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Today's Presenters

- Jeff Baker, Chief of Police & Public Safety
 Dr. Christine Reed Davis, Associate Vice Chancellor for Student Affairs and Dean of Students
- Jesh Humphrey, Vice Chancellor for Institutional Integrity and General Counsel
- Larry Gourdine, Associate Dean/Director of Student Assistance and Support Services
- Dr. Paula Keeton, Director of the Center for Counseling and Psychological Services (CAPS)

Today's Presentation

- Introduction of NinerCareThree tiers of interconnected care
- Resources utilized to assess behavior & provide
- support
- Legal and policy obligations
 Q&A

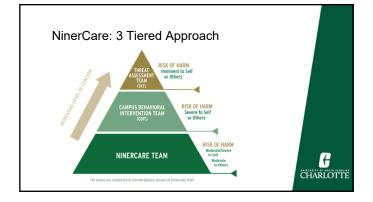
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What is NinerCare ?

- Campus network designed to bring together information in order to identify students of concern
 Allows UNC Charlotte staff to investigate and determine if an identified student poses a potential threat to self, others, or the larger UNC Charlotte community
 Helps to develop an objective, coordinated action plan to collect information, assist the needs of the student, and protect the University community

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CHARLOTTE Tier 1: NinerCare Team

Composition of Team Members:

- Student Assistance and Support Services Office (Co-Chairs: Larry Gourdine and Katie Russo)
- Student Accountability & Conflict Resolution
- Title IX Office
- Counseling and Psychological Services (CAPS)
- Housing and Residence Life
- Disability Services

Tier 1: NinerCare Team

PURPOSE

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To meet weekly to review students of concern referrals to determine appropriate action and intervention as needed

BEHAVIOR OF CONCERN

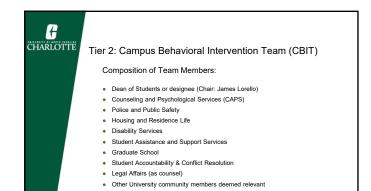
Moderate risk to others AND Moderate-to-Severe risk to self EX: Medical or mental health concerns; academic issues; housing/food insecurity; substance use; eating disorders; crisis situation

PLAN OF ACTION

Create an individualized action plan with the goal to mitigate risk of harm and to connect student to appropriate resources







Tier 2: Campus Behavioral Intervention Team (CBIT) PURPOSE • Assesses concerning student behavior involving potential severe threat to self, others, broader campus community. • Engaged when previous attempts to miligate a concerning student behavior persists or escalates; OR • Engaged when subent behavior is severe and requires broader review and assessment • CIT can make a recommendation to enact the Involuntary Protective Withdrawal (IPW) Policy • If the IPW Pelicy is not recommended, CBIT will reviewarmend the actions plan or establish a behavioral contract for the student of concern

BEHAVIOR OF CONCERN
Severe risk of harm to self and/or others
EX: communicating threats to others; severe disruption to community; significant medical or mental health concerns

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- PLAN OF ACTION
 Review NinerCare Team action plan and determine if plan needs to be amended or continued to support the
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 Determine if a behavioral contract is necessary to miligate the risk
 Recommends whether to enact the Involuntary Protection Withdrawal (IPW) policy

Role of CAPS staff in Niner Care and CBIT

- Serve as mental health consultant to the team Help with understanding diagnoses and other psychological phenomena
- phenomena Suggest options for responding Treatment for students of concern Care and concern meetings Maintain ethical standards for treatment records Do not disclose confidential information unless "imminent danger" standard is met or student gives written permission to do so. Record information in CAPS records I dapplicable, current CAPS clinician is informed for follow up
- What we cannot do
 Predict the future
 Guarantee outcomes



Tier 3: Threat Assessment Team (TAT)

Composition of Team Members:

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- Police and Public Safety (Co-Chair: Jeff Baker)
- Dean of Students (Co-Chair: Christine Reed Davis) Counseling and Psychological Services
- Student Assistance and Support Services
- Student Accountability & Conflict Resolution
- Legal Affairs (as counsel)
- Other University community members deemed relevant

CHARLOTTE Tier 3: Threat Assessment Team (TAT)

PURPOSE

To further review and assess CBIT cases where the Involuntary Protective Withdrawal (IPW) Policy has been recommended
 TAT determines whether or not to enact the IPW Policy

CONCERNING BEHAVIOR

- Imminent risk of harm to self, others, or the broader campus community with intent to
 protect the student or campus community
 EX: Homicidal threats or actions; credible reports of weapons; significant repetitive
 harm to self

Plan of Action

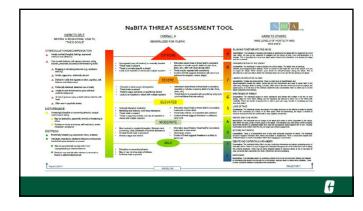
- Involuntary Protection Withdrawal (IPW) policy enacted
 Further collection of information
 Communication with student regarding steps of IPW process

Structured Professional Judgement Guides (SPJs)

- Based on empirical knowledge & professional practice/experiences
 Assist in identification of key factors
- Risk screening and risk assessment
- Indirect vs. direct risk
- Not a substitute for judgement, experience, or collaboration of
- campus professionals
- Multiple SPJ guides utilized in practice: NaBITA threat assessment tool
 WAVR-21

 - O State BETA Team Assessment







Intersection of Care and Policy/Legal Obligations

- University Policy 406: Code of Student Responsibility
 Due process requirements
 Applicable to ALL students equally regardless of disability status
 Legal Considerations
 FERPA

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- Clinician-Client Confidentiality
 Americans with Disabilities Act (ADA) and Section 504

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Involuntary Protective Withdrawal

- "A significant risk to the health or safety of others [or actual risk to their own safety]"
 University Policy 408: Student Involuntary Protective Withdrawal Policy
 Emergency Interim Protective Withdrawal
 Evaluation by mental health professional
 Behavioral agreement
 Hearing

 - Hearing Readmission
 - Self-harm situations

In Closing

- UNC Charlotte approaches behavioral concerns through a tiered system of care and interactions/interventions;
 Engaging cross-divisional partners is important in communicating and addressing behavioral concerns;
 Providing the campus community with consistent information about varying levels of concern and how/where to refer is key;
 Structured Professional Judgement guides are helpful references to assist in decision-making;
 Addressing behavioral concerns involves balancing care with legal and policy mandates.



