Operational and Procedures Manual

Collaboration

Assessment

Response

Evaluation

LANDER UNIVERSITY

Last Revised: May 2022

Special Acknowledgements

Lander's CARE Team was completely revamped in summer 2019 to become better in line with best practice standards. The creation of this manual was an instrumental part of these initiatives. Lander University's CARE Team Manual has been adapted from NaBITA's: CARE Team Policy and Procedure Manual. NaBITA has written extensively on Behavioral Intervention Teams (BITs), mental health crisis response and threat assessment. Chip Reese, NaBITA's Associate Executive Director and Assistant Vice President & Dean of Students at Columbus State University very generously offered the Columbus State Behavioral Assessment and Recommendation Team manual[1] as a sample for Lander to utilize. Lander's CARE Team members (CORE and INNER Circle) contributed to the creation of this manual by providing feedback and input regarding their respective area(s) of expertise.

CORE CARE Team Members

Dr. Boyd Yarbrough……..Vice President for Student Affairs, Ex-officio Member

Ebonee Dendy……..Chair, Director of CARE & Advocacy

Kim Shannon……..Executive Director of Wellness and Holistic Support

Adam Weyer……..Assistant Athletic Director for Sports Medicine

Catherine Covar……Director of Housing and Residence Life

Dr. Demario Watts……..Director of Student Life and Orientation

Dr. David Mash……..Associate Director of Library Services, Jackson Library

Greg Allen……Lander University Police Department, Chief of Police

Jalysa Green……Director of Student Conduct and Community Standards

Jennifer Mathis……Executive Director of Admissions

London Thomas……Director of Human Resources

Pleshette Elmore……..Director of Student Success Center

Veronica Cue……..CARE Student Outreach Coordinator

CORE Group Back-Up and INNER Circle CARE Team Members

Angie Bourne……Administrative Specialist, Student Affairs

Ayrn Gilstrap……..Assistant Director of Student Conduct and Community Standards

Madena Gossett……Lander University Police Department, Captain

[1] Reese, C. (Ed) (2016). Behavioral Assessment and Recommendation Team: Policies and Procedures Manual 2016-2017, A publication of Columbus State University.

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Introduction

Colleges and universities around the country are becoming more diligent and proactive in providing a safe environment for students, faculty and staff, and visitors to their campuses. Changes in the Family Educational Rights and Privacy Act (FERPA) have given administrators "appropriate flexibility and deference" regarding the disclosure of educational records and information[2]. The U.S. Department of Education encourages schools and colleges to develop threat assessment programs and teams. These teams should include campus community members and may include non-employee members such as local police and health professionals. These non-employees can qualify as "schools officials" with "legitimate educational interest under 34 CFR § 99.31(a)(1)(i)(B). Additionally. the Federal Bureau of Investigation report supports the development of threat assessment teams in their report, *Mass Victimization: Promising Avenues for Prevention*[3].

Lander University understands the climate that exists on college campuses in the post Virginia Tech shooting era. In response, the Collaboration, Assessment, Response, and Evaluation (CARE) Team has been created. The procedures in this manual are designed to help identify persons of concern and deescalate behaviors of students, faculty, or staff who are displaying behaviors that are concerning, disruptive, or threatening to their own or others' health and safety or is disruptive to the educational or administrative processes of the University.

Any member of the campus community may become aware of a person of concern or situation that is causing serious anxiety, stress, or fear. It is the responsibility of faculty, staff, and students to immediately report any situation that could possibly result in harm to anyone at the University. It must be noted, however, behavioral assessment should not be confused with crises management. A crisis may be defined where a person may pose an active or immediate risk of violence to self or others. In these cases, the University Police Department should be contacted at 864-388-8222 or 8911 (on campus call only).

Applicable Policies

CARE Team and Intervention Authority

Authority and Mission

In order to encourage an environment of increased safety, Lander University ("University") is authorized to create a CARE Team to identify, assess, and respond to behavior that may pose a threat of harm to University students, employees, or invitees. The mission of the CARE Team is to promote a safe, caring, and productive environment for all members of the University community. The CARE Team addresses critical psychological, emotional, physical, behavioral, or other well-being concerns through review of reported incidents, and provides recommendations to ensure the safety of the University community.

[2] Federal Register, (2008) Proposed Rules, Department of Education, 34 CFR Part 99, RIN 1855–AA05 [Docket ID ED–2008–OPEPD–0002], March 24, 2008, 73; 57.

[3] Jarvis, John & Scherer, J. Amber. (2015) *Mass Victimization: Promising Avenues for Prevention*. Washington D.C: Federal Bureau of Investigation.

Scope and Limitations of Authority

The CARE Team's efforts do not replace other classroom management or disciplinary processes. The jurisdiction of the Team's authority shall extend to employees, students, visitors, applicants, and/or community members regarding on- or off-campus behavior deemed to be a legitimate concern and/or a potential threat of harm to one or more members of the University community. The CARE Team determines if a person's behavior constitutes an unreasonable risk to one or more members of the University community and recommends an action plan to pertinent University personnel with authority to take immediate emergency action, including, but not limited to, interim suspension, the removal of the person from University property, and/or the issuance of a trespass notice. No member of the CARE Team will disclose any individual's criminal history record information or personal health information or otherwise use any other record beyond the purpose for which such disclosure was made to the Team. However, such information may be shared with senior members of the University administration on a need-to-know basis to consider suitable action based on circumstances.

Procedures

The CARE Team shall meet regularly and as necessary to evaluate behaviors that are perceived to be self-injurious, threatening, harmful, concerning, or disruptive in order to coordinate a timely response. The Team shall be a multidisciplinary group composed of individuals from various departments throughout the University to ensure collaboration and coordination of efforts. Key members will typically include, but are not limited to, representatives of the following areas: Lander University Police Department, Student Affairs, Enrollment and Access Management, Academic Affairs, and Human Resources. To maintain confidentiality, core Team members may be divided into subsets based on an individual's affiliation (e.g. employee, student, other affiliation). Any action(s) that may be imposed on a student, such as the loss of privilege to live on campus, suspension, or expulsion, require a formal referral to the Office of Student Conduct. Such referrals will initiate the disciplinary hearing process in accordance with the Lander University Student Code of Conduct published in the Student Handbook[4]. Student medical leave will be handled in accordance with the University-Initiated Student Medical Leave Policy. Employee-related matters shall be referred to the Office of Human Resources and resolved based on University policy and applicable state laws. All faculty-related matters must be referred to the appropriate academic reporting channels (e.g., chair, dean, provost) before going to the Office of Human Resources. Due process shall be afforded to all individuals, the specific details of which are published in the Student Handbook[5], the Faculty Handbook[6], and the Employee Handbook[7].

[4] Student Handbook: https://www.lander.edu/student-life/student-conduct/student-handbook

[5] *Due Process* in the **Student Handbook** (2019-20) can be found in the *Student Code of Conduct* section, pages 105-108.

[6] *Due Process* in the **Faculty Handbook** (Revised June 2019) can be found on pages 13, 40-41.

[7] *Due Process* in the **Employee Handbook** (Effective July 1, 2004) can be found under the *Discipline* section, pages 56-57.

Tracking and Record Management

For all relevant cases, the CARE Team shall maintain confidential records, including records regarding follow-up and reports that derive from any assessment proceedings. These records shall be entered in a secure, protected, and searchable database that will facilitate the monitoring of ongoing cases and the provision of assessment and longitudinal follow-up. Students may submit a written request to have their CARE Team notes expunged. The CARE Team retains the authority to expunge, amend, or retain the notes "as is." A written summary of the CARE Team's decision on expungement requests shall be made available to the student. If a request for expungement is denied by the CARE Team, an appeal of the CARE Team's decision may be submitted in writing to the Vice President for Student Affairs. The basis of this request should describe any changes in circumstances since the previous review. A written summary of the Vice President for Student Affairs shall be made available to the student.

Reporting of Concerning Behavior

It is the responsibility of all members of the University community to report any self-injurious, intimidating, threatening, atypical, and/or other concerning behavior via the online Welfare Concern/CARE Report Form or by contacting the Lander University Police Department (for active or imminent threats) at 864-388-8222, 8911 (on-campus only), or via 911 (off-campus). The CARE Team is responsible for creating a culture of reporting to ensure that appropriate support is provided in a timely manner. No person who, in good faith, reports threatening or other concerning behaviors in accordance with this procedure will be subject to retaliation by the University or its employees. Although reports submitted via the Welfare Concern/CARE Report Form[8] will be monitored on a daily basis, these reports may not be accessed in real time. Active or imminent threats or danger should be reported immediately to the Lander University Police Department at 864-388-8222, 8911 (on-campus only), or via 911 (off-campus). Examples of imminent threats or danger include, but are not limited to:

- Suicidal threats or recent attempts at suicide. These may include self-inflicted wounds, ingestion of toxic/dangerous substances, or overdoses of prescribed medications.
- Assaultive behaviors.
- Brandishing of guns, firearms, or other weapons.
- Threat of using a weapon.
- Physical, verbal, or written threats to harm or kill another person.
- Severe rage.
- Sexual violence.
- Life-threatening injury or illness.
- Unconsciousness or the inability to communicate clearly (e.g., incoherent, garbled, slurred speech).
- Any significant impairment of normal functioning.
- Loss of contact with reality (or acts indicating loss of contact with reality) and/or unawareness of the consequences of actions. These may include confusion, disorientation, seeing/hearing things that are not there, and/or paranoia.

[8] Welfare Concern/CARE Report Form URL: https://cm.maxient.com/reportingform.php?LanderUniv&layout_id=24

- Active or imminent damage to property.

Threats or concerns that are considered troubling, but that may not require an immediate response should be reported to the CARE Team. Examples of troubling behaviors include, but are not limited to:

- Evidence of suicidal thoughts expressed through writings, papers, or conversation.
- A dramatic change in behavior or behavior that is atypical for the individual. Examples of atypical behavior for a student include failure to attend class, a significant drop in grades or performance, dramatic changes in energy, or exaggerated personality traits.
- Angry outbursts or intense and abnormal reactions to events.
- Preoccupation with violent themes, death, or destruction.
- A lack of self-control and/or increased impulsivity.
- Stalking behaviors.
- Emotional distress; evidence of hopelessness, despair, or excessive grieving.
- Threatening or inappropriate emails.
- References to harming others.
- Rumors of an individual's planning a violent event.
- Suspected use of alcohol or other substances in class.
- Noticeable injuries, such as cuts, burns, or bruises.
- Disordered eating and/or sudden or significant weight loss.
- Threats of damage to property.
- Extreme or persistent disruptive classroom behavior that cannot be controlled through other efforts.
- Failure to comply with individualized treatment recommendations when treatment may be reasonably expected to ameliorate the problematic behavior.

General welfare concerns should also be reported to the CARE Team. While some circumstances may not warrant a CARE Team response, tracking and ensuring that an individual is connected with appropriate resources is an important early intervention effort.

University-Initiated Student Medical Leave

Introduction

The following policy and procedures are to be used to help transition a student to a safer environment more conducive to his or her when it becomes clear that remaining at Lander University ("University") is not in the best interest of the student or the University community. This policy also permits a student to take a leave voluntarily when medical conditions or psychological distress make a leave in his or her best interest; its goal is to define the length of separation, outline the path to re-entry, ease the transition for the student's return, and optimize the opportunities for the student's success upon return. Under certain conditions, if a student has not opted to take a leave voluntarily, the University may institute an involuntary leave under this policy. All records will be maintained and secured in accordance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).

Student-Initiated Voluntary Leave of Absence

A student may initiate a leave or withdrawal from the University for medical or psychological reasons. At the discretion of the Assistant Vice President for Student Affairs (or designee), and subject to the refund policies of the institution, arrangements may be made for partial or complete refund of tuition and/or fees. Academic accommodations (e.g., incomplete grades) may be made as well, subject to the academic policies of the University. Modifications to housing contracts may also be possible. The usual University procedures for leave or withdrawal will be followed, including any documentation requirements. If a student takes a voluntary leave, the leave documentation will specify the duration of the leave and options for extension. The student will be permitted to return upon the end of the leave, and expectations for a successful return will be outlined in writing to the student at that time. A student who elects to fully withdraw, rather than take a leave, will be required to reapply for admission after a period of time specified by the Office of Enrollment Management. He or she will be treated as any other applicant for admission at that time.

University-Initiated Student Medical Leave

If a student poses a direct threat of harm to others or causes the University to have a legitimate safety concern of harm to self, the Assistant Vice President for Student Affairs (or designee) may initiate proceedings under the Code of Student Conduct. A student who engages in threats to others or self-harm behaviors that cause a significant disruption to the University community may also be subject to the Code of Student Conduct.

Standard for University-Initiated Student Medical Leave on the Basis of Threat of Harm to Others

This section applies to all medical leaves from housing or from the University for any student who is at significant risk of harm to others. The University will determine whether it is more likely than not that a student is a direct threat. When a student poses a direct threat, he or she may be placed on leave until he or she is no longer a direct threat. A direct threat exists when a student poses a significant risk to the health or safety of others. A significant risk constitutes a high probability of substantial harm. Significance will be determined by:

- The duration of the risk;
- The nature and severity of the potential harm;
- The likelihood that the potential harm will occur; and
- The imminence of the potential harm.

Determining that a student is a direct threat requires an objective and individualized assessment and a thorough review of any pertinent information. The assessment must be based on reasonable medical judgment and the most current medical knowledge and/or on the best available objective evidence. This standard also applies to the reinstatement of a student who has been placed on leave. The student will be entitled to return upon an assessment by external licensed providers, with University administrators reviewing the evidence/documentation provided by those providers to determine the student's readiness to return.

Standard for University-Initiated Student Medical Leave on the Basis of Self Harm Behaviors

A student who exhibits self-harming behaviors that significantly disrupt normal University activities will be subject to the Code of Student Conduct. A student who exhibits potentially lethal or acute self-harming behaviors, such as a suicide attempt, will be subject to this policy as presenting legitimate safety concerns. When the University, using the process outlined below, determines that a student poses a legitimate safety concern of harm to self, the University-initiated medical leave process can be invoked.

Conduct Proceedings

If the student has been accused of a violation of the Code of Student Conduct, but the student is considered to be incapable of understanding the nature or inappropriateness of his or her actions, the medical leave policy may be activated prior to issuance of a determination resulting from the conduct process. Interim suspension for threat of harm to others or a legitimate safety risk to self will also likely be imposed. If the student is placed on medical leave from the University, or another action is taken under these provisions following a finding that the student's behavior was the result of a lack of capacity, such action terminates the pending conduct action. If the student is found not to be subject to the medical leave policy, conduct proceedings may be reinstated.

Referral for Assessment

The appropriate official (or CARE Team) may refer or mandate a student for an assessment by an independent licensed mental health provider (e.g., psychiatrist, psychologist, professional counselor, social worker, etc.). Such an assessment would be appropriate if it is believed that the student may meet the criteria set forth in this policy or if a student subject to conduct proceedings provides notification that information concerning a mental health/behavioral condition or disorder will be introduced. A student referred or mandated for an assessment will be so informed in writing with personal and/or certified delivery and will be given a copy of these standards and procedures. The assessment must be completed per the instructions contained in the referral letter, unless the Assistant Vice President for Student Affairs (or designee) grants an extension. A student who fails to complete the assessment in accordance with these standards and procedures, and/or who fails to give permission for the results to be shared with appropriate administrators, will be referred for conduct action for "Failure to Comply" under the Code of Student Conduct.

University-Initiated Student Medical Leave Resolution Procedures

Informal Administrative Conference Option

The Assistant Vice President for Student Affairs (or designee) may invoke informal procedures to determine the need for an involuntary leave. This process is also known as an administrative conference. In an administrative conference , medical and/or administrative evidence will be introduced. Administrative evidence may include, but is not limited to, previous referrals and/or past concerns, preceding intervention efforts, and assessment findings. The appropriate official will render a written decision within two business days, barring exigent circumstances, stating the rationale for his or her determination. The decision will be delivered to the student directly, electronically, and/or by regular and certified mail. If the determination is made that a leave is warranted, the notification will include information regarding the length of the leave and any conditions of reinstatement.

Formal Administrative Review Option

The student subject to a University-initiated student medical leave may request a formal administrative review in lieu of the informal conference option described above. If the medical and/or administrative assessment support the need for a leave, a formal administrative review meeting will be scheduled before the Assistant Vice President for Student Affairs (or designee), and senior members of the University administration. The formal review will be closed and confidential. The student will be informed, in writing, electronically, and through regular and/or certified delivery, of the time, date, and place of the meeting. The student will be given at least two business days to independently review the information that will be presented. The student will be notified of the individual who is expected to present information at the meeting, and the student is expected to notify the Assistant Vice President for Student Affairs (or designee) of any parties with relevant information whom the University official should contact to request their appearance at the meeting as a witness. The student may, at the discretion of the Assistant Vice President for Student Affairs (or designee), be assisted by an advisor in the meeting. The student is permitted to have an attorney present to attend/advise the student, but any advisors will not be allowed to speak for or formally represent the student during a medical leave meeting, unless the Assistant Vice President for Student Affairs grants an exception, such as in cases of incapacity.

The student may present information about the necessity and appropriateness of medical leave and will have an opportunity to ask questions of others presenting information. The meeting should be conversational and non-adversarial in tone, although it is the responsibility of the Assistant Vice President for Student Affairs (or designee) to exercise active control over the proceeding, to include deciding who may present information. Formal rules of evidence will not apply. Anyone who disrupts the formal meeting may be excluded. There will be a single verbatim record, such as a recording, for all formal involuntary leave meetings. The record will be the property of the University and will be maintained according to the University's record retention policy.

A written decision will be rendered by the formal administrative review panel on the basis of a preponderance of evidence within two business days, barring exigent circumstances, and will state the rationale for its determination. The decision will be delivered to the student in writing, electronically, and through regular and/or certified delivery. If the determination is made that a leave is warranted, the notification will include information regarding the length of the leave and any conditions of reinstatement.

Appeal Process

The determination of any medical leave resolution (informal or formal) is subject to appeal to the Vice President for Student Affairs in accordance with the following process. A student subject to a University-initiated student medical leave may petition for a review of the determination within three (3) business days of issuance of the written decision. All petitions must be in writing and delivered to the Vice President for Student Affairs (or designee). Reviews will only be considered for one or more of the following purposes:

- Procedural Error(s): Procedural error that resulted in material harm or prejudice to the student (i.e., by preventing a fair, impartial, or proper review). Deviations from the designated procedures will not be a basis for sustaining an appeal unless material harm or prejudice has resulted.

- Evidentiary Standard: To determine whether the decision reached regarding the involved student was based on a preponderance of the evidence.
- New Evidence: To consider new information sufficient to alter a decision or other relevant facts not brought out in the original meeting, because such information and/or facts were not known to the person appealing at the time of the original resolution.
- Appropriateness of Outcome: To decide if a medical leave is inappropriate to address the nature, duration, and/or severity of the risk or threat.

Except as required to explain the basis of new information unavailable at the time of the original meeting, an appeal review will be limited to the verbatim record of the initial meeting and/or all supporting documents. The decision of the Vice President for Student Affairs (or designee) is final.

Readmission Following a University-Initiated Student Medical Leave

A student who is seeking reinstatement to the University after University-initiated student medical leave must receive clearance by providing the Assistant Vice President (or designee) with written evidence from a licensed medical or mental health professional that the student no longer poses a direct threat to others or a legitimate safety concern and is otherwise able to function in an educational setting. Any other conditions resulting from determinations made in accordance with this policy must also be completed. A follow up meeting, as outlined above, may be held to determine whether the student will be permitted to return to student status.

Record Management/Safeguards

The CARE Team maintains records in the *Maxient*[9]. Core and inner circle members also have access to the *Maxient* database to update cases as needed. Records are kept for a minimum of five years in the *Maxient* database unless there is a pressing issue that necessitates the note to be kept longer. This is done at the discretion of the Team. Records are to be kept secure and team members are expected to keep records safely firewalled and protected. Records should not be transmitted by email with identifying student, faculty or staff information unless encrypted. Records should not be kept on unsecure USB or thumb drives. Information kept on laptop and computer systems should be kept under password protection. No CARE Team records stored in Maxient can be discussed, viewed, or disseminated with non-CARE members without the consent of the chair.

CARE Team Output

Prevention and General Safety Protocols

The CARE Team is responsible for the following:

- Through concerted efforts in marketing and educations, and by creating a culture of referrals regarding behavior for persons of concern (POC), the CARE Team aspires to prevent harm to self or others with appropriate

[9]Maxient.com, © Copyright 2016, Maxient LLC

interventions. Educating the community about what to report is one of the most essential aspects of having a successful, effective team. Marketing efforts seek to educate the community of the Team's existence, its purpose, accessibility, and the behaviors that warrant a referral.

- Maintaining a current web site, which is easily accessible from the university's home page and other relevant departmental pages. This site should include instructions for submitting a referral to the CARE Team.
- Receiving, coordinating, and assessing referrals received from faculty, staff, students, and others regarding persons of concern.
- Reviewing applications for admission to the University of students who indicated they have a criminal record or currently have charges pending; or students who were suspended or expelled from a previously attended college or university.
- Reviewing applications for readmission to the University of students who were suspended for disciplinary reasons or involuntarily administratively withdrawn from the University. These applications will be brought to the attention of the CARE Team by the Director of Student Conduct and Community Standards.
- Reviewing applications for readmission to the University of student who received a medical/hardship withdrawal. This process is in place to provide transitional assistance to the student who voluntarily withdrew from the University. This readmission process should in no way conflict with ADA regulations, or state and Federal laws.

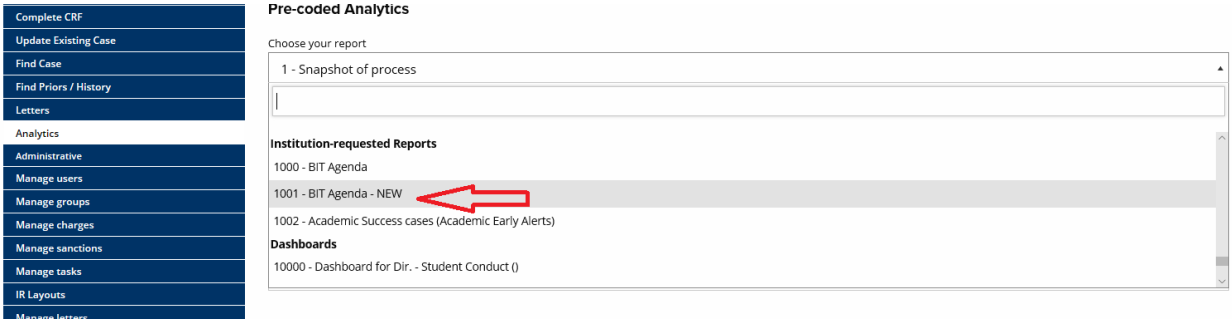
CARE Team Phases of Operations

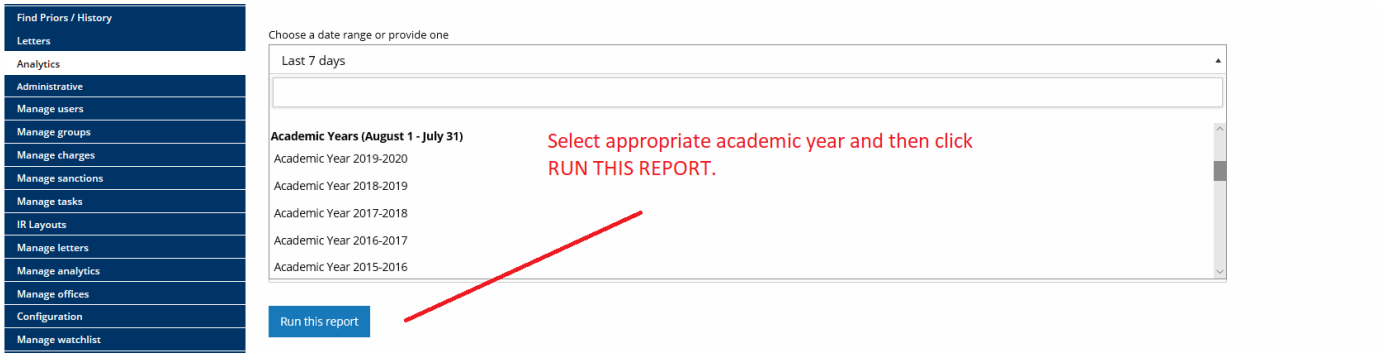
Meeting Schedule

The CARE Team meets two to four times monthly. The Chair establishes the meeting schedule at the start of the fall semester. In addition, the Chair or any other team member may call an emergency meeting as necessary.

Meeting Agenda

Under the Analytics tab, the weekly CARE Team meeting agenda will automatically populate within the electronic data base as noted below.





Types of Meetings

Preliminary Response Meeting

Once a report is received, a preliminary response meeting may be conducted by the CARE Team Chair and team member(s) having administrative responsibility for the person of concern. Other appropriate CARE team members may be consulted and included during this initial evaluation, as needed. These team members will investigate for the submitted report and, if appropriate, convene the CARE team for an Emergency Meeting. Otherwise, these findings will be reported at the regular team meeting, as described above. The initial evaluation may include:

- Review of CARE database;
- Review of student's disciplinary record or review employee's records under the custody of the chief human resources officer;
- Interviews to determine the existence of corroborating evidence; and/or
- Other relevant information as deemed appropriate to ensure the safety of the university community.

NOTE 1: All referrals should be considered against the backdrop of the NaBITA Risk Rubric[10].
NOTE 2: It may be determined by the Chair or other Team Members that the person of concern should be evaluated by the SIRVA-35[11] assessment tool or by professional mental health personnel.

Regular Team Meeting

Described above, these meetings occur every other week or bi-weekly and are designed to review on-going cases, make appropriate recommendations with new cases, and provide regular opportunities for training. Training may be scheduled or provided at regular meetings in quiet times and include tabletop exercises, discussion of current topics in the news, reading assignments, and webinars. Other trainings should include attending conferences and opportunities during the summer. Case review will include:

[10] NaBITA (2019). .Since its introduction in 2009, the NaBITA Threat Assessment Tool (now the NaBITA Risk Rubric) has become the most widely used risk rubric by behavioral intervention teams in the United States. Retrieved from https://www.nabita.org/resources/assessment-tools/2019-nabita-risk-rubrics/

[11] Van Brunt, B. (2019). The SIVRA-35 is an informal, structured set of items for those who work in higher education to use with individuals who may pose a risk or threat to the community. The SIVRA-35 is not designed as a psychological test and it is not designed to assess suicidal students. For more information go to: https://nabita.org/resources/sivra-35/.

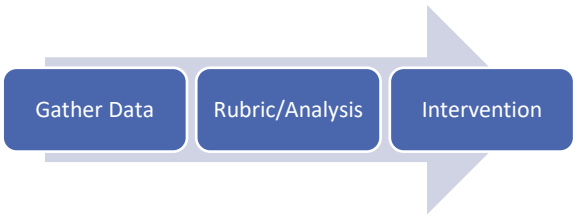
- Briefing on the Preliminary Response Meeting by the CARE Chair or designee;
- Review of documentation, interviews, and other relevant information; and/or
- General discussion and recommendations by the Team for appropriate intervention(s).

Critical Incident Response Meeting (CIR)

In the event a POC attempts or commits suicide, there is an apparent threat or danger to the campus or community members, or an event has occurred which may require the immediate attention of the CARE Team, a CIR meeting may be called by the Chair. This should not be confused with an active crisis, which is managed by LUPD. Any actions or recommendation of a CIR should be reviewed at the next Regular Team Meeting.

Data Gathering, Analysis, and Intervention

Data is gathered through reports submitted to the CARE Team, review of academic or other records, follow up interviews, criminal history records, discussions with faculty, supervisors, family and friends, and any other means deemed appropriate and necessary. The Team aims to intervene early to provide support and referral as needed and impose sanctions as a last resort. CARE procedures seek to carefully balance individualized support plans, confidentiality, due process, and larger campus safety considerations. Once a case is forwarded to the CARE Team, the members meet in closed session to discuss, investigate, assess and determine an action plan for the case. The CARE Team will, by way of the appropriate university office or official, investigate and respond to reported behavior indicating a student, faculty, staff, or other university community member may pose a risk to self or others. Interventions are based on the NaBITA Risk Rubric.



Step 1: An individual identifies a concern and forwards the matter to the CARE Team.

Step 2: The referral is examined. The Chair, with the input from the team members as needed, will determine if the referral is a matter for the CARE Team.

Step 3: The case manager gathers information necessary to evaluate the potential threat, context, and situation. Other CARE Team members also research and share knowledge.

Step 4: The team will meet to discuss the POC and determine the appropriate response(s). They will determine if the threat or situation presents an immediate danger. If so, law enforcement and other appropriate community resources will be contacted immediately. The Team should determine if the threat is transient or substantive, and may institute a risk assessment, as necessary.

Step 5: Assess the level of the threat through the NaBITA Risk Rubric and identify intervention options based on risk.

Step 6: If one or more of the following questions results in an affirmative answer, the team will notify the Vice President for Student Affairs, or other pertinent administrators, of the circumstances.

- Does the individual present a clear and immediate threat of violence towards others?
- Are there mitigating circumstances/factors that warrant a broader communication to the administration?
- Does the individual have a grievance with an individual/department at the University and is reacting in a manner outside of acceptable means of communication?

Step 7: Formulate an action plan and intervention and/or develop a safety plan to resolve conflict, as appropriate.

Step 8: Refer to counseling or disciplinary processes, as necessary.

Step 9: Continue to monitor and follow up plan until the case is resolved or closed.

Individuals deemed non-threatening may benefit from support services. The CARE Team should proactively assist individuals in connecting with appropriate resources.

Threat Assessment Tools

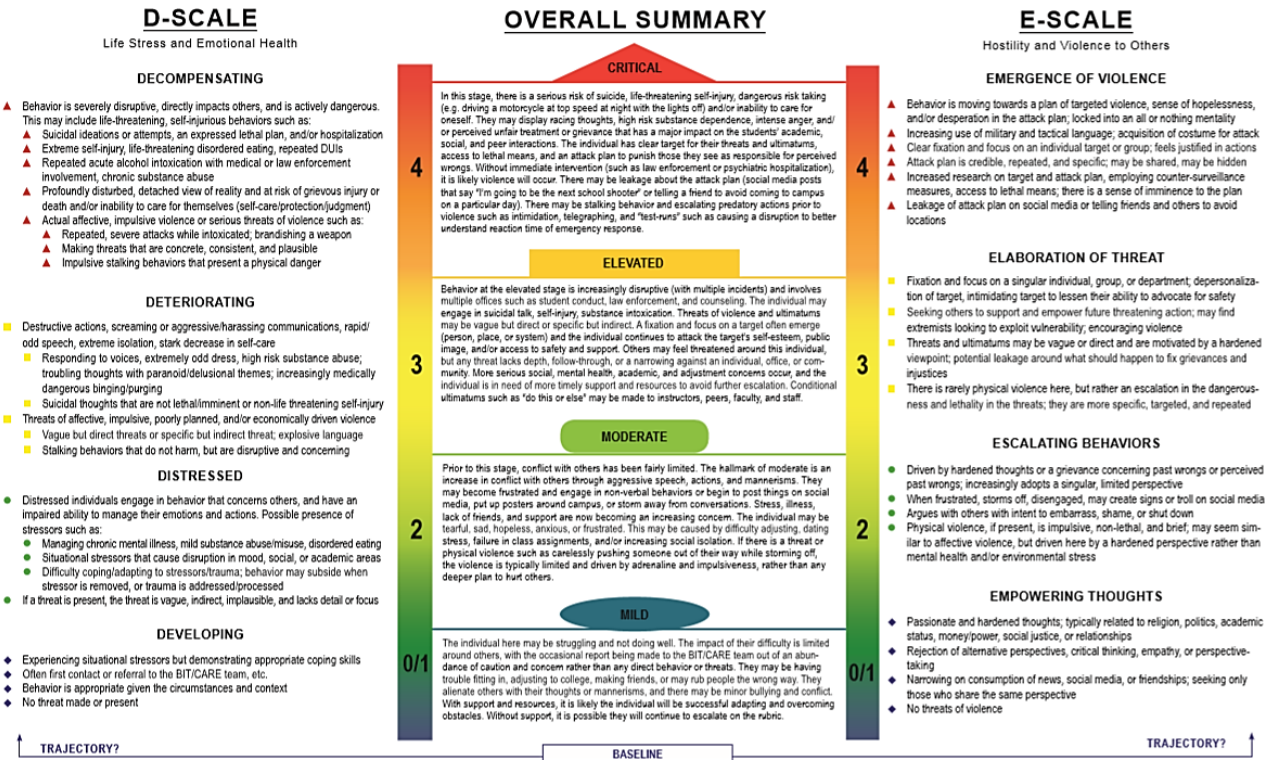
NaBITA Risk Rubric

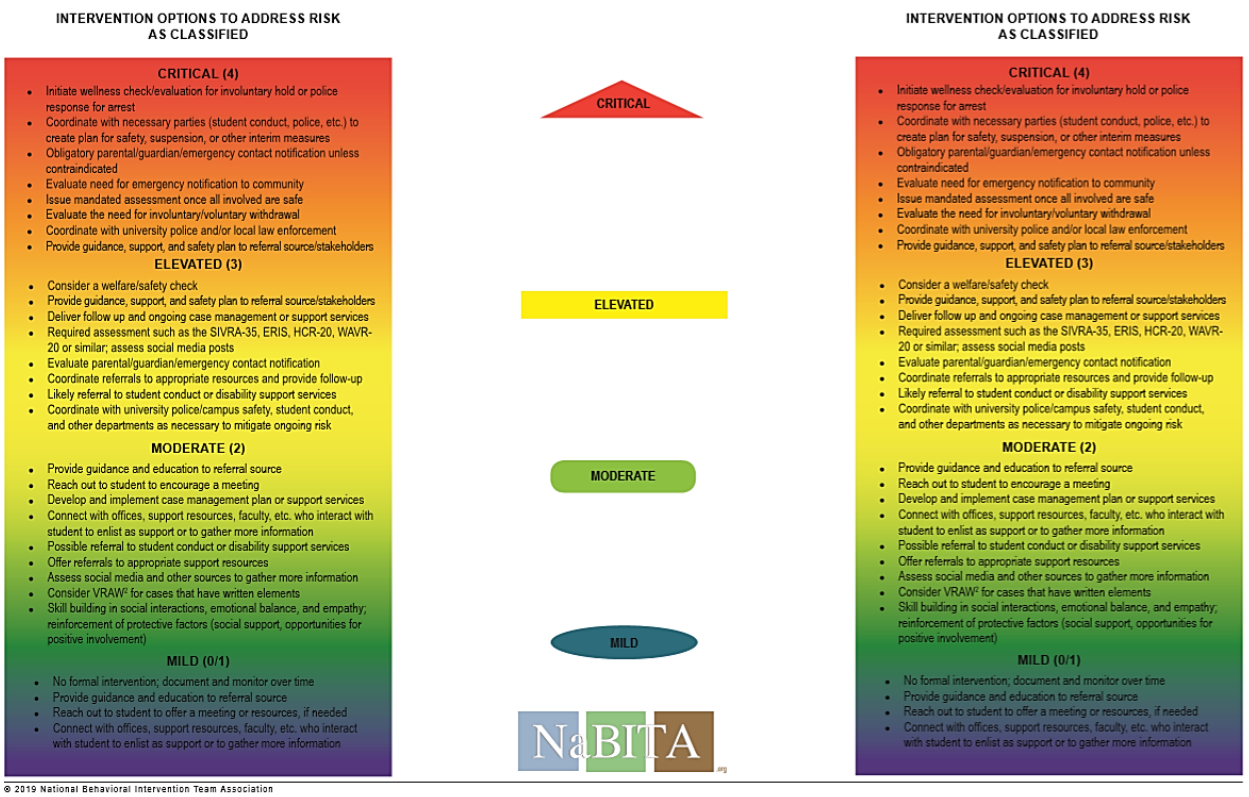
The NaBITA Risk Rubric[12] was created in 2009 and updated in 2014 as a broad triage process to rate mental health concerns (distress, disturbance, dysregulation/decompensation), hostility and violence risks (hardening, contentious debate, action not words, images and coalitions, loss of face to target, threat strategies, limited destructive blows, fragmentation of the enemy, plunging together into the abyss) and the generalized risk rubric (mild, moderate, elevated, severe and extreme).

The NABITA Risk Rubric provides a triage capacity to identity and classify risks over a broad set of concerns. The strength of this triage measure is in its ability to look broadly at a wide variety of risks to guide intervention decisions of a BIT. This expansive nature makes it not as helpful to assess the specific risks in detail. All cases are given a risk rating on the NaBITA Risk Rubric of mild, moderate, elevated, severe or extreme.

This rubric is referenced on the following page.

[12] Sokolow, B., Van Brunt, B., Lewis, W., Schiemann, M., Murphy, A., & Molnar, J. (2019). The NaBITA Risk Rubric: The NaBITA 2019 Whitepaper. Retrieved from https://cdn.nabita.org/website-media/nabita.org/wp-content/uploads/2019/10/14105613/NaBITA-2019-Whitepaper-Final1.pdf.





The Structured Interview for Violence Risk Assessment (SIVRA-35)

The SIVRA-35 was created in 2012 as an expert system. It is a structured set of items useful for those staff and faculty who work in higher education to use with individuals who may pose a threat to the community. The SIVRA-35 is a guided structured interview useful for classifying risk into low, moderate, and high categories based on the threat and violence risk assessment literature. The SVIRA-35 was designed to address targeted and strategic violence that was occurring more frequently on college campuses such as the Virginia Tech massacre, Northern Illinois University shooting, Umpqua College shooting and Santa Monica College shooting and by enrolled or recently enrolled college students in at non-campus locations such as James Holmes and Jared Loughner. **A minimum of two Team members should be appropriately trained to implement this assessment as necessary.**

Team Membership and Responsibilities

The CARE Team consists of University personnel with expertise in human resources, employee assistance, law enforcement, threat assessment, university operations, medical and mental health knowledge, and student services. Membership is based on the position and not the individual. The members selected here have regular contact with campus community members in some manner, which will aid in assessment of persons of concern (POC), and/or the authority to take the appropriate action, as needed. A collaborative process to assess concerning behavior will be used. Depending on the situation, additional personnel with areas of specialization or responsibility may be called upon to assist the Team. The Team may also consult other individuals as needed, such as a faculty member who has a concern about a student, a roommate, family member, local law enforcement, and/or a manager who has information concerning an employee. The CARE Team has four levels of membership. Team members are critical to the functioning of the team. They are responsible to complete on-going training, attend meetings and assist with follow-up and intervention as designated by their category.

Core Members

Core Members attend every meeting and have full access to the electronic database. If a core member is unable to attend the meeting, they have a designee backup who attends. The departments they represent are crucial to CARE's function. Many core members keep records in their own departments and can share this information with the team through the Family Educational Rights and Privacy Act (FERPA) emergency exception clause[13]or when a school official has legitimate educational interest[14]. Each Core Members signs annual confidentiality and training agreement, which addresses their responsibility to FERPA (see appendix F). Counseling Services operates under state confidentiality laws for their records, while health services operate under the Health Insurance Portability and Accountability Act of 1996

[13] In some situations, school administrators may determine that it is necessary to disclose PII from a student's education records to appropriate parties in order to address a health or safety emergency. FERPA's health or safety emergency provision permits such disclosures when the disclosure is necessary to protect the health or safety of the student or other individuals. *See* 34 CFR §§ 99.31(a)(10) and 99.36 http://familypolicy.ed.gov/content/when-it-permissible-utilize-ferpa's-health-or-safety-emergency-exception-disclosures

[14] In some instances the CARE team chair may share PII with a faculty or staff member when this knowledge may be beneficial to the student in academic and social settings, which is educational in nature. 34 CFR § 99.31(a)(1). It may, however, be necessary for this shared record to be a disciplinary record. https://ed.gov/policy/gen/guid/fpco/ferpa/index.html

(HIPAA)[15]. Each team member has the ability to gather basic data on a POC in their respective area. Members have policy and practice experience, and "have the authority to take independent action when needed"[16]. For data reporting responsibilities, each team members brings their respective data to the CARE table during the initial discussion of a POC. Members will know the persons of concern (POC) on the agenda prior to each meeting. This enables members to gather the expected information from their area and report to the team. As team members are delivering their reports, care should be taken not to interrupt the speakers except for a clarification-type of question.

Inner Circle Members

Inner Circle Members are invited to each meeting but serve in departments that are not as critical to CARE as the Core members. If inner circle members are unable to attend a meeting, there is not a backup person who represents them. They do have access to the electronic database. Each of the Inner Circle Members uses Maxient's Watch List function. This enables them to be notified by an automatic email when a report is filed concerning a person under their care. The Inner Circle Member may contact the chair and/or attend the CARE meeting to offer information and guidance regarding the POC.

Roles and Responsibilities of CORE and INNER Circle Team Members

ROLES AND RESPONSIBILITIES		
***Represents CORE verses INNER Circle Members**		
Department	**Initial Referral**	**Threat Assessment Stage**
Student Affairs (VPSA and/or AVPSA) ***CORE**	• Provide input as to whether this is a Care Team issue at the time of the referral • Provide guidance upon initial receipt of a referral, as necessary • Directs Team staffing and follow-up functions	• Document information learned through meetings and/or research (prior history, other known factors, etc.) • Take the lead on completing the full assessment and/or CARE Plan, when warranted • Call emergency meeting, when warranted • Begin process for University-Initiated Medical Withdrawal as necessary. • Notify the VPSA, or other senior level administrators, as necessary
Student Development and Outreach (Director of CARE and Advocacy) ***CORE**	• Create case and notify team • As applicable, assign a case manager who will begin outreach • Manage specified student concern cases from beginning to completion. • Utilize Maxient software to document incoming and outgoing communications including referrals, requests for campus resources, meeting notes, document collection, and action logs.	• Document information learned through meetings and/or research (prior history, other known factors, etc.) • Take the lead on completing the full assessment and/or CARE Plan, when warranted • Conducts follow-up inquiries regarding threat assessment cases • Notify the VPSA, or other senior level administrators, as necessary

[15] The *HIPAA* Privacy Rule permits a covered entity to disclose PHI, including psychotherapy notes, when the covered entity has a good faith belief that the disclosure: (1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat. This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good faith belief can mitigate the threat. See 45 *CFR* § 164.512(j)(1)(i). https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf

[16] Van Brunt, B., Reese, C., and Lewis, S. (2015). Who's on the Team? Mission, Membership, and Motivation. A publication of the National Behavior Intervention Team Association (NaBITA).

ROLES AND RESPONSIBILITIES		
***Represents CORE verses INNER Circle Members**		
Department	**Initial Referral**	**Threat Assessment Stage**
	• Respond to communications from concerned constituents regarding new and existing students of concern. • Use various methods to locate and connect with those referred. Investigates and reports relevant information on cases. • Meet with students to provide information, guidance, and support based on their unique circumstances. • Provide input as to whether this is a CARE Team issue at the time of the referral	
Student Life Coordinator ***CORE**	• Assist with management of specified student concern cases from beginning to completion. • Utilize Maxient software to document incoming and outgoing communications including referrals, requests for campus resources, meeting notes, document collection, and action logs. • Respond to communications from concerned constituents regarding new and existing students of concern. • Use various methods to locate and connect with those referred. Investigates and reports relevant information on cases. • Meet with students to provide information, guidance, and support based on their unique circumstances. • Assist students with social service needs, including referrals to campus and community resources.	• Appropriately coordinate with other University personnel when responding to situations that involve students in distress. • Notify the VPSA, or other senior level administrators, as necessary
Student Conduct and Community Standards (Director) ***CORE**	• Add any information regarding conduct history or other interactions • Provide input as to whether this is a Care Team issue at the time of the referral • When necessary, proceed with conduct protocols	• Document information learned through meetings and/or research (prior history, other known factors, etc.) • Implement Code of Conduct procedures as necessary. (Evaluate need for interim suspension or residence hall removal) • Notify the VPSA, or other senior level administrators, as necessary
Wellness and Holistic Support (Executive Director) ***CORE**	• Provide guidance upon initial receipt of a referral, as necessary • Manage specified student concern cases from beginning to completion. • In accordance with applicable laws, provide information regarding hospitalization status and/or other mental, emotional, or physical health considerations • Provide input as to whether this is a Care Team issue at the time of the referral	• Document information learned through meetings and/or research • Take the lead on completing the full assessment, when warranted, and/or CARE Plan for person of concern following a hospitalization • Evaluate emergency removals, as necessary • Notify the VPSA, or other senior level administrators, as necessary
Housing and Residence Life (Director) ***CORE**	• Solicit information from residence life staff regarding the role of the student in the residential community. (Identify any issues, concerns, connections, etc.) • Manage any potential violations of the Housing contract as necessary • Provide input as to whether this is a Care Team issue at the time of the referral	• Check-in with the staff to determine if there is new information since the initial referral • Document information learned through meetings and/or research • Evaluate emergency removals, as necessary • In conjunction with LUPD, manage access control to residence halls, as applicable
Academic Affairs (Faculty) ***CORE**	• In Maxient, research any Academic Alerts submitted. As needed, consult with Academic Success Center staff. (Identify any issues, concerns, connections, etc.) • Provide input as to whether this is a Care Team issue at the time of the referral • Identify opportunities to better engage faculty.	• Document information learned through meetings and/or research • Evaluate emergency removals, as necessary

ROLES AND RESPONSIBILITIES		
***Represents CORE verses INNER Circle Members**		
Department	**Initial Referral**	**Threat Assessment Stage**
LINK (Director) ***INNER**	• Coordinate with LINK faculty to identify proactive support measures • As necessary, follow-up with LINK faculty and document updates accordingly	• Document information learned through meetings and/or research • Evaluate emergency removals, as necessary
Enrollment Management (Executive Director) ***CORE**	• Research any red flags identified on admission documents. • Provide input as to whether this is a Care Team issue at the time of the referral	• Document information learned through meetings and/or research • Evaluate emergency removals, as necessary
LUPD (Chief of Police) ***CORE**	• Add any information to the notes regarding past LUPD interactions • Research publicly available information (to include social media presence), as necessary • Provide input as to whether this is a Care Team issue	• When warranted, conduct criminal history check (providing this would not violate any laws or regulations) • Evaluate emergency removals, as necessary • Facilitate law enforcement response, as necessary
Athletics (Assistant Athletic Director for Sports Medicine) ***CORE**	• As applicable, solicit information from athletics staff. (Identify any issues, concerns, connections, etc.) • Manage specified student concern cases from beginning to completion • Provide input as to whether this is a Care Team issue at the time of the referral	• Document information learned through meetings and/or research • Case manage athlete POCs as appropriate • Evaluate emergency removals, as necessary
Human Resources (Director/Assistant Director) ***CORE**	• Add any information regarding history or other interactions • Provide input as to whether this is a Care Team issue at the time of the referral	• Depending on the need for privacy, the HR director may work with a smaller sub-set of the CARE Team to assess and develop intervention strategies for the faculty or staff in distress. • Document information learned through meetings and/or research • Take the lead on completing the full assessment, when warranted • Coordinate with LUPD and notify senior level administrators, as necessary • As warranted, proceed with employee discipline protocols
Administrative Specialist, Student Affairs ***INNER**	• Complete faculty outreach as necessary • Provide input as to whether this is a Care Team issue at the time of the referral	• Provide recap of prior staffing notes. • Documenting notes and updates based Team member input. • Send notification to Team members based on assigned tasks. • Research past academic records, etc.
*All team members are responsible for reviewing the CARE Agenda a minimum of twice per week. (This will be visible under the analytics tab in Maxient (report number 1001). When an individual's name appears on the agenda, begin investigative measures. Lengthy documentation should be dropped into the electronic file cabinet. The notes section of the Maxient case file should be concise yet informative. Team members should review all documentation, to include Team input, prior to the upcoming meeting. Research, documentation, and a review of case files should consistently be completed prior to the weekly meeting. Meeting time should focus on staffing both previous and new referrals to determine next steps as well as any needed interventions. *For all emergency removals cases, the VPSA will serve as Chair.*		

Team Interventions

The CARE Team receives reports of concerning behaviors involving students, faculty, staff, and non-campus community members. Once the NaBITA threat assessment tool produces a risk rating of mild, moderate, elevated, severe or extreme, the CARE Team decides the type of intervention for the POC that matches the assessment of risk. The CARE Team will make that recommendation to the appropriate university official. The authority to take the recommended action or

implement the intervention rest with the Core or Inner Circle Member's official capacity at the university. The CARE Team may recommend some or all of the following.

1. Recommendations to appropriate university personnel in-line with the interventions associated with the NaBITA Risk Rubric.
2. Recommendations to appropriate university personnel that may include, but are not limited to, the actions or sanctions consistent with the Student Handbook, Faculty Handbook, and Employee Handbook. In addition, the CARE Team may recommend that a student, faculty, or staff member receive a professional mental health assessment, or other actions deemed appropriate;
3. Assign appropriate university personnel to the POC of the incident for follow-up and observation through the case management program;
4. Recommend that the proper authority notify, within FERPA guidelines, the parents, guardians and/or next-of-kin; and/or
5. Recommendations to appropriate university personnel regarding conditions of consideration for an individual to return as an active member of the campus community. This may include requiring internal or external psychological evaluations of the individual in question.

NOTE 1: Action on any recommendation(s) is the responsibility of the appropriate university personnel. It is expected that this individual report back to the CARE Team as to the disposition of the incident. If the Team's recommendation(s) is not followed an explanation should be provided.
NOTE 2: The appropriate team member will be responsible for making notations to the files concerning recommendations, actions taken, and disposition of each report filed.
NOTE 3: Nothing in this document is intended to abridge any employee's rights under established contracts, or state or federal law.

Middle Circle Members

Middle Circle Members serve CARE in a consultant capacity. They are invited in for cases that related to their specific content area and do not attend meetings regularly.

General Counsel: The General Counsel attends meetings when an issue presents a legal concern where the General Counsel's expertise is essential to the case at hand. The General Counsel does not have access to electronic files; although, information about a specific case is likely involve full disclosure.

Director of Counseling Services: The Director of Counseling Services does not attend weekly meetings but does have access to electronic files to ensure adequate outreach and support. The Director receives information from the Team to ensure collaborative communication and consults on issues of mental health, crisis and disruptive/dangerous behavior. The Director keeps privileged medical treatment records in the Office of Counseling Services. These records are protected

by state confidently law and information is only shared with CARE when the individual provides permission through a consent to release information or if the information falls under the emergency exception.

Director of Health Services: The Director of Health Services does not attend weekly meetings or have access to the electronic database; however, the Director collaborates with the CARE Team on medical emergencies, mental health challenges (outside counselling services) and other health related concerns. Information in the health center is protected by state confidentiality law based on the licensure of the nurses and under HIPAA. Information is only shared with the CARE Team when the individual provides permission through a consent to release information or if the information falls under the HIPAA emergency exception.

Director of Disability Services: The Director of Disability Services does not attend weekly meetings or have access to the electronic database; however, the Director collaborates with the CARE Team and offers guidance on issues of academic and residential accommodations.

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Assistant Vice President for Student Success: The Assistant Vice President for Student Success manages the Academic Early Alert protocol and reporting system. Information presenting as Academic Early Alerts may also be indicative of other concerns. As such, the AVPSS has access to electronic files and refers information to the CARE Team based on presenting patterns or other apparent concerns.

Assistant Director of Housing and Residence Life: The Assistant Director of Housing and Residence Life attends weekly meeting in the absence of the Director and supervises the Area Coordinators. Area Coordinators are professional, live-on staff members that often serve as the eyes and ears of the CARE Team.

Outer Circle Members

Outer Circle Members do not attend meetings or have access to the database. These team members function as the eyes and ears to share reports with the team. These members should also receive additional training when it comes to intervention and management of students, faculty and staff.

First-year Experience Faculty and Peer Mentors: This semester long course teaches students to avoid some of the common pitfalls in the college experience such as procrastinating, poor social life/academic balance, losing contact with home/family, and poor study habits. Faculty and peer mentors are given additional training and are often utilized by CARE to help connect students to on-campus support resources.

Orientation Leaders: One of the first people new students meet on campus are the group leaders during orientation events in the summer and January. These leaders receive training on basic mental health first aid, suicide prevention, group communication, leadership and study skills. These leaders work with the CARE Team to share information and help to connect students with resources.

Resident Assistants and Area Coordinators: Lander University has a robust residential life program involving professional staff (Area Coordinators) and student advisors (RAs). Both groups are trained in conflict resolution and mediation skills as well as mental health crisis de-escalation. Residential life staff serve to identify at-risk behaviors as they occur in the halls and assist with interventions as needed.

Communication

Internal: Reducing Barriers Between Team Members

CARE Team members (core and inner circle) receive training to address barriers to effective communication. The team operates more effectively when there is a sense of trust and connection among the members. Trust and mutual respect is developed through on-going conversations, frequent meetings, trainings and discussions when tensions exist. The chair of the team watches over communication trends to ensure problems are identified early and addressed.

- **Leave your position at the door:** Team members are encouraged to operate on equal footing when it comes to conversations. The CARE Team avoids hierarchy or shutting down conversations based on staff positions. Conversations are egalitarian and each team member is encouraged to talk and share their perspectives.
- **Stay in your lane:** While conversation is encouraged, it is just as important that members stay in their lane. This refers to the idea that team members should be careful speaking beyond their level of expertise. Conduct staff should not review psych reports and law enforcement should not be discussing the appropriateness of a therapy animal accommodation on campus. This is a balance, however, as the CARE Team values a diversity of perspectives. This diversity of opinion is set against the backdrop of respect for each other's area of expertise.
- **Devil's Advocate:** The CARE Team avoids coming to decisions based on superficial concord. Diverse perspectives and "what if" scenarios should be essential to vetting the quality of an assessment and the likelihood of a successful intervention. This does not mean outright discord and harmful debate and disagreement, but rather giving space at the table to alternative viewpoints.
- **Forest for the Trees:** The CARE Team encourages members to have vigorous discussions related to cases. These discussions should challenge conventional thinking and stress logic and solution focused interventions. Team members are strongly encouraged to see each case as just that, a single event, and not to allow past frustrations or disagreements to shade future discussions. The CARE Team works best when each member has a clear voice, without carrying grudges or outside departmental conflicts.

In terms of silo reduction, each department wrestles with the privacy (and sometimes privilege) of its information and when and how it can appropriately be shared with the team. Most departments within the core and inner circle of the team keep records based on FERPA and have wide latitude to share information that has a potential emergency quality to the data.

At the heart of the CARE Team's procedures are the challenges regarding respecting the privacy and needs of the individual against the safety of the community. There will always be an appropriate tension between these extremes. This issue is more pressing for counseling and health services, both of which keep records that fall under state confidently law

and HIPAA and therefore have a higher standard in terms of what can be released. Both student health and counseling centers have requirements to share information when there is an imminent risk of suicide or harm to others. This is discussed in state law and scope of practice for mental health clinicians, doctors, nurses and other medical providers. The more challenging issue arises when the CARE Team is discussing a student that is known to student health and/or the counseling services and the privileged information kept within those departments would be useful for the team to guide its assessment and intervention, yet without a signed consent the standard to disclose information is not sufficiently met.

External: Nurturing the Referral Source

Cultures of reporting do not exist in a vacuum. The members of campus communities and those who interact with CARE have critical information about at-risk persons of concern, as well as those who may be becoming "at risk." One of the challenges for CARE is to activate, create, and operate channels of communication that allow for a flow of information from reporters to the CARE Team. Creating and nurturing the channels will help to empower information flow, but the CARE Team must also reach out to the campus and related community to teach what concerning behavior looks like, what baseline behaviors are (to include what deviations look like), and what to do with reports when concerning behavior is observed or suspected.

To this end, once a report is received from the community through Maxient, the report receives an auto-responder message:

> *Thank you for submitting a CARE report. This matter has been routed to the appropriate staff and will be followed up on shortly. If you have any questions or would like to share additional information, please contact the Office of Student Affairs at 864-388-8055 or via email at tclifton@lander.edu. As a reminder, any situations that involve an immediate risk to one's health or safety should be reported immediately to the Lander University Police Department at 864-388-8222.*

Further, reporters receive a memo update to confirm the report has been received, which also details whom the individual can contact in the event additional information becomes available.

> *To: {{INCIDENT_REPORTED_BY}}*
>
> *RE: {{FULL_NAME}} (Report Status Update)*
>
> *This notification is to confirm we have received your report on the above-mentioned individual of concern regarding {{NATURE OF REFERRAL}}. Currently, this matter has been assigned to the following office for follow up: {{CUSTOM_1}}. Please reach out to {{CUSTOM_2}} ({{CUSTOM_3}}) with any updates you may have. This information may prove useful when determining how to best assist {{FIRST_NAME}} in the future. While we may not be able to share specifics with you, please rest assured our goal is to connect the individual with appropriate resources and monitor their progress. Thank you for your commitment to the safety and well-being of the Lander University community.*

Often, the chair, case manager, or other appropriate team member will reach out to the referring source by telephone or a face-to-face conversation. The purpose of this is to: (1) Ask how the referrer is doing personally regarding the report (as some situations may be traumatic for the reporter). (2) Confirm the details of the report or seek additional relevant

details/clarification. (3) Ask the reporter to partner with you as a continuing observer. There are times when the team should consider bringing the reporter (faculty/staff) onboard to assist in the intervention process. FERPA provides the CARE Team latitude to enlist the faculty or staff member as an aid to assist in student-related matters. While this helps nurture the referral source and keep the faculty/staff more connected to the team, it also provides a collaborative approach to intervention and case management.

Referral sources can opt to remain anonymous when reporting, or request that that the Team respect anonymity when following up. (This option is explained within the online reporting form.) Additionally, referral sources can reach out directly to any member of the Team.

Training

The CARE Team is dedicated to the continuous improvement of the team and team member competencies through research and training. The goal is for the team to develop and maintain a culture of learning and dedication to finding new information and building on existing best practices. Each team member must receive the directed training by the chair upon joining the team. Each year two to four team members will attend the NaBITA annual conference. The group that attends is responsible for team professional development throughout the year. Additional training will occur throughout the summer months when caseloads are much lighter. Any down time during the semester will be used for the team to spend time evaluating processes, reviewing case studies, etc. The team should be looking for ways to improve their processes and protocols on a continual basis.

End of the Year Report/Review

The CARE Team Chair, or designee, will be responsible for compiling an end of the year review. Prior to completing this written review, CORE and INNER Circle members should meet to evaluate the Team's perceived progress and identify any needed areas of improvement. The contents of this report will be shared with CORE, INNER, and MIDDLE Circle members. This report/year-end review will include the following:

- Academic year data, to include trends and patterns;
- A measure of the Team's success in terms of applied interventions. (This will be accomplished using milestones in Maxient. The goal is for interventions to result in at least one of the following over time: reduction in risk score, no additional referrals, or case closure.);
- Community outreach/training;
- Team member professional development. (How were competencies increased?);
- Progress/improvements made; and
- Team goals for the upcoming year

The CARE Team database will be reviewed with the possibility of some reports being purged.

Appendix A: Questions to Guide Initial Threat Assessment[17]

The CARE Team will utilize the NaBITA rubric to assess risk and to implement a CARE/individualized support plan. The below questions should also be used as a threat assessment guide.

1) **What are POC's motive(s) and goals in relation to harm to self and/or others?**
   - What motivated the person to make the statements or take the actions that caused the person to come to the team's attention?
   - Does the situation or circumstance that led to these statements or actions still exist?
   - Does the person have a major grievance or grudge? If so, against whom or what?
   - What efforts have been made to resolve the problem and what has been the result?
   - Does the person feel that any part of the problem is resolved or see any alternatives?
   - Has the person expressed any justifications for violence?
   - Has the person indicated a lack of concern for any consequences of violent or inappropriate behavior?

   The purpose of this question and its sub-questions is to understand the overall context of the behavior that first brought the person to the attention of the team, and to understand whether those conditions or situation still exists.

2) **Have there been any communications suggesting ideas or intent to attack or cause self-harm?**
   - What, if anything, has the person communicated to someone else (e.g., targets, friends, co-workers, faculty, family, others) or written in an academic assignment, diary, journal, email, or website concerning the person's grievances, ideas and/or intentions?
   - Has this person indicated a plan to attack or to cause self-harm? If so, what is that plan?
   - Does the person have access to, or did the person recently acquire, any weapons?
   - Has the person engaged in behavior that suggests that the person has considered committing suicide?
   - Have friends been alerted or "warned away"?

   If the team finds that the person in question has communicated an idea or plan to do harm-and that the source of information is credible (e.g., it was not reported by someone trying to get the person in trouble)-this is a strong indication that the person may be on a pathway toward violence and therefore poses a threat. The team should try to confirm or corroborate this information through another source, or through other information about the person's behavior that confirms an idea or plan to do harm.

3) **Is the POC experiencing hopelessness, desperation and/or despair?**
   - Is there information to suggest that the person is experiencing desperation and/or despair?
   - Has the person experienced a recent failure or loss (including loss of status)?
   - Is the person known to be having difficulty coping with a stressful event?

[17] Cathy Cocks, Executive Director of Community Standards at the University of Connecticut, provided this document to Lander University in September of 2017.

Many persons who have engaged in targeted violence have been suicidal prior to their attacks or actively suicidal at the time of their attacks, hoping to kill themselves or be killed by responding police. It is important to emphasize that most people who are feeling hopeless, desperate, or even suicidal will not pose a threat of harm involving a quick referral for help. If the team determines that the person in question is experiencing-or has recently experienced-desperation, hopelessness, and/or thoughts of suicide and there is NO other information indicating the person has thoughts or plans to harm other people, the team should develop a plan to refer the person to necessary mental health care or emergency psychiatric intervention, possibly involving the institution's counseling center and/or police or local law enforcement, if necessary. If the team determines that the person in question is experiencing-or has recently experienced-desperation, hopelessness, and/or thoughts of suicide and the IS information that the person also has thoughts or plans to harm other people, the team should determine that the person poses a threat and move to develop and implement a risk mitigation plan to intervene with the person. The risk mitigation plan should include resources to evaluate and treat the person's desperation and/or suicidal thoughts/plans.

4) **Does the POC have a trusting relationship with at least one responsible person (e.g., a friend, partner, roommate, colleague, faculty advisor, coach, parent, etc.)?**
   - Does the person have at least one person to confide in-someone the person believes will listen without judging or jumping to conclusions?
   - Is the person emotionally connected to other people?

   A "yes" to this question is good news. First, having someone that the person in question already trusts may be a protective factor in itself. This means that the responsible person may already be a good influence on the person. But more importantly, if the team decides that the person in question poses a threat of harm, the team can solicit the help of this responsible person. For example, this person can assist in developing a risk mitigation or monitoring plan, can work with the person who has raised concern, and can be used as a vehicle to get the person of concern to necessary help. The responsible person can also be encouraged to take a more active role in discouraging the person of concern from engaging in any harm-whether to the person of concern, others, or both.

5) **Is the POC's conversation and "story" consistent with their actions?**
   - Does information from collateral interviews and from the person's own behavior confirm or dispute what the person of concern says is going on?
   - Does information gained from an interview with the person of concern seem believable? How trustworthy is the person in interactions with the team?

   If the team decides to interview the person of concern, the interview can be used as an opportunity to determine how forthcoming or truthful the person is being with the team. The less forthcoming the person is, the more work the team may have to do to develop an alliance if a management plan is needed.

6) **Mark the scenario that best describes the situation:**

☐ This is a **self-harm** situation with no indication that a threat to others exist. If this is checked, proceed to question 14.

☐ This is a **possible threat to others** situation. If this is checked, continue on to the next question.

☐ This is potentially both a **self-harm** and **possible threat to others** situation. If this is checked, continue to the next question.

7) **Has the POC shown inappropriate interest in any of the following?**

- Workplace, school, or campus attacks or attackers;
- Weapon (including recent acquisition of any relevant weapon);
- Incidents of mass violence (terrorism, workplace violence, mass murders); and/or
- Obsessive pursuit, stalking or monitoring others

If "yes" to this question alone does not necessarily indicate that the person in question poses a threat or is otherwise in need of some assistance. Many people are interested in these topics but never pose any threat. However, if a person shows some fascination or fixation on any of these topics and has raised concern in another way, such as by expressing an idea to do harm to others or to self, recently purchasing a weapon, or showing helplessness or despair, the combination of these facts should increase the team's concern about the person in question.

8) **Has the POC engaged in attack-related behaviors (e.g., any behavior that moves an idea of harm forward toward actual harm)?**

These behaviors might include:

- Developing an idea or plan;
- Making efforts to acquire or practice with weapons or other material to support an attack;
- Surveilling possible sites and areas for attack;
- Stalking or surveilling potential targets;
- Testing access or potential targets;
- Rehearsing attacks or ambushes.

If the team determines that the person has engaged in any attack-related behavior, this is an indication that the person is on a pathway toward violence and has taken a step(s) forward toward carrying out an idea to do harm. Any of these behaviors should prompt the team to try to corroborate or confirm these behaviors through other sources (or confirm the reliability of the source reporting these behaviors). These behaviors will give the team an indication of how far along the pathway of violence the person has progressed and may also help the team understand how quickly the person is moving forward toward an attack(i.e., how imminent a threat there may be. Any attack-related behaviors should be a serious indication of potential violence).

9) **Does the POC have the capacity to carry out an act of targeted violence?**
- How organized is the person's thinking and behavior?
- Does the person demonstrate ability to act on thoughts?
- Does the person have the means (e.g., access to a weapon) to carry out an attack?

It is important for the team to ask whether the person in question has access to weapons and ammunition. A "yes" to this question may be cause for concern. However, it is important for the team to recognize that in some areas of the country, it is quite common to own weapons and to have experience using weapons from a young age. Therefore, what the team should focus on is the combination of the person owning or having access to weapons AND some indication that the person has an idea or plan to do harm. Similarly, the team should be concerned if the person develops an idea to do harm and THEN starts showing an interest in weapons. Either combination should raise the team's concern and move the team toward determining that the person poses a threat.

10) **Does the POC see violence as an acceptable, desirable, or only way to solve problems?**
- Does the person's social network(s)(e.g., friends, co-workers, students, parents, faculty members, colleagues) explicitly or implicitly support or endorse violence as a way of resolving problems or disputes?
- Does the person identify with perpetrators of violence?
- Does the person glorify acts of violence?
- Has the person been "dared" by others to engage in an act of violence?
- Has the person communicated a lack of perceived alternatives to violence or a persistence and resentful sense of powerlessness?

If the team learns that the person in question sees violence as a potential, reasonable, desirable, or even the only solution to their problems, it will give the team some indication of the person's inclination toward violence. More importantly, it can indicate how much of an adverse impact the person's problem or current situation may be having on them. Therefore, a "yes" to this question should increase the team's concern about the person in question. But it should also lead the team to consider what options they may have for helping the person solve their problems or improve their situation so that the person no longer looks toward violence as a solution.

*11) **Are other people concerned about the POC's potential for violence?***
- Are those who know the person concerned that the person might take action based on violent ideas or plans?
- Are those who know the person concerned about a specific target or timeframe?
- Has the person previously come to someone's attention or raised a concern in a way that suggested the person needs intervention or supportive services?

It is important for the team to determine whether they see the person as capable of violence. As people are often reluctant to see violence as a possibility, if the team learns that someone in the person's life does think the person is capable of violence, this should raise the team's concern considerably. However, the team should recognize that

some people-such as parents, significant others, or anyone else that is very close with the person in question-may not see the potential violence (even if others do). Those in close relationships with a person may be too close to the person/situation to admit violence is possible or likely.

12) **What circumstances might affect the likelihood of violence?**
- What factors in the person's life and/or environment might increase or decrease the likelihood that the person will engage in violent behavior?
- What is the response of others who know about the person's ideas or plans? (e.g., Do they actively discourage the person from acting violently, encourage the student to attack, deny the possibility of violence, passively collude with an attack?)

This question underscores the principle that violence risk is dynamic. All of us are capable of violence under the right (or wrong) circumstances. By asking this question, the team can identify what factors in the person's life might change in the near-to mid-term, and whether those changes could make things better or worse for the person in question. If things look like they might improve for the person, the team could monitor the person and situation for a while and re-assess after some time has passed. If things look like they might deteriorate, the team can develop a risk mitigation plan (if they believe the person poses a threat or self-harm) or a referral plan (if the person does not pose a threat but appears in need of help) to counteract the downturn in the person's circumstances. The team may also be able to take steps to change the negative situation. One role that the team can play is to change systemic problems where they exist. The person may have acted inappropriately but may have done so in response to a legitimate grievance or systemic problem. The team can serve as a catalyst to change those systemic conditions for the better.

13) **Where does the student exist along the pathway to violence?**
- Has the person developed an idea to do harm?
- Has the person developed a plan?
- Has the person taken any steps toward implementing the plan?
- Has the person developed the capacity or means to carry out the plan?
- How fast is the person moving toward engaging harm?
- Where can the team intervene to move the person off that pathway toward harm?

14) **Is there additional information or have there been actions taken at this stage?**

Comments:

Appendix B: Disruptive and Dangerous Behaviors[18]

Examples of Disruptive Behaviors

- Taking/making calls, texting, using smart phones for social media, etc.
- Students misuse technology in the classroom. Sneaking text messages from beneath the desk or having a laptop open to Facebook™ or another social media site during a lecture.
- Frequent interruption of professor while talking and asking of non-relevant, off-topic questions.
- Inappropriate or overly revealing clothing in classroom, including extremely sexually provocative clothes, pajamas or sleepwear in the classroom.
- Crosstalk or carrying on side conversations while the professor is speaking.
- Interruptions such as frequent use of the restroom, smoke breaks, etc.
- Poor personal hygiene that leads to a classroom disruption or lack of focus.
- Use of alcohol or other substances in class. Attending class while under the influence of alcohol or other drugs.
- Entitled or disrespectful talk to professor or other students.
- Arguing grades or "grade grubbing" for extra points after the professor requests the student to stop.
- Eating or consuming beverages in class without permission (or against the class norms).
- Showing up to class in strange clothing (dressed in military gear, Halloween costumes when it is not Halloween, etc.)
- Reading magazines, newspapers (yes, they still read them, although usually the campus one), books or studying for other classes/doing other homework.

Examples of Disruptive Behaviors Online

- Student post non-relevant spam or unrelated personal advertising material in the forum discussion board.
- Frequent interruption of the professors questions, threaded discussion posts with non-relevant comments or off topic personal discussions.
- Inappropriate or overly revealing pictures shared with members of the online community through the profile.
- Choosing a screenname or profile name that is offensive to others such as Smokingthedope420@university.edu or assman69@university.edu.
- Posting or making comments while drunk or intoxicated. Attending online class discussions or lectures while under the influence of alcohol or other drugs.
- Arrogant, entitled, rude or disrespectful emails or messages to professor or other students.
- Arguing grades or "grade grubbing" for extra points after the professor requests the student to stop.
- Inciting other students to argue with the professor over grades or other assessment related expectations.

[18] Van Brunt, B. & Murphy, A. (2018). A Faculty Guide to Addressing Disruptive and Dangerous Behaviors. Routledge. New York, NY.

Examples of Dangerous Behaviors

- Racist or otherwise fixated (not just expressed once to press a button) thoughts such as "Women should be barefoot and pregnant," "Gays are an abomination to God and should be punished," "Muslims are all terrorists and should be wiped off the earth."
- Bullying behavior focused on students in the classroom.
- Direct communicated threat to professor or another student such as: "I am going to kick your ass" or "If you say that again, I will end you."
- Prolonged non-verbal passive aggressive behavior such as sitting with arms crossed, glaring or staring at professor, refusal to speak or respond to questions or directives.
- Self-injurious behavior such as cutting or burning self during class, or exposing previously unexposed self-injuries.
- Physical assault such as pushing, shoving or punching.
- Throwing objects or slamming doors.
- Storming out of the classroom when upset.
- Conversations that are designed to upset other students such as descriptions of weapons, killing or death.
- Psychotic, delusional or rambling speech.
- Arrogant or rude talk to professor or other students.
- Objectifying language that depersonalizes the professor or other students.

Examples of Dangerous Behaviors Online

- Racist or otherwise fixated thoughts such as "Gays should be stoned like back in bible times," "Men should go back to playing football and stop thinking so hard. Leave the mental heavy lifting to the ladies in the class," "Muslims and Mormons are cults and should be wiped off the planet," and others posted to the discussion boards to troll for a response or to incite an electronic "riot."
- Bullying and teasing behavior through messages, emails or online hazing.
- Direct communicated threat to professor or another student such as: "I am going to kick your ass" or "If you say that again, I will end you."
- Prolonged passive aggressive behavior such as constant disagreement with everyone and everything in class, challenging the professor's credentials, refusal to respond questions or directives.
- Mentioning of self-injurious behavior such as cutting or burning self or suicidal thoughts or intentions in online posts.
- Threats of physical assault such as pushing, shoving or punching.
- Threats of online assaults like hacking a website, sharing personal information or pictures online without permission.
- Conversations that are designed to upset other students such as descriptions of weapons, killing or death.
- Psychotic, delusional or rambling speech in posts.
- Arrogant, entitled, rude or disrespectful messages to professor or other students.
- Objectifying language that depersonalizes the professor or other students.

Appendix C: Student CARE Plan

Student Name: _____ Assigned CARE Case Manager: _____

The mission of Lander's CARE Team is to promote a safe, caring and productive environment for all members of the university community. The purpose of this CARE Plan is to identify areas of concern and offer opportunities for support/assistance. You will be asked to provide input on the contents of this plan to ensure measures are reflective of your individual needs. The plan itself is a collaborative effort between you and the assigned case manager. The role of the case manager is to serve as your advocate, and ultimately provide you with the tools needed to stay on a successful, productive path at Lander University.

<table>
<tr><td colspan="2">ASSESSMENT</td></tr>
<tr><td colspan="2">The case manager should identify and record any noted behaviors/areas of concern that prompted the CARE Plan meeting.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">The involved party should identify and record any other behaviors/concerns or issues impeding on their wellness and/or success.</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">RESPONSE</td></tr>
<tr><td colspan="2">The case manager should identify and record collaborative interventions based on the behaviors/concerns provided.</td></tr>
<tr><td><u>Interventions</u></td><td><u>Deadlines (if applicable)</u></td></tr>
<tr><td colspan="2">The involved party should identify and record additional suggestions, if applicable, based on the behaviors/concerns provided.</td></tr>
</table>

Interventions	**Deadlines (if applicable)**

EVALUATION
The case manager should identify and record any necessary follow-up based on the interventions and established deadlines.
Note: If applicable, you may be asked to voluntarily sign a release to ensure the case manager can access any needed information.

If you do not agree with the case manager's interventions and/or fail to follow through with the CARE Plan, administrative action(s) may be forthcoming. Such action(s) will be contingent upon whether the behavior has persisted and/or if failure to follow through could place you or other members of the campus community at a greater risk. If administrative action through the Office of Student Conduct occurs, full due process will be afforded to you. This will provide you with an opportunity to share your justification of inaction and/or general disagreement with any aforementioned interventions. Again, the case manager serves as your advocate and seeks to address concerns proactively by engaging with you as an active participant throughout the planning and follow-up process.

The below signature certifies my involvement in the creation of this CARE Plan and an understanding of its contents.

Student Signature: _____ *Date of Acknowledgment: _____*

Case Manager Signature: _____ *Date of CARE Plan Review: _____*

Appendix D: Student Informed Consent (Assessments)

Assessment Process

The University desires to see students be successful. After the initial evaluation is completed, treatment plans can be developed to meet the individual's specific on or off campus needs. If the situation is beyond the department's scope of practice, a department may need to refer an individual to an off-campus setting. The initial meeting may last from 30-90 minutes with a follow up meeting scheduled as needed. Follow up meetings are often scheduled to complete testing, gather more information and to clarify information given during the first interview. We are committed to providing the best possible assessments for our students. The person conducting the assessment is bound by confidentiality, which means that what is said during the meetings remains confidential. There are a few exceptions to this rule: (1) Plans to harm self or specific others. (2) Permission provided by the client. (3) Abuse of a child, adult, or elderly person.

Student Rights & Responsibilities

- I understand I have the right to review credentials of staff members including but not limited to: education, experience, certifications, licensures, etc.
- I understand I have the right to ask any questions about the informed consent or assessment process during the initial meeting and/or prior to signing the document.
- The assessment process requires the student to allow the evaluator to share information with the referral source when the evaluation is complete. I understand I have the right to request a meeting with the evaluator to discuss the assessment results, as well as clarify any information to be shared with the referral source.
- I understand I can terminate the relationship at any time (though this termination will be shared with the referral source).
- I will arrive on time for my meetings.
- If unable to keep an appointment, I will call the office at least 24 hours in advance.
- I will actively participate in the process by asking questions and staying involved.

By signing this document, I give permission for this information to be shared with the office or person making the referral. I agree to make every effort to keep all scheduled appointments. If I have missed appointments, I am aware that limits may be imposed on services available and this will be shared with the referral source. I have read and understand the above information, and I have had the opportunity to ask questions. Further, I understand that this release is only specific to on-campus risk assessments and is not applicable to counseling services. If counseling is recommended and/or sanctioned, and I am required to have my compliance communicated to the referral source, I will be asked to sign a Counseling Services Release Form. If applicable, before information can be shared with the referral source, I understand that all off-campus assessments will likely require a separate informed consent agreement.

Referral Source: _____

Student Signature: _____

Date of Acknowledgment: _____

Appendix E: Admissions Campus Safety Review Process

This rubric has been created as an aid for the CARE Team when acting within the scope of the admissions campus safety review process. This serves as a visual representation of campus safety considerations and aims to ensure admission decisions are consistent and non-discriminatory. Each team member will have input on the below-mentioned categories. Applicants admitted may benefit from support services/resources or case management on behalf of the CARE Team. During the initial review, the team may determine that additional information is needed to arrive at an informed decision. If so, the Executive Director of Admissions will appropriately communicate this to the applicant. After an admissions recommendation has been made and if any follow up recommendations apply, the Executive Director of Admissions will disclose the identity of the applicant, to include their assigned L# and any accompanying documentation.

Based on a "yes" response, did the applicant provide an explanation of the issue? If no, the admissions application is incomplete, a review should occur only after the appropriate documentation has been received. NOTE: The Executive Director of Admissions may make a judgement call based on a score of 2 or under, providing all necessary documentation or an appropriate explanation has been provided. In situations where the recommendation is to deny admission, the information will be forwarded to the Chief of Police and General Counsel for review.

CATEGORY	CRITICAL (4 POINTS)	ELEVATED (3 POINTS)	MODERATE (2 POINTS)	MILD (0 to 1 POINT)	POINTS
Criminal History	• One or more violent offense(s) • One or more felony conviction(s). Indicates harm to others or the potential of creating harm	• Two or more criminal offenses occurring within the last three years. **Does not include "minor offenses"* • Currently on probation or parole.	• Two or more "minor offenses" occurring within the last three years.	• Zero to one "minor offense" occurring within the last three years.	
Pending Charges	• One or more violent offense(s) pending • One or more felony charge(s) pending. Indicates harm to others or the potential of creating harm	• Two or more criminal charges pending. **Does not include "minor offenses"*	• Two or more "minor offenses" pending	• Zero to one "minor offense" pending	
School Discipline	• One or more violent or serious Code of Conduct violation(s). Indicates harm to others or the potential of creating harm	• Two or more Code of Conduct violations (although not threatening in nature). **Does not include "minor Code of Conduct violations"*	• Two or more "minor Code of Conduct violations" occurring within the last year	• Zero to one" minor Code of Conduct violation" occurring within the last year	
Other Factors					

**LUPD will be asked to provide feedback on what constitutes a "minor offense." The Director of Student Conduct and Community Standards will be asked to clarify what constitutes a "minor Code of Conduct violation."*

SCORING ALERTS

4 and >	Exercise extreme caution (justify decision to admit and implement supportive measures)
3	Exercise careful consideration (justify decision to admit and implement supportive measures)
2	Admit and place on watchlist (supportive measures offered upon initial alert received)
1 and <	Admit without stipulations

Total Points Assigned = _____

****

Assigned Applicant Review Number: _____ Date of Review: _____

Decision to Admit: ☐ Yes ☐ No

Clarifying Comments/Recommendations:

Admissions Denial: Sample Correspondence

Date

Name
Address

Dear STUDENT,

The admissions application you submitted to XXXX University has been reviewed, along with supporting documents such as your criminal history and/or disciplinary record from a previous school. Your application for admission has been denied. If you have additional information that may not have been considered or questions regarding the process, you may contact Chief XXXX with the University Police Department (xxx-xxx-xxxx). This new information will be considered by the University upon receiving it.

Otherwise, you may reapply to the University in one year. You should be prepared to document what you have been doing during the last year which could provide you a favorable admissions review. This may include, but is not limited to:

- Evidence of solid employment.
- Evidence of academic success, which might include technical college or other types of credits that may or may not transfer to XXXX State as academic credit.
- Letters of support from your employer, minister, or non-family member with whom you have had close contact with during this period and indicate they are aware of your situation.
- Depending on your situation, show evidence of mental health counseling, drug rehabilitation, or specific program completion records such as anger management training.
- If you are on parole or probation, a letter from your court assigned officer indicating that you have been compliant during the past year.

We understand that each situation is unique. Because of this, the list above is simply a starting point for a continuing conversation with students who wish to reapply. As with every applicant, we want you to succeed.

If you are serious about being reconsidered for enrollment at XXXXX University, let me encourage you to contact Chief XXXXX and start the conversation.

Sincerely,

Name
Director of Admissions

Appendix F: Annual Confidentiality and Training Agreement

I, _____ understand that Lander University has established the CARE Team to assist in addressing situations whereas students, faculty, or staff are displaying behaviors that are concerning, disruptive, or threatening in nature. Further, I understand that such behaviors could potentially impede on one's or another's ability to function successfully and/or safely. Established policies and procedures are designed to help identify persons demonstrating behavior(s) that are potentially endangering one's own or another's health and safety. Additionally, such behaviors may be disruptive to the educational processes of the University.

Please initial each statement below.

_____ I understand the mission, goals, policies, and procedures of the CARE Team, and agree to participate in meetings and training to the best of my ability.
_____ I understand that all records associated with CARE are subject to FERPA:

Information from the education records of a student may be disclosed to University officials with a legitimate educational interest. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted such as an attorney, auditor, or collection agent; a person or a student serving on an official committee such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A University official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility.

_____ I understand that many of the records are dynamic in nature and may not have been resolved, adjudicated or otherwise completed at the time I view them. As such, much care should be taken not to form judgments or use this information in decision making without confirming the validity of the information.
_____ Unless otherwise appropriate in accordance with the policy, I understand that none of the CARE records can be viewed, shared, or discussed with any non-CARE member.
_____ I understand that any requests by a non-CARE member to view or print a CARE record must be made to the Chair. If approved, certain information may need to be redacted in accordance with FERPA.

Signed (CARE Team Member): _____

Date of Acknowledgement: _____

Appendix G: Team Audit

CORE-Q[10] Checklist

The CORE Q10[19] checklist is provided to assist the CARE Team in conducting an internal audit. The checklist is divided into ten categories to match the ten key core qualities the team. The reviewer enters a 0 to indicate "yes" the item in question is present. A score of 1 is entered to represent the item is in progress of being addressed within the next few weeks. A score of 2 is entered to represent the item is not present. Scores are summed in much the same way as gold. Higher scores indicate a greater level of concern. Lower scores indicate the team is close to the ideal goal. Each item also allows for the reviewer to write a narrative summary related to the item in question. With multiple items for each section and a varying weight for each, the overall score sheds only some light on CARE's functioning. Scores above 50 indicate the need for further assessment and planning. It may also be helpful to rate each individual core quality score to better grasp the range of performance. A sample scoring sheeting is provided below.

CARE Team's CORE-Q[10] Scores

Core Quality	Policy	Team Traits	Silo	Marketing	Referral	Data Collecting	Record Manage	Training	Risk Rubric	Quality Assurance
Score	0	0	0	0	0	0	0	0	0	0
Possible	50	30	12	26	24	20	20	14	18	24
%	100%	100%	92%	88%	83%	100%	90%	100%	100%	100%

***The percentage is calculated by: 1- (score/possible)**

Assessment Checklist

#1 Policy	Score 0, 1, 2*	Narrative Details
1.1 Is there a written mission/purpose statement?		
1.1 Does the statement address the scope of the team?		
1.1 Does the statement identify the community members the team works with?		
1.1 Does the statement outline the following phases of operation:		
Prevention education		
Data gathering		
Analysis		
Intervention		
Follow-up		
1.2 Does the team have a written manual?		
1.2 Does the manual include:		
Mission/purpose statement		

[19] Van Brunt, B., Sokolow, B., Lweis, W., Schuster, S., & Swinton, D. (2014). CORE-Q10 Checklist: Assessment of a Behavioral Intervention Team. Retrieved from https://cdn.nabita.org/website-media/nabita.org/wp-content/uploads/2018/09/04142113/Core-Q10-NaBITA-Whitepaper-2014.pdf

#1 Policy	Score 0, 1, 2*	Narrative Details
Description of team membership		
Meeting frequency and plan for slow times		
Training plan to address campus referrals		
Outline behaviors reported to the team		
Description of how team take referrals		
Marketing plan to solicit referrals		
Discussion of website		
Overview of data collection and storage		
Template for meeting outline		
Identification of risk rubric		
Discussion of when to use assessments		
Internal communication and releases		
Discussion of team training plan		

0= yes, 1= in progress, 2= not present

#2 Team Traits	Score 0, 1, 2*	Narrative Details
2.1 Team size over four and under 12		
2.1 Team has enough members to effectively meet and process referral request		
2.1 Team has enough members to meet regularly and does not cancel meetings for other obligations		
2.1 Team does not have too many members that prevents open communication		
2.2 Team has a leader		
2.2. Team can bring together different personalities and expertise		
2.2 Team leader has the time, energy and focus to coordinate and drive the team's mission		
2.2 Team leader has the respect of the campus community		
2.2 Team leader has outstanding communication skills		
2.2 Team leader is dedicated to the training mission		
2.3 Team has rationale for meeting frequency based on training and needs of community		
2.3 Team meets weekly for 1-2 hours or (at minimum) twice a month		
2.3 Team cancels less than 20% of meetings		
2.4 Team has core members that include Dean of Students, Counseling and Conduct staff		
2.4 Team includes at least two of the following: residential life (if applicable), athletics, student actives, health services, legal, human resources or academic affairs		

0= yes, 1= in progress, 2= not present

#3 Siloed Communication Addressed	Score 0, 1, 2*	Narrative Details
3.1 Team has plan to address siloed communication on campus		
3.1 There has been a specific discussion of how counseling can share information with the team		
3.1 Forms and release of information have been developed to foster communication		
3.1 The team has addressed FERPA, HIPAA and state confidentiality standards through training and policy discussion		
3.1 When referring out to psychological or threat assessment there is an adequate sharing of information		
3.1 The team has identified potential obstacles to sharing information and has a plan to address these information		

0= yes, 1= in progress, 2= not present

#4 Education and Marketing	Score 0, 1, 2*	Narrative Details
4.1 Behaviors of concerns listed in policy manual and used for training		
4.1 Behaviors include both in-class and outside of the classroom categories		
4.1 The list includes disruptive behaviors		
4.1 The list includes dangerous behaviors		
4.1 The list includes mental health problems		
4.1 The team has identified potential obstacles to sharing information and has a plan to address these information		
4.1 The list includes both face-face and online student behavior		
4.2 The team has developed a website		
4.2 The website includes contact phone number, team mission and contact email		
4.2 The website contains two of the following: list of behaviors to report, team membership list, online report form, FAQ about team and faculty class guide		
4.3 The team has a marketing plan to share information with faculty, staff and student leaders		
4.3 The team has a logo and graphic		
4.3 The marketing plan involved graphics, flyers and brochures that are shared with the community		

0= yes, 1= in progress, 2= not present

#5 Nurturing the Referral Source	Score 0, 1, 2*	Narrative Details
5.1 Does the team identify the stakeholders that should report to the BIT?		
5.1 Does the team identify faculty?		
5.1 Does the team identify staff?		
5.1 Does the team identify student leaders (such as team captains, residence life staff and club advisors?)		
5.2 Does the team have a plan to train and educate the community about how to report?		
5.2 Does the team have a plan to train and educate the community about what the BIT does?		
5.2 Does the team share with the community how to make a report to the team?		
5.2 Does the team provide training to the community on identifying at-risk behaviors?		
5.3 Does the team have a policy on how information can be shared back with the referral source given FERPA, HIPAA and confidentiality concern?		
5.3 Is there a sample script of an email, letter or phone call that is shared back to the referral source?		
5.3 Does this message contain information encouraging the referral source to share information again if the situation changes?		
5.3 Does this message get sent out regularly to those who share a referral with the team?		

0= yes, 1= in progress, 2= not present

#6 Data Collecting	Score 0, 1, 2*	Narrative Details
6.1 Does the team have a plan to collect data from the community in terms of referrals?		
6.1 Does this plan include the ability for community members to post an anonymous or semi-anonymous report?		
6.2 Does the team seek referrals from a wide variety of communication mediums?		
Can they report by email or online form?		
Can the community report by phone?		
Can they report by personal visit to BIT member?		
Is there a plan for after-hours reports that include an immediate response?		
6.2 Is the data from the multiple reporting sources recorded in a centralized manner to prevent accidental loss?		
6.3 Is there a policy related to the security of information shared and kept in computerized files?		

#6 Data Collecting	Score 0, 1, 2*	Narrative Details
6.3 Does the policy manual or team training address the challenges of privacy when using email communication?		

0= yes, 1= in progress, 2= not present

#7 Record Management	Score 0, 1, 2*	Narrative Details *Refer to Appendix B, page 59*
7.1 Does the team have a computer system to keep track of BIT records?		
7.1 Does this record system provide easy data entry and access to data?		
7.2 Does the BIT member have the ability to search the database to recover information?		
7.2 Does the BIT team member have the ability to search the database with robust keywords and narratives?		
7.3 Does the IT department support the security of the data system? Do they coordinate with any third-party vendors (where applicable)?		
7.3 Does the team protect against other security risks related to USB drives and laptops?		
7.4 Is the data recorded accurately for each student who comes in contact with the team?		
7.4 Does the record include Date, Name, ID #, residence hall, student status?		
7.4 Does the data include presenting issues and relevant history (or references to other charts)?		
7.4 Does the record include details about which offices will be involved in the assessment and follow up plan?		

0= yes, 1= in progress, 2= not present

#8 Team Training	Score 0, 1, 2*	Narrative Details
8.1 Does the team leader have a dedication to training and educating the BIT members?		
8.1 Does the BIT have a budget set aside for training during the year?		
8.1 Does the team have tabletop exercises to use as training tools?		
8.1 Does the team complete at least two tabletop exercises each semester?		
8.2 Do team members have the opportunity to attend at least one of the four conferences (ACCA, ASCA, NaBITA, ATAP)?		

#8 Team Training	Score 0, 1, 2*	Narrative Details
8.2 Has the team participated in at least one online training a semester?		
8.3 Has the team explored the potential for an outside expert or consultant to train the BIT in the past year?		

0= yes, 1= in progress, 2= not present

#9 Risk Rubric	Score 0, 1, 2*	Narrative Details
9.1 Does the team have a risk rubric to categorize threat and risk to the campus?		
9.1 Does the risk rubric have attached action items to each of the levels to guide team decision-making?		
9.1 Is the rubric used consistently with the BIT?		
9.1 Is the rubric used objectively with the BIT?		
9.1 Is the rubric designed specifically for higher education settings?		
9.1 Does the rubric indicate at what point the team should use a psychological assessment?		
9.1 Does the rubric indicate at what point the team should use a threat assessment?		
9.1 Does the rubric address both mental health disorders and violence/aggression?		
9.1 Is the rubric accessible to all team members (not just those with advanced psychological training)?		

0= yes, 1= in progress, 2= not present

#10 Quality Assurance	Score 0, 1, 2*	Narrative Details
10.1 Is there a commitment by the team to assess its on-going functioning to find areas of improvement?		
10.1 Does the team look for ways to improve internal team communication?		
10.1 Does the team look for ways to improve communication between the team and the overall campus community?		
10.1 Does the team discuss process issues related to applying the risk rubric and developing an action plan?		
10.1 Does the team address on-going obstacles among team members or departments?		
10.1 Does the team avoid rushing through meeting for the sake of finishing rather than fully exploring cases?		
10.1 Does the team address “elephant in the room” issues that prevent smooth communication?		
10.1 Does the team use quiet times to address training issues?		
10.2 Does the team generate end of semester reports?		

#10 Quality Assurance	Score 0, 1, 2*	Narrative Details
10.2 Do these end of semester reports create data that is then used to improve team functions?		
10.3 Does the team compare cases based on how they originally presented to the current rating of the case risk follow the intervention?		

0= yes, 1= in progress, 2= not present

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