The **Student Care Team (SCT)** is a committee that collaboratively addresses issues related to student behavior on campus. The SBMC brings representatives from a variety of campus departments together to develop a general sense of the patterns of student behavior, to share advice and counsel, to collaborate on dealing with concerning or threatening behavior, and to recommend strategies and policies to proactively address student behavior.

The SCT reports to the UMD Vice Chancellor for Student Life and Dean of Students, and has the following responsibilities.

- **Support for Students**
  The Student Care Team works collaboratively within and outside of the group to identify resources and strategies for UMD students who are in need of care, or who are experiencing distress.

- **Threat Assessment**
  In the interest of safety for students and the UMD community, the Student Care Team also works collaboratively to address situations that have the potential to be disruptive and/or threatening to the campus community. The Student Care Team focuses on situations as they arise and decides the most productive course of action to minimize impact to the community and to facilitate the most positive outcomes possible for the student(s) involved. Threats are generally lower level events that affect a limited number of students. UMD's emergency procedures take precedence when significant threats arise.

- **Strategies, Policies, and Procedures**
  The Student Care Team recommends strategies, policies, and procedures for dealing with issues such as sexual assault, alcohol and drug abuse, self-harm, mental health concerns and parental notification.

**SCT process:**

1. Identify students of concern
2. Gather and share information
3. Determine whether the student poses a threat or is exhibiting concerning behavior
4. Develop and implement individual case management plan
5. Document information and case management plan

**Identify students of concern:** To effectively identify students of concern, several methods are available to be used.

1. Reports from the University of Minnesota Police Department (UMDPD)
2. Informal or formal reports from academic departments, student services and Student Life areas
3. Reports from Maxient or other established reporting mechanisms

It is important to have multiple reporting mechanisms to identify students of concern, to inform/train faculty and staff about the SCT and the reporting systems that are in place, and to have a monitoring system that ensures that reports that are made and addressed in a timely way.

**Gather and share information:** Gathering and verifying information received is significant. Corroboration of the facts from a variety of sources is important to get the whole context of the situation. The SCT will:
1. Use the resources of the representative members on the team
2. Consider information provided in the report, or by having that individual attend the team meeting
3. Investigate other arenas of the student’s life, providing important information for understanding the context of the concerning behavior
4. Explore issues related to the situation and context for the student involved
5. Use a list of questions that may be used as appropriate to the situation to drive the exploration of the broader context (Appendix I)
6. Gather information in a timely manner (if the situation is high risk with imminent danger, the team will be convened as soon as possible)

Determine whether the student poses a threat or is exhibiting concerning behavior: Analysis of the situation involves looking at information gathered from a wide context, using psychological, environmental, system, and contextual questions, with the awareness that situations are dynamic and always changing.

1. Analysis starts with evaluating the questions asked from the standard set of questions
2. Use a flow chart that addresses riskiness of the situation first (Appendix II)
3. Have a standard protocol that gives consistent results (Appendix III)
4. Monitor over time as safety issues change as the context changes

Develop and implement key action plans:
1. Use standard protocol to determine level of risk and start with steps defined for that level of risk (Appendix III)
2. Use a variety of actions steps as they seem relevant to the individual student given the evaluation (Appendix IV)
3. Use preventive steps as well as disciplinary or support steps
4. Determine who will complete and follow up with various steps of the action plan
5. Monitor ongoing progress of the plan in a systematic way at the SCT meetings

Document information and case management plan:
1. Document student actions and information
2. Document action plan details in minutes of SCT meetings (minutes include the student’s name, student ID number, a brief summary of the issue, and notation of the action steps and responsibility for completing them)
3. Document ongoing monitoring of the action plan in minutes of SCT meetings (minutes include the student’s name, student ID number, a brief summary of the issue, and notation of the monitoring activity of the action steps)

Operational System
A consistent system for managing a threat assessment policy helps ensure consistent action, increased safety for the community, and increased fairness for the student of concern.

1. SCT meets regularly—weekly, 9 months a year, flexible times as needed in the summer
2. SCT may be convened on an as need basis if the situation needs immediate attention. The Office of Student Life will convene the team in these situations upon the recommendation of any member of the Team.
3. Meeting starts with new issues of student concern following this protocol.
4. After new issues have been addressed, monitoring of old issues occurs.
5. Preventive issues are addressed after current student issues are addressed
6. The process will be reviewed annually and improved as needed to fill in gaps.
7. The SCT follows the NABITA Risk Rubric (Appendix A) in terms of evaluating concerning or threatening behavior.
**NaBITA Risk Rubric**

**D-Scale**
Life Stress and Emotional Health

**Decompensating**
- Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as: suicide attempts or threats, an expressed lethal plan, and/or hospitalization
- Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
- Extreme self-injury, life-threatening disordered eating, repeated DUs
- Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
- Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
- Actual affective, impulsive violence or serious threats of violence such as: repeated, severe attacks while intoxicated; brandishing a weapon
- Making threats that are concrete, consistent, and plausible
- Impulsive stalking behaviors that present a physical danger

**Deteriorating**
- Destructive actions, screaming or aggressive/harassing communications, rapid/oedd threat, extreme isolation, stark decrease in self-care
- Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
- Suicidal thoughts that are lethal/liminal or non-life threatening self-injury
- Threats of affective, impulsive, poorly planned, and/or economically driven violence
- Vague but direct threats or specific but indirect threat; explosive language
- Making threats that are concrete, consistent, and plausible
- Impulsive stalking behaviors that present a physical danger

**DISTRESSED**
- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
  - Managing chronic mental illness, mild substance abuse/ misuse, disordered eating
  - Situational stressors that cause disruption in mood, social, or academic areas
  - Difficulty coping/adapting to stressors/stressors/trama; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

**DEVELOPING**
- Experiencing situational stressors but demonstrating appropriate coping skills
- Often first contact or referral to the BIT/CARE team, etc.
- Behavior is appropriate given the circumstances and context
- No threat made or present

**NaBITA Risk Rubric**

**E-Scale**
Hostility and Violence to Others

**Emergence of Violence**
- Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
- Clear fixation and focus on an individual target or group; feels justified in actions
- Attack plan is credible, repeated, and specific; may be shared, may be hidden
- Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- Leakage of attack plan on social media or telling friends and others to avoid locations

**Elaboration of Threat**
- Fixation and focus on a singular individual, group, or department; de-personalization of target, intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

**Escalating Behaviors**
- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengages, may create signs or troll on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

**Empowering Thoughts**
- Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- No threats of violence

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INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

CRITICAL (4)
- Initiate wellness check/evaluation for involuntary hold or police response for arrest
- Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
- Obligatory parental/guardian/emergency contact notification unless contraindicated
- Evaluate need for emergency notification to community
- Issue mandated assessment once all involved are safe
- Evaluate the need for involuntary/voluntary withdrawal
- Coordinate with university police and/or local law enforcement
- Provide guidance, support, and safety plan to referral source/stakeholders

ELEVATED (3)
- Consider a welfare/safety check
- Provide guidance, support, and safety plan to referral source/stakeholders
- Deliver follow up and ongoing case management or support services
- Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-20 or similar; assess social media posts
- Evaluate parental/guardian/emergency contact notification
- Coordinate referrals to appropriate resources and provide follow-up
- Likely referral to student conduct or disability support services
- Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk

MODERATE (2)
- Provide guidance and education to referral source
- Reach out to student to encourage a meeting
- Develop and implement case management plan or support services
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
- Possible referral to student conduct or disability support services
- Offer referrals to appropriate support resources
- Assess social media and other sources to gather more information
- Consider VRAW® for cases that have written elements
- Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)

MILD (0/1)
- No formal intervention; document and monitor over time
- Provide guidance and education to referral source
- Reach out to student to offer a meeting or resources, if needed
- Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information

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