

WEST VIRGINIA LEGISLATURE

2022 REGULAR SESSION

Introduced

House Bill 4678

BY DELEGATES SKAFF, HANSHAW (MR. SPEAKER), DEAN

AND BATES

[Introduced February 15, 2022; Referred to the
Committee on Education then Finance]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
2 designated §18B-21-1, §18B-21-2, §18B-21-3, §18B-21-4, §18B-21-5, §18B-21-6, §18B-
3 21-7, §18B-21-8, §18B-21-9, and §18B-21-10, all relating to improving the mental health
4 of higher education students; providing legislative findings; defining terms; developing the
5 necessary training, peer support and local assistance collaboration within colleges and
6 universities; directing the West Virginia Higher Education Policy Commission and the
7 Community and Technical College System of West Virginia to collaborate in establishing
8 resources with the responsibility of collecting, analyzing, and disseminating data related
9 to mental health in higher education; and providing funding recommendations.

Be it enacted by the Legislature of West Virginia:

ARTICLE 21. WEST VIRGINIA RESILIENCE ACT.

§18B-21-1. Short title and intent.

1 This article shall be known and may be cited as “The West Virginia Resilience Act”. This
2 Act is intended to address gaps in mental health services on college campuses across West
3 Virginia, including both two-year and four-year institutions, through training, peer support, and
4 community-campus partnerships.

§18B-21-2. Legislative findings and purpose.

1 The Legislature finds:

2 (1) That student mental health in higher education is an increasing concern and the
3 COVID-19 pandemic situation has brought this vulnerable population into renewed focus due to
4 its additional negative impacts on higher education, including burnout, lack of motivation and
5 concentration, social anxiety, general anxiety, stress, loss of sleep, eating disorders, and
6 depression. There is an urgent need to develop interventions and preventive strategies to address
7 the mental health of college students;

8 (2) About 75 percent of all mental health conditions start by age 24, with higher rates of
9 diagnosed disorders in college-age students;

10 (3) Students who come from low-income households are more likely to have a mental
11 health condition;

12 (4) A recent national survey found that one in four college students are treated for or
13 diagnosed with a mental health condition and one in five has considered suicide;

14 (5) Young adults are less likely to receive mental health support than any other age group.
15 College campuses can play a big role in addressing this challenge;

16 (6) College-age students are more accepting of mental health services than the general
17 population, but most struggle accessing them. An overwhelming 96 percent of college students
18 reported they would provide support to peers whom they knew were thinking about suicide;

19 (7) Many students lack knowledge of mental health signs and symptoms and do not know
20 how to help or where to refer their friends for services;

21 (8) Services offered by most college campuses are limited in scope and capacity, with 67
22 percent of campus counseling center directors saying that their campus psychiatric service
23 capacity is inadequate or does not meet student demand;

24 (9) Combined with a lack of available services, the vast majority of students do not seek
25 out services, and many students who complete a suicide never received on-campus services.
26 Paying for community-based services is an issue for about half of students. Combining insufficient
27 on-campus services with unaffordable community resources leaves students on their own;

28 (10) In order to accomplish the goals related to addressing the ongoing mental health
29 crisis affecting college students, training of students, faculty, and staff is essential;

30 (11) Colleges and universities acknowledge that campus counselors are working longer
31 hours to meet increasing demand during the pandemic. Burnout, compassion fatigue, and
32 increases in depression, anxiety, and substance use are risks for counselors coping with high-
33 stress work environments;

34 (12) Therefore, the purpose of this article is to create an initiative to address this serious
35 and growing problem to mandate our institutions of higher education to establish a support system

36 to help those vulnerable students successfully transition to successful healthy citizens. Because
37 the workforce to fill counselor positions is experiencing critical shortages, prioritizing incentives
38 for the educational development and recruitment of credentialed professionals to treat the college
39 population is necessary.

§18B-21-3. Definitions.

1 For purposes of this article, the following words have the meanings ascribed to them
2 unless the context clearly indicates a different meaning:

3 “Advisor” means a staff member who provides academic, professional, and personal
4 support to students.

5 “Campus security” means a law-enforcement officer who has completed his or her
6 probationary period and is employed as a security officer or campus police officer by a public
7 college or university.

8 “Linkage agreement” means a formal agreement between a public college or university
9 and an off-campus mental health provider or agency.

10 “Mental health condition” means a symptom consistent with a mental illness or a
11 diagnosed mental illness.

12 “Public college or university” means any public university, college, or community college.

13 “Recovery model” means the model developed by the federal Substance Abuse and
14 Mental Health Services Administration that defines the process of recovery and includes the four
15 major dimensions that support a life in recovery, which are health, home, purpose, and
16 community.

17 “Resident assistant” means a student who is responsible for supervising and assisting
18 other, typically younger, students who live in the same student housing facility.

19 “Telehealth” means the evaluation, diagnosis, or interpretation of electronically transmitted
20 patient-specific data between a remote location and a licensed health care professional that
21 generates interaction or treatment recommendations.

§18B-21-4. Higher Education Mental Health Initiative.

1 Every public college and university shall do the following:

2 (1) Develop and implement an annual student orientation session aimed at raising
3 awareness about mental health conditions;

4 (2) Assess courses and seminars available to students through their regular academic
5 experiences and implement mental health awareness curricula if opportunities for integration
6 exist;

7 (3) Create and feature a page on its website and mobile application with information
8 dedicated solely to the mental health resources available to students at the public college or
9 university and in the surrounding community;

10 (4) Distribute messages related to mental health resources that encourage help-seeking
11 behavior through the online learning platform of the public college or university during high-stress
12 periods of the academic year, including, but not limited to, midterm or final examinations. These
13 stigma-reducing strategies must be based on documented best practices;

14 (5) Two years after the effective date of this article, implement an online screening tool to
15 raise awareness and establish a mechanism to link or refer students of the public college or
16 university to services. Screenings and resources must be available year round for students and,
17 at a minimum, must (i) include validated screening tools for depression, an anxiety disorder, an
18 eating disorder, substance use, alcohol-use disorder, post-traumatic stress disorder, and bipolar
19 disorder, (ii) provide resources for immediate connection to services, if indicated, including
20 emergency resources, (iii) provide general information about all mental health-related resources
21 available to students of the public college or university, and (iv) function anonymously; and

22 (6) At least once per term and at times of high academic stress, including midterm or final
23 examinations, provide students information regarding online screenings and mental health
24 resources, including, but not limited to, stress management.

§18B-21-5. Establishing policies for training and awareness.

1 The following policies for training and awareness shall be established:

2 (1) The board of trustees of each public college or university shall designate an expert
3 panel to develop and implement policies and procedures that (i) advise students, faculty, and staff
4 on the proper procedures for identifying and addressing the needs of students exhibiting
5 symptoms of mental health conditions, (ii) promote understanding of the rules of §504 of the
6 federal Rehabilitation Act of 1973 (29 U.S.C. §701 et seq.) and the federal Americans with
7 Disabilities Act of 1990 (42 U.S.C. §12101 et seq.) to increase knowledge and understanding of
8 student protections under the law, and (iii) provide training if appropriate.

9 (2) The Technical Assistance Center under section eight of the article shall set initial
10 standards for policies and procedures to ensure statewide consistency.

11 (3) All resident assistants in a student housing facility, advisors, and campus security of a
12 public college or university shall participate in a national Mental Health First Aid training course
13 or a similar program prior to the commencement of their duties. Training must include the policies
14 and procedures developed by the public college or university.

§18B-21-6. Peer Support.

1 (a) Because peer support programs may be beneficial in improving the emotional
2 wellbeing of the student population, each public college or university shall develop and implement
3 peer support program utilizing student peers to support individuals living with mental health
4 conditions on campus. Peer support programs may be housed within resident assistant programs,
5 counseling centers, or wellness centers on campus.

6 (b) Peer support programs shall utilize best practices for peer support, including, but not
7 limited to: (i) utilizing the tenets of the recovery model for mental health, (ii) adequate planning
8 and preparation, including standardizing guidance and practices, identifying needs of the target
9 population, and aligning program goals to meet those needs, (iii) clearly articulating policies,
10 especially around role boundaries and confidentiality, (iv) systematic screening with defined
11 selection criteria for peer supporters, such as communication skills, leadership ability, character,

12 previous experience or training, and ability to serve as a positive role model, (v) identifying
13 benefits from peer status, such as experiential learning, social support, leadership, and improved
14 self-confidence, (vi) continuing education for peer supporters to support each other and improve
15 peer support skills, and (vii) flexibility in availability by offering services through drop-in immediate
16 support and the ability to book appointments.

§18B-21-7. Local Assistance.

1 (a) Each public college or university shall form strategic partnerships with local mental
2 health service providers to improve overall campus mental wellness and augment on-campus
3 capacity. The strategic partnerships must include linkage agreements with off-campus mental
4 health service providers that establish a foundation for referrals for students when needs cannot
5 be met on campus due to capacity or preference of the student. The strategic partnerships must
6 also include (i) avenues for on-campus and off-campus mental health service providers to
7 increase visibility to students via marketing and outreach, (ii) opportunities to engage the student
8 body through student outreach initiatives like mindfulness workshops or campus-wide wellness
9 fairs, and (iii) opportunities to support awareness and training requirements under this Act.

10 (b) Through a combination of on-campus capacity, off-campus linkage agreements with
11 mental health service providers, and contracted telehealth therapy services, each public college
12 or university shall attempt to meet national standards regarding counselor to student ratio. Two
13 years after the effective date of this Act, and once every five years thereafter, the Technical
14 Assistance Center developed under §18B-21-8 of this code shall propose to the West Virginia
15 Higher Education Policy Commission (HEPC) and the Community and Technical College System
16 of West Virginia (CTCS) an updated ratio based on actual ratios in this state and any new
17 information related to appropriate benchmarks for clinician-to-student ratios with the goal to meet
18 national standards.

19 (c) Each public college or university shall work with local resources, such as on-campus
20 mental health counseling centers or wellness centers, local mental health service providers, or

21 non-providers, such as affiliates of the National Alliance on Mental Illness, and any other
22 resources to meet the awareness and training requirements of this Act.

23 (d) A statewide Campus Mental Health Hotline shall be established through a contract with
24 a West Virginia vendor who currently provides the 877HELP304, Jobs and Hope WV, Suicide
25 Prevention Lifeline, WV 211, and 844 HELP4WV hotlines to provide immediate crisis support and
26 swift referrals to mental health providers for college students in need of immediate support.

27 (e) Expansion of mental health and substance use prevention efforts through partnership
28 with the state's prevention lead organizations and college's academic and student services
29 departments shall be encouraged. The West Virginia Collegiate Initiative to Advance Healthy
30 Campus Communities (WVCIA) currently provides a network with resources for institutions to
31 promote prevention efforts. Coordination with WVCIA will increase campus-based efforts
32 addressing substance misuse and suicide prevention.

33 (f) Collegiate recovery programs support students in recovery by promoting a healthy,
34 balanced, and meaningful life on campus. They provide the support and resources necessary for
35 students to thrive in their recovery and develop meaning and purpose as they move forward in
36 life. Any public college or university campus without a recovery program will be provided
37 resources for its creation and those with a recovery program will be part of the strategic
38 partnership to improve overall campus mental wellness.

§18B-21-8. Technical Assistance Center.

1 The West Virginia Higher Education Policy Commission (HEPC) and the Community and
2 Technical College System of West Virginia (CTCS) shall work in collaboration to develop a
3 Technical Assistance Center that is responsible for all of the following:

4 (1) Developing standardized policies for medical leave related to mental health conditions
5 for students of a public college or university, which may be adopted by the public college or
6 university.

7 (2) Providing tailored support to public colleges or universities in reviewing policies related

8 to students living with mental health conditions and their academic standing.

9 (3) Establishing initial standards for policies and procedures.

10 (4) Disseminating best practices around peer support programs, including widely accepted
11 selection criteria for individuals serving in a peer support role.

12 (5) Developing statewide standards and best practices for partnerships between local
13 mental health agencies and college campuses across this state.

14 (6) Collecting, analyzing, and disseminating data related to mental health needs and
15 academic engagement across this state.

16 (7) Housing data collected by each public college or university related to section nine of
17 this article and analyzing and disseminating best practices to each public college or university
18 and the public based on that data.

19 (8) Monitoring and evaluating linkage agreements under to ensure capacity is met by each
20 public college or university.

21 (9) Facilitating a learning community across all public colleges or universities to support
22 capacity building and learning across those institutions.

§18B-21-9. Evaluation.

1 Each public college or university shall evaluate the following programs under this Act in
2 the following manner:

3 (1) Awareness and training programs under section five of this article shall be monitored
4 for effectiveness and quality by the public college or university. Monitoring measures shall include
5 but are not limited to: (i) increased understanding of mental health conditions, (ii) reduced stigma
6 toward mental health conditions, (iii) increased understanding of mental health resources
7 available to students, (iv) increased understanding of resources for mental health emergencies
8 available to students, and (v) viewing each mental health resource website and mobile application
9 of the public college or university.

10 (2) Peer support programs under section six of this article shall be monitored for

11 effectiveness and quality by the public college or university. Monitoring measures shall include,
12 but are not limited to: (i) improved symptomatology, (ii) if needed, connection to additional
13 services, (iii) student satisfaction, (iv) wait time for drop-in appointments, (v) wait time for
14 scheduled appointments, and (vi) satisfaction with the training curriculum for peer supporters.

15 (3) Local partnership programs under section seven of this article shall be monitored for
16 effectiveness and quality by the public college or university. Monitoring measures shall include,
17 but are not limited to: (i) wait time for drop-in appointments for on-campus or off-campus telehealth
18 therapy providers, (ii) wait time for scheduled appointments for on-campus or off-campus
19 telehealth therapy providers, (iii) the ratio of clinical, non-student staff to student population and
20 the number of linkage agreements and contracts in place based on student population, (iv)
21 student satisfaction with on-campus or off-campus telehealth therapy providers, (v) range of
22 treatment models offered to students, (vi) average length of stay in treatment, (vii) number and
23 range of student outreach initiatives, such as telehealth mindfulness workshops or campus-wide
24 wellness fairs, (viii) number of students being served annually, (ix) number of state-wide Campus
25 Mental Health Hotline calls, responses, and other related data, and (x) statistics related to
26 collegiate recovery programs support students in recovery.

§18B-21-10. Funding.

1 The West Virginia Higher Education Policy Commission (HEPC) and the Community and
2 Technical College System of West Virginia (CTCS) shall collaborate to make recommendations
3 to the Legislature on the amounts necessary to implement this Act. The initial recommendation
4 must be provided by the commission no later than December 31, 2022. Any appropriation
5 provided in advance of this initial recommendation may be used for planning purposes. Public
6 colleges or universities may seek federal funding or private grants, if available, to support the
7 provisions of this Act.

NOTE: The purpose of this bill is to acknowledge that the mental health of higher education students is of paramount importance, and due to a variety of issues, including the COVID-19 pandemic, students are facing substantial mental health challenges. This bill creates a

plan to address the crisis by creating a collaboration of resources to ensure that struggling students receive the mental health support services they need.

Strike-throughs indicate language that would be stricken from a heading or the present law, and underscoring indicates new language that would be added.