LIPSCOMB UNIVERSITY

Campus Assessment Response and Evaluation Team Handbook

Policy & Procedures
2024-2025

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Introduction

Lipscomb University cares deeply about the well-being and safety of its students. The C.A.R.E. TEAM exists to serve and support the well-being and safety of each member of our community. In order to support the Lipscomb community, it is important to have a space to address all students of concern. A student of concern is any student who may benefit from any additional support or connection to resources. This may include but is not limited to, any student who has experienced the loss of a loved one, needs additional academic or financial support, is dealing with any physical or mental health challenges, or has expressed harm to self or harm to others. Therefore, support resources such as the C.A.R.E. TEAM, health and counseling services, student affairs staff, case managers, career services, etc. are available on campus for all students.

 We recognize that students in distress may have difficulty in their academics and their personal lives and we want to offer our support to these students. In addition, we recognize that there are times when the University must respond to students who threaten the safety and security of themselves and others. Through the development of the Campus Assessment Response and Evaluation Team, we created a collaborative network of designated members to work together to develop safe, proactive, and effective interventions to partner with students to provide the best chance of success and protection for all students in our community.

This document will outline the University's Campus Assessment Response and Evaluation Team (C.A.R.E. TEAM) procedures to partner with the University Academic and Student Code of Conduct procedures. The vision, mission, and values of the C.A.R.E. Team are as follows.

VISION: The C.A.R.E. Team serves as a collaborative network of designated members to work together to develop safe, proactive, and effective interventions to partner with students to provide the best chance of success and protection for all students and our community.

MISSION: The C.A.R.E. Team exists to ensure the well-being and safety of all students who may benefit from additional support or connection to resources through creating a safe space for students and providing early intervention and response to campus incidents.

VALUES: The C.A.R.E. Team values partnering with students as they navigate challenges to promote autonomy, advocacy, and supportive services that nurture a holistic perspective in caring for students' well-being and success.

Team Members

The C.A.R.E. Team consists of university personnel with expertise in student affairs, mental and physical health, student conduct, and campus safety. The C.A.R.E. Team is chaired by the Director of Student Care. Membership on the C.A.R.E. Team represents an ongoing commitment to the mission of the team. Team members are critical to the functioning of the team. They are responsible for completing ongoing training, attending meetings, and assisting with follow-up and intervention as designated by their membership category. The team has four levels of membership: core, inner circle, and middle circle, and outer circle.

CORE MEMBERS

Core members attend every team meeting and have full access to the team's electronic record-keeping database. As core members, they represent their departments and have the authority to make independent decisions within their areas of responsibility. If a core member is unable to attend a meeting, they have designated backups who attend in their place. The departments they represent are crucial to the team's ability to gather data, accurately assess risk, and deploy effective interventions. Many core members keep records in their own departments and can share this information with the team through the Family Educational Rights and Privacy Act's emergency exception clause[1] or when a school official has a legitimate educational interest.[2] The counseling and health center operate under state confidentiality laws for their records.

The following individuals are considered core members:

Director of Student Care: The Director of Student Care chairs the team and attends all meetings. If the Director is unable to attend, the Dean of Student Success & Wellbeing or proxy attends the meeting. The Director organizes and disseminates the agenda, performs a cursory rating with the NABITA Risk Rubric, ensures team members' attendance, ensures that the risk level is assigned to each case during meetings, and coordinates the selection and implementation of interventions and follow-up for cases. The Director also ensures appropriate and complete records are maintained in the electronic recordkeeping database.

Director of Student Accountability and Community Standards: The Director attends the team meetings and sends the Dean of Students when unable to attend. The Director consults on cases involving on- and off-campus conduct violations, criminal charges, and academic disruptions. Conduct records are protected under FERPA and shared with the team by the Director of Student Accountability and Community Standards under the legitimate educational interest clause of FERPA.

Department of Security Leadership Member: A leadership member from the Department of Security attends each meeting. If the security member is unable to attend, then a designated backup attends the meeting. The security member serves as a liaison with local and federal law enforcement agencies, consults on team cases that have criminal or law enforcement elements, contributes to the assessment of risk for referrals, and assists with interventions on campus requiring a security presence.

Assistant Dean of Housing and Residence Life: The Assistant Dean of Housing and Residence Life attends the team meetings and sends the Director of Housing and Residence Life when unable to attend. The Assistant Dean consults on cases involving students living on campus and brings expertise in student development within a community context.

Director of University Counseling Center: The Director attends the meetings and sends a proxy if unable to attend. The Director of the University Counseling Center receives information from the C.A.R.E. TEAM to inform the services delivered in the counseling center and to ensure collaborative communication.

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[1] In some situations, school administrators may determine that it is necessary to disclose personal identifying information (PII) from a student's education records to appropriate parties to address a health or safety emergency. FERPA's health or safety emergency provision permits such disclosures when the disclosure is necessary to protect the health or safety of a student or other individuals. See 34 CFR § 99.31(a)(10) and 99.36, *http://familypolicy.ed.gov/content/when-it-permissible-utilize-ferpa's-health-or-safety-emergency-exception-disclosures.*

[2] In some instances, the CARE team chair may share personal identifying information (PII) with a faculty or staff member when this knowledge may be beneficial to the student in academic and social settings, which is educational in nature. See 34 CFR § 99.31(a)(1). It may, however, be necessary for this shared record to be a disciplinary record. See *https://ed.gov/policy/gen/guid/fpco/ferpa/index.html.*

Additionally, the Director consults on issues of mental health, crisis, and disruptive/dangerous behavior for cases discussed by the team. The Director keeps privileged mental health treatment records in the counseling center's electronic recordkeeping system. These records are protected by state confidentiality law, and information is only shared with the C.A.R.E. TEAM when a student gives permission through a specific release of information. Exceptions to confidentiality law include danger to self and others on a need-to-know basis.

INNER CIRCLE MEMBERS

Inner circle members should attend every meeting, but when they cannot attend, they do not have a trained backup to attend in their place. Inner circle members represent departments that have frequent contact with students, and are likely to be involved in either case updates or interventions for the majority of C.A.R.E. TEAM cases and can provide valuable insights to the team. Inner circle members have access to the electronic recordkeeping database for team cases.

The following individuals are considered inner members:

- Dean of Student Success and Wellbeing
- Dean of Student Engagement
- Academic/Provost Office Representative
- Student Care Coordinator
- Director of Health Center

MIDDLE CIRCLE MEMBERS

Middle circle members serve the C.A.R.E. TEAM in a consultant capacity. They are invited in for cases that relate to their specific content areas and do not attend meetings regularly. To facilitate awareness of team cases and prompt their attendance at the meeting, middle circle members are sent the agenda in advance of the meeting so that they can check the list of names of students that have overlapped with their respective departments. When in attendance at the team meeting, they only attend the portion of the meeting where the case related to their department is discussed. They do not have access to the team's electronic database but are a common source of referrals to the team given their interactions with students in their departments.

The following individuals are considered inner members:

- Director of Veteran Affairs
- Director of ACCESS
- Associate Athletic Director
- Faculty Liaison
- AVP for Risk Management, Title IX
- General Counsel

OUTER CIRCLE MEMBERS

Outer circle members do not attend meetings or have access to the database. These team members function as the primary source of referrals to the team, and they may also be asked to check in with individuals referred to the team, speak with them directly about any challenges, and assist in interventions when they have an established relationship with and can be a source of support for the

individual. Those with more frequent contact with students such as resident advisors, academic advisors, orientation leaders, etc. may receive additional training on non-clinical suicide assessment, recognizing distress and mental health issues, and how to connect students with the team or other supports.

- First-Year Experience Faculty
- Orientation Leaders
- Resident Assistants and Residence Hall Directors
- Academic Advisors
- Academic Cohort Coaches
- Club/Student Organization Officers and Advisors
- University Department Office Staff
- Office of Spiritual Formation Staff

TEAM RESPONSIBILITIES
- Developing and implementing educational and training programs for all members of the University community regarding behavioral assessment. This includes publications and promotional materials designed to create awareness and understanding of the team and what to refer to, as well as in-person training to develop deeper knowledge on how to identify, support, and refer to an individual of concern.
- Receiving, discussing, and assessing referrals
- Coordinating and implementing interventions and resources for individuals referred to the team
- Conducting violence risk assessments and coordinating supports to mitigate the assessed risk
- Follow up and monitoring students' progress
- Tracking and collecting data to publish in an annual report

Team Meetings and Functioning

The team meets once a week to discuss students of concern, the reports from the previous week and to create plans of action to support students. These meetings are held in a discreet location and all information will be shared and stored according to FERPA.

Each week the C.A.R.E. Team chair will email out that week's agenda before the meeting. The agenda will include continued students of concern, newly reported students, and any team updates as needed. Team members are expected to review the list and gather information from their respective areas in order to have the information available during the team meeting. C.A.R.E. Team members are prohibited from sharing or printing the weekly agenda.
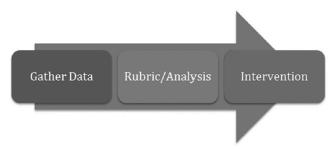
PRELIMINARY RESPONSE MEETINGS
When referrals are received a preliminary response meeting may be conducted by the Chair, the Director of Student Care, and the Student Care Coordinator. These team members will review the referral and assess immediate risk to begin outreach procedures. Other appropriate C.A.R.E. Team members may be consulted and included during the initial evaluation as needed. During critical risk cases, an emergency meeting may be convened, otherwise, all findings are reported at typical weekly meetings.

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, Director of Student Care (or their designee) to gather core team members to develop an initial response plan.

TYPICAL WEEKLY MEETINGS
During C.A.R.E. Team meetings, each new case and case review of prior cases is assessed through a Three-Phase Process:

1) Gathering and presenting data

   During this phase members of the C.A.R.E. Team will gather data regarding the student of concern from the referral source and various sources that will be beneficial for determining the level of concern. The data will then be discussed during a C.A.R.E. Team meeting.

2) Applying Risk Rubric/ Analyzing data

   During this phase, C.A.R.E. Team will utilize the NABITA Risk Rubric to determine the level of concern and discuss various aspects of the case that need to be addressed.

3) Implementing appropriate Intervention

   During this phase, the C.A.R.E. Team will determine appropriate interventions to implement, who will implement the intervention, and develop short-term goals when necessary to help students remain on the path to success.

PHASES OF OPERATION
- **Prevention:** While all phases of operations seek to prevent violence, harm, and crisis, the C.A.R.E. Team also seeks to prevent the presence of concerns on the campus through education and initiatives related to various risk factors for violence and self-harm.
- **Data Gathering:** Data is gathered through reports to the C.A.R.E. Team, review of academic and employment records, follow-up interviews, criminal history records, discussions with faculty, supervisors, family, and friends, and any other means deemed appropriate and necessary.
- **Analysis:** Once submitted, the report will be forwarded to the C.A.R.E. Chair and members of the team for review. The report will automatically become part of the electronic database used for the active assessment of persons of concern and to generate report data.

- **Assessment:** The team uses multiple assessment tools to rank the level of risk to the community (e.g., the NABITA Threat Assessment Tool, SIVRA-35, and WAVR-21).
- **Intervention:** The C.A.R.E. Team will, by way of the appropriate university office or officials, investigate and respond to reported behavior indicating that a student, faculty, staff, or other university community member may pose a risk to self or others. Interventions are based on the NABITA Threat Assessment Tool's recommendations for action based on the established risk level.
- **Follow-up:** The C.A.R.E. Team may refer students, faculty, or staff members to professional counseling, make recommendation(s) for the filing of criminal charges, facilitate withdrawals, assign the individual to the Student Care Coordinator for case management, or take other actions deemed appropriate.
- **Evaluation:** The C.A.R.E. Team evaluates the success and implementation of its interventions through surveys, records demographic information on students served, and tracks critical incidents associated with the care team (ie: hospitalizations, suicide attempts, withdrawals).The C.A.R.E. Team reviews cases to see what lessons can be learned for future interventions and how we can continue to increase our equality and diversity practices. End-of-year reports are gathered to appraise stakeholders of the work we have achieved over the last academic year.
- **Training and Development:** Based on the evaluation, the C.A.R.E. Team develops yearly training goals and activities to improve team functioning.

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Referrals

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Anyone connected to the university community may bring to the attention of the C.A.R.E. Team the identity of a student who may be experiencing problems or encountering obstacles, setbacks, or challenges to his or her success and retention at the university. All referrals to the team are submitted through the public referral form. This includes instances in which a team member has a student they would like discussed by the team. Additionally, if a community member contacts a team member via an in-person conversation, email, or phone, regarding an individual for whom they have a concern or who they would like to refer to the team, the team member will direct the individual to the public referral form for them to complete and/or will complete the public referral form on their behalf.

C.A.R.E. Team is not an emergency response team, in case of emergency campus members should contact the Security Department, 615-966-7600, or call 911.

Student situations that might be assessed by the C.A.R.E. Team include, but are not limited to, the following:

Academic signs

- Deterioration in quality or quantity of work
- Repeated absences or lateness from class or commitments
- Continuous classroom disruptions
- Bizarre content in writings or presentations
- Disorganized or erratic performance
- Falling asleep in class
- No response to repeated requests for contact or meetings

Physical Signs

- Change in energy level - either an increase or decrease
- Change in personal hygiene or appearance
- Strange or bizarre behavior indicating loss of contact with reality
- Visibly intoxicated or smelling of alcohol or marijuana
- Changes in diet or weight-either weight gain or loss
- Observable signs of injury such as facial bruising or cuts

Emotional Signs

- Self-disclosure of personal distress
- Emotional outbursts including anger, irritation, sadness, or extreme happiness that is disproportionate to events
- Withdrawing from friends or previously enjoyed activities
- Expressions of hopelessness and fear
- General low mood
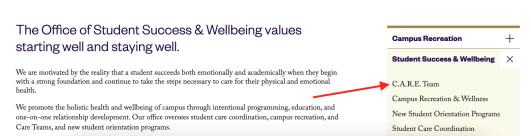- Expression of concern about the student by peers

Suicidal Warning signs

- Verbal, written, or implied references to suicide, homicide, assault, or self-injurious behaviors
- Talking about feeling trapped or wanting to "escape"
- Behaving recklessly
- Written work that is dominated by themes of despair, hopelessness, suicide, violence, death, or agreession
- Giving away favorite possessions
- A sudden and dramatic increase in mood can also indicate that an individual is considering suicide levels

Referral forms can be found at Lipscomb.edu under Student Success & Wellbeing. Here you will find a C.A.R.E. Team form. Anyone can fill out and submit a referral.

Student Success & Wellbeing

The Office of Student Success & Wellbeing values starting well and staying well.

We are motivated by the reality that a student succeeds both emotionally and academically when they begin with a strong foundation and continue to take the steps necessary to care for their physical and emotional health.

We promote the holistic health and wellbeing of campus through intentional programming, education, and one-on-one relationship development. Our office oversees student care coordination, campus recreation, and Care Teams, and new student orientation programs.

Campus Recreation +

Student Success & Wellbeing ×

C.A.R.E. Team
Campus Recreation & Wellness
New Student Orientation Programs
Student Care Coordination

Risk Assessment

For every case referred to the team, the team will engage in an objective risk assessment process. The team uses the NABITA Risk Rubric to facilitate this assessment. The NABITA Risk Rubric is a broad triage process to rate life stress and emotional health concerns and hostility and violence risks and to provide a generalized risk score (mild, moderate, elevated, critical). See below for the Risk Rubric.

Preliminary Assessment: Referrals will be reviewed by the team chair or designee once per business day. During this review, the chair and student care coordinator will determine a preliminary level of concern and possible first steps of action. If there are immediate concerns for safety, the chair or designee may initiate a welfare check, contact law enforcement, consult with other team members, and/or call for an emergency team meeting. Additionally, the chair or designee may assign information-gathering tasks or initial action steps to team or community members in order to gather more information or address immediate needs relevant to their department. All cases, whether an action was taken during the preliminary assessment or not, will be discussed during the regular team meeting for a full assessment.

Team Risk Assessment: During the team meeting, the team will apply the NABITA Risk Rubric to every case discussed by the team. Using the information gathered as part of the preliminary assessment and during the data gathering phase of the team meeting, the team will come to a consensus on the current level of risk for the case. The risk level will be reassessed each time the case is discussed at the team meeting and at the time of case closure.

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:
  ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
  ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
  ▲ 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/odd speech, 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 not lethal/imminent 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
  ■ Stalking behaviors that do not cause physical harm, but are disruptive and concerning

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/trauma; 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

TRAJECTORY?

OVERALL SUMMARY

CRITICAL — 4

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.

ELEVATED — 3

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.

MODERATE — 2

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.

MILD — 0/1

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.

BASELINE

E-SCALE
Hostility and Violence to Others

EMERGENCE OF VIOLENCE — 4

▲ 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
▲ Increasing use of military and tactical language; acquisition of costume for attack
▲ 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 — 3

■ Fixation and focus on a singular individual, group, or department; depersonalization 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 — 2

● Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
● When frustrated, storms off, disengaged, 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 — 0/1

♦ 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

TRAJECTORY?

CRITICAL

ELEVATED

MODERATE

MILD

NaBITA.org

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-21 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 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

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Psychological, Threat, and Violence Risk Assessments

The team conducts psychological, threat, and violence risk assessments as part of its overall approach to prevention and intervention. Psychological, threat, and violence risk assessments provide information useful to better inform the interventions deployed by the team. Psychological, threat, and violence risk assessments are different from the risk assessments performed during team meetings using the NABITA Risk Rubric or Looking Glass, as psychological, threat, and violence risk assessments require an in-person interview. During the interview, the assessor uses an objective assessment tool designed to further determine a person's functioning, explore the context of the concerning behavior, and offer essential consultation to the decision-makers at the institution to determine an individual's level of risk for potential, actionable violence.

Mandated assessment is an important tool for teams, as it is the only mandated action that the team pursues. Failure to comply with a mandated assessment may result in a referral to the Office of Student Accountability and Community Standards. **Mandated assessments are only considered when a person is rated at elevated or higher on the NABITA Risk Rubric.** The procedural outline for mandated assessments can be found *Appendix C*.

Psychological evaluation involves licensed counselors, therapists, psychologists, and social workers who have been trained to develop rapport, obtain trust, and assess thoughts and behaviors through a combination of clinical interviews, structured questions, and the administration of psychological tests and measurements. These clinical assessments often draw on the skills and experience of the clinician to answer central questions about an individual's immediate potential risk to themselves and the community. These are short-term in nature and may be conducted by the counseling center on campus (for students) or through the employee assistance program (EAP) (for faculty/staff). The outcome of a psychological assessment is often a diagnosis and a suggested treatment plan to address the diagnosis.

Threat or violence risk assessments (VRAs) are non-clinical assessments designed to better understand an individual's likelihood of engaging in violence or harm to others. A threat assessment seeks to assess the risk of violence following a direct threat. A violence risk assessment is a broader term used to assess any potential violence or danger, regardless of the presence of a vague, conditional, or direct threat. These assessments are performed by either clinical or non-clinical staff, a trained member of the BIT, or forensic professionals who work in the areas of human resources, workplace violence, law enforcement, or executive protection. The evaluator uses techniques to examine risk to the greater community by asking contextual questions about the nature of the threat and risk, using computer-aided models, and assessing risk factors used to determine a level of potential dangerousness.

Threat and violence risk assessments take place when an individual is rated at elevated or higher on the D-Scale or E-Scale. The individual performing the threat or violence risk assessment must be trained in performing these assessments and will rely on a consistent, research-based, reliable system which allows for the operationalizing of the risk levels. When a student is rated at elevated or higher as a result of behaviors on the D-Scale indicating significant emotional distress; detached view of reality placing them at risk of grievous injury, or other life-threatening, suicidal ideation or self-harm behavior; or risky behavior related to emotional health, the team will use the Non-Clinical Assessment of Suicide Tool to assess risk of violence. When the individual is rated at elevated or higher as a result of behaviors on the

E-Scale indicating threats of violence rooted in hostility or mission-oriented violence, the team uses a formalized approach to assessing the risk of violence to others. Some examples of formalized approaches to the VRA process include The Structured Interview for Violence Risk Assessment (SIVRA-35),[3] the Extremist Risk Intervention Scale (ERIS),[4] Workplace Assessment of Violence Risk (WAVR-21),[5] Historical Clinical Risk Management (HCR-20),[6] and MOSAIC.[7] This assessment can be performed by a trained member of the C.A.R.E. team at no cost to the student. The student may elect to undergo a secondary, independent assessment by a provider that has been reviewed and approved by the C.A.R.E. team.

The results of a mandated assessment can provide decision-makers with insight into how the team can provide support or resources that improve the person's success on campus and/or increase the safety of the individual and/or the community. The student may be required to attend an assessment but the suggested treatment plan or other interventions that result from the assessment will be voluntary unless otherwise sanctioned through the conduct process.

If a student is required to complete a mandated assessment, the person completing the assessment will have a list of questions that the referring party (BIT, student conduct, dean, or vice president of student affairs) would like to have answered in addition to a written report of the results of the objective assessment used. Some suggested questions may include:

- What are some measures we should put in place to reduce the risk of the student acting out in the future?
- With the severity of the student's threat, we are concerned about them returning to campus. How would you rate the severity of the current threat?
- Under what circumstances could the student safely return to or remain on campus?
- What behaviors, thoughts, or attitudes would be important for the student to change prior to returning to campus?
- Was the student motivated and cooperative with the assessment process? Do you have concerns about the validity of the assessment findings?

Quality assessments begin with quality information. As such, the team will gather information to provide to the assessor prior to the assessment. In cases that the assessor is an off-campus provider, a FERPA release will be obtained prior to releasing any education records. The team may obtain and provide the following documents and information to the person doing the assessment:

- **C.A.R.E. Referrals and Notes:** The C.A.R.E. Team will gather any relevant C.A.R.E. referrals and/or case notes. The C.A.R.E. referrals and case notes provide context for the mandated assessment and information pertinent to the issues of concern.

- **Academic Schedule, Grade Point Average, and Transcript:** These documents provide a glimpse at students' past academic behavior, clues to periods of time that may have been more

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[3] https://www.NABITA.org/resources/assessment-tools/sivra-35/
[4] https://www.NABITA.org/resources/assessment-tools/eris/
[5] www.wavr21.com
[6] http://hcr-20.com
[7] www.mosaicmethod.com

academically difficult, and information about their current professors, class locations, and frequency.

- **Residential Life History:** For students living on campus, this information can provide some insight into social interactions, such as how a student reacts when confronted with rule violations and information regarding hygiene, sleep habits, and potential addictive behaviors.

- **Criminal and/or Conduct History:** This provides some insight into the student's past behavior as it relates to following the law, code of conduct, and other policies. Information may shed light on parent involvement, substance abuse or dependence issues, and anger control and aggression.

- **Collateral Data:** When appropriate under FERPA, the C.A.R.E. Team will gather collateral information from relevant parties including but not limited to parents, professors, and other university staff. Having the ability to talk with a student's parents or others who have known them for a long period, and involve them early in the process of assessment, is helpful for several reasons. First, it provides a larger context for the student's concerning behavior. It also helps the institution manage risk when parents are involved at the start of the process, rather than calling them for the first time when their student has engaged again in violent or threatening behaviors.

- **Admissions Materials:** The C.A.R.E. Team will check the admission materials for narrative essays that may provide some indication of motivation or insight into past behavior or the current issues of concern. An essay could help evaluators gain a better context for understanding an individual's frustrations if they were unable to achieve their dreams or goals.

Another essential part of any assessment is the inclusion of a well-developed informed consent document. In keeping with the team's value of respecting the autonomy of individuals, students are clearly informed of the process in which they are participating and sign appropriate FERPA releases prior to the release of education records to non-staff officials. Additionally, when the assessment is conducted by a university staff member, they will utilize an informed consent which clearly outlines the details of the mandated assessment prior to the students beginning the assessment.

Interventions

As the third phase in the three-step process, teams develop and deploy interventions to reduce the risk and address the concerns identified in the case. The intensity and the scope of the interventions increase as the risk level increases. For each level of risk, the team has a defined set of interventions that are appropriate for addressing the risk present and each team member is trained to deploy interventions in a consistent, quality-controlled way. The team utilizes the NABITA Risk Rubric set of interventions to guide the team decision-making related to interventions.

The authority to take the recommended action or implement the intervention rests with the core members' official capacity at the university as a C.A.R.E. Team member. As part of their duties serving on C.A.R.E. Team, members have the authority to carry out the interventions assigned to them and have the

capacity to require students to attend a mandated assessment as outlined in the *Threat and Violence Risk Assessment* section of the manual.

Based on the assessment and the level of concern the team will discuss the most effective way to connect with the student as an intervention Through this process, the C.A.R.E. Team will utilize the student's relationships on campus and their involvement with campus life to better connect with the student and complete a wellness check. Based on this wellness check and the Risk Rubric assessment the team will utilize the outreach procedures below.

Outreach Procedures according to Risk Rubric Assessment:

Risk Rubric Follow-up Timeline

Mild: 3 Contact attempts over 14 days ● Initial attempt: Email ● After 1 Week: 2nd Email ● After 2 weeks: Resource email and close case
Moderate: 3 contacts in 10 days ● Initial attempt: Email ● 3 days later: 2nd email ● 1 Week: Phone call ● 10th day: Resource email sent.
Elevated: 3+ contact attempts over 3 days *If concern for immediate safety, arrange a safety check ● Initial attempt: Email and phone call, RA check-in. ● Next day: Email and phone call ● Following day: Email and phone call, pull out of class if necessary Failure to comply with a reasonable request for a meeting will result in conduct notification
Critical: Unlimited attempts until safety is established *Establish safety by coordinating safety check or law enforcement intervention ● Initial attempt: RA safety check, phone call, email ● 2nd day: Email and phone call, check in with other campus connections ● 3rd day: Email, phone call, pull out of class, etc. Failure to comply with a reasonable request for a meeting will result in conduct notification

Utilizing Residence Life for a wellness check at any level of concern is appropriate.

NOTIFYING EMERGENCY CONTACTS

The C.A.RE. Team follows FERPA's health or safety emergency provision that permits disclosure when necessary to protect the health or safety of the student or other individuals. We actively work with the student when such notifications may happen and discuss the potential benefits or risks that may be associated with such notification. Reasons an emergency contact may be called include the following: suicide attempts, suicidal ideations with a plan, severe disordered eating, transportation to the hospital for physical or mental health reasons, and credible risk of posing life-threatening risk to others. The C.A.R.E. Team shares only relevant information with emergency contacts as it pertains to the health and safety of the student's situation. The C.A.R.E. Team engages in discussions around the nature of each individual case and student involvement when notifying an emergency contact.

Consideration of Individual Case
- Is there a health and safety emergency as indicated by a risk rating of Elevated or Critical on the NABITA Risk Rubric?
- What is the student's history with the C.A.R.E. TEAM?
- Is there a compelling reason not to notify the listed emergency contact? If so, can another support outside of the university be identified for notification?
- How quickly should emergency contact be notified?
- Who should make emergency contact notifications?

Student Involvement

- Notify the student of the likelihood/decision of emergency contact notification
- Provide options for the student for involvement
    - Opportunity to speak about the emergency contact notification prior to the call
    - Opportunity to be involved in the call
    - Opportunity to share information they would like emergency contact to know/not know
- Keep student aware of next steps and outcomes to the extent is available and appropriate

Documentation & Records

The C.A.R.E. Team recognizes the importance of maintaining accurate records for students at Lipscomb University. In conjunction with our goal to protect the safety of our students and the campus community, when possible, the information provided to the C.A.R.E. Team will be kept confidential. The university does have the duty to warn members of the community when potentially harmful or dangerous situations have been reported and after campus administration has deemed such notification is warranted. In such situations, the C.A.R.E. Team may breach confidentiality.

Once a referral is submitted, a report to the team will be electronically forwarded to the C.A.R.E. Team Chair and selected members of the team for review and discussion during a preliminary response meeting. The report becomes part of the Maxient database used for the assessment of persons of concern and to generate report data.

The C.A.R.E. Team keeps records in the Maxient database and are entered primarily by the Director of Student Care and Student Care Coordinator to ensure consistency in the creation of records. Records created by the C.A.R.E. 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).

 All core C.A.R.E. Team members have access to Maxient to review referrals, dispositions of academic and non-academic misconduct, and identify patterns of behavior. C.A.R.E. Team members are reminded that cases are fluid and dynamic in nature meaning new information may come to light or suggested interventions may need to change in order to provide the best support to a student. Care must be taken to ensure judgments are not formed throughout the process that could influence decision-making outside of C.A.R.E. Team.

Cases are kept up to date with pertinent information related to the team's analysis and risk rating. Any intervention steps such as emails, phone calls, and meetings are documented with clear and concise notes that provide a summary of the interaction, goals established, and follow up measures being taken. Cases are stored in the Maxient database for a minimum of seven years.

Appendix A

LIPSCOMB UNIVERSITY

End-of-Semester Reports

End-of-semester reports will be utilized to collect data to inform areas of needed growth, the impact of the intervention, track progress, implement needed change, and track the mental health data of students.

These reports will include:

Total Number of C.A.R.E. Team Referrals: year and semester breakdowns
Total Number of Students of Concern: year and semester breakdowns

Evaluation of Individual Risk Rating Assessment based on Student Care Coordinator Assessment by Referrals

Evaluation of number of referrals each month

Evaluation of number of referrals by source including:
Residence Life
Faculty
Staff
C.A.R.E. Team Members
Student
Health Center
University Counseling Center
Athletic Dept
Other
Critical Incidents for C.A.R.E. Team Students of Concern including:
Hospitalizations (non-mental health related)
Hospitalizations for suicidal ideation/Mental Health
Suicide Attempts
Suicide Attempts on Campus
Students who withdrew
Students who were suspended
Emergency Contact Notifications

Students of Concern will be assessed by:

Case Demographics

    Gender

        Male

        Female

        Non-Binary

    Classification

        Freshman

        Sophomore

        Junior

        Senior

        Professional/Graduate

    Housing

        Residential by hall

        Off Campus

Students of Concern connected to the following campus resources:

    University Counseling Center

    ACCESS Ability Program

    Psychiatric Nurse Practitioner

Students of Concern peripheral information:

    Transfer students

    Student Athletes

    Student Veteran/Veteran Dependent

    Student's referred both semesters in a given academic year

    Student's referred with more than one referral

    Student's placed on chapel probation

Appendix B

On-Campus Risk Assessment Scope

Lipscomb University works to assist students who may be considered a potential risk to themselves or to the community. A risk/threat assessment is typically utilized to assess the risk and protective factors related to an individual's willingness to engage in violence towards self or others. The C.A.R.E. Team provides qualified risk/threat assessments and evaluations through university student care coordinators ("SCCs"). If a student prefers to seek a qualified professional to provide the assessment, he or she may do so at his or her own expense. In these cases, a student must sign a release to allow the SCC to talk with the qualified provider and share details of any concerns, and also receive a follow-up report after the assessment is complete.

SCCs act in a non-clinical role in providing any assessments. While they have experience in mental health, they are not acting in a capacity as a therapist in providing the assessment. SCCs utilize researched-based violence risk assessment tools. Risk/threat assessments are provided at no cost to students and may be required of students referred by the C.A.R.E. Team or Office of Community Standards.

The two commonly used assessment tools are the Non-Clinical Assessment of Suicide (NAS) and the Structured Interview for Violence Risk Assessment (SIVRA-35), both of which are provided through the National Association for Behavioral Intervention and Threat Assessment (NABITA). Assessment results may be shared with the referring office and will generally be used to develop an intervention plan with the referring office. The intervention plan may identify voluntary opportunities for the student to access support and resources and/or engage in behavioral change. While assessment results will generally not be used to determine if the student has violated an institutional policy, they may be used as part of the criteria in determining the need for disciplinary sanctions, interim protective measures, and/or similar outcomes.

Information shared during assessments is subject to the Family Educational Rights and Privacy Act, known as FERPA. Information from a risk assessment will generally not be shared with parents (unless the student is a dependent), family members, friends, significant others, employers, or school officials who do not have a legitimate educational interest in the information without the prior written consent of the student or unless an applicable exemption under FERPA applies. SCCs endeavor to provide the best possible risk assessment to students.

Students are encouraged to ask questions about the risk assessment process during the initial meeting and in reviewing this document. The risk assessment results are typically shared with both the student and the university referral source to serve as a collaborative effort in developing an appropriate course of action to address potential threats. Records and documents are typically maintained electronically and in accordance with the institution's data retention policy.

Appendix C

LIPSCOMB UNIVERSITY

Mandated Assessment Procedure

Non-Clinical Assessment of Suicide ("NAS")

Through coordination with the C.A.R.E. Team, the NAS may be utilized as a mandated assessment when students of concern are rated at the elevated or critical level from the NABITA Risk Rubric. An NAS mandated assessment may also be administered as a disciplinary sanction through the Office of Community Standards in connection with a violation under the Code of Conduct set forth in the Student Handbook.

The NAS will typically be initiated as a result of conversations between the student of concern and a student care coordinator ("SCC"), C.A.R.E. Team Chair or other C.A.R.E. Team members. At the time of concern, the SCC will typically email the student with available times for a mandatory meeting, which will generally be within 24-48 hours of the email. If the student has not responded to the SCC by the end of the day that the email was sent, the SCC will typically attempt to call the student. If a student is non-responsive to the SCC's calls and emails and the student is residential, the SCC may contact the student's residential hall director ("RHD") to notify the student of the mandated meeting. The RHD may communicate with the SCC regarding the student's availability to meet or may escort the student to a meeting with the SCC, if necessary. If the student is non-residential, the SCC may follow up with emails and phone calls, typically within the first 24-48 hours after the initial time of concern. The SCC may utilize additional university resources to contact the student including, but not limited to, checking the student's class schedule, or reaching out to professors or other university staff who have connections to the student. If the student continues to be unresponsive or unwilling to meet for a mandated assessment, the student may be referred to the Director of Community Standards for non-responsive communication or failure to comply.

The results of the NAS provide guidance for initiating next steps that the C.A.R.E. Team may recommend to connect the student with support resources or other intervention strategies. As the NAS is provided to students in a non-clinical setting, the results are precautious to focus on student safety.

The NAS summary results are filtered into low, medium, and high categories.

Low: Students who fall under low risk present with mild to no risk for suicide, but may benefit from connection to counseling or other support resources. Based on the information provided by the student, the SCC may help create, revise, or reaffirm safety plans around suicide to reduce risk and increase protective factors. The SCC may suggest available resources and assist in identifying bridging services until the student is connected with appropriate resources.

Medium: Students who fall under the medium risk present with concerns related to suicide with no imminent threat. The SCC will work to connect the student to support services, such as helping the student download the Timely Care App, fill out the University Counseling Center's intake form, or connect to a local counseling resource. If the student is already connected to a counselor, the SCC may help facilitate communication with the therapist regarding scheduling the next available appointment, if needed. The SCC will help create, revise, or reaffirm safety plans with the student to assist the student staying safe until the student is connected to a support resource. The SCC will serve as an interim support while the student is connected to long-term support.

High: Students who fall under the high risk pose an imminent concern for suicide that needs to be further assessed by a qualified clinical provider to determine if mental health inpatient treatment is necessary or appropriate. Safety planning is initiated by the SCC to create, revise, or reaffirm protective supports for the student. In the interest of the student, the SCC will generally initiate a phone consultation with the University Counseling Center. To best serve the student during a crisis, a phone consultation may be utilized to relay information to a clinical provider, provide a summary of events and issues that the student has shared, convey information from the NAS, and discuss safety measures. The clinical provider should provide guidance, based on the safety measures in place, as to whether the student is in imminent harm or hospitalization is recommended. The University Counseling Center's consultants include:

> Director of University Counseling Center
> Intake/Triage Counselor

If the University Counseling Center staff is unavailable, the SCC will generally call Mobile Crisis to complete an assessment over the phone.

If hospitalization is recommended by the University Counseling Center, Mobile Crisis, or other provider, the SCC will undertake to coordinate transportation for the student to the appropriate site. In the case of hospitalization, the chair of the C.A.R.E. Team will generally notify the student's emergency contact. The SCC will endeavor to provide the student with assistance in addressing academic or other challenges or concerns related to the hospitalization. The SCC may request that the student sign a release of information at the hospital, which will be a part of the post-discharge care plan if the student is interested in having on-campus support.

At the end of the NAS process, the SCC will typically provide the student with crisis resources, both on campus as well as national hotlines, no matter the level of risk identified.

The SCC will generally provide appropriate follow-up case management services, as needed, to make sure the student is connected with the appropriate support resources. Any recommendations or other interventions that result from the assessment will typically be voluntary, unless they constitute disciplinary sanctions in connection with a violation of the Code of Conduct.

If a student expresses a suicidal plan at any point through the assessment, the Office of Student Wellbeing and C.A.R.E. Team may notify the student's emergency contact. C.A.R.E. Team members will endeavor to work actively with the student if such notifications are deemed appropriate and to discuss the potential benefits or risks that may be associated with such notice. The Office of Student Wellbeing prioritizes the safety of all students and works in close relationship with the C.A.R.E. Team and University Counseling Center to help ensure that students with suicidal or homicidal thoughts are referred appropriately to any outside resources.

Structured Interview for Violence Risk Assessment ("SIVRA-35")

The SIVRA-35 is a 35-item inventory used to conduct violence risk assessments and help inform decisions related to intervention strategies and supportive measures. A violence risk assessment assesses any potential violence or danger, regardless of the presence of a vague, conditional, or direct threat. Training of this standardized tool is provided through the National Association for Behavioral Intervention and Threat Assessment ("NABITA").

Through coordination with the C.A.R.E. Team, the SIVRA-35 may be utilized as a mandated assessment when students of concern are rated at the elevated or critical level from the NABITA Risk Rubric. A SIVRA-35 mandated assessment may also be administered as a disciplinary sanction through the Office of Community Standards in connection with a violation under the Code of Conduct set forth in the Student Handbook. The Director for Community Standards serves on the C.A.R.E. Team and will generally collaborate on any disciplinary intervention strategies, as may be necessary.

The SIVRA-35 will typically be initiated as a result of conversations between the student of concern and an SCC, C.A.R.E. Team Chair or other C.A.R.E. Team members after a preliminary response meeting has been held with respect to the referral information. If there is concern for imminent harm to individuals or the campus at large, any determinations to remove the student from campus will generally be addressed through the Office of Community Standards.

The SCC will typically gather all relevant background information regarding the student before completing the assessment. At the time of concern, the SCC will typically email the student with available times for a mandatory meeting, which will generally be within 24-48 hours of the email. If the student has not responded to the SCC by the end of the day that the email was sent, the SCC will typically attempt to call the student. If a student is non-responsive

to the SCC's calls and emails and the student is residential, the SCC may contact the student's RHD to notify the student of the mandated meeting. The RHD may communicate with the SCC regarding the student's availability to meet or may escort the student to a meeting with the SCC, if necessary. If the student is non-residential, the SCC may follow up with emails and phone calls, typically within the first 24-48 hours after the initial time of concern. The SCC may utilize additional university resources to contact the student including, but not limited to, checking the student's class schedule, or reaching out to professors or other university staff who have connections to the student. If the student continues to be unresponsive or unwilling to meet for a mandated assessment, the student may be referred to the Director of Community Standards for non-responsive communication or failure to comply.

Certain procedures have been established while conducting a violence risk assessment to ensure both the safety of the student and the assessor. Violence risk assessments will typically be done in the Student Life conference room. The SCC will endeavor to maintain situational awareness and proximity to the exit during the assessment, with his or her phone readily available. The following people will typically be notified when a violence risk assessment is being conducted: C.A.R.E. Team Chair, Director of Community Standards, and the Chief of Security. At least one of these members will generally be present in the Student Life suite during the violence risk assessment in case of emergency.

The results of the SIVRA-35 provide guidance for initiating intervention plans with the C.A.R.E. Team and other offices to help students engage in support resources and/or behavioral change. The assessment results will typically not be utilized to determine if a student has violated an institutional policy, but may be used as part of the criteria in determining the need for disciplinary sanctions, interim protective measures, and/or similar outcomes.

Low: A low score indicates a range of concerning or aggressive behaviors with no evidence of intent or plan to harm a target.These behaviors could include a range of abrasive social interactions, oppositional beliefs, personal distress, or mental health concerns. The SCC may help coordinate intervention strategies, such as providing distress tolerance skills, helping with anger management sessions, or connecting to other campus or local resources to aid in the reduction of risk and increasing protective factors.

Moderate: A moderate score indicates a presence or plan including a set of behaviors or personality traits suggesting potential for future violence. The SCC will generally coordinate with the C.A.R.E. Team to help reduce risk factors and connect the student to non-violent, positive social outlets. The C.A.R.E. Team may work with any potential target/victim who may be impacted by the student's behavior by introducing protective measures through coordination with the Office of Community Standards, campus security, or local law enforcement.

High: A high score indicates an individual has made a direct threat and has means and/or intent to carry it out. The SCC may need to immediately contact campus security

regarding the potential threat. An emergency C.A.R.E. Team meeting may be convened to discuss facilitating safety measures, disciplinary sanctions, or reporting to local law enforcement. The C.A.R.E. Team may work directly with potential targets/victims to provide safety plans and offer support. Appropriate efforts will generally be made to notify and work with others who may be in a position to help mitigate the risk of harm (e.g., parents, extended family, or other supports). A high score does not automatically indicate the student needs to be removed from campus, but that increased support services are likely needed.

When the assessment is complete, the SCC will notify the C.A.R.E. Team, which may help collaborate in the process of enacting safety measures to reduce any risk of harm. Any recommendations or other interventions that result from the assessment will typically be voluntary, unless they constitute disciplinary sanctions in connection with a violation of the Code of Conduct.

If an assessment is undertaken as a disciplinary sanction, the SCC will typically provide the results to the Director of Community Standards and may suggest additional follow-up meetings or provide additional support resources, as appropriate.