



**Campus Assessment Response and Evaluation Team
CARE**

**Protocol and Procedures Manual
2017-2018**



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Augusta University

CAMPUS ASSESSMENT RESPONSE AND EVALUATION 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, members of the University System of Georgia have been directed by the Chancellor's office to develop a plan and select a committee to address potential problems of this nature. In response, AU has established the Campus Assessment Response and Evaluation Team (CARE) to serve as an additional measure for campus safety.

Augusta University (AU) is committed to providing a campus environment that is conducive for students to develop their full potential. AU 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 university is required to respond to students who may directly threaten the safety and security of themselves and others. Through development of the CARE Team, the University 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 the student with the greatest chance of success and the university community the greatest level of protection.

This document will outline the University's CARE Team procedures, which do 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 University 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, but this document will be continually changing to best reflect the operating procedures of the University and the CARE Team.

Mission Statement

The mission of the AU CARE Team is to provide a caring program for identification, intervention, and response while balancing the needs of the individual with those of the community. The CARE Team identifies students whose behavioral patterns have raised concern about their well-being; centralizes communication to gain a more complete understanding of the whole student; and develops a collaborative outreach plan with campus and community resources to address identified risks.

Responsibilities

The primary duties and responsibilities of the CARE Team include the following tasks:

- Aid in the identification of students in distress
- Facilitate referrals for students in physical, mental, or psychological distress
- Monitor and provide a systematic response to situations involving students whose behavior or condition may be disruptive or harmful to themselves or others in the University community, or students who pose a direct threat (or create distress) to themselves or others.
- Provide a multidisciplinary team of medical, psychological, law enforcement and administrative professionals to conduct a situation assessment and to classify the generalized risk to the student and University community.
- Determine what/if any intervention tools are appropriate to address the situation.
- Duty to educate, consult, and support faculty, staff and administration.

CARE TEAM MEMBERSHIP

Team Membership Description

The CARE Team consists of university personnel with expertise in law enforcement/threat assessment/tactical applications, residence life, student affairs, medical and mental health, disability services and legal affairs. 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 CARE 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, a professional counselor to share expertise, and/or a manager who has information concerning a student employee.

Core Team Members include:

- Associate Dean of Student Life, Director for Student Support and Advocacy, Chair of CARE team
- Dean of Student Life
- Assistant Director for Student Support and Advocacy
- Academic Success Coordinator
- Director, Student Health Services
- Director, Student Counseling and Psychological Services
- Director, Residence Life
- Director, Testing and Disability Services
- Captain, Public Safety
- Senior Legal Advisor

CARE Team Liaisons

The CARE Team will work with other University personnel as needed based on the issues reported in the CARE 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:

- Associate Dean for Academic Affairs, College of Allied Health Sciences
- Assistant Dean, Pamplin College of Arts, Humanities, and Social Sciences
- Assistant Dean, Hull College of Business
- Vice Dean, Dental College of Georgia
- Associate Dean, College of Education
- Vice Dean, The Graduate School
- Associate Dean, College of Nursing
- Associate Dean of Academic and Faculty Affairs, College of Science and Mathematics
- Associate Dean for Student and Multicultural Affairs, Medical College of Georgia
- Director of Employee Relations, Human Resources
- Title IX Coordinator
- Intercollegiate Athletics
- Military and Veteran Services
- Academic Advising

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 Office of Dean of Student Life.

Expectations

All Core CARE Team members are expected to:

- Attend weekly scheduled meetings.
- Review and familiarize with current CARE cases prior to attending.
- Be prepared to report and share appropriate information for individuals listed on the CARE report.
- Utilize Advocate by Simplicity as a tool for documenting and supplementing CARE reports, in regards to their scope of influence on a case.
- Provide additional outreach and support for individual cases as determined by the CARE team's 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' privacy and follow established processes.
- Communicate directly with the CARE Chair should their standing or presence on the CARE team alter from the directives listed above (including but not limited to: reporting inability to attend meeting(s)) and any concerns or feedback for the CARE Team's management.

AU Website

AU has developed a website to inform the campus community and for reporting persons of concern. The website can be located at: www.augusta.edu/careteam/index.php and has information about resources, contact numbers, a pamphlet on Assisting Students in Distress and the portal to submit a CARE report.

Records

Records created by the CARE 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), www.augusta.edu/registrar/ferpanotice.pdf. CARE Team records will be maintained by the Office of Dean of Student Life and will be considered confidential and accessible only to the student and parties with appropriate access. Any CARE team member can add comment to CARE reports.

PROCEDURES AND INTERNAL COMMUNICATION

Referrals

Any person who has concern for the well-being or safety of a student or the community, or who has reason to believe that a student may pose a direct threat to themselves or others, **is strongly encouraged to fill out an electronic CARE report and refer the matter to the CARE Team.** An academic or nonacademic conduct report may be referred to the CARE Team for consideration.

In cases deemed emergency situations, University community members are encouraged to activate the emergency response system by calling (706) 721-2911 or 1-2911 within the University. In case of a medical emergency, dial 911.

Referrals may be made by one of the following methods:

- Completing the CARE Report online
- By telephone call to the Dean of Student Life or Associate Dean of Student Life (706) 737-1411.
- Directly to Student Counseling and Psychological Services either by phone at (706) 737-1471 or in person
- Directly to Student Health Services either by phone at (706) 721-4388 or in person
- By calling AU Public Safety (706) 721-2911
- By contacting any member of the CARE team.

Preliminary Response and Risk Assessment

When a CARE Team report is received, the Associate Dean of Student Life 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.

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 (Symlicity) or by phone as needed.

The Associate Dean of Student Life or designee will:

1. Consult with University 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 AU community.

Outreach to students may appear as follows:

- First Attempt- Will be via the individual's student email account (student@augusta.edu) or phone call within two days of receipt and review of the report, unless the situation is escalated and renders a direct call or on the scene response. 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 AU Police, or, with approval of the Assistant Dean of Student Life, contacting the student's family or guardian.
- Second Attempt – Following the initial phone call/email, a second call/email attempt will be made 5-7 days later.
- Third/final Attempt – A final email will be sent to the student within 3 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 student's 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 University.
- If the student is non-responsive but may be in need of campus resources or agencies, may email the student with the information and continue to close the case.
- If the student maintains a level of non-response, 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 Care report or their first Care report in a year, and there are no escalating concerns, the Care Team may decide to close the case and mark it as informational.

Outreach to Reporter: Acknowledge receipt and may gather more information for CARE 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 Student Health Services, SCAPS, Disability Services, etc.

Outreach to Faculty/Staff: During the investigation of a CARE 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.

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 CARE Team to gather additional reports.
3. If University Police are notified, the risk is considered to be a Moderate+. The CARE Team will request reports from instructors, academic advisors, disability services, campus police, and other relevant offices; criminal history will be checked, along with social media; interviews will be conducted. The CARE 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 CARE 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 CARE Team, and begin the process back with #4.

CARE Team Meetings

- The CARE Team meets regularly, but may meet more often during instances of emergencies.
- Communication (verbal and written) involving students among CARE Team members is confidential and always respectful of the student.
- The CARE Team recognizes certain members of the University community (i.e. physicians, counselors, legal representatives, 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.
- CARE Team members are encouraged to communicate in person, via email or telephone (in emergencies).
- Any CARE Team member may request an emergency meeting in the event that it is needed.
- The meeting will be conducted by Chair of CARE team or designee and a Team designee will keep minutes for each meeting.
- Communications may be made between the CARE Team and external constituents, or those initiating the referral to the CARE 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 University 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 CARE team, the CARE team may make any of the following recommendations for intervention. Recommendations are made in consultation with the appropriate University department or administrator who takes any final action.

Referral to University and/or Community Resources - The CARE team may refer the student to Student Counseling and Psychological Services and/or Student Health Services for intervention and connection with appropriate university and community resources.

Voluntary Withdrawal from Classes – Based on discussion with members of the CARE 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 CARE team will make this referral to the Dean of Student 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 CARE 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 CARE team.

Involuntary Withdrawal from Classes – In extremely high risk situations, the CARE team may find it necessary to recommend to the Vice President for Enrollment and Student Affairs an involuntary withdrawal for a dangerous student who will not comply with the requests of the CARE 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 CARE team will follow established protocol up to and including options for involuntary withdrawal. The length of withdrawal and conditions for re-enrollment at the University will be determined by the Vice President

for Enrollment and 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 Police Department 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 University 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 CARE team member.

Mandated Health Assessment

1. Instances may arise when the CARE 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 Dean of Student Life. 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 CARE Team will reconvene following the mandated mental health assessment to review the assessment and any pertinent medical records the student has provided. The CARE 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

Augusta University 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 CARE Team may determine that it

is in the best interest of the student and the University community to transition the student away from the academic environment. This policy encourages a student to withdraw voluntarily and seeks to ease that transition and potential return to the University.

In those instances, where encouragement for the student to withdraw voluntarily has not been successful, an involuntary withdrawal may be implemented. This policy does not take the place of disciplinary action for a student's violations of the Code of Conduct. This policy 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 University for medical or psychological reasons may be eligible to do so under the University's policies and procedures regarding medical withdrawals at the discretion of the Associate Dean of Student Life. The Associate Dean of Student Life will work with appropriate Faculty members for incomplete grades or other academic accommodations. The Associate Dean of Student Life 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).

Medical Withdrawals are indicated on the student's record as WA. Hardship Withdrawals are indicated on the student's record as a WH.

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.

More information on Medical and Hardships withdrawals including the process is located in the appendix.

University-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. University-initiated withdrawal will be conducted by the CARE 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 CARE Team. If the student would like to request a hearing before the CARE 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 CARE Team agree that a postponement is necessary.

At a hearing before a panel of at least three members of the CARE 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 CARE 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 Dean of Student Life 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 for Enrollment and 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 for Enrollment and 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 CARE 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 for Enrollment and Student Affairs or his/her designee may:

- i. Request additional information from the appealing student and/or the CARE Team
- ii. Uphold the decision of the CARE Team of involuntary withdrawal.
- iii. Remand the case back to the CARE Team for further consideration

CARE Team Actions

If a student is withdrawn involuntarily, the CARE 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: Provost, academic dean of the major or program in which the student was enrolled, Registrar, Financial Aid, and Public Safety. Other offices or individuals may be notified of the decision if the CARE 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 University will be allowed to petition the CARE 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 CARE 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 University.

Effect of Involuntary Withdrawal

Students who have been involuntarily withdrawn from the University are generally not permitted to be on University premises or participate in University 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 for Enrollment and Student Affairs or his/her designee.

Students are responsible for contacting appropriate University offices to ensure that their academic and financial affairs are in order (including any on-campus housing). All determinations as to the effect of an involuntary withdrawal in these areas will be made by the applicable offices in accordance with existing University 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, and Board of Regents' policies.

ADDITIONAL DUTIES OF CARE TEAM

Outreach and Training

The CARE team has the responsibility to inform and educate the University community. The university community must be aware of the CARE 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 CARE team will provide the Vice President for Enrollment and Student Affairs with an annual report during the regular cycle of annual assessment. The report will include quantitative information about CARE reports as well as any training and program awareness to University faculty and staff. CARE team will do an annual review of the Protocol and Procedure Manual and make any necessary revisions.

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CARE Team Contact Information

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Emergencies: Call (706) 721-2911 or 1-2911
In the event of a medical emergency or crisis, call 911.

NaBITA THREAT ASSESSMENT TOOL

HARM TO SELF

MENTAL & BEHAVIORAL HEALTH, "THE D-SCALE"

DYSREGULATION/DECOMPENSATION

- ▲ Acutely suicidal (thoughts, feelings, expressed intentions and decisions)
- ▲ Para-suicidal (extreme self-injurious behavior, eating disorder, personality disorder) at life-threatening levels
- ▲ Engaging in risk taking behaviors (e.g. substance abusing)
- ▲ Hostile, aggressive, relationally abusive
- ▲ Deficient in skills that regulate emotion, cognition, self-behavior and relationships
- ▲ Profoundly disturbed, detached view of reality
- ▲ Unable to care for themselves (poor self care/protection/judgment)
- ▲ At risk of grievous injury or death without intent to self-harm
- ▲ Often seen in psychotic breaks

DISTURBANCE

- Increasingly disruptive or concerning behavior, unusual and/or bizarre acting
- May be destructive, apparently harmful or threatening to others
- Substance misuse and abuse; self-medication; erratic medication compliance

DISTRESS

- Emotionally troubled (e.g. depressed, manic, unstable)
- Individuals impacted by situational stressors and traumatic events that cause disruption or concern
- May be psychodynamically symptomatic if not coping/adapting to stressors/trauma
- Behavior may subside when stressor is removed or trauma is addressed/processed

OVERALL &

GENERALIZED RISK RUBRIC



- Dysregulated (way off baseline) or medically disabled
- Threat made or present
- Threat is concrete (specific or direct)
- Likely to be repeated or shared with multiple reporters

SEVERE

- Disturbed or advancing to dysregulation
- Threat made or present
- Threat is vague, but direct, or specific but indirect
- Likely to be repeated or shared with multiple reporters

ELEVATED

- Seriously disruptive incident(s)
- Exhibiting clear distress, more likely disturbance
- Threat made or present
- Threat is vague and indirect, but may be repeated or shared with multiple reporters

MODERATE

- More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance
- Possible threat made or perceived
- Threat is vague and indirect

MILD

- Disruptive or concerning behavior
- May or may not show signs of distress
- No threat made or present

9

PLUNGING TOGETHER INTO THE ABYSS

Description: The individual is focused and fixated on destroying the target with no regard for his or her own safety. As long as the opponent is dragged into the abyss as well, even self-destruction is a triumph. This is described as a lose-lose attack where intent of the threatener is to destroy the target and him or herself.

8

FRAGMENTATION OF THE ENEMY

Description: The individual is ready to destroy the enemy target. The attack may be physical, material, psychological and/or spiritual. There is a desire to tear down the core of the system so it can no longer be rebuilt. There remains some desire for self-preservation during the attack. This is described as a win-lose attack where the individual keeps his or her own life and destroys his target.

7

LIMITED DESTRUCTIVE BLOWS

Description: Threats are implemented. There is a high level of objectification and depersonalization toward the target. Deceit and lies are championed and used to cause harm to the other party. Damage, while occurring, is limited. Often seen in the form of the acts of an accomplice, the pulled punch, or in the acts of the criminal mastermind who orchestrates harm to others but is not the direct instrument of its delivery.

6

STRATEGIES OF THREAT

Description: The individual begins to make ultimatums and threats that contain a "do this or else" quality. Might be mere saber rattling, but the individual will attempt to induce his or her threat with credibility. There are threats of punishment in order to get one's way. Conflict is escalating and may soon turn violent.

5

LOSS OF FACE

Description: The individual creates an outcry of his target and goes on the offense in order to unmask them in the community as a fraud. In an often public effort at undermining, the target is treated as inhuman and past events are viewed with a new, negative perspective.

4

IMAGES AND COALITIONS

Description: The individual begins to make an image of the target and strives to enlist supporters to the cause, often within the peer, social or work group of the target. The individual only sees what confirms existing beliefs that reinforce a villainized target who now has accusations hurled against him or her. Physical confrontation and conflict enter the mix, no longer just verbal in arguments.

3

ACTIONS NOT WORDS

Description: There is a fundamental lack of trust and increased suspicion of others. The individual assumes negative intentions from others and debate is devalued. There is movement toward non-verbal behaviors to express frustration rather than engaging in conversation.

2

DEBATE AND CONTENTIOUS ARGUMENTS

Description: The individual further filters out any conflicting information and adopts polarizing points of view with others. There is a level of aggression threaded throughout all of the interactions and a sliding into extreme positions. There may be some lingering desire to convince others to his or her point of view, but being right supersedes the facts. Differences become polarizing.

1

HARDENING

Description: The individual begins to selectively attend to his or her environment, filtering out material or information that doesn't line up with his or her beliefs. Stances begin to harden and crystallize. There is some oscillation between cooperative and competitive.

TRAJECTORY?

BASELINE

TRAJECTORY?

CLASSIFYING RISK**INTERVENTION TOOLS TO ADDRESS RISK AS CLASSIFIED****MILD RISK**

- Disruptive or concerning behavior
- May or may not show signs of distress
- No threat made or present

MILD RISK

- Meeting/soft referral by reporter
- Behavioral contract or treatment plan with student or employee (if at all, only for low-level concerns)
- Student conduct or HR response
- Evaluate for disability services and/or medical referral
- Conflict management, mediation, problem-solving

MODERATE RISK

- More involved or repeated disruption. Behavior more concerning. Likely distressed or low-level disturbance
- Possible threat made or perceived
- Threat is vague and indirect
- Information about threat or threat itself is inconsistent, implausible or lacks detail
- Threat lacks realism
- Content of threat suggests threatener is unlikely to carry it out

MODERATE RISK

- Meeting/soft referral by reporter
- Behavioral contract or treatment plan with student (if at all, only for low-level concerns)
- Student conduct or HR response
- Evaluate for disability services and/or medical referral
- Conflict management, mediation (not if physical/violent), problem-solving

ELEVATED RISK

- Seriously disruptive incident(s)
- Exhibiting clear distress, more likely disturbance
- Threat made or present
- Threat is vague and indirect, but may be repeated or shared with multiple reporters
- Information about threat or threat itself is inconsistent, implausible or lacks detail
- Threat lacks realism, or is repeated with variations
- Content of threat suggests threatener is unlikely to carry it out

ELEVATED RISK

- Meeting/mandated referral by reporter
- Evaluate parental/guardian notification
- Obtain and assess medical/educational and other records
- Consider interim suspension if applicable
- Evaluate for disability services and/or medical referral
- Consider referral or mandated assessment
- SIVRA-35 or other violence risk assessment

SEVERE RISK

- Disturbed or advancing to dysregulation
- Threat made or present
- Threat is vague, but direct, or specific but indirect
- Likely to be repeated or shared with multiple reporters
- Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (time, place, etc.)
- Threat likely to be repeated with consistency (may try to convince listener they are serious)
- Content of threat suggests threatener may carry it out.

SEVERE RISK

- Possible confrontation by reporter
- Parental/guardian notification obligatory unless contraindicated
- Evaluate emergency notification to others (FERPA/HIPAA/Clery)
- No behavioral contracts
- Recommend interim suspension or paid/unpaid leave
- Possible liaison with local police to compare red flags
- Deploy mandated assessment
- Evaluate for medical/psychological transport
- Evaluate for custodial hold
- Consider voluntary/involuntary medical withdrawal
- Direct threat eligible
- Law enforcement response
- Consider eligibility for involuntary commitment
- SIVRA-35 or other violence risk assessment

EXTREME RISK

- Dysregulated (way off baseline) or medically disabled
- Threat made or present
- Threat is concrete (specific or direct)
- Likely to be repeated or shared with multiple reporters
- Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (time, place, etc.), often with steps already taken
- Threat may be repeated with consistency
- Content of threat suggests threatener will carry it out (reference to weapons, means, target)

EXTREME RISK

- Possible confrontation by reporter
- Parental/guardian notification obligatory unless contraindicated
- Evaluate emergency notification to others
- No behavioral contracts
- Interim suspension or paid/unpaid leave if applicable
- Possible liaison with local police to compare red flags
- Too serious for mandated assessment
- Evaluate for medical/psychological transport
- Evaluate for custodial hold
- Initiate voluntary/involuntary medical withdrawal
- Law enforcement response
- Consider eligibility for involuntary commitment



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 or assman69@university.edu.
- Posting or making comments while drunk or intoxicated. Attending online class discussions or lectures while under the influence of alcohol or other drugs.
- Arrogant, entitled, rude or disrespectful emails or messages to professor or other students.
- Arguing grades or “grade grubbing” for extra points after the professor requests the student to stop.
- Inciting other students to argue with the professor over grades or other assessment related expectations.

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.

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 –

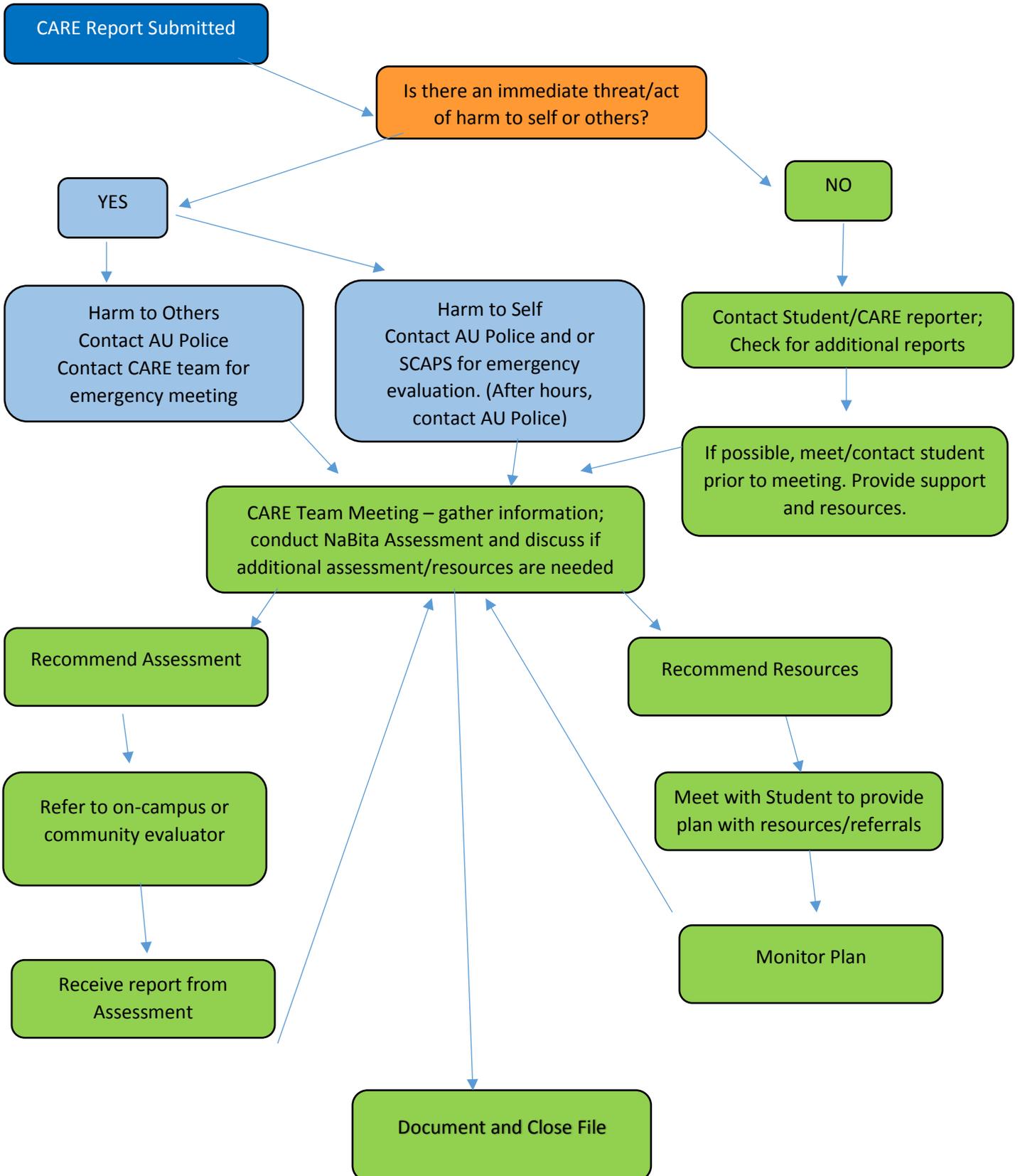
- Alcohol/drugs are used to reduce inhibitions so that aggressive behaviors are more easily expressed.

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.

CARE TEAM FLOWCHART



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).

Medical Withdrawals are indicated on the student's record as WA. Hardship Withdrawals are indicated on the student's record as a WH.

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.
 - o What is the nature of your medical/hardship situation?
 - o When did your medical issue or hardship begin or occur?
 - o How does your medical/hardship issue prevent you from completing your coursework for the semester?
 - o 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:
Mrs. Gina Thurman
Associate Dean of Student Life
Bellevue Hall, Summerville
1120 15th Street
Augusta, GA 30912

Or faxed or emailed to:
Mrs. Gina Thurman
706-667-4755
gthurman@augusta.edu

Application Deadline

Application for a medical withdrawal must be received by the last day of class for the semester.

Office of the Dean of Student Life 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 (ie: physician, psychologist, 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 Office of the Dean of Student Life. 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

An incomplete (I) indicates that a student was doing satisfactory work but, for non-academic reasons beyond his/her control, was unable to meet the full requirements of the course. An Incomplete should not ordinarily be given unless the student has completed a substantial part of the course and has a reasonable expectation of successfully completing the course within one semester. The professor of the course must agree to an Incomplete and must complete a form to assign the incomplete grade and include justification. A student who has received an "I" grade has one additional semester to complete the required work to receive a final grade. Any incomplete grade not removed after the next semester will be converted to an "F" grade.

Medical Withdrawal Committee

The Medical Withdrawal Committee will review the request and approve a medical withdrawal. Additional documentation may be requested by the Committee. The Committee includes the Assistant Dean of Students, the Director of Mental Health, and the Director of Student Health.

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.

- Student Financial Aid, including the HOPE Scholarship: Financial Aid 706-737-1431
 - Satisfactory Academic Progress – SAP
- Athletic eligibility: Kay Allen 706-729-2450
- University Housing: 706-729-2300
- Veterans Benefits: Military and Veteran Services 706-729-2255
- Immigration status for International Students – International and Postdoctoral Services 706-721-0670

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 the Office of 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 do not count against the five course withdrawal limit. 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 Office of the Registrar 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 Office of the Dean of Student Life unless you give permission or pose an immediate threat to yourself or others. This includes, but is not limited to: family, friends, or university 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 *University Catalog* for information on Former Student Readmission Requirements for students who have been not been enrolled for three 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 university regulations as printed in the Augusta University Catalog.

Website Pages

The screenshot shows the top navigation bar of the August University website with the logo and menu items: Admissions, Academics, About, Student Life, Athletics, Research, Health, and Giving. The main content area is titled "Campus Assessment Response & Evaluation Team". A left sidebar contains a "Submit a CARE Report" button. The main text explains that support is available for students, staff, or faculty members in distressing situations. Below this, there are two columns of service links: "STUDENT SERVICES" and "FACULTY AND STAFF SERVICES".

Resources

Contact Numbers

Dealing with Distressed Students

Submit a CARE Report

Home / Campus Assessment Response and Evaluation Team

Campus Assessment Response & Evaluation Team

Whether you are a student, staff or faculty member, if you or someone you know is in a distressing situation, support is available for you on this website. You will find helpful resources on a variety of issues including:

- Emergency or crisis situations and safety concerns
- Medical concerns
- Multicultural, psychological and personal issues
- Interpersonal conflict both in workplace and amongst students

STUDENT SERVICES

- Advising
- Counseling Center
- Career Center
- Dean of Students
- Disability Services
- Fitness and Recreation
- Housing and Residence Life
- Judicial Affairs
- Minority Advising
- Student Health Services
- Wellness Center

FACULTY AND STAFF SERVICES

- Advising
- Counseling Center
- Career Center
- Dean of Students
- Disability Services
- Fitness and Recreation
- Housing and Residence Life
- Judicial Affairs
- Minority Advising
- Student Health Services
- Wellness Center
- Dealing With Distressed Students

The screenshot shows the "Contact Numbers" page. The left sidebar is identical to the previous page. The main content area lists contact information for the August University Police, Counseling Center, and Dean of Student Life.

Resources

Contact Numbers

Dealing with Distressed Students

Submit a CARE Report

Home / August University Cares / Contact Numbers

Contact Numbers

Augusta University POLICE: 706.737.1401 or 706.729.2911 (for emergencies)

COUNSELING CENTER: 706.737.1471

DEAN OF STUDENT LIFE: 706.737.1411

The screenshot shows the "Dealing with Distressed Students" page. The left sidebar is identical to the previous pages. The main content area features a video player displaying a guide for faculty and staff. The footer includes a navigation menu, social media icons, and the August University logo.

Resources

Contact Numbers

Dealing with Distressed Students

Submit a CARE Report

Home / Campus Assessment Response and Evaluation Team / A Guide for Dealing with Distressed or Troubled Students

Dealing with Distressed Students

SEE MORE 4 SHARE

Dealing with Distressed or Troubled Students

A Guide for Faculty and Staff

GRU

1 / 19

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A-Z Index / Degrees & Programs / Department Contacts / Maps / Campus Safety / Jobs & Careers

Augusta University



Resources

Resources

Contact Numbers

Dealing with Distressed Students

Submit a CARE Report

RESOURCES

[Alcohol](#) » [Eating Disorder](#) » [Intimate Partner Violence](#) » [Mental Health](#) » [Sexual Assault](#) » [Suicide](#) » [General Health](#)

ALCOHOL

- [National Institute on Alcohol Abuse and Alcoholism](#)
- [College Drinking Prevention](#)

EATING DISORDER

- [Eating Disorder Alliance](#)
- [National Eating Disorders Association](#)
- [NEDA Educator Toolkit](#)
- [NEDA Parent Toolkit](#)

INTIMATE PARTNER VIOLENCE

- [GA Coalition Against Domestic Violence](#)
- [National Coalition Against Domestic Violence](#)
- [National Domestic Violence Hotline](#)
- [US Dept. of Justice-Office on Violence Against Women](#)
- [Mayoclinic.com](#)
- [US Dept. of Health and Human Services](#)
- [American Psychiatric Association](#)
- [Helpline.org](#)
- [National Center on Domestic Violence, Trauma and Mental Health](#)
- [Futures Without Violence](#)

- [National Teen Dating Abuse Helpline](#)

MENTAL HEALTH

- [Georgia Disaster Mental Health](#)
- [National Mental Health Information Center](#)
- [National Institute of Mental Health](#)
- [Mental Health America](#)
- [College and Your Mental Health](#)

SEXUAL ASSAULT

- [Rape, Abuse & Incest National Network](#)
- [US Department of Justice, Office on Violence Against Women](#)
- [National Domestic Violence Hotline](#)
- [National Teen Dating Abuse Helpline](#)

SUICIDE

- [Jed Foundation](#)
- [Jed Foundation Facebook Page](#)
- [Suicide Awareness Voices of Education](#)
- [National Suicide Prevention Lifeline](#)
- [American Foundation for Suicide Prevention](#)
- [Suicide Prevention Resource Center](#)
- [Suicide Prevention Action Network USA](#)
- [National Institute of Mental Health](#)
- [Mental Health America](#)
- [The Trevor Project](#)

GENERAL HEALTH

- [Stress.Org](#)
- [Teach Health](#)
- [Senior Health information](#)
- [Optimal Health Concepts](#)
- [CDC Health Information](#)
- [Tanner.org](#)



* Indicates a required field

CareNetwork Report

Reporter's Name *

Please provide your full name. Reporters information will remain confidential. You may type "Anonymous" if you do not wish to use your name.

Reporter's Email

Please provide your email address so that we can contact you if we have follow up questions about this report.

Reporter's Phone

Please provide your phone number so that we can contact you if we have follow up questions about this report.

Report Type(s) *

Please select the type of situation that you are reporting. You may select more than one option.

- Academic Concern
- Excessive Absences
- Missing Student
- Aggressive Behavior
- Threat of Harm to Others
- Alcohol Usage/Abuse
- Drug Usage/Abuse
- Disruptive Behavior
- Concern with Written Material
- Concern with Statements Made
- Medical Concern or Injury
- Mental Health Concerns
- Homesickness
- Family Issues
- Suicidal Thoughts or Statements
- Suicide Attempt

Other - Please include a description in the Incident Description

Time and Location

This field is not required but if the incident occurred at a specific time, it is helpful for the CARE Team to be aware. If this is a general concern, please feel free to leave these fields blank.

Date/Time of Incident

What was the approximate time that the situation occurred?

 SELECT CLEAR CLEAR

Location

Where did the situation occur? If this is not related to a specific incident, please leave the field blank.

 CHOOSE

Please provide the name and any other information that you may have available on the student(s) that you are reporting.

Student(s) Involved *

Please list the names (and emails if possible) of the students involved in this situation.

Please include the following information regarding the victim/complainant:

- Student ID# (if available)
- Phone Number (if available)
- Student's email (if available)

The Student of Concern

Witness(es)

If there are any student, faculty or staff witnesses to the issue, please provide their names. We may contact them for more information.

Descriptive Information

Description *

Please provide as much information as possible about the situation (no text limit). Explain in detail the nature of the incident. Be sure to be as specific as possible and include names of witnesses as well as any staff (GRU Public Safety, EMS, etc.) that were involved in handling the incident.

Verification *

Please enter the verification code that appears below. Click the link below the image to hear the code read aloud.

 I'm not a robot

Sample CARE Report

https://augusta-advocate.symplicity.com/index.php/pid367835?s=care_report&mode=form&id=9ffade561e5a49b53803a18d767da1b5

Wednesday, March 15, 2017 | 11:03 am | Ginny Luke, Staff [Logout](#) [Available Sessions](#)

- Home
- Calendar
- Announcements
- Students
- Incident Reports
- CARE Network
 - CARE Reports**
 - Students of Concern
 - CARE Action Plans
 - CARE Actions
 - CARE Dashboard
- Reporting
- Analytics
- Locations
- Surveys
- System Settings
- Tools
- My Account

C00038-2017

[Return To Previous Screen](#) | [Return To List \(CARE Reports\)](#)

CARE Actions **1**
Meetings **0**
Letters **0**
Documents **0**
Notes **0**
Event Log

Possible Next Steps:

[Move to Monitored](#)
[Add CARE Action](#)
[Add CARE Action Plan](#)

Use "Other Actions" for additional options.

[Edit](#)
 [Cancel](#)
[Other Actions](#)

CareNetwork Report

Status	Assigned
Report Number	C00038-2017
Report Type(s)	Suicidal Thoughts or Statements
Reporter's Name	[REDACTED]
Reporter's Email	[REDACTED]
Reporter's Phone	[REDACTED]

Time and Location

Date/Time of Incident: -

Parties Involved

Student or Students of Concern: [REDACTED]

Other Involved Individual(s): [REDACTED]

The Student of Concern is: AU Student living in Housing

Other Witness(es): [REDACTED]

Descriptive Information

Description: [REDACTED]

[Edit](#)
 [Cancel](#)

CARE Report Info

Created: Tue, March 7, 2017, 10:21 am

By: [Leza Witherington](#)

Modified: [REDACTED]

By: [REDACTED]

CARE Report Flags [Edit Flags](#)

Athlete

Disability

International

Title IX

Veteran

[+ Add](#)

Areas of Concern

Concern Type	Severity
Suicidal/Self Harm	High

[Edit Areas of Concern](#)

Assigned To

Staff

- Gina Thurman

Groups

- CARE Team ([Show Members](#))

[Edit Assignees](#)

Report Source

This CARE Report was submitted by a member of the public, Meg Sunga.

Users Online

- ▶ (1) Supervisor

Support

SYMPLECTIC NEIGHBORHOOD

Client Support Portal

Take me there!

Call Help Desk: 1-703-373-7035

Hours: Mon-Fri 9am-7pm ET (except holidays)

Sample CARE Letter



March [REDACTED]

[REDACTED]
Dear [REDACTED]

A member of our community recently expressed concern about your well-being. The Office of the Dean of Student Life chairs the University CARE Team. We work closely with students who may be struggling for one reason or another and help them get connected with support and campus resources. 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 706-737-1411 or my email at gthurman@augusta.edu to schedule a time for us to meet in the next few days.

Sincerely,

Gina Thurman
Assistant Dean of Students

Dean of Students

Mailing Address:
1120 15th Street, Bellevue Hall
Augusta, Georgia 30912

Office Address:
2500 Walton Way, Bellevue Hall
Augusta, Georgia 30904

T 706-737-1411

F 706-667-4755

augusta.edu

CARE Meeting Agenda and Notes

DATE: _____

New Reports Since Last Meeting						
CASE NUMBER NAME	REPORT DATE (PREVIOUS REPORT DATES)	REPORT TYPE AREA OF CONCERN	STATUS	NABITA RISK*	MEETING MINUTES/FOLLOW UP	
C00076 Smith	3/31/17	academic progress	Assigned to Jerry			
C00075 Jones	3/31/17	possible self-harm	Walked to SCAPS. Transported to hospital. Will be kept until Monday.			
C00074 Brown	3/31/17	excessive absences	Assigned to Jerry. Left message for student			
Previous Reports With Updated Status						
C00073 Miller	3/31/17	father passed away	Ginny contacted student, will continue to monitor. She is housing, housing will monitor.			
C00072 Wilson	3/31/17 (2/2/17, 1/15/15, 12/15/16, 11/4/16)	disruptive behavior	Angie reached out to student, had received bad news recently, will monitor.			

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

Other issues:

References and Resources

We would like to express our appreciation to the Columbus State University for sharing their BART Policies and Procedures Manual which we utilized as a framework in establishing our own: <https://sa.columbusstate.edu/bart.php>

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

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>