AUGUSTA UNIVERSITY

Campus Assessment Response and Evaluation Team (CARE)

Protocol and Procedures Manual

2026-2027



FOR EMERGENCIES, CALL 911 OR CALL AUPD AT 706-721-2911

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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, housing and residence life, student affairs, academic success, 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 Students, Chair of CARE team
- Associate Vice President/Dean of Students
- CARE Case Manager(s)
- Director, Academic Success Center
- Director, Student Health Services
- Director, Student Counseling and Psychological Services
- Director, Housing and Residence Life
- Director, Testing and Disability Services
- Deputy Chief of Police, Police Department
- Senior Legal Advisor

- CEPaR- Critical Event Preparedness and Response

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
- Assistant 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
- Assistant AD/Compliance and Academics, Intercollegiate Athletics
- Director, Military and Veteran Services
- Director, Academic Advising

Training

Training for the core team conducted on a regular and as needed 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, clinical care, 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 Students.

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 Maxient as a tool for documenting and supplementing CARE concerns, 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 including FERPA.
- 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: CARE Team 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). CARE Team records will be maintained by the Office of Dean of Students 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.s.

PROCEDURES AND INTERNAL COMMUNICATION

Referrals

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

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 concern and the Case Manager will review and consult with CARE team**. An academic or nonacademic conduct report may be referred to the CARE Team for consideration.

Referrals may be made by one of the following methods:

- Completing the CARE Concern online
- By telephone call to the Dean of Students or Associate Dean of Students (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) 721-3488 or in person
- By calling AU Police Department (706) 721-2911
- By contacting any member of the CARE team.

Preliminary Response and Risk Assessment

When a CARE Team concern is received, the Associate Dean of Students or designee will review each referred case since the last meeting and consider all information to determine the level of risk. The following NaBITA Risk Rubric 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.

Mild risk level - The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric

Moderate risk level– Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.

Elevated risk level- Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff

Critical risk level– In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/ or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking

behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response

The status of the CARE Team concern will be communicated to the Team via secure email Maxient or by phone as needed.
The Office of the Dean of Students 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 Student (NaBITA model):
Given that case managers are often the staff members tasked with carrying out the interventions and arranging a meeting with a student, case managers need to operationalize when and how they reach out to a student. Cases with the same risk rating should receive similar outreach. There should be continuity with each risk level regarding how the case manager contacts the student, including timeframe, frequency, and method. This not only offers standardization of care, but it prevents burnout for case managers as they do not have to reinvent the wheel each time, they contact a student. Knowing that specific outreach methods will be based on institutional culture and available resources, consider the following as an example outreach timeframe based on risk level:

Mild: 4 contact attempts over 11 days	Moderate: 6 contact attempts over 8 days
• 1st day: 1st email and phone call • 7th day: 2nd email and text message • 11th day: Resource letter, close case	• 1st day: 1st email and phone call • 4th day: 2nd email and phone call • 6th day: Phone call and text message • 8th day: Resource letter sent
Elevated: 6+ contact attempts over 3 days	Critical: Unlimited attempts until safety is established
*If concern for immediate safety, arrange wellness check • 1st day: 1st email, phone call and text message • 2nd day: 2nd email, phone call and text message. • 3rd day: 3rd email, phone call and text message. Possible RA visit, pull out of class, etc.	* Establish safety by coordinating welfare check or law enforcement intervention. To arrange meeting/mandated assessment post hospitalization/arrest: • 1st day: 1st email, phone call and text message • 2nd day: 2nd email, phone call and text message. • 3rd day: 3rd email, phone call and text message. Possible RA visit, pull out of class, etc.

Outreach to Reporter: Acknowledge receipt and may gather more information for CARE concern from reporter. 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. University Police may determine that immediate 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, University 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 obtain the assistance necessary to complete their educational program. When students are in distress, knowing that they have CARE support for resolving the concern may serve as prevention, therapy and even 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 Students 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. University 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 University will consider prosecution as an intervention option.

Follow-Up and Case Management

In addition to any of the specific intervention strategies described previously, the CARE team will determine a plan for follow-up and case management 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 Students. 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 further evaluation and assessment;
    c. Voluntary or involuntary withdrawal.

PROCESS & PROCEDURES

Student-Initiated (Voluntary) Withdrawal

Students who withdraw voluntarily from the University for medical or mental health reasons may be eligible to do so under the University's policies and procedures regarding medical withdrawals. A student who is doing satisfactory work, but for non-academic reasons beyond his/her control is unable to meet the full requirements of the course, may be assigned an incomplete grade. Faculty should follow the "Justification for an Incomplete Grade" procedures from the Registrar's Office

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 themselves or others. University-initiated withdrawals will be conducted by the CARE Team and only after all other options have been exhausted.

A student who is being considered for involuntary withdrawal will be notified in writing by the Chair of the CARE Team or his/her designee. If the student would like to request a hearing before the CARE Team, the student must request a hearing within two business days of receipt of the written notification. The request should be submitted to the Chair of the CARE Team or designee. If a student requests a hearing, it will be conducted as soon as possible, but no later than five business 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 ensure due process, the student is entitled to:

1. Written notice of the charges including threats and dangers posed to the community 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 his/her 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 Students 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:

- The student was not afforded due process, as defined by this policy. Augusta University Policy Library Involuntary Medical Withdrawal
- The decision by the CARE Team was arbitrary and capricious (i.e., the decision was not based on substantial evidence).
- 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:

- Request additional information from the appealing student and/or the CARE Team.
- Uphold the decision of the CARE Team for involuntary withdrawal.
- 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 the student no longer poses 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 being withdrawn from the University or other disciplinary actions.

Effect of Involuntary Withdrawal

Students who have been involuntarily withdrawn from the University are not permitted to be on University premises or participate in University events, even during the appeal process. However, a student who has been involuntarily withdrawn 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 Section 504 of the Rehabilitation Act of 1973 as amended, the Americans with Augusta University Policy Library Involuntary Medical Withdrawal 4 Disabilities Act of 1990, the Americans with Disabilities 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 concern 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 concerns 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

Associate Dean of Students and Chair of CARE team Summerville campus, Bellevue Hall 706-737-1411 Associate Vice President and Dean of Students Summerville campus, Bellevue Hall 706-737-1411 CARE Case Manager Summerville campus, Bellevue Hall 706-737-1411 Associate Professor and Executive Director Academic Success Center, University Hall 706-667-4777 Director, Student Health Services Health Sciences campus, 987 St. Sebastian Way Augusta, GA 30912 Suite 1500 706-721-3488	Director of SCAPS Licensed Psychologist Summerville campus, CE 201 706-737-1471 Director of Testing and Disability Services Summerville campus, Galloway Hall 706-737-1469 Director of Housing and Residence Life Health Sciences campus, Oak Hall, C108 706- 729-2300 Captain, University Police Health Sciences campus, Police Department 706 –721-2911 Senior Legal Advisor Health Sciences Campus **G. Lombard Kelly Building** 1459 Laney Walker Blvd Augusta, GA 30912 **706-721-4018**

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

NaBITARisk Rubric

D-SCALE

LifeStressandEmotional Health

DECOMPENSATING

- Behaviorisseverelydisniplive,direct impactsolhers,and is adivelydangerous. Thismayiriclude[rre-threatening,se injuriousbthavilrs such ill:
  - Suicidalideationsor attempts,anexpressed lethalplan,and/or hospitalizallOll
  - Extremeselfinjury,ife-threateningdisordereceating,repeated DUIs
  - Repeatedaculealcohol intoxicationwithmedicalor lawenforcement involvemen chronicsubstanceabuse
  - Profoundfydisb ed,detached viewof realfy**and** atriskofgnewusinjuryor deathand/orinabilitytocare for themselves(sett-care!proiectoo(Judgmentl
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      - Makingthreatslhal arecoocrele,consistent,and plaus le
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DETERIORATING

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Respondinglovoices,extreme odd dress,highrisksubslance abuse; troubing thoughiswilhpa1anoid/delusionalihemes;increasingfy medically dangerousbinging/purging

Suicidallhoughlsthatare nol letha mminenlornon-lifelhreateiingsett1njury

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- Often firstcontact or refe to the BIT/CAREIearn,e(c.
- Behavior isappropriate grirenlhe ciraimstancesand context
- No 1'11eatmade or p1esenl

TRAJECTORY?

OVERALL SUMMARY

CRITICAL

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BASELINE

E-SCALE

HostilityandViolence to others

EMERGENCEOFVIOLENCE

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- i Attackplanisaedible,repeated,andspecific;marbe shared,maybehidden
- Increm research on targetand attackplan,emplo ngcounter-suiveillance measures,aa:ess loleihalmeans;!here is a senseofimminencetolheplan
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ESCALATINGBEHAVIORS

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EMPOWERINGTHOUGHTS

- Passionateandhardenedlhoughts;lypicaly1elaledtoreligoo,po[rtics,academic status,money/power,socialjusfoe,or relationships
- Re ctionof altema! eperspectives,critical thinking,empathy,orperspedive-taking
- Nil/rowing onconsumpti:Jll ofnews,soci.Jlmedia,or frie11dships;seeking011ly those iil,o share the same perspectiVe
- Nothreats ofviolence

TRAJECTORY?

INTERVENTIONOPTIONSTO ADDRESS RISK
AS CLASSIFIED

CRITICAL (4)

- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated

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- **Cooninae llith**uriversity poliCe and.lor local **law** enforcement
- **PIO'lilepm:e,Slff(J1, and** sailly **pill**torel!rral

ELEVATED(3)

- Consider a welfare/safetyched
- Pro\1de gudance, support,**111d**sailly plan toreferral keholders
- Deliverfollowup and ongoingcase managementor support seNices
- Requred assessmentsuet, as too SIVRA-35,ERIS,HCR-20,WAVR-20 or srnilar;aswss socialmediaposts
- Evaklateparental/guardian/emergencycool.ct notmcalion
- Coordinatereferrals to appropriate resources and pro11de follow-up
- Likelyreferralto student conduct or disabiitysupport services
- Coordinate with universitypolice/campussafety,student conduct, and other departments as necessary to mi ateongoingrisk

MODERATE (2)

- Provide guidance and educationto referralsource
- Reach out to student toencourage a meeting
- Develop and implementcase managementplan or support seNices
- Connect **with**offices,support resources,faculty,etc.**who** interact**wth** student toenlist as support or to gather more mormation
- Possible referralto S1Udentconduct or lisabilily SI.WOiiser.ices
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- Consider VRAW² for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)

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

CRITICAL

ELEVATED

MODERATE

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INTERVENTIONOPTIONSTO ADDRESS RISK
AS CLASSIFIED

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- **Evaluall need faremagny nallcallan" camnuily**
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ELEVATED (3)

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- Provile gui:mce,support, andsafely plank>referral source/slakehdder.i
- Deliverfollowup and ongoing case managementor support services
- Requiredassessmentsuch as the SIVRA-35,ERIS,HCR-20,WAVR-20 orsimilar;assess social mediaposts
- Evaluateparenta guardianJemergencycontactnotification
- Coordinatereferralstoappropnate resources and provide follow-up
- Likelyreferralto student conduct or disabiitysupponseNices
- Coordinate**wlh** university police/campus safely,student conduct, and otnerdepartments as necessary to mitigate ongoingnsk

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- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information

2019 National 8eha\'ioral Intervention Team Ass,:.ioialio.111



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.

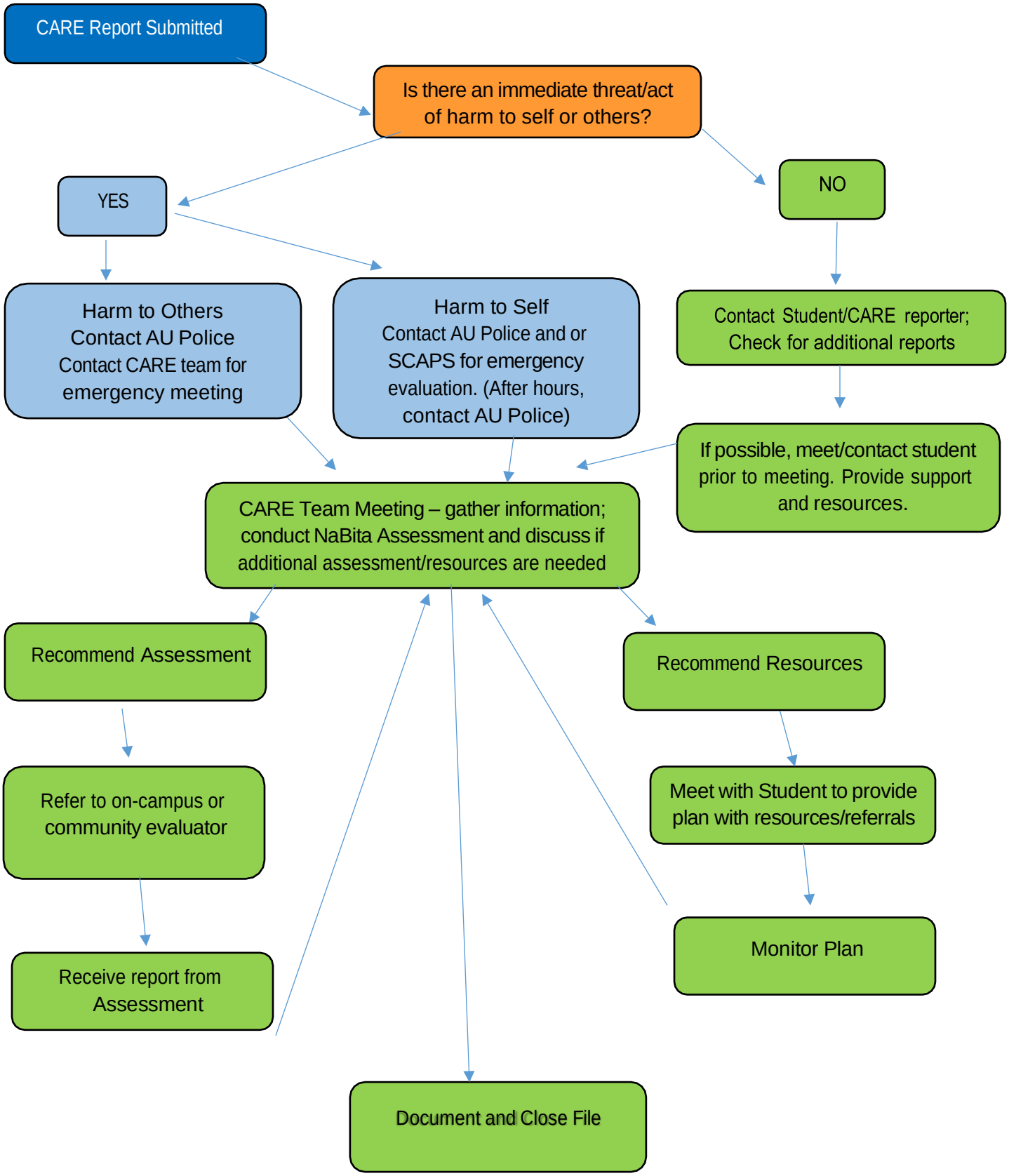
 Talking about suicide, or making statements like "everybody would be better off without me."

 Acquiring the means, e.g., buying a gun.

 Giving away possessions.

 Saying goodbye.

CARE TEAM FLOWCHART



Medical and Hardship Withdrawal Information Sheet

Students may request a *Medical Withdrawal* when the student experiences a medical emergency or serious health condition 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 requires that he/she withdraw from all classes for the semester. A Hardship Withdrawal would include but not be limited to the following examples: a medical emergency that requires prolonged rehabilitation or post-op time, 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).

How to Apply

1. Read this Medical and Hardship Withdrawal Information sheet and Frequently Asked Questions completely. You are responsible for reading and understanding thehttps://www.augusta.edu/registrar/adddropwithdraw.php policy before submitting an application.
2. Compete and sign a Medical Withdrawal Application Form or a Hardship Withdrawal Form.
3. For Medical Withdrawals please forward the Licensed Provider Recommendation Form to the physician and/or clinician currently treating you.
4. For Hardship Withdrawals, type and sign a personal statement including the following:
    - What is the nature of your hardship situation?
    - When did your hardship begin or occur?
    - How does your hardship issue prevent you from completing your coursework for the semester?
5. You may also submit official documentation that supports your request. Examples could include, but not limited to the following" 1) copy of your hospital records, 2) a signed statement by your physician explaining your need for prolonged treatment, 3) statement by your family member's physician stating why you need to be the family member's caretaker for extended period of time, 4) proof of accident or injury such as an accident report, police report, court records, or similar dated legal document, 5) copy of death certificate or funeral program with date, Submit official documentation that supports your personal statement 6) letter.
6. Submit all of the above items as a complete application packet. Keep a copy for future reference. Your application will not be processed until all documentation listed above is received:

Contact Information:
Offie of The Dean of Student
706-737-1411
deanofstudents@augusta.edu

Application Deadline

The application and documentation for a medical withdrawal must be received by the last day of class for the semester.

Office of the Dean of Students
Medical and Hardship Withdrawal

Policy and Process Information

Required Documentation

Medical Withdrawal

- Licensed Provider Recommendation Form must be completed, signed and submitted by a licensed healthcare professional (for example: physician, psychologist or psychiatrist).
- Medical Withdrawal Request Form

Hardship Withdrawal

- 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.
- Hardship Withdrawal Request Form

All documentation is subject to verification by the Office of the Dean of Students. 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. Poor academic performance is not a reason for a partial withdrawal. You should consult with your professor(s) to discuss these types of matters.

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 Associate Dean of Students, the Director of Student Counseling & Psychological Services (a licensed psychologist), the Director of Student Health (a licensed physician), and the Director of Testing & Disability Services.

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 706-737-1524
    - Satisfactory Academic Progress – SAP
- Athletic eligibility: 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 for approval.

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 with others except for the four members of the Medical Withdrawal

Committee as lasted above unless you give permission or your situation poses 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 or a hardship withdrawal can return with no required documentation.

It is the student's responsibility to withdraw officially in accordance with university regulations as printed in the Augusta University Catalog.

Website Pages and link

CARE Page - https://www.augusta.edu/careteam/

CARE Team Resources -

https://www.augusta.edu/careteam/resources.php

Helping Distressed Students -

https://www.augusta.edu/counseling/distressed-students.php

CAMPUS ASSESSMENT RESPONSE AND EVALUATION TEAM (CARE)

Frequently Asked Questions About The CARE Team

What does the CARE team do?
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. The team reviews all referred concerns as soon as reasonably possible and recognizes that some referrals, by their very nature, will require immediate review and others may be dealt with during regular Team meetings. The Team will use a fact-based assessment process to develop an appropriate plan of action.

Who is on the CARE team?
A multidisciplinary team which includes: Associate Dean of Students, Chair of CARE team, Dean of Students, CARE Case Manager, Director of Academic Success Center, Director of Student Health Services, Director of Student Counseling and Psychological Services, Director of Residence Life, Director of Testing and Disability Services, Captain, Public Safety and Senior Legal Advisor. Additional members of the Campus community will be consulted as needed.

Who can make a referral?
Any person, including students, parents, faculty and staff, and other community members, 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 concern and refer the matter to the CARE Team**. The on-line form allows for 24-hour reporting; however, please note that referrals may not be handled until the next business day. In cases deemed emergency situations, University community members are encouraged to call (706) 721-2911 or 1-2911 within the University. In case of a medical emergency, dial 911.

How do I submit a CARE report?
By going to Augusta University Cares on the website (www.augusta.edu/careteam/index.php) and click on submit a CARE concer.

What if I'm not ready to make a report, but I just need some advice about handling a student issue?
You can always contact the Office of the Dean of Students at 706-737-1411 for consultation on a concern. The staff can provide tips, ideas and resources on how to best approach a situation.

What kinds of things can I refer to CARE team?
In general, any behavior that disrupts the learning environment of the University or causes concern for a student's well-being should be reported. Personal safety concerns: self-injurious behaviors/suicidal ideation/talk or attempt, depression, excessive crying, fatigue, change in appetite, disturbed or excessive sleeping, change in hygiene, negative thinking along themes of hopelessness and helplessness. Personal distress signs include: grade problems, excessive absences, marked change in previous level of performance, significant relationship issues, social isolation/withdrawal, not leaving residence for sustained periods, anxiety, pacing, muscle tension, sweating, impaired thinking, worrying, ruminating, easily distracted. Erratic, disruptive or disturbing behavior: (including online activities) that is a disruption to other students, faculty, staff or the community. Behaviors may include: threats of a weapon on campus, campus safety being compromised, acting out, emotional outburst, loss of rationality, venting, screaming, swearing, high energy output, intimidation (verbal or nonverbal threatening). Alcohol and drug violations that necessitate a hospital transport or dramatic increase in alcohol or drug use.

What should I include in my referral/CARE report?
Include specific details to explain why you feel that somebody's actions are unusual, alarming, threatening, etc. Some examples may be language used, method of communication, information about location, and any timelines. Please provide any supporting documentation such as emails, text messages, or audio recordings. If you are comfortable doing so, tell the individual that you are concerned and ask if he/she is OK to be referred to the CARE team. In many cases an individual will indicate that he/she could use some help/resources.

What happens after I make the referral?
Depending on the reported behavior, interventions can range from individual contact and providing resources for the person of concern to police involvement if a crime has been committed. If the concern is urgent, someone from the Dean of Students will seek out the student to make sure everything is ok. A Team member will be responsible for contacting the student to initiate an appropriate response. In a less urgent situations, the student will be discussed in our weekly Care Team meeting, and all of the relevant information will be evaluated on how to proceed. Each situation is different and requires a unique approach. If the CARE Team determines a student is appropriate for monitoring, the student will be added to a list of students discussed at each CARE Team meeting. A course of action is outlined and then reviewed during the subsequent meeting

How will I know that the situation has been addressed?
The CARE team will address every concern that is brought to the committee. We will acknowledge receipt of concern and when student has been informed about resources. The CARE processes typically involve handling of confidential information, so detailed resolution information may not be authorized to be shared with reporter. If you continue to have concerns about the situation, please contact the Office of the Dean of Students.

Who do I contact after hours?
Call University Police (706) 721-2911 or 1-2911 within the University. In case of a medical emergency, dial 911. After hours Mental Health Emergencies: Georgia Crisis & Access Line 1-800-715-4225

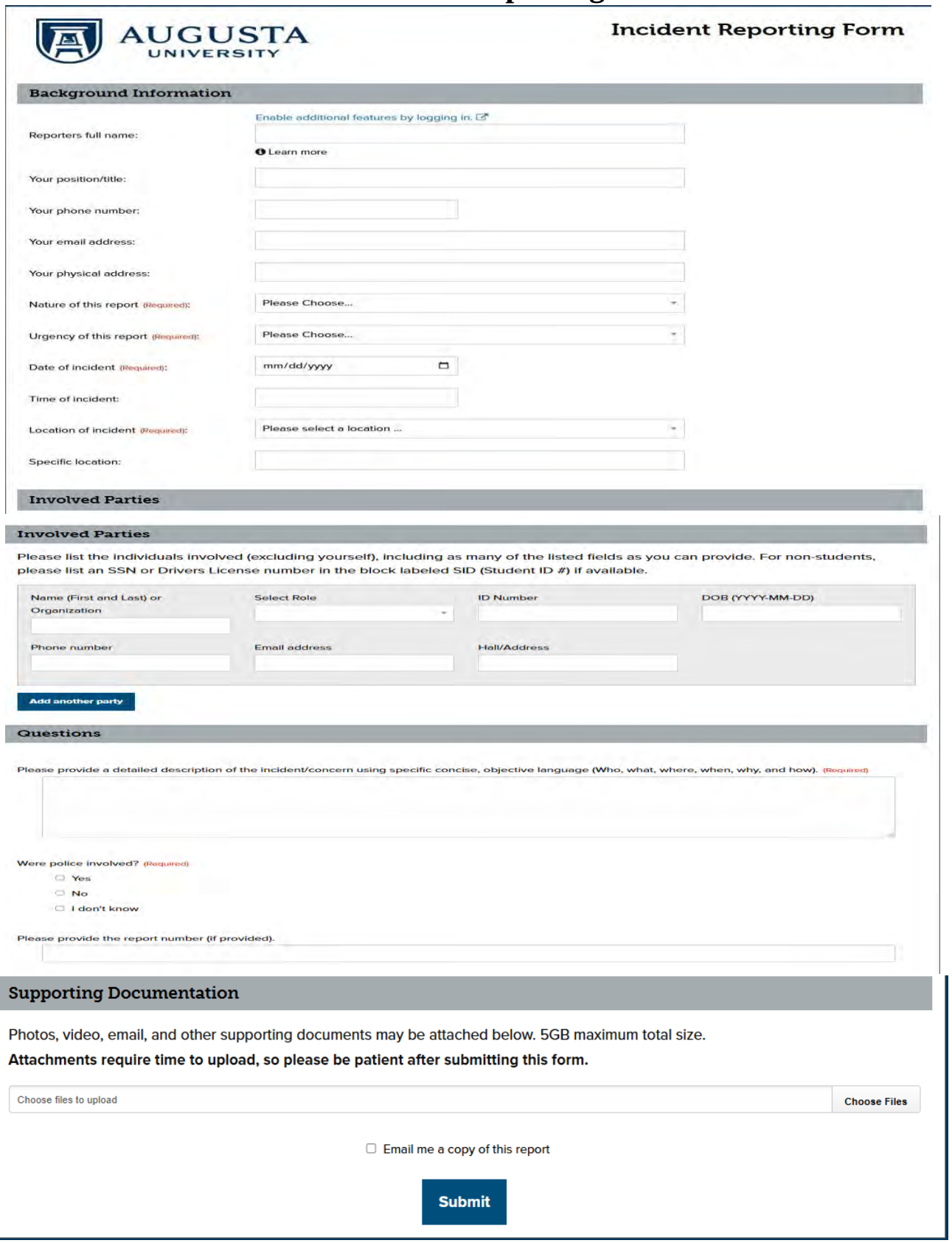
How do I know if it is a CARE Team issue or if it is more appropriately handled by other campus resources?
You do not have to make this determination; the CARE Team will do it for you. The most critical step is that you report your concern. If another campus resource is more appropriate, the CARE Team will refer the student and handle the transfer of information.

Is the information confidential?
CARE Team records will be maintained by the Office of Dean of Students and will be considered confidential and accessible only to the student and parties with appropriate access. NOTE: Never promise confidentiality to student(s) if they share information with you that may require some intervention.

Can I submit information anonymously?
Anonymous entries will be addressed by the CARE team. However, you are encouraged to identify yourself because if clarification or additional information is needed, we may need to contact you. Submitting your name also gives your concern more credence. The CARE team will take reasonable steps to maintain the privacy of those who make a report, if requested, but confidentiality cannot be guaranteed. On occasion, due to the nature of the reported concern, the reporter's identity may be evident to the individual of concern.

Where can I get more information about the CARE team and resources?
The CARE team webpage informs the campus community and is used for reporting concerns. We have information about resources, contact numbers, a pamphlet on Assisting Students in Distress and the portal to submit a CARE report.
You may also visit Jags Live Well, for additional information and resources.

CARE Concern Reporting Form



AUGUSTA UNIVERSITY

Incident Reporting Form

Background Information

Enable additional features by logging in.

Reporters full name:

Learn more

Your position/title:

Your phone number:

Your email address:

Your physical address:

Nature of this report (Required): Please Choose...

Urgency of this report (Required): Please Choose...

Date of incident (Required): mm/dd/yyyy

Time of incident:

Location of incident (Required): Please select a location ...

Specific location:

Involved Parties

Involved Parties

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide. For non-students, please list an SSN or Drivers License number in the block labeled SID (Student ID #) if available.

Name (First and Last) or Organization | Select Role | ID Number | DOB (YYYY-MM-DD)

Phone number | Email address | Hall/Address

Add another party

Questions

Please provide a detailed description of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how). (Required)

Were police involved? (Required)

- Yes
- No
- I don't know

Please provide the report number (if provided).

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 5GB maximum total size.

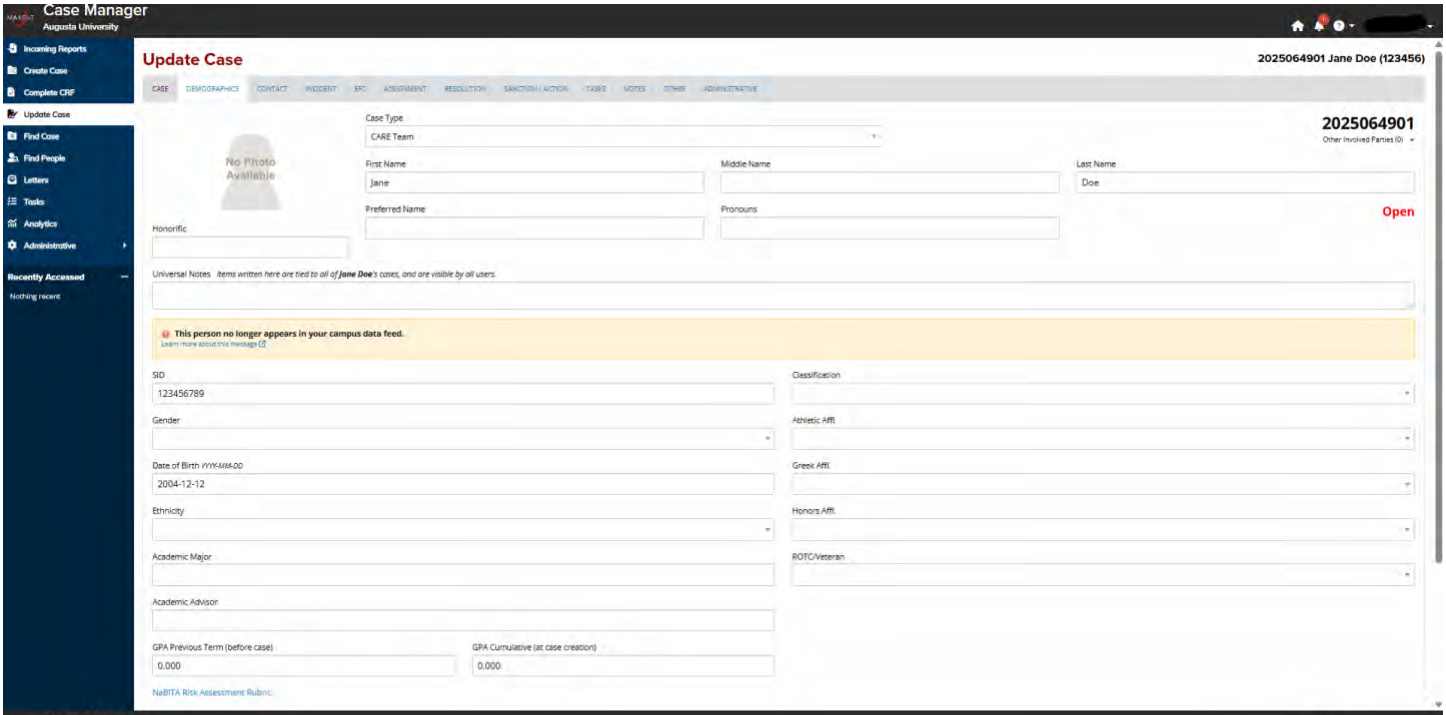
Attachments require time to upload, so please be patient after submitting this form.

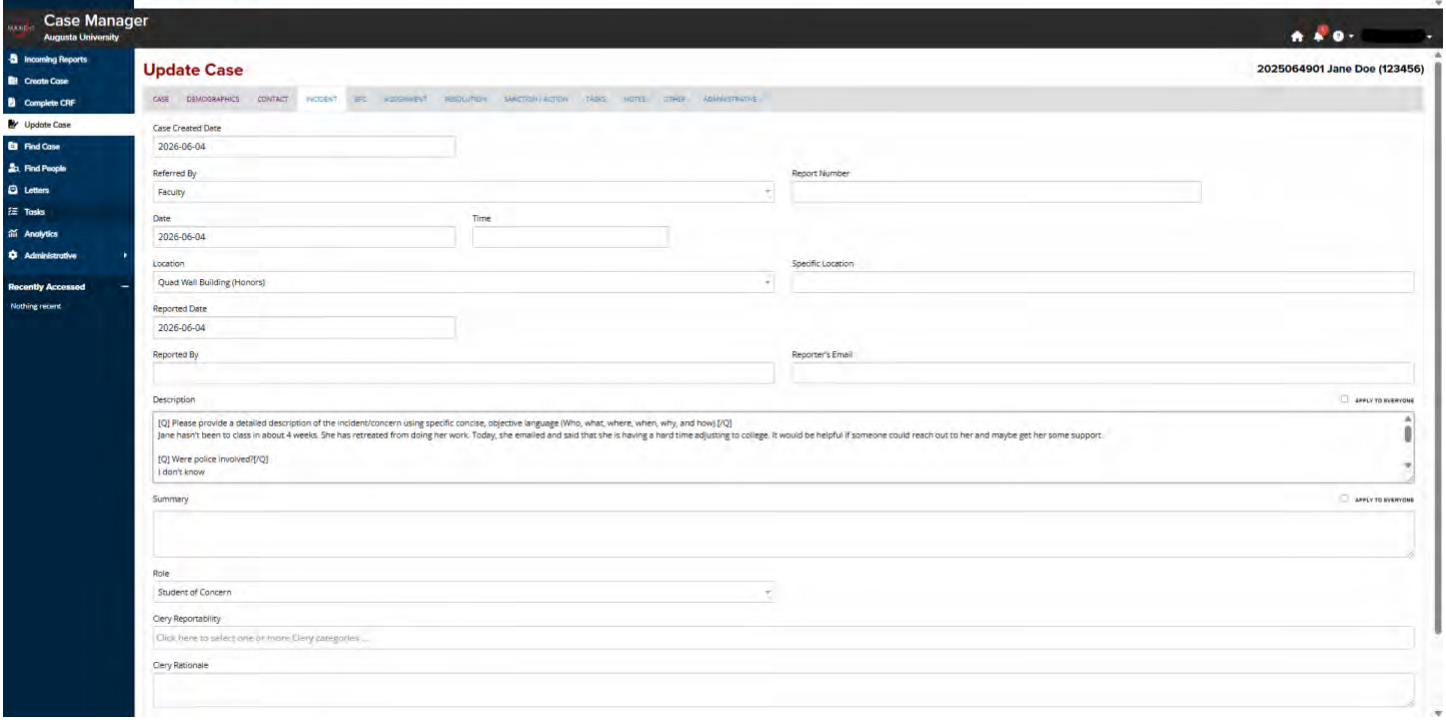
Choose files to upload | Choose Files

Email me a copy of this report

Submit

Sample CARE Concern





Sample CARE Letter

AUGUSTA
UNIVERSITY

June 4, 2026

Jane Doe
Sent electronically to [redacted]

PERSONAL AND CONFIDENTIAL

Regarding Case Number: [redacted]

Hello,

We are the CARE Team in the Dean of Students Office at Augusta University, and we wanted to let you know we're here to support you. My name is DMya Sanders and I am a CARE Case Manager. We learned that you may be facing some challenges, and we would like to help.

Our team is here to assist with a wide range of resources, from connecting you with our internal services such as Student Health Services, Testing and Disability Services, Student Counseling & Psychological Services, Academic Success Center or community services such as housing or food support. We are also here to listen and collaborate with you to create a plan that fits your needs.

As part of the Care Team, we work closely with other professionals to ensure you have access to holistic support. Your privacy and comfort are always our priority.

If you would like to set up a 30–60-minute appointment, just reply to this email and we will arrange a time to connect with you.

We're here for you every step of the way.

Additionally, as a part of our intake process, we invite you to complete this brief survey. You may complete now or during our meeting. Thank you for your participation. Flourishing Scale Survey

Division of Enrollment & Student Affairs
Office of the Dean of Students

Mailing Address:
1120 15th Street, BELL-101
Augusta, Georgia 30912

Office Address:
2500 Walton Way
Bellevue Hall - 101
Augusta, Georgia 30904

T 706-737-1411
F 706-667-4755

augusta.edu

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

NaBita: 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.ncherm.org