
    If "yes," please briefly describe how you are restricted.
    Laws _____
    Rules _____
    Policies _____
    Other _____

    Should one or more of them be changed? (yes/no) If "yes," please describe in detail what should be changed and how

11. Are there state laws, rules, policies, or other restrictions that adversely affect your ability to share information? (yes/no)
    If "yes," please briefly describe them.

Laws _____
Rules _____
Policies _____
Other _____

Should one or more of them be changed? (yes/no) If "yes," please describe in detail what should be changed and how?

12. How does your university/college identify which students are at-risk of harming themselves or others?

    What are the barriers to identifying at-risk students?

13. Do you currently have in place a multidisciplinary team to discuss troubled students and craft a coordinated response? (yes/no)

14. Higher education institutions have been sued for expelling students who said they were suicidal and also sued for not preventing suicides. What actions can be taken to assist universities and colleges negotiate a myriad of laws protecting privacy, disability and various civil rights?

Section 2 – Identifying methods of notification during emergency situations on school campuses

1. What are the primary means of notification in an emergency situation? (check all that apply)
   Reverse 911 __ Text messaging __ Loud speaker system __ Word of mouth __
   Other (specify: _____) __

   Do the methods differ depending on whether it's for students, faculty, or staff? (yes/no) If "yes," please explain.

2. What are the back-up means of notification in an emergency situation? (check all that apply)
   Reverse 911 __ Text messaging __ Loud speaker system __ Word of mouth __
   Other (specify: _____) __

   Do the methods differ depending on whether it's for students, faculty, or staff? (yes/no) If "yes," please explain.

3. Have you used these systems in an actual emergency or exercise? (yes/no)

If "yes," which ones? (check all that apply)
Reverse 911 __ Text messaging __ Loud speaker system __ Word of mouth __
Other (specify: _____) __
If "yes," what were the lessons learned?

Section 3 –
Identifying strategies for improving cross-agency communication

1. What organizations outside your institution have you included in your communications plan?

Organization	Communicated with this organization during an emergency situation or exercise (yes/no)	Lessons learned

2. What strategies currently exist to improve communications between on- and off-campus agencies?

3. How can the federal government assist you in improving communications between agencies?

4. How can the state assist you in improving communications between agencies?

Section 4 –
Identifying necessary improvements for training of law enforcement officials and first responders to crisis situations

1. What type of training is currently provided to university/college law enforcement personnel beyond their required state certification and required mandatory retraining?

2. What improvements in law enforcement and first responder training would assist your institution in an emergency situation?

3. How can the federal government assist you in improving law enforcement and first responder training for a campus emergency?

4. How can the state assist you in improving law enforcement and first responder training for a campus emergency?

Section 5 –
General emergency response preparation of each of Florida's institutions of higher education

1. Does your institution have a full-time EM officer? (yes/no)
   Are other staff dedicated to this issue? (yes/no) If "yes," please list.

2. Does your institution participate in an emergency management task force or workgroup? (yes/no)
   If "yes," which one?

3. How many meetings have representatives of your institution attended in the last year?

4. a. Do representatives of your institution participate in any regional or statewide emergency management task forces or work groups? (yes/no)

   If "yes," which ones, and how many meetings have they attended in the last year?

   Task force name: Meetings attended
   _____ _____
   _____ _____
   _____ _____

   b. Specifically, has your agency participated in the Regional Domestic Security Task Force? (yes/no)
   If not, what has prevented your participation?

5. Does your institution have an emergency management task force or workgroup on your campus? (yes/no)
   How regularly does it meet? (# meetings per year)

6a. Does your institution have an emergency management plan for your university/college? (yes/no)
   If "yes," what emergency situations does your institution's plan address?

   b. Is your plan National Incident Management System (NIMS) compliant? (yes/no)

7. Has National Incident Management System (NIMS) training been provided to:
   University/college law enforcement/campus security (yes/no)
   University/college Administrators (identify) _____(yes/no)

Other university/college staff (identify) _____(yes/no)

8. Has your institution completed risk assessments for the university/college? (yes/no)
   If "yes," what risk mitigation plans have your institution completed?
   What other assessments are planned for the future?

9. List all emergency management exercises your university/college has conducted or participated in on your campus during the last year.

10. What community or state emergency management exercises have leaders from your institution participated in during the last year?

11. Are there areas of federal law or policy which may be enhanced or improved to facilitate your response to students in crisis?

    In what other ways can the federal government assist in enhancing safety/security on campus?

    In what areas could the federal government provide additional funding?

12. Are there areas of state law or policy which may be enhanced or improved to facilitate your response to students in crisis?

    In what other ways can the state government assist in enhancing safety/security on campus?

    In what areas could the state government provide additional funding?

13. Are the following involved in you emergency planning process? How?

Individuals/Offices	**Check if "yes"**	**Describe extent of involvement**
Administrators		
Community law enforcement personnel		
Counseling/ mental health staff		
Residence hall staff		
Faculty		
Other: _____		

Section 6 –
What other information do you want to share with the task force?

Identifying students who pose a risk

_____

Identifying methods of notification

_____

Identifying strategies for improving cross-agency communications

_____

Identifying necessary improvements for training law enforcement and first responders

_____

General emergency response preparation

_____

APPENDIX B
Follow-Up Questions Regarding the Mental Health Continuum of Care at Each Institution in the State University System of Florida
September 2007

I. University Administrative Structure

A. Mental health services, particularly the provision of counseling services, are set up differently across the system.
   1. Please indicate the organizational structure for mental health services on your campus.
   2. Where are students directed for various forms of care/services at the university?

B. The Mental Health Continuum of Care.
   1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding university administrative structure?

II. Staffing

A. In the initial survey conducted for the Gubernatorial Task Force, universities were asked whether they had a psychiatrist on staff or readily available.

B. Additionally, institutions were asked how many of each of the following university/college personnel provide primary treatment, counseling, and related mental health services to students, with the following responses:

	Psychiatrists	Psychologists	Social workers	Graduate students (i.e., mental health professionals in training)	Dean of students staff	Other
FAMU	1	1	0	2	0	3
FAU	1	4	3	7	0	0
FGCU	1	3	0	2	0	4
FIU	2	13		6		
FSU	3.7	8	3.5	4.5	0	2
NCF	1	2	2	3	0	0
UCF	1	11	1	6	0	6
UF	4.8	21.5	1	5	9	11*
UNF	1	5.5	1	3.5	0	
USF	1.3	8		3.5		
UWF	0	4	0	2	0	1

* mental health counselors - 5 FTE; OPS psychological residents/mental health counselors - 5 FTE; ARNP-1 FTE

   1. Please review the data, and provide updates for the 2007-08 year.

C. In responses to the initial survey conducted for the Gubernatorial Task Force, institutions indicated that their current counseling staff-to-student ratios were as follows:

FAMU - 3,000
FAU – 2,200
FGCU - 2,640
FIU - 3,234
FSU - 3,478
NCF – 784**
UCF - 3,200
UF - 1,639
UNF - 2,462
USF - NA
UWF - 2,200

** The counseling center serves both New College and USF Sarasota/Manatee. Calculating this ratio assumes a 750 unduplicated student headcount for New College and a 3,250 unduplicated student headcount for USF Sarasota/Manatee.

1. Please review the data, and provide updates for the 2007-08 year.
2. Are the data listed below regarding how many additional counselors you would need to reach the IACS ratio of 1:1,500 students still correct?

FAMU - 3
FAU - 3
FGCU - 2.25
FIU - 12
FSU - 14
NCF - 0
UCF - 17
UF - 3.5
UNF - 4
USF - 22
UWF - 2

D. The Mental Health Continuum of Care.
   1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding staffing?

III. Staff Training and Roles

A. The Gubernatorial Task Force recommended that each university or college administration, faculty senate, and student government should promulgate formal statements identifying their appropriate role in campus mental health.
   1. Have the university administration, faculty senate, and/or student government promulgated formal statements identifying their appropriate role in campus mental health?

B. The Gubernatorial Task Force recommended that the State University System, the Division of Community Colleges, and the Association of Independent Colleges and Universities of Florida should jointly develop clearly written desktop/internet reference materials and scenario-based training materials concerning mental health early warning signs and campus intervention and response procedures which can then be tailored by individual institutions for use by their faculty.
    1. Do you believe this approach would provide a good means for gaining efficiencies and sharing best/promising practices?
    2. If so, do you have particular materials you would recommend for inclusion?
    3. Please share other examples of very good training processes/materials that show promise for expansion and/or replication.

C. The Gubernatorial Task Force recommended that awareness programs and education at individual colleges and universities should target faculty, staff, students, and parents.
    1. Again, good examples of best/promising practices appreciated.
    2. Does the university have students sign "in case of emergency, contact" releases?

D. The Gubernatorial Task Force recommended that each Florida college and university should develop, promulgate, and market a campus-specific, multi-media awareness training program for faculty, staff, students, and parents. The Task Force indicated that each program should include recognition of early warning signs of emotional crisis and methods of notification of appropriate campus authorities. Completion of this program should be required for all staff and faculty, including adjunct instructors.
    1. Has the university implemented any changes in required training since the Virginia Teach incident?

E. The Mental Health Continuum of Care.
    1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding staff training and roles?

IV. Funding

A. The Gubernatorial Task Force recommended that the State University System should determine ways to increase the funding dedicated to campus mental health and wellness needs, including community education.
    1. How does the university currently fund psychiatrists, psychologists, mental heal counselors, and other mental health personnel?
    2. How does the university currently fund mental health and wellness education and prevention programs?
    3. Has your institution applied for/received any federal or state monies to improve mental health services on campus?

B. The Gubernatorial Task Force recommended that the State University System should examine additional funding sources for mental health and safety activities, including modifying state fee caps to fund student counseling and health initiatives and assessing a security/technology fee.
    1. How do fees currently support student counseling and health initiatives at the university?
    2. Please indicated the funding sources for the positions referenced in Section II (fees, E&G, other).
    3. What recommendations do you have regarding the modification of state fee caps and or targeted E&G funds to provide greater support along the mental health continuum?
C. The Mental Health Continuum of Care.
    1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding funding?

V. Services/Programming

A. The Gubernatorial Task Force recommended that the State University System, the Division of Community Colleges, and the Association of Independent Colleges and Universities of Florida should examine the feasibility of mutual aid agreements between campuses to provide or augment mental health services.
    1. Does the university have in place any such mutual aid agreements? If so, with whom? What do they cover? Would the university consider any?
    2. What benefits or problems do you foresee with the establishment of such agreements?
B. The Gubernatorial Task Force recommended that each university and college should establish/expand its formal working relationship with local mental health systems and community-based organizations in order to ensure adequate support for and communication about campus mental health issues.
    1. Any formal working relationship with local mental health systems and community-based organizations in order to ensure adequate support for and communication about campus mental health issues?
    2. How do you make students aware of community-based services?
C. The Gubernatorial Task Force recommended that the State University System should undertake a study of the level of student involvement in Florida colleges and universities and provide recommendations to develop supportive campus climates that will result in strong student participation in daily activities and decisions affecting their campus life, particularly safety and security.
    1. What actions has the university taken in this arena? Does the university administer the National Survey of Student Engagement on a regular basis? Other student engagement or campus climate surveys?

2. If so, what were some of the most pertinent recommendations for developing supportive campus climates?

D. The Gubernatorial Task Force recommended that our campuses and our communities should focus more attention and resources on preventing mental health issues than simply responding to critical incidents.
   1. Please provide any additional recommendations for ensuring such a focus.

E. The Gubernatorial Task Force recommended that each individual college and university should develop and include an "Introduction to Mental Health" course as part of its undergraduate curriculum as part of its efforts to educate all members of the campus community.
   1. Does the university offer such a course, portion of a course, or extracurricular workshops? If so, please specify.

F. The Gubernatorial Task Force recommended that each individual college and university should implement programs to prevent underage drinking, substance abuse, suicide, bullying, domestic and dating violence, and other violent or destructive behavior.
   1. Please provide a brief overview of such programs. Note any particular best/promising practices for replication or scaling up around the System. Do you have any recommendations for how to gain efficiencies across the System in this arena?

G. The Gubernatorial Task Force recommended that individual institutions should encourage and foster the development of organized peer mental health support groups on campus.
   1. Do you have organized peer mental health support groups on campus?

H. Several other questions have been raised by workgroup members about services and programming:
   1. Is there a limit to how many counseling sessions a student may schedule at the university?

I. The Mental Health Continuum of Care.
   1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding services and programming?

VI. Communication and Information Sharing

A. Communication and information sharing across intra-institutional lines (meaning within each institution among counseling centers, student affairs, health centers, residential housing, and campus law enforcement). The Gubernatorial Task Force recommended that each college and university should develop a multidisciplinary crisis management team, integrating and ensuring communication between the university law enforcement or campus security agency, student affairs, residential housing, counseling center, health center, legal counsel, and any other appropriate campus entities to review

individuals and incidents which indicate "at risk" behavior. The team should facilitate the sharing of information, timely and effective intervention, and a coordinated response when required.

1. Did the university have a crisis management/response team in place before the incident at Virginia Tech? If so, has that team changed within recent months? If not, is the institution planning to put a team in place?

B. Communication and information sharing across inter-institutional lines (meaning between public and private universities and community colleges with respect to transferring students).

1. What information, if any, do you provide to other educational institutions concerning students with a known history of mental health treatment who seek to transfer to another institution? What information would be helpful to receive from another institution concerning students who seek to transfer to your university/college and who have a known history of mental health treatment?

C. Communication and information sharing across community lines (meaning with local mental health professionals, hospitals and local law enforcement). The Gubernatorial Task Force recommended that, within legal guidelines governing health and mental health information, campus mental health centers should develop a protocol for the exchange of information with local mental health providers regarding individuals who might pose a danger to themselves or others.

1. Do you have contracts with off-campus mental health professionals for the provision of mental health services to your students? If so, do the contracts allow for the sharing of information concerning the student between the university/college and the off-campus mental health professionals?
2. If a student has been voluntarily or involuntarily committed to a hospital for psychiatric treatment as a result of an assessment made by an on-campus mental health professional, is there a process for the sharing of information between the on-campus mental health professional and the treating physician in charge of the student's care at the hospital? When a student is discharged from the hospital following a referral from the university/college, is there a process that the student must follow in order to be readmitted to classes and, if so, please describe the process and any safeguards to ensure compliance?

D. The Mental Health Continuum of Care.

1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding communication and information sharing?

VII. University Policies and Procedures

A. Involuntary medical withdrawal policies.

1. Do you have an involuntary medical withdrawal policy at your university/college and, if so, what triggers the application of such a policy and how does the process work? Also, how frequently has the policy been employed over the last five years?

B. The Gubernatorial Task Force recommended that the law enforcement and counseling components of each institution should familiarize themselves with the resources of the Statewide Crisis Response Team and include its activation as part of the institution's emergency management and critical incident plans.
   1. Have staff members at the university done so? Additional comments?

C. The Gubernatorial Task Force recommended that, as part of its emergency and critical incident planning process, each college and university should develop its plans based on existing State models, including the behavioral health and medical components, and identify resources necessary and available following a critical incident or disaster.
   1. Has the university done so? Additional comments?

D. The Mental Health Continuum of Care.
   1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding university policies and procedures?

VIII. Legal Considerations

A. Florida and Federal FERPA.
   1. Should Florida and Federal FERPA be amended to allow for the sharing of student mental health information with a parent, irrespective of whether the student is claimed as a dependent by the parent under the IRS Code, in the event a mental health professional certifies in writing that the student poses a significant risk of harm to himself/herself or others and that sharing such information with the parent may protect the student or others?

B. Legal barriers to the sharing of information.
   1. Please identify any perceived barriers to the sharing of information THAT HAVE NOT ALREADY BEEN MENTIONED:
      a) Across Intra-institutional lines;
      b) Across Inter-institutional lines; and
      c) Across Community lines.

C. The Mental Health Continuum of Care.
   1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional information do we need to consider regarding legal issues?

IX. Service Gaps

A. The Mental Health Continuum of Care.

1. As you think across the continuum of education, prevention, intervention, treatment, and aftercare, what additional gaps can you identify that we need to address?

X. Other

A. The Mental Health Continuum of Care.

1. Please provide any other insights or information that you think will help us in this process.

APPENDIX C
Additional Research on Practices at Several Institutions Outside of Florida

At the request of Governor Marshall, Board staff members conducted research on practices at several institutions outside of Florida. Below is a sampling of the results:

The University of North Carolina at Chapel Hill

- Has an Emergency Evaluation and Action Committee. Permanent members of the Committee include the Vice Chancellor for Student Affairs, the Director of Counseling and Psychological Services, and a faculty member from the Committee on Student Conduct. Members appointed in particular cases include the Director of Admissions, the Dean of the General College, the Dean of the College of Arts and Sciences, the Dean of the Graduate School, the Director of the Division of Continuing Education, the Director of the Summer School and the Director of Housing and Residential Education. NOTE: This committee does not include representatives from the University Police or the Office of Disabilities.

  The Emergency Evaluation and Action Committee process is designed to assist with students whose behavior, on or off campus, is such that the student's presence in the University in the judgment of the Committee poses a danger to himself/herself or poses a serious threat of disruption of the academic process or a continuing danger to other members of the University community or University property. http://deanofstudents.unc.edu/policies/sub.policies.emergency.html.

- Has an Emergency Warning Committee to handle crimes of violence on campus. This Committee is made up of the Vice Chancellor and General Counsel, the Vice Chancellor for Student Affairs, the Vice Chancellor for Finance and Administration, the Associate Vice Chancellor for University Relations, the Associate Vice Chancellor for Human Resources, the Associate Vice Chancellor for Auxiliary Services, the Director of Public Safety, the Associate Vice Chancellor for Facilities Services, the Director of News Services, the Special Assistant to the Chancellor, the Executive Director for Academic Technology and Networks and the Dean of Students.
  http://main.psafety.unc.edu/securitypolicies/emergency_warning_committee.htm.

- Has a peer counseling program called the S.U.P.E.R. (Students Understanding and Promoting Emotional Resilience) Peer Education Program. Peer Educators present workshops and interactive presentations related to mental health wellness including topics such as stress management and recognizing depression and anxiety. http://campushealth.unc.edu/index.php?option=com_content&task=view&id=682&Itemid=171.

- Uses the SIREN model for suicide prevention. SIREN involves the following steps: (1) See: Observe warning signs, (2) Inquire: Ask for more information, (3) Reflect: Demonstrate understanding, (4) Encourage: Instill hope and help-seeking, and (5) Network: Refer and connect student with resources.

- The UNC - Chapel Hill Web site connects visitors to the Jed Foundation from its suicide awareness and prevention Web page: http://campushealth.unc.edu/index.php?option=com_content&task=view&id=521&Itemid=65.

- Offers a First-Year Experience course called Drug Addiction: Fact and Fiction. The course focuses on questions such as "What are the beneficial and harmful psychological and physiological effects of marijuana (THC), heroin, cocaine, nicotine, alcohol, LSD, magic mushrooms (psilocybin), and ecstasy (MDMA)?" http://www.unc.edu/fys/Spring2008Courses.pdf.

The University of Texas at Austin

- Has a Crisis Intervention Response Team made up of representatives from the Office of the Vice President for Student Affairs, Office of the Dean of Students, Division of Housing and Food Service, Office of the President, Counseling and Mental Health Center, University Health Services, International Office, Office of Public Affairs, and University Police Department. This team responds primarily to critical incidents such as "interpersonal violence/sexual assault, student death, residential displacement, situations involving students studying abroad, and violent crimes." http://deanofstudents.utexas.edu/emergency/students.php.

- Has a Behavior Assessment Team: http://deanofstudents.utexas.edu/doscentral/staff.php.

The Massachusetts Institute of Technology

- Has requirements in place before a student can re-enter after a psychiatric hospitalization. The following Web page contains information about psychiatric hospitalization: http://web.mit.edu/medical/student/mh/hospitalization.html. The Web page includes the following sentence, "Leaving the hospital earlier than the staff recommends does not mean that you may immediately return to school. That is a separate decision that is made after conversations with the hospital staff, student support services, and MIT Mental Health."

- Offered a Question, Persuade, Refer (QPR) training in November 2007. http://web.mit.edu/medlinks/www/members/F07ConEd.pdf.

APPENDIX D
Additional Web Resources

Related Reports and Resources:

- Florida Gubernatorial Task Force for University Campus Safety: Report on Findings and Recommendations
  http://www.dcf.state.fl.us/campusSecurity/docs/finalReport052407.pdf

- Wisconsin Governor's Task Force on Campus Safety: Final report
  ftp://doaftp04.doa.state.wi.us/doadocs/governorstaskforcecampussafetyfinalreport.pdf

- American Association of State Colleges and Universities – "Expecting the Unexpected: Lessons from the Virginia Tech Tragedy"
  http://www.aascu.org/pdf/07_expectingunexpected.pdf

- American Association of State Colleges and Universities – "Balancing Student Privacy, Campus Security, and Public Safety: Issues for Campus Leaders"
  http://www.aascu.org/media/pdf/08_perspectives.pdf

- Virginia Tech Review Panel: Report of the Review Panel
  http://www.governor.virginia.gov/TempContent/techPanelReport.cfm

- American College Health Association – National College Health Assessment
  http://www.acha-ncha.org/index.html

- Association of American Universities – Survey on Safety on AAU Campuses after the Virginia Tech Shootings (Only available with AAU membership)

Examples of good training processes and materials that show promise for expansion and/or replication:

- Empirically Supported Program to Prevent Suicide among a College Population (Paul Joffee, Counseling Center, U. of Illinois, Urbana-Champaign)
  http://www.jedfoundation.org/articles/joffeuniversityofillinoisprogram.pdf

- Binghamton University
  "Responding to Disturbing Content in Students' Work" (under 'Faculty Guide')
  http://counseling.binghamton.edu

- "Tips on managing emotional discussions" Web page:
  http://www.hws.edu/studentlife/counseling_manage.aspx

Examples of promising practices of awareness programs that target faculty, staff, students, and parents:

- www.ulifeline.org
- www.halfofus.com
- http://health.discovery.com/centers/mental/mental.html
- http://www.apahelpcenter.org/ (Mind-body stress interactive)
- http://www.trevorvanmeter.com/flyguy/ (Stress relief)
- http://www.alcoholscreening.org/index.asp (Alcohol screening)
- http://www.campusblues.com/ (Mental health interactives)
- http://www.sa.ua.edu/Counseling/RelationshipSurveys.htm (relationships)
- http://www.bazelon.org/issues/education/StudentsandMentalHealth.htm (Judge David L. Bazelon Center for Mental Health Law)
- Adelphi University
  http://students.adelphi.edu/sa/scc/fac_guide/
- Arizona State University - Tempe
  http://www.asu.edu/studentaffairs/counseling/InformationFor/index.html
- Cal Poly Pomona
  http://dsa.csupomona.edu/caps/FacultyStaffResources.asp
- Cal State Long Beach
  http://www.csulb.edu/divisions/students2/caps/facultyguide.htm
- Eckerd College
  http://www.eckerd.edu/counselinghealth/counseling/facguide.php
- Lawrence University
  http://www.lawrence.edu/dept/student_dean/counseling/forfaculty.shtml
- University of LaVerne
  http://www.ulv.edu/psychology/counselingcenter/resources_faculty.phtml
- University of North Carolina - Asheville
  http://www.unca.edu/counselcenter/Pages/REFERAL%20GUIDE%20for%20faculty%20use%202006.pdf
- University of Utah
  http://www.sa.utah.edu/counsel/forfaculty.html

APPENDIX E
Grants Received Throughout the SUS

The Gubernatorial Task Force recommended that the State University System should determine ways to increase the funding dedicated to campus mental health and wellness needs, including community education. Many SUS institutions reported that they have applied for and received federal monies to improve mental health services on campus. Examples of grants received included:

- FAMU representatives reported receiving a mini-grant to address suicide from the Substance Abuse and Mental Health Services Administration via the Historically Black Colleges and Universities National Resource Center.

- FGCU representatives reported receiving a federal suicide grant that provided funding for two years.

- UCF representatives reported obtaining grants related to alcohol use. Institution representatives reported that they are currently considering applying for a Garrett Lee Smith Act federal grant for suicide prevention.

- UNF representatives reported receiving a Choice Grant for alcohol/drug abuse prevention and education.

- USF representatives reported receiving a two-year federal grant in 1990 to establish the Center for Addiction and Substance Abuse and a follow-up federal grant to establish a consortium of substance treatment programs on local college and university campuses (in Hillsborough, Manatee, Pinellas, and Polk counties).

- UWF representatives reported receiving NCAA CHOICES grant for substance abuse prevention.

APPENDIX F
Members of the Mental Health Issues and Legal Issues Workgroups

Mental Health Issues Workgroup
University Contacts

University of Florida:	Dr. Jacqueline Resnick, Director of the Counseling Center
Florida State University:	Dr. Mary Coburn, Vice President for Student Affairs SUS Student Health Insurance Task Force Liaison: Ms. Leslie Sacher, Director of Thagard Student Health Center
Florida A&M University:	Dr. Yolanda Bogan, Director of Counseling Services
University of South Florida:	Dr. Jennifer Meningall, Vice President for Student Affairs Dr. Tracy Tyree, Associate Vice President for Student Affairs Dr. Bill Anton, Director of Counseling Center
Florida Atlantic University:	Dr. Charles Brown, Vice President for Student Affairs Cathie Wallace, Director, Health Administration
University of West Florida:	Dr. Deborah Ford, Vice President for Student Affairs Dr. Lusharon Wiley, Associate Dean of Students Vannee Cao-Nguyen, Assistant Director of the Student Disability Resource Center
University of Central Florida:	Dr. Maribeth Ehasz, Vice President for Student Affairs Dr. David Wallace, Director of Counseling Center Dr. Vivian Yamada, Associate Director for Clinical Services

Florida International University:	Dr. Rosa Jones, Vice President for Student Affairs Dr. Cheryl Nowell, Director, Counseling and Psychological Services Center
University of North Florida:	Dr. Terry Dinuzzo, Director University Counseling Center
Florida Gulf Coast University:	Dr. James Rollo, Vice President for Student Affairs Dr. Jon Brunner, Director of Counseling and Health Services
New College of Florida:	Dr. Wendy Bashant, Dean of Students
Abrams, Fensterman, Fensterman, Eisman, Greenberg, Formato & Einiger, LLP	Carolyn R. Wolf, Esq.
Rollins College:	Dr. Mark Freeman
Board of Governors Staff:	Dr. Dorothy J. Minear Ms. Vikki Shirley Ms. Lynda Page Mr. Justin Low Ms. Monoka Venters

Mental Health Legal Workgroup Contacts

Vikki Shirley
General Counsel
Board of Governors
State University System of Florida

Darby Dickerson
Vice President and Dean
Professor of Law
Stetson University
College of Law

Linda C. Schmidt
Associate General Counsel
Florida State University

Dr. Mark Freeman
Director of Personal Counseling
Rollins College

Jamie Lewis Keith
Vice President and General Counsel
University of Florida

Bill Mullowney
Vice President-Policy
General Counsel, DTC
Valencia Community College

John Petrila, J.D., L.L.M.
Professor
Dept. of Mental Health Law & Policy
Louis de la Parte FL Mental Health Institute
University of South Florida

Carolyn R. Wolf, Esq..
Partner
Abrams, Fensterman, Fensterman, Eisman, Greenberg, Formato & Einiger, LLP

Dr. William D. Anton
Director of the Counseling Center
University of South Florida