Campus Assessment Response and Evaluation (CARE) Team Policies and Procedures

(Created June 1, 2018 and last Revised August 22, 2019)

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Mission

The Campus Assessment, Response, and Evaluation Team, also known as CARE, at Dalton State College engages in proactive and collaborative approaches to identify and assess students who are potentially distressed or may exhibit concerning behaviors. By partnering with the campus community, the team strives to promote individual wellbeing and success while also prioritizing community safety.

Purpose and Intent

The CARE Team was established to assist in addressing situations where students are displaying dangerous, disruptive, threatening, distressed or concerning behaviors that potentially impede their own or others' ability to function successfully or safely within the college environment. The CARE Team acts as an assessment team whose duty is to review reports and incidents involving our students. In addition to reviewing reports, the committee will also investigate referrals, link at-risk individuals with campus and community resources for support, educate the campus community on topics relevant to responding to incidents of a critical nature, and monitor ongoing behavior of students who have displayed disruptive or concerning behavior.

Goals

1) To establish, modify, and oversee protocols and procedures necessary for responding to a Student of Concern.
2) To act as an assessment team whose duty is to review referrals and incidents involving students. In addition, the team will respond by engaging campus resources and protocols for the protection and safety of the campus and local community. This includes, but is not limited to:
    i. Talking to the individual being referred, the individuals making the referral(s), and any other identified witness(es);
    ii. Developing an action plan with suggestions, guidelines, and/or conditions for continuing to be a contributing member of the campus community;
    iii. Notifying parents or other guardians according to Family Educational Rights and Privacy Act guidelines and provisions;
    iv. Requesting permission to receive medical and educational records;
    v. Checking with law enforcement personnel and agencies to ascertain whether there have been previous interactions with the legal system;
    vi. Talking with roommates, faculty, and/or staff;
    vii. Making referrals to Student Conduct or Counseling;
    viii. Making referrals to law enforcement and/or community resources;
    ix. Withdrawing a student, either voluntarily or involuntarily, until such a time that the student demonstrates he or she is no longer a risk to self or others according to campus regulations and the Student Code of Conduct.
    x. Doing formalized documentation of all conversations and actions taken with student.
3) To use critical incidents (in consultation with the DSC Counseling Center) when appropriate, as meaningful contexts to raise awareness, facilitate campus communication, and effectively respond to the emotional needs of those adversely impacted by a traumatic event.

Definitions

1) **CARE Team:** The Campus Assessment, Response, and Evaluation (CARE) Team is a multi-disciplinary group who meets regularly to assess, evaluate, and respond to reports submitted concerning an enrolled student's behavior and/or the behavior of another campus community member. Typical reports pertain to students who exhibit signs of distress, show a disturbance, and/or that present a danger.
2) **CARE Team Chairperson:** The CARE Team Chair convenes all the meetings and serves as the initial contact for all reports. The Dean of Students (DoS) serves in this role.
3) **College –Initiated/Involuntary Withdrawal:** A withdrawal, initiated by the College, of a student from his/her classes.
4) **College Premises:** Any location, either permanent or temporary, owned, leased or under the control of Dalton State College.
5) **FERPA:** Family Educational Rights and Privacy Act; the federal law that protects the privacy of student educational records which applies to all school receiving federal funding via the U.S. Department of Education.
6) **Hardship Withdrawal:** Withdrawal (also known as dropping) from coursework when student experiences an unexpected occurrence such as serious illness or major live event that interferes with their ability to complete the semester.
7) **HIPPA:** Health Insurance Portability and Accountability Act; legislation that provides data privacy for safeguarding medical information.
8) **Interim Suspension:** A suspension that takes place during the investigation of a report or before the formal resolution process has concluded. Interim suspensions only occur in situations that present immediate danger or an imminent threat to a person(s) or property. Interim Suspensions should be used as a last resort and only when less restrictive means cannot be utilized to mitigate the risks.
9) **NaBita:** National Behavioral Intervention Team Association; Organization committed to providing education, resources and support to professionals who endeavor every day to make their campuses and workplaces safer through caring prevention and intervention.
10) **Maxient:** A client record management software program designated to help with behavior management on campuses.
11) **SoC:** Student of Concern
12) **Threat:** A person or thing likely to cause physical or mental danger or harm. This can be via an expression or action.

    a. **Direct Threat:** Per Sokolow, Lewis, and Schuster, "the Watts case, which defines true threat as "one a reasonable person would interpret as a serious expression of intent to inflict bodily harm upon specific individuals." When speech rises to this level, reasonable consequences may legally follow. When speech does not rise to the level of a true threat, the speaker is protected by the wide latitude the courts have interpreted the 1st Amendment to permit. An example of this may be the repeatedly and seriously disruptive student who tells his classmate, "I've been thinking about it for a while, and I intend to kill Professor Jones on Friday."

b. **True Threat:** a significant risk to the health or safety of others that cannot be eradicated by modification of policies, practices, procedures, or reasonable accommodations. According to Sokolow, Lewis, and Schuster, "The direct threat is one that places the speaker (or actor) outside of the protections of disability law, such that a college or university can act to separate that threatener from the campus community on the basis of their threat. Not all disabled individuals are protected by federal disability law."

13) **1013 Form:** Involuntary transportation of an individual to an admitting facility for the purpose of addressing their mental health symptoms including suicidal and homicidal actions or intent. Those authorized to complete a 1013 include licensed physicians, licensed psychologists, Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Advanced Practice Registered Nurses (APRN), Clinical Nurse Specialists (CNS) in Psychiatric Mental Health, or Physician's Assistances (PA).

Team Membership

The CARE Team is an interdisciplinary assessment group comprised of both faculty and staff. The Team consists of college personnel with expertise in student affairs and student development, law enforcement/threat assessment, medical and mental health, academic progress and wellbeing, disability resources and access, and student conduct. Membership is typically based on position and not necessarily the individual person. Members of the CARE Team have regular interactions with the campus community and will aid in the assessment of the Student of Concern (SoC).

CARE Team typically members include persons serving in following functional areas: The Dean of Students (Chairperson), Academic Advising, Counseling, Disability Access, Faculty Representation, Public Safety, Residential Life, and Student Conduct. Depending on the situation, other campus personnel may be consulted in order to assist the team in addressing the SoC's behavior and/or the situation at hand.

CARE Team members are expected to attend every meeting and have access to the team's electronic records database. All members sign a confidentiality agreement (see Appendix A).

Positions and titles may vary on campuses, but NaBita best practices indicate that the following roles are the most effective for the CARE Team. Positional role/functions are briefly described below:

1) Dean of Students: The Dean of Students serves as the chairperson for the team and they conduct all the meetings. Part of this process is organizing the agenda, assigning initial NaBita ratings for each case via the NaBita Threat Assessment Tool, reevaluating the risk level during the meetings, assigning cases, coordinating interventions and follow-up strategies for cases, and ensuring Team confidentiality. The Dean maintains all case information through the electronic reporting database, Maxient.

Data Reporting/Questions to Consider:

- Did the SoC disclose on their admissions application prior criminal history or prior suspension or expulsion from another institution?
- Does the SoC owe money to the institution or have any other holds on their account?
- Has the SoC ever sought a Hardship Withdrawal and if so, why?
- Is the SoC a Resident? An Athlete? In Greek Life?

2) Academic Advising/Academic Affairs: The Director of Advising attends all meetings, and serves as the liaison for working with advisors, faculty, Department Deans and Chairs, and the Provost and VP for Academic Affairs. In addition, the Academic Advisor is well versed in GUI Banner, and can assist with academic progress of the SoC.

   Data Reporting/Questions to Consider:

   - What does the academic history of the SoC look like? Are they progressing as expected? Are there any unusual dips in grades, etc.?
   - Are there any Academic Alerts on the SoC for reasons such as attendance, participation, etc.? What information do the SoC's faculty members have to contribute that might be meaningful?

3) Counseling Center: The Associate Director of the Counseling Center serves on the Team strictly as consultation and collaboration relating to mental health, crisis, and disruptive/dangerous behavior. The Counseling Center keeps medical records confidential in their database, Titanium. All SoC records, if any, are keep strictly confidential unless a specific release of information/consent document is signed for the CARE Team. Exceptions of confidentiality law only include danger to self and others on a need-to-know basis.

   Data Reporting/Questions to Consider:

   - Counselors have no data reporting responsibilities unless a release has been signed or a public incident has occurred (e.g. suicide attempt in the residence halls). If a public incident has occurred, the counselor may speak professionally to the public knowledge of the event.
   - Counselors may also be able to share professional insight in a general sense, such as, disclosing a similar situation including the course of action and the overall outcomes.
   - Counselors may assist in educating the Team about certain disorders that present in the SoC based on observable behaviors being described about the SoC via the Team.

4) Disability Access: The Associate Director of Disability Access attends all meetings and serves as the Team secretary/note-taker. In addition, in the absence of the Dean, the Associate Director of Disability Access will Chair the Team. The Associate Director of Disability Access works collaboratively with the Team and consults on issues related to disabilities, mental health crisis, and some disruptive/dangerous behavior. The Associate Director of Disability Access maintains all disability records in an electronic reporting database known as Titanium, and records are only shared when necessary for campus/student safety.

   Data Reporting/Questions to Consider:
   - Does the SoC have any reoccurring themes of behavior or documented disabilities that appear to be escalating or that could explain the behavior?
   - Disability experts may also be able to share professional insight in a general sense, such as, disclosing a similar situation including the course of action and the overall outcomes.

5) Faculty Representation: At least one faculty member attends all CARE Team Meetings. The Faulty Representative is able to provide expertise on classroom management, appropriate student-to-faculty interactions, and pedagogical considerations for distressed student learning.

   Date Reporting/Questions to Consider:
   - Faculty may be able to disclose their familiarity with the student and past or current academic history or interactions with the student.
   - Faculty can assist with classroom management expertise, pedagogical considerations when dealing with SoC, and the timeline of the semester on typical behaviors of concern.

6) Public Safety: Public Safety is a sworn police department. The Lieutenant in Public Safety attends all meetings. The Lieutenant is able to provide liaison communication with local and federal law enforcement agencies, consult on cases that have court or laws enforcement components, and assist with needed interventions. Police records are kept in a confidential database system called Arms, and records can be shared with the CARE Team under the emergency exception clause.

   Data Reporting/Questions to Consider:
   - Does the SoC have prior or pending criminal history?
   - Is the SoC a recent victim of a crime? Or is public safety “aware” of this student even though there aren’t any charges?

7) Residential Life: The Assistant Director of Residential Life attends all meetings and advises the Team on reports involving any residential students, after-hour emergencies, and targeted interventions that may be in place. Residential Life

maintains their records in their database, StarRez, and these records are protected under FERPA, only being shared under the legitimate educational interest clause of FERPA.

Data Reporting/Questions to Consider:

- Does the SoC currently live in Mashburn Hall? What about previously?
- What is the SoC's room condition like? Recent room changes? Roommates opinions? Other information that can be obtained while not violating FERPA?

8) Student Conduct: The Assistant Director of Student Conduct attends all meetings and consults on cases involving any conduct violations including academic disruptions and violations. Conduct records, like CARE records, are housed in Maxient, and shared with the CARE Team under the legitimate educational interest clause of FERPA.

   Data Reporting/Questions to Consider:

   - Does the SoC have previous or on-going conduct history that the Team needs to be aware of?
   - Does the SoC have any reoccurring themes of behavior that appear to be escalating?

Reporting and Data Management

If a member of the campus community observes any behavior that appears to be distressed, disturbing, or concerning and that needs to be brought to the attention of the CARE Team, individuals should report the behavior by:

- Utilizing the on-line reporting system known as Maxient: https://cm.maxient.com/reportingform.php?DaltonStateCollege&layout_id=1
- Contacting one the members of the CARE Team

Once a concern is submitted, the potential case in Maxient will be electronically forwarded to the CARE Team Chair. The concern will be reviewed to determine whether a case should be created. It will then be assigned to selected members of the team for review. The report will become a permanent part of the Maxient database system used for assessment of students of concern and pattern/tracking purposes.

Maxient allows CARE Team Members to review cases, dispositions of academic and non-academic misconduct, hardship withdrawals requests, and identify patterns of behavior. Many of the cases in Maxient can be very dynamic and fluid in nature, meaning differing opinions and/or suggested interventions may change as a situation unfolds. Refraining from judgments throughout the process is strongly encouraged.

Maxient access is highly restricted, and actions by users who have password protected access to the system is highly tracked. Therefore, none of the data may be viewed or distributed to outside personnel who do not have specific access, and actions taken within the system cannot be completed with anonymity.

Please note, the CARE Team is not a system to be used for emergencies. If there is an emergency involving an imminent risk of harm, call 911 or Public Safety at 706.272.4461.

Team Decision-making/Intervention Strategies

Once a report is submitted, the CARE Team will review and discuss the report, in addition to contacting/interviewing other parties if necessary. The SoC may be assessed in 2 (two) ways. The NaBita Rubric (see Appendix B) and the NaBita Threat Assessment Tool App. The NaBita Rubric has three sections. From left to right, the sections are as follows: The D-Scale which assesses Life Stress and Emotional Health, the Overall Summary, and the E-Scale which assesses Hostility and Violence to Others. A brief description of each section is below.

Life Stress and Emotional Health – The D-Scale

- From Mild to Critical, the D-Scale follows: Developing, Distressed, Deteriorating, and Decompensating.

Overall and Generalized Risk – The NCHERM Group 4-Level Risk Rubric

- This section is the central spine of the threat assessment tool, and it is typically used when the concern may not include threats of violence or self-harm. However, this rubric is universally applicable. The 4-Level Risk Rubric is defined from "mild to critical" as follows: Mild, Moderate, Elevated, and Critical.

Hostility and Violence to Others – The E-Scale

- This rubric offers four stages of conflict escalation in understanding how an individual begins to intensify their words/actions into becoming violent to others. This rubric has four levels/stages, and they are as follows from mild to critical: Empowering Thoughts, Escalating Behaviors, Elaboration of Threat, and Emergence of Violence.

The NaBita Threat Assessment Tool App (downloaded to an android or Apple) may also be utilized by the CARE Team in decision making/intervention strategies. The app is a supplement to the traditional NaBita tool, and the app provides accompanying detailed risk level descriptions and recommended interventions.

The overarching goal of using the NaBita Rubric on SoC is to provide behavioral intervention and tools/resources needed prior to the escalation/violent point. At each encounter with an at-risk individual, the CARE Team will update records to reflect the current status of the SoC via the NaBita Rubric from observable behaviors, taking baseline adjustments into account as needed.

Overall, cases will be handled on an individual basis. Mild to Moderate risk cases will be referred out to a member of the CARE Team. Cases of greater risk (some Moderate, Elevated, Severe, and Extreme) will be evaluated by the full team or in certain situations, acted on immediately prior to a full team meeting. The CARE Team, under the leadership of the Dean of Students, will work to reach an informed consensus among members when making decisions, recommendations and action plans.
Intervention Strategies and action plans may fall across a wide continuum in relation to the level of concern the CARE Team might have concerning the reported behavior, safety, and welfare of others. Possible resolutions include, but are not limited to:

- No action at all
- Referral to existing campus or community resources
  (e.g. Tutoring, Campus Labs, Disability Support, Counseling, Veterans' Affairs, Academic Advising)
- Recommended mental health assessment
- Recommendation of a voluntary withdrawal/Hardship withdrawal
- Administrative involuntary withdrawal
- Notification of situation, within FERPA guidelines, to parent, emergency contact listed, or next-of-kin
- A plan for follow-up and continual monitoring via a case manager
- Referral to the Conduct Administrator/Student Code of Conduct Investigator, Public Safety/Law Enforcement, or the Title IX Administrator

Follow-up/Closing Cases

Follow-up is essential in monitoring intervention strategies taken or recommended to SoC. Case management activities will be a part of every case, understanding that that all cases are very individualistic and some SoC will require longer and more intensive follow up. Closure of cases will happen in most cases at the discretion of the member assigned to the case. In some situations, the full CARE team may be asked to assist in determining the best time to close a case. Closure of a case does not negate the follow up component. Some SoC may have follow up for a period after the case is closed.

Documentation & Records

The CARE Team recognizes the importance of maintaining accurate records for students on the Dalton State College community. To protect the rights of students regarding these records, the College has established policies and procedures for releasing information. These rules conform to State and Federal laws, the U.S. Department of Education guidelines for the Family Educational Rights and Privacy Act of 1974 or FERPA.

In conjunction with our goal to protect the safety of our students and the campus community, when possible, the information provided to the CARE Team will be kept as confidential. However, the College does have a duty to warn members of the community

when potentially harmful or dangerous situations have been reported and after campus administration has deemed such notification is warranted. In such situations, the CARE Team may breach confidentiality.

If students reported to the CARE Team are already receiving care through the Campus Counseling Center or an outside mental health provider, such as Highland Rivers, information may not be obtained by the team from those resources without written consent from the student.

References

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

Sokolow, B., Lewis, W.S., & Schuster, S. (n.d.). Threat, Threat, Threat, Threat or Threat? Taken from: https://nabita.org/documents/THREATTHREATTHREATTHREATTHREATFINALarticleforwebsite.pdf

Appendix A: Annual Confidentiality and Training Agreement

Campus Assessment, Response, and Evaluation Team

Annual Confidentiality and Training Agreement

I, _____ understand that Dalton State College has established the Campus Assessment, Response, and Evaluation (CARE) Team to assist in addressing situations where students, faculty, or staff are exhibiting behaviors that are disruptive, threatening, or concerning in nature that potentially impede their own or others' ability to function successfully or safely. These policies and procedures are designed to help identify persons whose behaviors potentially endanger their own or others' health and safety or is disruptive to the educational or administrative processes of the College.

I understand the mission, goals, policies, and procedures of the CARE Team, and agree to participate in regular meetings and training to the best of my ability. I also agree to accept assignments of cases and agree to manage each case until it is closed and follow up is completed.

I understand that all records associated with the CARE Team are subject to FERPA:
Information from the education records of a student may be disclosed to College officials with a legitimate educational interest. A school official is a person employed by the College 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 College has contracted such as an attorney, auditor, or collection agent; a person or a student serving on an official committee such as disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A College official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

I understand that some of the records can be extremely complex, and therefore, they 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 any bias or judgements related to the incident. Further, please refrain from using the material currently present in decision making, without first checking with the Dean of Students'.

I understand that CARE Team records cannot be viewed, shared, or discussed with any non-CARE Team member, due to their delicate nature.

I understand that any requests by a non-CARE Team member to view or print a CARE Team record must be made to, and approved by the Dean of Students, as some information may need to be redacted for non-CARE Team consumption to comply with FERPA.

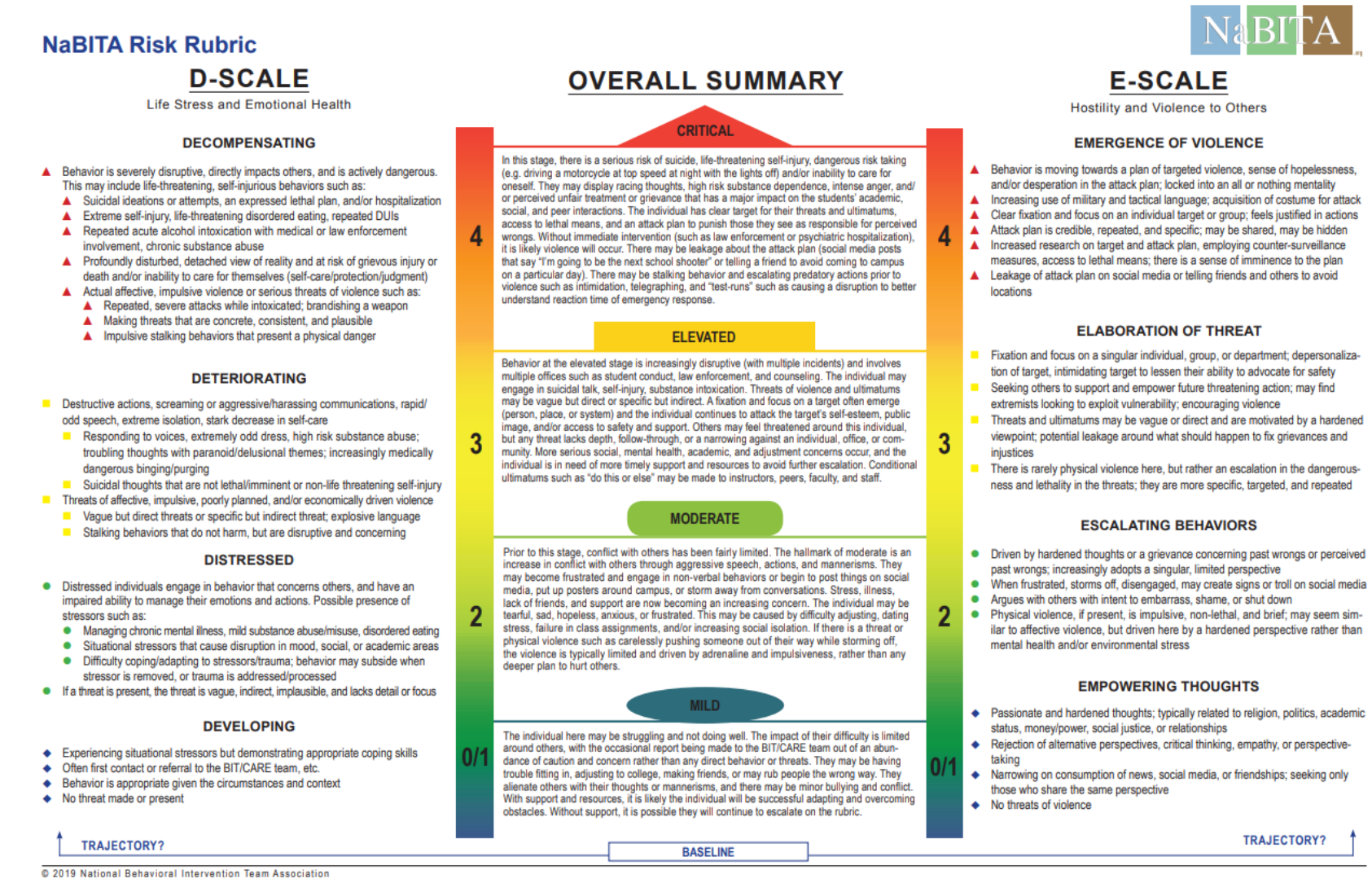
CARE Team Member Name: _____

CARE Team Member Signature: _____

Date: _____

Information in this letter was taken, with permission, from Columbus State University (December 2016).

Appendix B: NaBita Rubric



INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

ELEVATED (3)

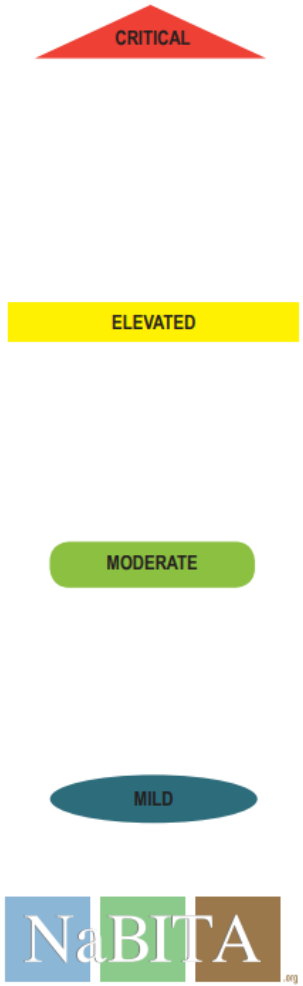
- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-20 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)

- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW² for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)

- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information



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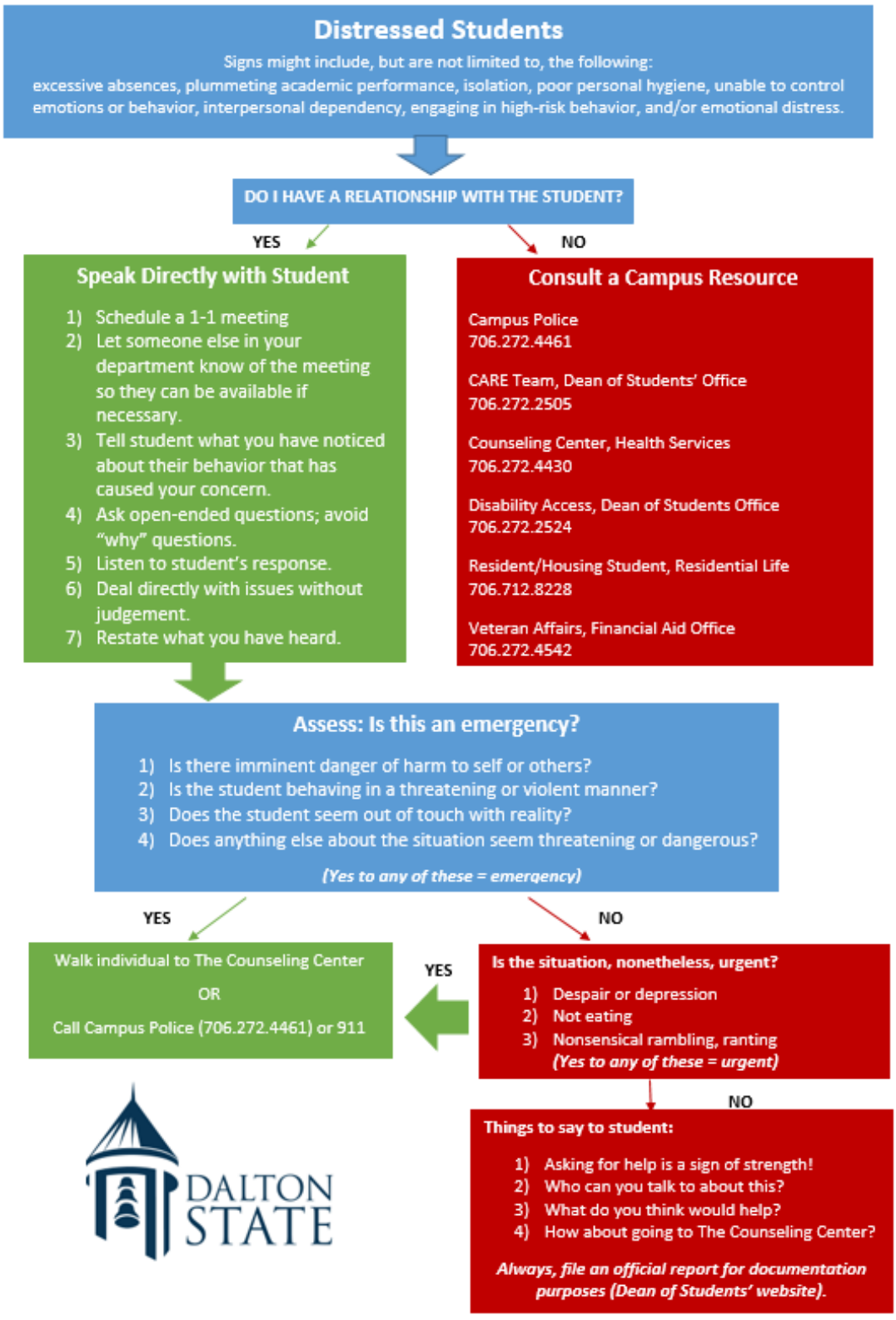
Appendix C: Distressed Students Diagram



Appendix D: Distressed Students Response

Oftentimes, students just want to know you CARE. Therefore, your care, concern, and assistance will play a vital role in getting students the help they need. A few tips for responding to distressed students are noted below:

Observation: Observations is always the first step. Familiarize yourself with signs of distress and familiarize yourself with your students. Do you notice anything (including implied or attempted hidden feelings) that may cause you to be concerned?

Objective Listening: Please allow students to be heard. YOU may be the ONLY person they are willing to speak with, so don't close the door on this opportunity. Please refrain from bias or from responding initially. Listen for negativity, distress, etc.

Offer Support via Campus Resources: Respond by avoiding comments of criticism or judgement. Discuss campus resources such as the Counseling Center, the Health Center, Disability Access, and/or Veterans Affairs. Be willing to walk the student to one of these offices or call and make them an appointment. In addition, discuss The CARE Team with the student, and submit a report following your conversation. If the student is suicidal or possess a threat, please contact Public Safety immediately at 706.272.4461.

Know Your Limits: Only go as far as you feel comfortable – or as far as your expertise, training, and resources allow. In the end, it is best that a campus referral is made so that the student may receive ongoing assistance. Some signs that you the situation is beyond your assistance:

1) You begin feeling responsible for the student.
2) You feel stressed out by the student's issue(s)/behavior and you feel pressure to "solve" it for them.
3) You feel anxious when the student is in your class and/or approaches you.
4) You continually think about the student, knowing it is more than you can handle

Phone Numbers to Remember:
Campus Police: 706.272.4461
The CARE Team: 706.272.2505
Counseling Center: 706.272.4430
Disability Access: 706.272.2524