

**Campus Assessment Response Evaluation and Solution Team  
(CARES)**

**Protocol & Procedures Manual**



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# **Campus Assessment Response Evaluation and Solution Team**

## **Introduction**

College students can often have difficulty adjusting to college life, but in some cases students that are in mental, physical or psychological distress cannot function in their personal lives and/or focus on learning. Due to these difficulties, BridgeValley Community & Technical College (BVCTC) has developed a plan and selected a committee to address potential problems of this nature. In response, BVCTC has established the Campus Assessment Response Evaluation and Solution team (CARES) to serve as an additional measure for campus safety.

BVCTC is committed to providing a campus environment that is conducive for students to develop their full potential. BVCTC promotes student success, prepares a skilled workforce, and builds tomorrow's leaders by providing access to quality education. BVCTC acknowledges that students in mental, physical, or psychological distress may have difficulty learning and/or functioning in their personal lives and offers support to these students. In addition, there may be times when the college is required to respond to students who may directly threaten the safety and security of themselves and others. Through development of the CARES team, the college has created a mechanism to identify students in distress and to identify students who pose a potential threat to campus safety. This mechanism will initiate support and safety interventions, which will provide students with the greatest chance of success and the campus community an increased level of protection.

This document will outline the campus CARES team procedures, which does not replace existing academic or Student Code of Conduct procedures, nor does it supersede existing local, state and/or federal laws. Except where otherwise noted, the procedures in this directive apply to all students.

The college may add, revoke, or modify these procedures to best meet the needs of the particular situation. Circumstances may dictate or necessitate procedural changes in policy implementation or enforcement that are not part of this policy, and this document will be continually changing to best reflect the operating procedures of the college and the CARES team.

## Definition:

CARES team (Concern, Assessment, Response, Evaluation, and Solution)

The CARES team is a small group of appointed school officials who meet regularly to collect and review concerning information about at-risk students, faculty, staff and community members and develop intervention plans to assist them. The CARES team takes referrals from the campus community and reviews them to determine the level of risk or concern and then to develop action plans to address the risk. Referrals will be a three phase process.



## Mission Statement

The CARES team is a campus wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, who struggle emotionally, or psychologically, or who potentially pose a risk to the health or safety of the individual, college, or its members.

## Responsibilities

The primary duties and responsibilities of the CARES team include the following tasks:

- Provide early support for and intervention to students exhibiting behaviors of concern in order to best serve them and enhance their opportunities for success as well as to protect the campus community;
- Receive reports from members of the campus community about concerning or disruptive student or faculty/staff behaviors;
- Address these reports through an established threat assessment and management process;
- Develop and select potential interventions and responses that are informed by the assessment process;
- Assign and communicate roles and responsibilities for implementation of interventions and responses to appropriate individuals, including the student of concern, CARES team members, faculty, staff, and community resources;
- Follow up on interventions to address their effectiveness, and make adjustments as needed;
- Inform the campus community of the CARES team, and educate and empower the campus community members regarding the need, purpose, and mechanisms for reporting and intervention;

- Provide education and consultation to the campus community regarding responding to students and/or faculty/staff of concern.

## **CARES Team Membership**

### **Team Membership Description**

The CARES team consists of college personnel with expertise in law enforcement/threat assessment/tactical applications, student affairs, medical and mental health.

Membership is based on the position and not the individual. The members selected have regular contact with campus community members in some manner, which will aid in assessment of persons of concern. Members have the authority to receive a CARES recommendation and take the appropriate action. A collaborative process to assess threats and concerns will be used. Depending on the situation, personnel with areas of specialization or responsibility may be called upon to assist the team. The team may also consult with other individuals as needed such as a faculty member who has a concern about a student, faculty/staff member, a professional counselor to share expertise, and/or a manager who has information concerning a student/employee.

Core Team Members include

- Chief Human Resources: Vacant
- Assistant Dean of Students/Director of Counseling: Carla Blankenbuehler
- Chief of Campus Police: Basra Fakir
- Vice President of Student Affairs: Todd Jones
- Vice President of Academic Affairs: Suzette Breeden
- Assistant Professor/ EMS Program Director: Brittany McClure
- Associate Vice President for Student Engagement: James McDougle
- Vice President of Operations: Jason Stark

CARES Team Liaisons

The CARES Team will work with other College personnel as needed based on the issues reported in the CARES Report. These Liaisons will assist the team with specific individual cases by providing additional resources and information. Liaisons include, but are not limited to, the following:

- Dean of Health and Nursing
- Dean of General Education Liberal Arts and Sciences
- Dean of Business, Legal, Creative Entrepreneurship and Technical Studies

- Director of Military and Veteran Services
- Director of Accessibility Services
- Others as needed

## **Training**

Training for the core team should be organized on a regular basis, with topics including, but not limited to: threat assessment, legal issues, insights into different professional approaches/perspectives (e.g., mental health and law enforcement), risk management, documentation, and other policies and procedures that the team may need to understand to function effectively. Training is coordinated through the chair and vice chair of the CARES team.

## **Expectations**

All Core CARES team members are expected to:

- Attend all scheduled meetings.
- Review and familiarize with current CARES cases prior to attending.
- Be prepared to report and share appropriate information for individuals listed on the CARES report.
- Utilize advocate by simplicity as a tool for documenting and supplementing CARES reports in regards to their scope of influence on the case.
- Provide additional outreach and support for individual cases as determined by the CARES team recommendations in an individual's action plan.
- Be familiar and have the ability to apply NaBita Threat Assessment Tool (see appendix) to cases.
- Maintain students', faculty/staffs' privacy and follow established processes.
- Communicate directly with the CARES Chair should their standing or presence on the CARES team alter from the directives listed above (including but not limited to: reporting inability to attend Meetings and any concerns or feedback for the CARES team's management).

## **BridgeValley Website/Intranet**

The CARES referral form can be located on the Student Affairs Intranet site. The website page is currently still under construction.

## **Records**

Records created by the CARES team related to individual students are considered “educational records” and as such are protected in accordance with the Family Education Rights and Privacy Act (FERPA), <https://www.bridgevalley.edu/registrar-ferpa>. CARE team records will be maintained by the Associate Vice President and will be considered confidential and accessible only to the student and parties with appropriate access. Any CARES team member can add comments to CARES reports.

## **PROCEDURES AND INTERNAL COMMUNICATION**

### **Referrals**

Any person who has concern for the well-being or safety of a student, faculty or staff, or who has reason to believe that an individual may pose a direct threat to themselves or others, has the responsibility to fill out an electronic CARES report and refer the matter to the CARES Team. An academic or nonacademic conduct report may be referred to the CARES Team for consideration.

In cases deemed emergency situations, please refer to the Crisis Response Quick Reference in the Appendix or call 911.

### **Preliminary Response and Risk Assessment**

When a CARES team report is received, the Associate Vice President (AVP) or their designee will assign a member of the CARES team to follow-up with the individual making the referral in order to obtain more detailed information about the concern. The AVP or designee will review each referred case since the last meeting and consider all information to determine the level of risk. The following scale will be utilized to determine what level of risk that the behavior/situation poses to the student and/or to others. Levels of risk can be modified at any point in the process.

### **Level of Risk**

Low risk –There is no serious threat to the student of concern or others. At this level, any concerns between individuals can generally be resolved by addressing the conflict or dispute between the parties involved. Counseling and follow-up



support may be recommended. Generally, in this situation, the student can acknowledge the inappropriateness of the behavior and engage in behavior to make amends with the other party.

Moderate risk -At this level, there may be a threat to self or others that could be carried out although there is no evidence that the student has taken preparatory steps. These students are generally displaying disruptive behaviors.

High risk –At this level, there appears to be an imminent and serious danger to the safety of the student of concern or others. It appears that specific steps have been taken to carry out a plan to harm.

The status of the CARE team report will be communicated to the Team via secure email or by phone as needed. Associate Vice President:

1. Consult with college employees and other students who may have witnessed or have been impacted by the specific behaviors of the student
2. Consult with the referred student to determine if there is the need to request recent medical, psychological, and/or health records. If there is a need:
  - a. After obtaining a release from the student, medical or health-related records will be reviewed and secured back in the appropriate office from which they originated. Medical or psychological representatives on the team may provide comments on the nature of the student's condition in general, or specifically about this student.
  - b. If the student declines to authorize release of information, decisions may be made using the information available to the Team.

## **Information Gathering**

Information will be gathered from the referral source as well as other parties involved. Decisions on who to contact will be made on a case-by-case basis. The information gathered will be used to make appropriate decisions regarding the health, safety, and the overall well-being of the student and the BridgeValley community.

## **Outreach to students may appear as follows**

-First Attempt-Will be via the individuals student email account (student@my.bridgevalley.edu) or phone call within 48 hours or two business days of receipt and review of the report, unless the situation is escalated and renders a direct call or on the scene response. The CARES team may also contact the student via their recruitment email urging the student to contact the Associate Vice President. In urgent

or emergency situations, outreach may include the following: pulling the student out of class, requesting a welfare check from their local police department or BridgeValley Police, or, with approval of the Associate Vice President contacting the student's family or guardian.

-Second Attempt –Following the initial phone call/email, a second call/email attempt will be made 3-5 days later.

-Third/final Attempt –A final email will be sent to the student within 5 days of the last attempt. Should outreach be unsuccessful the following may occur:

-If the case is listed to have a moderate risk or higher, reach out to the students instructors to organize a date/time to connect with the student in class. Instructors may also be contacted for any case to seek context on a student's participation level at the College.

-If the student is non-responsive but may be in need of campus resources or agencies, The Associate Vice President or designee may email the student with the information and continue to close the case.

-If the student maintains a level of non-response, The Associate Vice President may reach out to the reporting party, academic advisors, and/or faculty members to gauge the individual's status on campus (participation, attendance, etc.).

-If the student is non-responsive, this is their first CARES report or their first CARES report in a year, and there are no escalating concerns, the CARES team may decide to close the case and mark it as informational.

### **Outreach to Reporter**

Acknowledge receipt and will gather more information for CARES report from reporter. After contact with the student, reporter will be notified that the student has been provided support and referral while maintaining student privacy. Referrals may include on campus services and community agency services.

### **Outreach to Faculty/Staff**

During the investigation of a CARES report, faculty and staff, e.g. Academic Advisor, Course Faculty may be contacted for additional information such as grades/attendance in classes as well as any issues that may have arisen during classes or while meeting with student. Additionally, after meeting with student, Faculty and Staff may be contacted regarding other support that may be needed in class or on campus. (Sample Responses located in Appendix)

## **Critical Incident Response Meetings**

In the event that a student poses an immediate risk to safety, health or well-being to anyone in the campus community, an emergency meeting can be called by the Chair (or their designee). The Critical Incident Response meeting will follow steps outlined below:

1. For a true emergency, where there is a high risk to campus or student safety, campus police and other emergency personnel will be notified immediately.
2. Campus police may determine that immediate interim action is necessary and/or may work with the CARES team to gather additional reports.
3. If College Police are notified, the risk is considered to be a Moderate+. The CARES team will request reports from instructors, academic advisors, accessibility services, campus police, and other relevant offices; criminal history will be checked, along with social media; interviews will be conducted. The CARES team may also notify appropriate personnel for intervention and request a follow up report.
4. Reviewing gathered information, the team will evaluate using the NaBITA tool and recommendations will be made to either close the case or refer.
5. If the student is referred, the CARES team will receive follow up information from the referral, i.e., mental health assessment, determination of threat level, and recommendations.
6. Information will be reviewed by CARES team, and begin the process back with #4.

## **CARES team Meetings**

- The CARES team meets bi-weekly, but may meet more often during instances of emergencies.
- Communication (verbal and written) involving students among CARES team members is confidential and always respectful of the student.
- The CARES team recognizes certain members of the College community (i.e. physicians, counselors, legal representatives, and law enforcement personnel) have legal and ethical limitations on information that may be shared when discussing a student's behavior or health status.
- The team designee will update team members on pending cases prior to regular meetings. Team members are expected to review information prior to the meeting.
- CARES team members are encouraged to communicate in person, via email or telephone (in emergencies).

- Any CARES team member may request an emergency meeting in the event that it is needed.
- The meeting will be conducted by the Chair of CARES team or designee and a team designee will keep minutes for each meeting.
- Communications may be made between the CARES team and external constituents, or those initiating the referral to the CARES team as deemed necessary by the team and within FERPA guidelines, HIPAA or other national requirements.
- Meetings will include the following process:
  - a) Briefing on cases received since last meeting and any cases of concern.
  - b) Review of any relevant documentation including student interviews, faculty/staff information and other information related to case.
  - c) General discussion and recommendation by the team based on the NaBita Threat Assessment Rubric (see appendix) and/or an internal evaluation to classify the mental and behavioral health of the student and the risk to themselves or others. Possible Intervention Strategies will be discussed and recommended for each case.

## **Intervention Strategies**

In most cases, students displaying concerning behaviors are willing to work with the College and to obtain the assistance necessary to complete their educational program. When students are in distress, feeling that they have support for resolving the concern may serve as prevention and provide the opportunity for student learning. Based on the behavior displayed by the student and the assessment by the CARES team, the CARES team may make any of the following recommendations for intervention. Recommendations are made in consultation with the appropriate College department or administrator who takes any final action in collaboration with the Associate Vice President.

**Referral to College and/or Community Resources** -The CARES team may refer the student to Student Counseling and Psychological Services and/or Student Health Services for intervention and connection with appropriate college and community resources.

**Voluntary Withdrawal from Classes**—Based on discussion with members of the CARES team, the student may choose to temporarily take time away from the college to deal with concerns. This may be either a Medical or Hardship withdrawal. For additional information, please see section for Voluntary and Involuntary Withdrawals.

**Referral to Disciplinary Process**—The CARES team will make this referral to the Associate Vice President Life or his/her designee when it is determined that the student behavior may be in violation of the student code of conduct.

**Mandatory Direct Threat/Safety Assessment**–The CARES team may recommend that the student, who is determined to be at high risk for danger to self or others, be required to participate in a mandatory assessment. The mental health consultant will conduct an assessment of direct threat, provide assistance in gaining access to emergency care for the student as needed, assist the student in establishing ongoing treatment as needed, and provide feedback and recommendations to the CARES team.

**Involuntary Withdrawal from Classes**–In extremely high risk situations, the CARES team may find it necessary to recommend to the Vice President of Student Affairs an involuntary withdrawal for a dangerous student who will not comply with the requests of the CARES team or agree to a voluntary withdrawal. Involuntary withdrawals will be determined based on the opinion of the mental health consultant that the student poses a risk to student safety, health or well-being. The CARES team will follow established protocol up to and including options for involuntary withdrawal. The length of withdrawal and conditions for re-enrollment at the College will be determined by the Vice President of Student Affairs at the time that the withdrawal is imposed. For additional information, please see section for Voluntary and Involuntary Withdrawals.

**Criminal Charges**-Students who have engaged in behavior that may be in violation of local, state or federal law may be referred for criminal prosecution. The BridgeValley police will ensure a comprehensive investigation is conducted and determine whether probable cause exists for the filing of criminal charges. If probable cause is established, the college will consider prosecution as an intervention option.

## **Follow-Up and Monitoring**

In addition to any of the specific intervention strategies described previously, the CARE team will determine a plan for follow-up monitoring of each student. This may include checking with faculty and staff regarding student behavior and periodic meetings with the student and an assigned counselor or CARES team member.

## **Mandated Health Assessment**

1. Instances may arise when the CARES team determines that a mental health or medical assessment may be necessary to rule out a mental health or medical issue leading to the student crisis.
2. When a student is mandated to be assessed by mental health services (counseling or psychiatry), the student will receive written notification from the

Associate Vice President. The student should be given a reasonable timeline of when the assessment should be completed. Any off campus cost of the assessment will be the responsibility of the student.

3. The CARES team will reconvene following the mandated mental health assessment to review the assessment and any pertinent medical records the student has provided. The CARES team will provide a written notification to the student regarding recommendations. Possible outcomes following the review include, but are not limited to:
  - a. No further action, or suspension of the process, if the information indicates that the student poses no direct threat to themselves or others;
  - b. Referral to a healthcare provider or an outside agency for additional assessment or further evaluation;
  - c. Voluntary or involuntary withdrawal.

### **Voluntary and Involuntary Withdrawal for Medical and/or Psychological Reasons**

BridgeValley is committed to the safety and well-being of all its community members. In extreme circumstances, and after all other possibilities have been explored, the CARES team may determine that it is in the best interest of the student and the College community to transition the student away from the academic environment. This recommendation encourages a student to withdraw voluntarily and seeks to ease that transition and potential return to the College.

In those instances, where encouragement for the student to withdraw voluntarily has not been successful, an involuntary withdrawal may be implemented. This recommendation does not take the place of disciplinary action for a student's violations of the Code of Conduct. This recommendation is to be used only in extraordinary circumstances where it is determined that other policies are inadequate or inappropriate.

### **Student-Initiated (Voluntary) Withdrawal**

Students who withdraw voluntarily from the College for medical or psychological reasons may be eligible to do so under the College's policies and procedures regarding medical withdrawals at the discretion of the Associate Vice President of Student Engagement or Designee. The Associate Vice President of Student Engagement or Designee will work with appropriate Faculty members for incomplete grades or other

academic accommodations. The Associate Vice President of Student Engagement or Designee will assist the transition of the student to resources better able to support their needs.

### **Medical and Hardship Withdrawals**

Students may request a Medical Withdrawal when the student experiences a medical emergency or condition that occurs which prevents them from completing their course work for the current semester. Students may request a Hardship Withdrawal when he/she has experienced an unexpected occurrence in their life that may require that he/she withdraw from all classes for the semester. A Hardship Withdrawal would include an emergency, crisis or unavoidable circumstance such as the injury, illness or death of an immediate family member, a fire or other personal disaster, financial (loss of job by the student or head of their household or employer-initiated job change).

1. Requests for a medical or hardship withdrawal must be made by the last day of classes for the current semester.
2. Requests for previous semesters from which a grade has already been assigned requires additional documentation. More information on Medical and Hardships withdrawals including the process is located in the appendix.

### **College-Initiated (Involuntary) Withdrawal**

A student may be withdrawn involuntarily if there is clear and convincing evidence that his/her medical, psychological, or behavioral conditions pose a danger to others. College-initiated withdrawal will be conducted by the CARES team and only after all other options have been exhausted.

### **Process for Involuntary Withdrawal**

A student who is being considered for involuntary withdrawal will be notified in writing by the CARES team. If the student would like to request a hearing before the CARES team, he/she must request a hearing within two business days of receipt of the written notification. If a student requests a hearing, it will be conducted as soon as possible, but no later than five calendar days after the request is made, unless both the student and the CARES team agree that a postponement is necessary. At a hearing before a panel of at least three members of the CARES team, the student will be allowed to present any evidence that he/she believes demonstrates that involuntary withdrawal is not necessary. If a student fails to appear at a scheduled hearing, the CARES team will, at

its discretion, conduct the hearing in the absence of the student. To insure due process, the student is entitled to:

1. Written notice of the charges and of all the evidence that will be used during a hearing process for involuntary withdrawal.
2. A formal hearing where the respondent can introduce independent medical opinions and/or evidence.
3. Hearing board consideration of all evidence presented at the hearing.
4. The respondent has the right for an advisor or counselor of their choosing to attend the hearing, but any advisor or counselor accompanying a party will not be permitted to speak or participate directly in the hearing and will be limited to speaking only to the party for which they are advising. The student may request to have one additional advisor or counselor sit with him/her at the hearing. The request should be made in writing to the Associate Vice President of Student Engagement or his/her designee.
5. Clearly outlined reinstatement terms and the right to appeal.

## **Appeal Procedures**

Students who are withdrawn involuntarily may appeal in writing to the Vice President of Student Affairs or his/her designee. An appeal must be submitted within five business days of the student receiving notification of an involuntary withdrawal. A decision must be made by the Vice President of Student Affairs or his/her designee no later than five business days after receipt of an appeal.

Appeals must be made in writing and on the following basis:

- i. The student was not afforded due process, as defined by this policy.
- ii. The decision by the CARES team was arbitrary and capricious (that is the decision was not based on substantial evidence)
- iii. There is new evidence that is sufficient enough to alter the original decision, and this evidence was not known by the student at the time of the hearing. Appellate decisions after reviewing the request for appeal, the Vice President of Student Affairs or his/her designee may:
  - i. Request additional information from the appealing student and/or the CARES team
  - ii. Uphold the decision of the CARES team of involuntary withdrawal.
  - iii. Remand the case back to the CARES team for further consideration CARES team Actions. If a student is withdrawn involuntarily, the CARES team will immediately prepare a list of offices to be notified of the decision. The list normally will include, but is not limited to, the following offices: academic dean of the major or program in which the student was enrolled, Registrar, Financial Aid, Conduct



Office, Bookstore, and Public Safety. Other offices or individuals may be notified of the decision if the CARES team determines such notification is necessary to protect the health and/or safety of either the student or third parties. Students who are involuntarily withdrawn from the College will be allowed to petition the CARES team for readmission during a subsequent term. A petition must present clear and convincing evidence that they no longer pose a danger to others. The CARES team may impose reasonable conditions upon students who are readmitted after being involuntarily withdrawn. Failure to comply with conditions may result in the student being withdrawn immediately from the College.

### **Effect of Involuntary Withdrawal**

Students who have been involuntarily withdrawn from the College are generally not permitted to be on College premises or participate in College events. However, a student who has been involuntarily withdrawn or suspended on an interim basis pending an appeal may be on campus, with the permission of the Vice President of Student Affairs or his/her designee. Students are responsible for contacting appropriate College offices to ensure that their academic and financial affairs are in order. All determinations as to the effect of an involuntary withdrawal in these areas will be made by the applicable offices in accordance with existing College policies.

### **Behaviors Resulting from a Disability**

In the case that a student with a disability poses a risk to student safety, health or well-being, the CARE team will follow established protocol up to and including options for involuntary withdrawal. Procedures will be in accordance with the Rehabilitation Act of 1973 as amended, the Americans with Disabilities Act of 1990, the Americans with Disabilities Act –Amendments Act, Accessibility Services office should be consulted.

## **ADDITIONAL DUTIES OF CARES TEAM**

### **Outreach and Training**

The CARES team has the responsibility to inform and educate the College community. The college community must be aware of the CARES team, the need and purpose for

intervention, the procedure for filing a report and how to contact members of the Team with concerns. Campus wide training is incorporated into faculty and staff annual trainings, new employee and student orientations

### **Annual Report and Review**

The CARES team will provide the Vice President of Student Affairs with an annual report during the regular cycle of annual assessment. The report will include quantitative information about CARES reports as well as any training and program awareness to College faculty and staff. CARES team will do an annual review of the Protocol and Procedure Manual and make any necessary revisions.

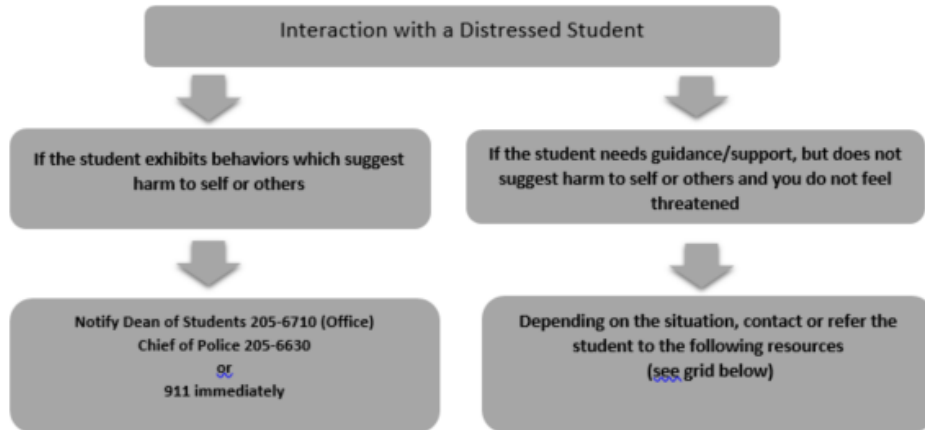
## **Appendix**

Appendix A:	Crisis Response Quick Reference
Appendix B:	NaBita Threat Assessment Tool
Appendix C:	NaBita Risk and Tools
Appendix D:	NaBita Examples of Behavior
Appendix E:	Red flags, warning signs and indicators
Appendix F:	CARES Team flowchart
Appendix G:	Sample Feedback to Referral Source
Appendix H:	Medical and Hardship Withdrawal Information
Appendix I:	Frequently Asked Questions
Appendix J:	BridgeValley sample CARES referral form
Appendix K:	BridgeValley sample CARES letter
Appendix L:	BridgeValley sample of CARES Meeting Agenda and Notes
Appendix M:	References and Resources

# Appendix A

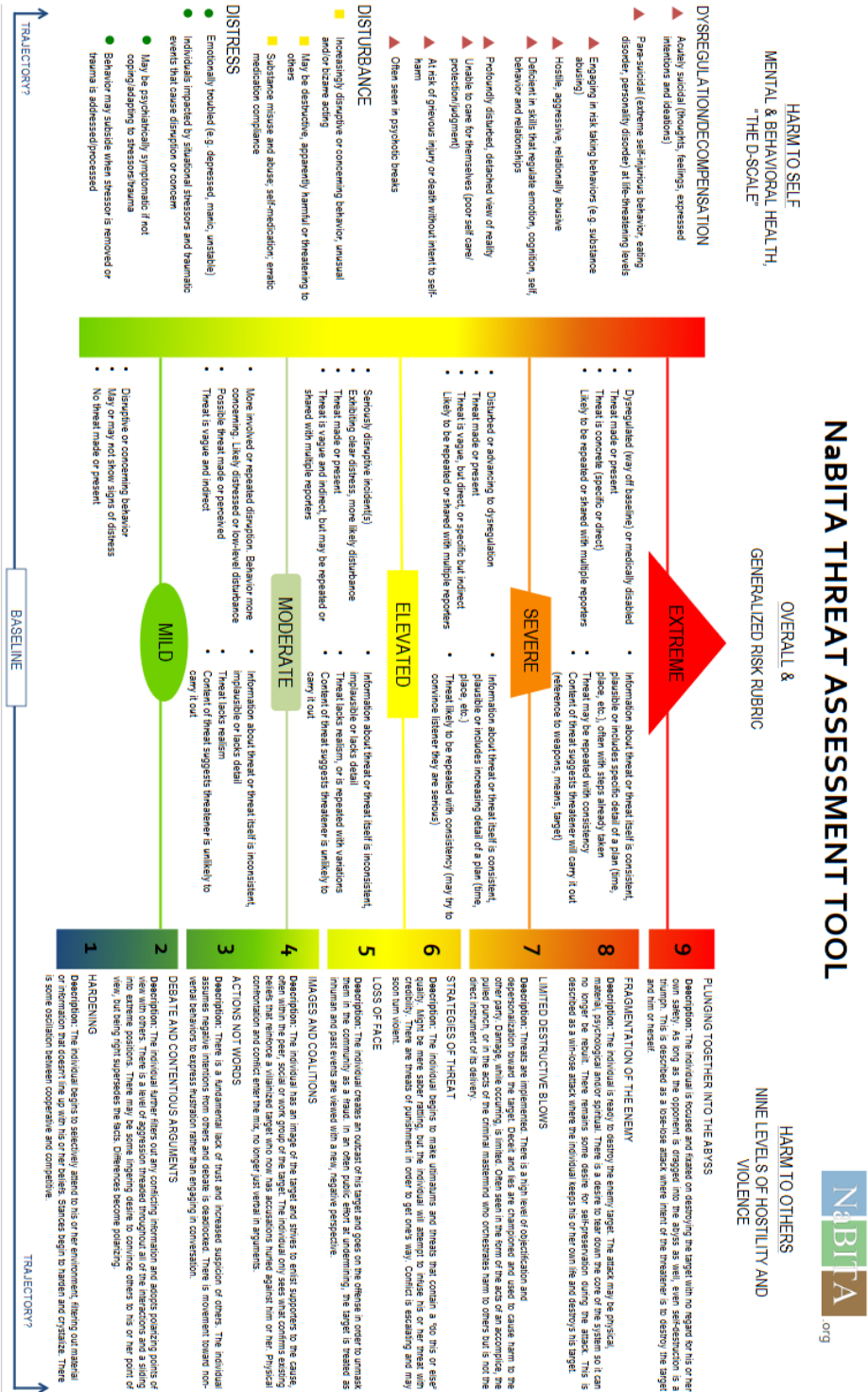
## CRISIS RESPONSE QUICK REFERENCE

If you find yourself interacting with a student in distress, we suggest you follow these guidelines:



WHEN IMMEDIATE ATTENTION IS REQUIRED		
ISSUE	CONTACT	PHONE
Suicide or Homicide Threats	Dean of Students BridgeValley Police	205-6710 205-6630 or 911
Medical Emergency	911	911
Victim of violence or stalking	BridgeValley Police	205-6630
Sexual assault reported by student	BridgeValley Police	205-6630
OTHER CIRCUMSTANCES		
ISSUE	CONTACT	PHONE
Disability related (physical, learning, and/or psychiatric)	Accessibility Services	205-6725
Bizarre behavior Depression and/or anxiety Relationship Problems Stress management Signs of alcohol and/or drug use Suspected eating disorder Assistance with life stressors	Counseling Services	205-6706 (Office)
Sexual harassment of student by faculty/staff Civil rights discrimination reported by student Sexual harassment of student by student Disruptive classroom behavior	Title IX Compliance: Chief HR Officer Dean of Students	205-6705 205-6710 (Office)
Student suspected of cheating or other academic dishonesty	Dean of Students Dean of Academic Department: Health Division Business & Legal Studies General Studies & Transfer Education Technology Division	205-6710 205-6689 734-6636 205-6622 734-6680

# Appendix B



# Appendix C

CLASSIFYING RISK	INTERVENTION TOOLS TO ADDRESS RISK AS CLASSIFIED
<p><b>MILD RISK</b></p> <ul style="list-style-type: none"> <li>• Disruptive or concerning behavior</li> <li>• May or may not show signs of distress</li> <li>• No threat made or present</li> </ul>	<p><b>MILD RISK</b></p> <ul style="list-style-type: none"> <li>▪ Meeting/soft referral by reporter</li> <li>▪ Behavioral contract or treatment plan with student or employee (if at all, only for low-level concerns)</li> <li>▪ Student conduct or HR response</li> <li>▪ Evaluate for disability services and/or medical referral</li> <li>▪ Conflict management, mediation, problem-solving</li> </ul>
<p><b>MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>• More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance</li> <li>• Possible threat made or perceived</li> <li>• Threat is vague and indirect</li> <li>• Information about threat or threat itself is inconsistent, implausible or lacks detail</li> <li>• Threat lacks realism</li> <li>• Content of threat suggests threatener is unlikely to carry it out</li> </ul>	<p><b>MODERATE RISK</b></p> <ul style="list-style-type: none"> <li>▪ Meeting/soft referral by reporter</li> <li>▪ Behavioral contract or treatment plan with student (if at all, only for low-level concerns)</li> <li>▪ Student conduct or HR response</li> <li>▪ Evaluate for disability services and/or medical referral</li> <li>▪ Conflict management, mediation (not if physical/violent), problem-solving</li> </ul>
<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>• Seriously disruptive incident(s)</li> <li>• Exhibiting clear distress, more likely disturbance</li> <li>• Threat made or present</li> <li>• Threat is vague and indirect, but may be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is inconsistent, implausible or lacks detail</li> <li>• Threat lacks realism, or is repeated with variations</li> <li>• Content of threat suggests threatener is unlikely to carry it out</li> </ul>	<p><b>ELEVATED RISK</b></p> <ul style="list-style-type: none"> <li>▪ Meeting/mandated referral by reporter</li> <li>▪ Evaluate parental/guardian notification</li> <li>▪ Obtain and assess medical/educational and other records</li> <li>▪ Consider interim suspension if applicable</li> <li>▪ Evaluate for disability services and/or medical referral</li> <li>▪ Consider referral or mandated assessment</li> <li>▪ SIVRA-35 or other violence risk assessment</li> </ul>
<p><b>SEVERE RISK</b></p> <ul style="list-style-type: none"> <li>• Disturbed or advancing to dysregulation</li> <li>• Threat made or present</li> <li>• Threat is vague, but direct, or specific but indirect</li> <li>• Likely to be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc.)</li> <li>• Threat likely to be repeated with consistency (may try to convince listener they are serious)</li> <li>• Content of threat suggests threatener may carry it out.</li> </ul>	<p><b>SEVERE RISK</b></p> <ul style="list-style-type: none"> <li>▪ Possible confrontation by reporter</li> <li>▪ Parental/guardian notification obligatory unless contraindicated</li> <li>▪ Evaluate emergency notification to others (FERPA/HIPAA/Clery)</li> <li>▪ No behavioral contracts</li> <li>▪ Recommend interim suspension or paid/unpaid leave</li> <li>▪ Possible liaison with local police to compare red flags</li> <li>▪ Deploy mandated assessment</li> <li>▪ Evaluate for medical/psychological transport</li> <li>▪ Evaluate for custodial hold</li> <li>▪ Consider voluntary/involuntary medical withdrawal</li> <li>• Direct threat eligible</li> <li>▪ Law enforcement response</li> <li>▪ Consider eligibility for involuntary commitment</li> <li>▪ SIVRA-35 or other violence risk assessment</li> </ul>
<p><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>• Dysregulated (way off baseline) or medically disabled</li> <li>• Threat made or present</li> <li>• Threat is concrete (specific or direct)</li> <li>• Likely to be repeated or shared with multiple reporters</li> <li>• Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc.), often with steps already taken</li> <li>• Threat may be repeated with consistency</li> <li>• Content of threat suggests threatener will carry it out (reference to weapons, means, target)</li> </ul>	<p><b>EXTREME RISK</b></p> <ul style="list-style-type: none"> <li>▪ Possible confrontation by reporter</li> <li>▪ Parental/guardian notification obligatory unless contraindicated</li> <li>▪ Evaluate emergency notification to others</li> <li>▪ No behavioral contracts</li> <li>▪ Interim suspension or paid/unpaid leave if applicable</li> <li>▪ Possible liaison with local police to compare red flags</li> <li>▪ Too serious for mandated assessment</li> <li>▪ Evaluate for medical/psychological transport</li> <li>▪ Evaluate for custodial hold</li> <li>▪ Initiate voluntary/involuntary medical withdrawal</li> <li>▪ Law enforcement response</li> <li>▪ Consider eligibility for involuntary commitment</li> </ul>

## Appendix D



### 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 other 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 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 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](mailto:Smokingthedope420@university.edu) or [assman69@university.edu](mailto: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.

#### **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 E

## RED FLAGS, WARNING SIGNS AND INDICATORS By Roger Depue, Ph.D.

Virginia.gov (2008). Report of the Virginia Tech Review Panel, Appendix M. Retrieved on May 15, 2008 from <http://www.governor.virginia.gov/TempContent/techpanelreport.cfm>.

Experts who evaluate possible indicators that an individual is at risk of harming himself or others know to seek out many sources for clues, certain red flags that merit attention. A single warning sign by itself usually does not warrant overt action by a threat assessment specialist. It should, however, attract the attention of an assessor who has been sensitized to look for other possible warning signs. If additional warning signs are present then more fact-finding is warranted to determine if there is a likelihood of danger.

Some warning signs carry more weight than others. For instance, a fascination with, and possession of, firearms are more significant than being a loner, because possession of firearms gives one the capacity to carry out an attack. But if a person simply possesses firearms and has no other warning signs, it is unlikely that he represents a significant risk of danger.

When a cluster of indicators is present then the risk becomes more serious. Thus, a person who possesses firearms, is a loner, shows an interest in past shooting situations, writes stories about homicide and suicide, exhibits aberrant behavior, has talked about retribution against others, and has a history of mental illness and refuses counseling would obviously be considered a significant risk of becoming dangerous to himself or others. A school threat assessment team upon learning about such a list of warning signs would be in a position to take immediate action including:

- Talking to the student and developing a treatment plan with conditions for remaining in school
- Calling the parents or other guardians
- Requesting permission to receive medical and educational records
- Checking with law enforcement to ascertain whether there have been any interactions with police
- Talking with roommates and faculty
- Suspending the student until the student has been treated and doctors indicate the student is not a safety risk

Following are some warning signs (indicators and red flags) associated with school shootings in the United States. Schools, places of employment, and other entities that are creating a threat assessment capability may want to be aware of these red flags:

### **Violent fantasy content –**

- Writings (Stories, essays, compositions),
- Drawings (Artwork depicting violence),
- Reading and viewing materials (Preference for books, magazines, television, video tapes and discs, movies, music, websites, and chat rooms with violent themes and degrading subject matter), and role playing acts of violence and degradation.

### **Anger problems –**

- Difficulty controlling anger, loss of temper, impulsivity,
- Making threats.

### **Fascination with weapons and accoutrements –**

- Especially those designed and most often used to kill people (such as machine guns, semiautomatic pistols, snub nose revolvers, stilettos, bayonets, daggers, brass knuckles, special ammunition and explosives).

### **Boasting and practicing of fighting and combat proficiency –**

- Military and sharpshooter training, martial arts, use of garrotes, and knife fighting.

**Loner –**

- Isolated and socially withdrawn, misfit, prefers own company to the company of others.

**Suicidal ideation –**

- Depressed and expresses hopelessness and despair,
- Reveals suicidal preparatory behavior.

[See note below by Dr. Cheryl Yatsko]

**Homicidal ideation –**

- Expresses contempt for other(s),
- Makes comments and/or gestures indicating violent aggression.

**Stalking –**

- Follows, harasses, surveils, attempts to contact regardless of the victim's expressed annoyance and demands to cease and desist.

**Non-compliance and disciplinary problems –**

- Refusal to abide by written and/or verbal rules.

**Imitation of other murderers –**

- Appearance, dress, grooming, possessions like those of violent shooters in past episodes (e.g. long black trench coats).

**Interest in previous shooting situations –**

- Drawn toward media, books, entertainment, conversations dealing with past murders.

**Victim/martyr self-concept –**

- Fantasy that some day he will represent the oppressed and wreak vengeance on the oppressors.

**Strangeness and aberrant behavior –**

- Actions and words that cause people around him to become fearful and suspicious.

**Paranoia –**

- Belief that he is being singled out for unfair treatment and/or abuse; feeling persecuted.

**Violence and cruelty –**  A history of using violence to solve problems (fighting, hitting, etc.), abusing animals or weaker individuals.

**Inappropriate affect –**

- Enjoying cruel behavior and/or being able to view cruelty without being disturbed.

**Acting out –**

- Expressing disproportionate anger or humor in situations not warranting it, attacking surrogate targets.

**Police contact –**

- A history of contact with police for anger, stalking, disorderly conduct;
- Past temporary restraining orders (or similar court orders),
- A jail/prison record for aggressive crimes

**Mental health history related to dangerousness –**

- A history of referral or commitments to mental health facilities for aggressive/destructive behavior.

**Expressionless face/anhedonia –**

- An inability to express and/or experience joy and pleasure.

**Unusual interest in police, military, terrorist activities and materials**

- Vehicles resembling police cars, military vehicles, surveillance equipment, handcuffs, weapons, clothing (camouflage, ski masks, etc.).

**Use of alcohol/drugs –**

- Alcohol/drugs are used to reduce inhibitions so that aggressive behaviors are more easily expressed.

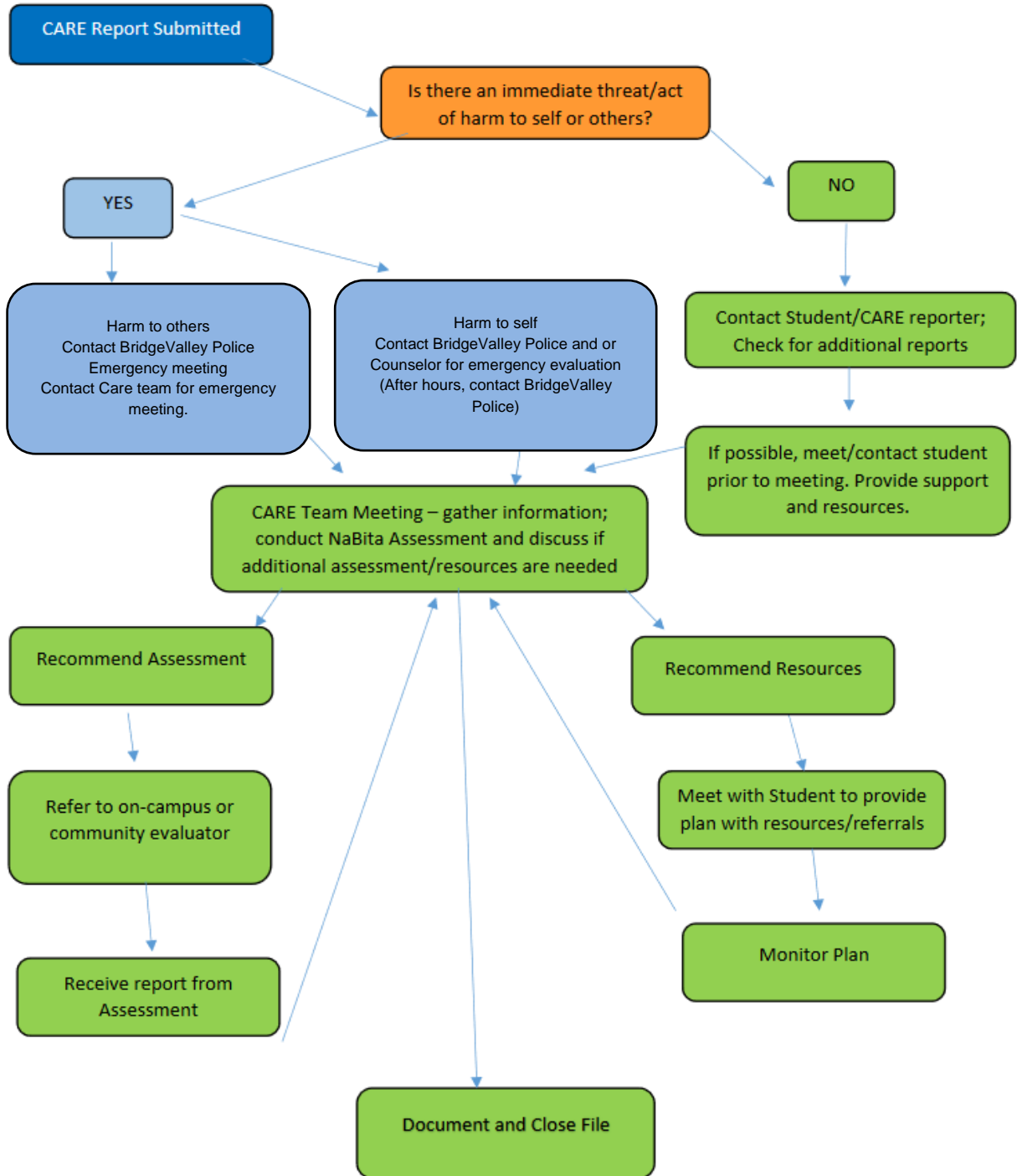
**Note:** Additional information on suicidal ideation provided by Dr. Cheryl Yatsko, Columbus State University, June 4, 2008.

**Suicidal Ideation**

- Depressed and expresses helplessness, hopelessness, and worthlessness.
- Talking about death.
- Talking about suicide, or making statements like “everybody would be better off without me.”
- Acquiring the means, e.g., buying a gun.
- Giving away possessions.
- Saying goodbye.

# Appendix F

## CARE TEAM FLOWCHART



## Appendix G



### Sample Feedback Loop to Referral Source

#### Sample #1: Response After Referral Submission

##### **PREFERRED NAME,**

Thank you for reporting concerning behavior for student, **STUDENT NAME**.

I wanted to let you know that your student referral was received by the CARE Team, and we will be following up with the student directly as soon as possible. Once that has occurred, we will meet as a team to discuss a plan that serves both the student and the broader community. We will reach out to you again to discuss the plan that has been decided upon by the CARE Team.

I greatly appreciate the time you took to complete the form.

Thank you,

##### ***SIGNATURE***

#### Sample #2: Response After Referral Submission

Thank you for your referral to the BIT team. We process referrals each week day and begin outreach to the student via email, phone call, and/or in-person visit as appropriate based on the level of concern present in the referral and through additional information gathered by the team. Our case managers may offer an appointment to the student to discuss the stressors the student is experiencing and to develop a plan for reducing the distress. If you are a faculty or staff member, or anyone else with an educational need to know information as defined by FERPA, you may receive an update about the case within the next two weeks. Should you continue to notice behaviors of concern, or have any follow up questions or information for the team, please feel free to submit another referral or contact our office. Thank you so much for your continued support of our students.

#### Sample #3: Update to Referral Source on Case

Thank you for your recent referral to the BIT. We wanted to provide you with a brief update on the status of your referral and the case. We have initiated contact with **STUDENT NAME** and a meeting took place with a case manager from the team. During this appointment they discussed the issues presented in your referral and also other potential stressors that may be present. Based on this appointment, we plan to **INSERT DETAILS HERE**. We will continue to work with **STUDENT**

NaBITA | 475 Allendale Road, Suite 200 | King of Prussia, PA 19406 | (484) 321-3651 | [www.nabita.org](http://www.nabita.org)

## Appendix H

### Medical and Hardship Withdrawal Information Sheet

Students may request a Medical Withdrawal when the student experiences a medical emergency or condition that occurs which prevents them from completing their course work for the current semester.

Students may request a Hardship Withdrawal when he/she has experienced an unexpected occurrence in their life that may require that he/she withdraw from all classes for the semester. A Hardship Withdrawal would include an emergency, crisis or unavoidable circumstance such as the injury, illness or death of an immediate family member, a fire or other personal disaster, financial (loss of job by the student or head of their household or employer-initiated job change).

1. Requests for a medical or hardship withdrawal should be made by the last day of classes for the current semester.
2. Requests for previous semesters from which a grade has already been assigned requires additional documentation and the professor for each course must be willing to complete a Grade Change Form.

#### How to Apply

1. Read this Medical and Hardship Withdrawal Information sheet and Frequently Asked Questions completely. You are responsible for reading and understanding the Adding, Dropping and Withdrawing from Courses policy before submitting an application.
2. Complete and sign a Medical Withdrawal Application Form or a Hardship Withdrawal Form.
3. On a separate sheet of paper, type and sign a personal statement requesting a medical or hardship withdrawal. The following questions should be answered in your statement.
  - i. What is the nature of your medical/hardship situation?
  - ii. When did your medical issue or hardship begin or occur?
  - iii. How does your medical/hardship issue prevent you from completing your coursework for the semester?
  - iv. The last date that you attended each course you were/are taking.
4. Submit official documentation that supports your personal statement.
5. Submit all items as a complete application packet. The application will not be processed until all documentation listed above is received: Packets can be mailed to:

Associate Vice President  
2001 Union Carbide Drive  
South Charleston, WV 25313

#### Application Deadline

Application for a medical withdrawal must be received by the last day of class for the semester. After the semester ends these are reviewed on a case by case basis by the Associate Vice President.

Student Services  
Medical and Hardship Withdrawal  
Policy and Process Information

### Required Documentation

Submit official documentation that supports your personal statement. Examples of Medical/Hardship Withdrawal documentation include:

- Type-written correspondence, on office letterhead from a licensed healthcare professional (i.e. physician, psychologist, and/or psychiatrist). The letter must be signed by the healthcare professional. The letter should include the reason (medical or psychological) necessitating the withdrawal and how the issue interfered with the completion of your coursework for the semester, and the name, title and phone number of the office representative who can verify the authenticity of the letter. Documentation on a prescription pad is unacceptable.
- Official and/or notarized forms, documents, or correspondence from a state agency, a governmental entity, or reputable business.
- Death certificate, funeral program, and/or obituary with the deceased name, date of death, and funeral home contact.
- A letter from an employer or supervisor on company letterhead stating mandatory job change(s) and date(s) of the change(s). The letter should include the name, title, and phone number of the company representative who can verify the authenticity of the letter, preferably a human resources professional.
- A Medical/Psychological Re-Enrollment Request Health Provider Report Form will be required to return to classes following an approved medical withdrawal (see below).

All documentation is subject to verification by the Associate Vice President. If false documentation or misrepresented information is submitted, you will be referred for an alleged violation of the Student Code of Conduct and your request will be denied.

### Requests for a partial withdrawal

A Medical or Hardship withdrawal normally applies to all courses for the semester, but in exceptional cases, a withdrawal may be granted for some but not all of the courses. To have a request for a partial withdrawal considered, you must clearly explain and demonstrate, through documentation, how and/or why your non-academic issues impacted only a portion of your coursework.

### Incompletes

Students requesting an incomplete grade due to unavoidable circumstances should contact the instructor of the course. Eligible students will have an opportunity to complete the course within an established amount of time as published in the academic calendar.

## Medical Withdrawal

In cases of students requesting a medical withdrawal. Medical withdraws will be reviewed by the Associate Vice President or designee. Medical withdraws are reviewed upon a case by case basis. The Associate Vice President will consult with appropriate college officials when necessary.

## Returning to School

- In order to return to school following an approved medical withdrawal, a letter of clearance from the same healthcare professional who provided the documentation for the original medical withdrawal will be required in order to demonstrate that the student is able to return to school. A completed Medical/Psychological Re-Enrollment Request Health Provider Report Form must be submitted to the Medical Review Committee for approval to return to school.
- Important Considerations Students withdrawing from any or all of their classes should be aware that a reduction of their course load may affect other aspects of their academic and campus life, and they should contact these offices to discuss any potential impact.
- Enrollment Services: Financial Aid 304.205.6700  
Satisfactory Academic Progress –SAP
- Veterans Benefits: Military and Veteran Services 304.734.6620



## Appendix I

### Frequently Asked Questions

#### **Is it guaranteed that my Medical or Hardship withdrawal will be approved?**

There is no guarantee that a request will be granted. Requests are reviewed by the Medical Withdrawal Committee on a case by case basis and must be supported by documentation to be considered and approved.

#### **How will my Financial Aid or Account Balance be impacted?**

A Medical or Hardship Withdrawal is not intended to clear or decrease your account balance, entitle you to receive a refund, or cancel your obligation to repay tuition and fees and/or awarded financial aid for the semester in which you receive a withdrawal. Students requesting a Medical or Hardship Withdrawal should consult with Financial Aid to identify the impact of a Withdrawal on their Student Account and/or eligibility to receive Financial Aid in subsequent semesters.

#### **What will happen to my grades?**

If a Medical or Hardship Withdrawal request is granted, you will receive a grade of WA (Administrative Withdrawal) or WH (Health Withdrawal). If you have voluntarily withdrawn or have been administratively withdrawn for nonattendance or nonpayment, you are not eligible to receive a Medical or Hardship Withdrawal. Grades of WA or WH allows the student to withdraw from the course without an academic penalty.

#### **Should I take my finals?**

The Adding, Dropping and Withdrawing from Courses policy does not specify if a student should take final exams. However, the Medical and Hardship Withdrawal procedures state that a student must have a non-academic situation which prevents them from completing their coursework. If a student completes the semester and takes exams, the Medical Withdrawal Committee normally rules that a student has completed the semester and is not retroactively eligible for a Medical Withdrawal from that semester.

#### **Will my application be kept confidential/private?**

The decision on your request is shared with the following individuals for processing purposes, Office of the Registrar, Financial aid and/or the Chief Financial Officer of the College and your instructors for processing purposes. The nature of the issues will only be disclosed as “medical” or “hardship.” Your personal statement and documentation will not be shared outside of the CARES team unless you give permission or pose an immediate threat to yourself or others. This includes, but is not limited to: family, friends, or college officials.

#### **Am I required to sit out a semester/can I sit out a semester?**

Students are not required to sit out a semester, however it is important to analyze your situation to determine the likelihood of your situation impacting classes the next semester. Please refer to the college catalog for information on Readmission Requirements for students who have been not been enrolled for consecutive semesters.

**Can I return to school after a Medical or Hardship Withdrawal?** Students approved for a medical withdrawal will require a clearance to return to school. The healthcare professional who submitted the documentation for the withdrawal must complete and submit the Physician or Mental Health Professional's Assessment and Recommendation Regarding Student's Readiness for Reenrollment form. A hold will be placed on the student's record until the form has been submitted and approved. Students approved for a hardship withdrawal can return with no restrictions.

It is the student's responsibility to withdraw officially in accordance with college regulations as printed in the BridgeValley Catalog.

## Appendix J



To make a referral to the CARES Team, complete and submit the Referral Form below. A member of the CARES Team will review this information Monday-Friday within 24 business hours.

NOTE: The CARES Team Referral Form IS NOT for emergency situations. In case of an emergency, contact campus police at 304-205-6630, or call 911.

Reporter Name:

Position/Title  Faculty  Staff  Student  Parent  Concerned Citizen

Phone Number:

Email:

Date of Incident:  Approximate Time of Incident:   AM  PM

Location

Urgency of This Report

- Low (No action needed, but wanted CARES team to know)  
 Normal (Situation should be evaluated to see if action is needed)  
 Urgent (Immediate action is needed)

### Involved Parties

Please list the person(s) of concern or otherwise involved (excluding yourself). For non-students please list all zeros as the ID number. The most important fields are the name, ID number and contact information. If multiple parties were involved in the incident, you may add or remove them below.

Name of Individual(s) Involved:

Student ID #:

Phone Number:



### Information Regarding Concern

I am concerned about the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Death of a Family Member         | <input type="checkbox"/> Misuse of Drugs   |
| <input type="checkbox"/> Death of Fellow Student/Friend   | <input type="checkbox"/> Relationship Issues   |
| <input type="checkbox"/> Death of Non-Student/ Other      | <input type="checkbox"/> Recent Lifestyle Changes (personality, eating habits, hygiene, appearance, sleep pattern, etc.) |
| <input type="checkbox"/> Destructive Behavior             | <input type="checkbox"/> Victim of Sexual Assault  |
| <input type="checkbox"/> Financial Concerns               | <input type="checkbox"/> Self-Harm (cutting, burning, bruising, etc.)  |
| <input type="checkbox"/> Severe Family Issues             | <input type="checkbox"/> Suicide Attempt   |
| <input type="checkbox"/> Homelessness                     | <input type="checkbox"/> Suicidal Plan (expressing wish to die)  |
| <input type="checkbox"/> Medical or Mental Health         | <input type="checkbox"/> Suicidal Thoughts   |
| <input type="checkbox"/> Concern Injury/Illness -         | <input type="checkbox"/> Unusual and Worrisome Behavior  |
| <input type="checkbox"/> Hospitalization Injury/Illness - | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Other                            |  |
| <input type="checkbox"/> Intimate Partner Violence        |  |
| <input type="checkbox"/> Mental Health Issue              |  |
| <input type="checkbox"/> Misuse of Alcohol                |  |

**Thank you for submitting a concern to the CARES Team. A member will be in contact with you to get additional details about your report shortly.**

**Submit**

# Appendix K

## Sample CARES letter



August 30, 2021

John Smith  
29 Pioneer Drive  
Charleston, WV 25313

Dear John,

A member of our community recently expressed concern about your well-being. The Associate Vice President/Dean of Students chairs the College CARES team. CARES stands for Campus Assessment Responses Evaluation and Solution. We work closely with students, faculty, staff and community members who may be struggling for one reason or another and assist them in getting connected with support and campus resources they may be in need of. I would like to meet with you to discuss how you are doing and to see if there is some way I may be able to assist you.

Please contact my office at 304.205.6706 or my email at [James.McDougle@bridgevalley.edu](mailto:James.McDougle@bridgevalley.edu) to schedule a time for us to meet in the next few days.

Sincerely,

James McDougle  
Associate Vice President/Dean of Students

# Appendix L

## CARES Meeting Agenda and Notes

DATE \_\_\_\_\_

New Reports Since Last Meeting					
Case Number	Report Date (Previous Report Dates)	Report Type Area of Concern	Status	NABITA RISK*	MEETING MINUTES/FOLLOW UP
Previous Reports With Updated Status					

\*NaBita Risk: 1. Mild 2. Moderate 3. Elevated 4. Severe 5. Extreme

Other Issues:

## Appendix M

### References and Resources

NaBita: The National Behavioral Intervention a Team Association is an organization for the support and professional development of behavioral intervention team members:  
<https://nabita.org/>

Augusta University BIT Policies and Procedure Manual  
<https://www.augusta.edu/careteam/careprotocolandproceduremanual2017.pdf>

Texas A & M University Central Texas BIT Policies and Procedure Manual:  
<https://www.tamuct.edu/departments/student-affairs/bat.php>

Lake Land College Behavioral Intervention and Violence Prevention Plan/Team Handbook:  
<https://www.lakelandcollege.edu/ss/cn/behavior/team.cfm>

Community College of Denver Care Team manual: <https://www.ccd.edu/download/file/fid/6109>

The NCHERM Group is the umbrella for six linked organizations which serve to advance holistic, proactive prevention and risk management within K-12 schools and on college and university campuses: <https://www.ncherp.org>