

# Inside CARE

BIT/CARE and Threat Case Discussions

Volume 1: Annie



**InterACTT**  
— INTERNATIONAL ALLIANCE —  
FOR CARE AND THREAT TEAMS

This case highlights the intersection of mental health crises, academic pressure, and residential life challenges in a college setting. Immediate action is needed to ensure Annie’s safety and the well-being of those around her.

**Incident Overview:** Annie Carter, a 20-year-old college student living on campus, has been exhibiting manic and suicidal symptoms that are disrupting her roommate and living community. General “pinging” out to her advisor and a review of records prior to the meeting finds: a GPA of 3.3 and a recent hospitalization during her sophomore year (last spring). Annie has difficulty making friends on campus.

**Case Overview:** Annie, a college student living on campus, has been exhibiting increasingly erratic and disruptive behavior over the past several weeks. Her roommate and other students in the dorm have reported that Annie stays up all night, talks rapidly and loudly, and engages in impulsive behaviors (e.g., excessive online shopping, reckless decisions). She has also made disturbing statements indicating suicidal thoughts, including passive comments like "I don’t see the point anymore" and more direct threats such as "I’ve thought about how I’d do it." Her academic performance has declined significantly; she has missed classes, submitted assignments late, and appeared disorganized. When confronted by her roommate about her behavior, Annie became irritable and accused her of "being against her." Other residents have complained about her disruptive outbursts that include yelling and slamming doors in the middle of the night.

#### Teaching points:

- **Multidisciplinary Collaboration.** Counseling, health services, faculty, and housing staff must work together because a fragmented response (e.g., academic probation without mental health support) worsens outcomes. We should have crisis teams that integrate academic, medical, and residential support.
- **Address Barriers to Care.** Annie resists help due to a lack of insight ("I’m fine") or fear of stigma. Other students may avoid counseling due to academic pressure, the hassle of scheduling, or the denial of the severity of the issue. This all highlights the need for proactive outreach (e.g., mandatory wellness checks) when the risk is high.
- **Parental Notification.** Involving parents under FERPA’s emergency exemption may help.
- **Suicide Assessment.** Teams must balance autonomy and safety. Annie denies immediate intent but has risk factors, including planning and impulsivity. Forcing treatment (e.g., involuntary hold) may be necessary, but might damage trust. Ultimately, safety must take precedence, even if the student resists intervention.
- **Education and training.** Campus staff, especially RAs, RDs, and faculty, need to be trained to identify red flags of mood disorders and suicidality. The signs of mania and suicidal ideation in college students, such as manic symptoms (e.g., decreased need for sleep, rapid speech, impulsivity), can be mistaken for typical college stress or excitement. Suicidal ideation needs to be addressed, whether it presents passively (e.g., "I don’t see the point") or actively (e.g., discussing methods).

## Case Discussion Questions

### Student Risk & Safety

1. Given Annie's history and her current behaviors, how do we determine the appropriate suicide risk level, and what threshold would necessitate hospitalization versus continued campus monitoring?
2. What are the key indicators we should monitor over the next week to assess if Annie is escalating toward a more acute crisis, particularly in terms of harm to self or others?

### Systems of Support

3. How can we strengthen Annie's connection with campus mental health resources to improve follow-through on counseling and medication compliance, especially given the sporadic engagement noted?
4. What additional support or interventions could be offered to Annie's roommates to reduce their emotional burden and ensure they aren't serving as de facto caregivers?

### Housing and Conduct Considerations

5. Given the disruption in the residence hall, how do we balance the need for Annie to remain in campus housing with the safety and well-being of the residential community?
6. At what point should a conduct referral be issued for Annie's behavior, and how do we ensure that it supports, rather than penalizes, her mental health treatment plan?

### Communication & Collaboration

7. How should we approach parent communication in cases like Annie's, where a student is legally an adult but there are significant safety concerns, and some consent is in place?
8. What's the best way to coordinate communication and responsibilities between BIT, counseling, academic departments, and residential life to ensure a seamless intervention strategy?

### Ethical and Legal Implications

9. How do we ensure that all decisions involving Annie, such as potential housing changes or increased counseling contact, are trauma-informed and respect her autonomy while also prioritizing community safety?

### Long-Term Planning

10. If Annie's condition does not improve significantly, how should the team approach the possibility of a medical withdrawal, leave of absence, or alternative educational plan while still supporting her long-term goals?

## Transcript

**Amy Murphy:** Dean Of Students, Chair of BIT

**Chris Taylor:** Director of Student Conduct

**Brian Van Brunt:** Case Management (non-clinical)

**David Denino:** Director of Counseling (clinical and licensed)

**Chris Usher:** Director of Campus Safety (non-sworn)

**Tammy Hodo:** Sociology Faculty

**[AMY]:** So, we've got one prior case today that I wanted to bring up. This is Annie Carter. She's a junior. She lives on campus, 20 years old. You might remember we discussed Annie last spring when she had been hospitalized for some mental health concerns, residence life and I – Chris has some conduct or reporting some new or continued behaviors from Annie.

**[AMY]:** There is some increasingly erratic and disruptive behavior. Her Roommates indicate she's staying up all night talking loudly and quickly. The biggest concern here around some suicidality, talking with roommates, making some passive comments about, like “I don't see the point anymore.”, or even a more direct statement, I think that she knew how she might commit suicide. On my end, I think our advisor indicated she has a 3.3 GPA and there was a note from a faculty member about her missing some classes and turning assignments in late. And I believe, and Dave and Chris, correct me if I'm wrong, when we discussed Annie in the fall, I think we had her at about a moderate.

**[AMY]:** She had been released from the hospital, and we had a counseling and case management referral when we first, or when we talked about her in the spring. So that's what we've, we know at this point. What else do we know about what's occurring with Annie? Chris, I think you've talked with Residential life. Do you have any updates or any other,

**[Chris]:** Yeah, I do, I talked with both the hall director first, who is in Annie's Hall, and supervises the RAs as well, obviously. Then I also talked to the director of Residence Life. You can imagine a fair amount of concern in the behavior and not only for Annie of course, but it's having a big impact on not only her roommate, but people on the floor.

**[Chris]:** And that's not only because of the noise disruption, they're concerned about her, even the ones who don't know her and they're a little afraid, right? They don't know what's happening or don't have a right to know. Although she's pretty she shares things broadly.

**[Chris]:** So yes, they're concerned. I think they are talking about could she live somewhere else? And as we all know, that doesn't always help things, and we certainly don't want to put her in a single. I would argue. But that's a factor. And then I also had an additional I.

**[Chris]:** Phone call one two phone calls from parents. They wound up, calling my office. One was from a parent of a student who lives on the floor and is just generally concerned. And then the other one is the do father rather father Yeah. Of the roommate who indicated that she, her

daughter, his daughter rather, is fairly concerned and wants to know, quote, what are we going to do to protect her?

**[Chris]:** I think we're trying to, I told him, we obviously investigate these things. We're trying to figure it out. We're trying to balance everybody's needs that kind of thing. So, kind having those conversations from a conduct standpoint, yeah, there's some quiet hour stuff here.

**[Chris]:** Potentially you can begin to argue disruption to the community. That is careful ground if we want to tread that. So that's kind of what I have for right now.

**[Amy]:** Chris, any conduct conversations? No. It's okay. I just wasn't sure. No. Prior conduct, obviously I was aware of the situation last spring, but not from a conduct standpoint.

**[Chris]:** And you might, do you think we need to put an open a case for the roommate a care case? Is it, is she concerned to that extent where we need to get some resources for her? I would say it depends because yes, I would say somebody, I would say that the RA has talked with her as well.

**[Chris]:** The dad mentioned that and was very appreciative. I don't believe the hall directors talked to her yet, but we could certainly, have that happen. Yeah, we could start a case, but I think mostly having somebody check on her on, in, on her and then offer certainly if she wants to also go to the counseling center and she may already be engaged there or not, I wouldn't know. But yeah. So, we could start a case just to make sure. How's Annie done with her counseling referral from. From Spring.

**[Dave]:** Yeah. I'll give you an update on that. I just want to echo something Chris said. It's a, it's important that we look at Annie and make sure she's safe and she's doing okay and she's, we have we have an informed consent where we can talk to you about some of the things that are going on with her. But secondary to that the roommates are an important feature because, we can't have roommates be caregivers.

**[Dave]:** For somebody who demonstrates behavior that makes somebody stay up all night, watch over them take shifts. We've had this happen before, so I would suggest that we have that discussion with the roommates about how they're doing with that and what they would like to have done. Because we have two things to balance here.

**[Dave]:** Safety's at the forefront. Do you put her in a single? Does she stay with her roommates? How does the behavior change so that she can be okay where she is in the resident residential life community. So, she has seen us in the past, also on campus we do an extended informed consent.

**[Dave]:** When students come in and sign up for, for counseling. They know we may have some discussions with our other team members on the campus. And we don't do that in secret. We let the student know your name came up and we're going to talk about some things. I want to talk to you about that, and we'll, I'll keep you informed as how things are going.

**[Dave]:** So just to give you a kind of a quick update. She was intermittent in her appointments. She does come in. When she comes in, she's participatory. One of the key things in the whole

case as I read over some of the input that ResLife put in, some of you folks had entered it was about, her hospitalization and her release. And by being released, the hospital's telling us she's safe at that point, at that juncture. So that's a good thing. We want to follow up on that in the counseling center and make sure she is safe, that she is not suicidal. That tends to be the case now.

**[Dave]:** She is a bit scattered, I think, a little bit in adjusting to some new things the hospital recommended for her. And at times people take medications for certain types of diagnoses. So, there might be some new medication that's on board that she's adjusting too.

**[Dave]:** I think the important thing is that we do outreach a little more aggressively from the counseling center when she misses an appointment, that we make that call and bring her in a little more quickly than we normally would because, there's that lag time, miss an appointment. There might not be another opening for two to three weeks, but anytime this happens, we like to escalate that and make sure we're in touch with the student that is in distress, whatever way, shape, or form that might be.

**[Dave]:** She had no prior attempts. She has ideation which is, it's doable in terms of maintaining her college experience and getting along if she has the right medication and the right type of counseling to proceed and get through. Okay. I think the important thing here is that, whatever the stressors are in her life need to be tempered and brought down.

**[Dave]:** We're there. The behavior is up and down in terms of excitability overreaching and then maybe a depressive mood coming in after that. But, again, that goes with balance. And if the hospital provided discharge paperwork and some treatment that we could provide here on campus, we must keep a closer eye on that.

**[Amy]:** Okay, Chris, do we know for sure that the re behaviors being reported by resident's life that are occurring right now and didn't occur like right around the hospitalization time? The, these are new behaviors, right?

**[Chris]:** They are new behaviors. Okay. To this semester. That's accurate. Yeah. I don't recall in the prior incident that there was much disruption. I don't think we disruption in the community, but

**[Amy]:** Okay. Yeah. Brian, do you know, is she registered with disability services? Do you have that note?

**[Brian]:** She could be, she hasn't been, it's been okay. I've chatted with her a couple times over the summer, and we've met a few times this semester.

**[Brian]:** And, to Dave's point I think it's easier for me to meet with her in that case management capacity because I just go find her and we have a chat. I can give you a little more history on how she's been doing over the summer and coming back. Dave I'll defer to you on this one, but the medications she's on are tricky.

**[Brian]:** In terms of compliance and taking them at a certain time, there's some costs involved and as we all know, the medical system's not always the easiest to navigate. I think she's been sporadic with those medicines and she's someone who I think as she's interacting these ups and

downs, which are characteristic of this problem that she got treatment for she's also snarky and playing with these ideas.

**[Brian]:** She keeps joking that she's a member of the “Grippy Sock Club”, so they give. People at the inpatient units, a certain kind of sock, and it's little grippy things on the bottom. When she says things like that, it worries other people. It concerns them. I think part of the medication compliance has been a challenge.

**[Brian]:** I think she's doing the same thing she was before when she wants to go to class but isn't always showing up. I don't know if Tammy, if you've run into anything with her in, in, in classes or any of that space, but those are, those have been some of the things I've seen from her.

**[Amy]:** Okay. Thanks. Brian. Yeah. Usher or Tammy, other info on her?

**[Tammy]:** I would just share in, in class just echoing some of the things that, that Dave said about the level of high energy and the overreaching. It has caused some issues within the classroom with her classmates. I've also seen some social media posts that her classmates had pointed out to me when we were doing an exercise about social media that were.

**[Tammy]:** A bit concerning stating things such as how much she'd spent on purchasing certain items. And then when I hear Brian talk about the cost of medicine and I'm seeing the post that she's talking about all these expensive designer things that she recently purchased, like big major purchases that's a bit concerning to me.

**[Tammy]:** And in the classroom she has some issues with other students about jumping in or not letting them finish their thought process engaging when someone else is already speaking. There is that disruptive component that is taking place in the class and was when she was in my class before.

**[Amy]:** Okay. You had her recently. Gotcha. Yes. And Usher, anything from you from

**[Usher]:** I was last year when I was the one that assisted with the hospitalization she got agitated, but I wouldn't say it was. It was just a normal, who wants to really be, admitted. I think it was more of that, and she made a comment, she hates cops, but we get that a lot.

**[Usher]:** I didn't see anything overly aggressive. I did calm her down. I was able to get her to be able to go, willingly as much as possible. There is a rapport there. I would say in the future, if there's any interaction, as much as I can be a part of that way, she's not trying to interact with somebody new.

**[Usher]:** The only other stressor I would see is she does have some outstanding parking tickets for excess of \$300. And if we have some issues with overspending that might be something that we need to talk about. I'm going to reach out to the provost and see if we can either let that go away or maybe extend it so she doesn't have to, we don't have to worry about that right now.

**[Usher]:** And then the only other thing I would say with the concerns with the roommates. I would just make sure that they have our number and make sure they can call us if they have any concerns. That way we can go there. Our department is aware of this case, obviously. We're not being overly we're not doing patrols or anything over there, but we do know of this case.

**[Amy]:** Let's get around the pathways. I'm guessing she's going pop up high on pathways. Brian, do you mind let's getting her input on there and get a risk rating on her. What have we discussed? We've obviously, we've got suicide concern. Maybe at a, what, a two, since it's starting to impact others. What do you think?

**[Dave]:** I don't know. I might even have to say you might have the three because of the two comments. I don't see the point anymore was in a report. I was just telling her roommates that, and I thought about how I do it. So that escalates the thought. And we know, she's back on campus.

**[Amy]:** We know she's safe now. But that escalates things. I'm concerned about that. And we need to monitor that.

**[Amy]:** Okay. Brian concerns there? I see you scrolling down there to... (referring to the share screen where Brian is scoring Pathways)

**[Brian]:** No, I was just checking Dave's work, right? Yeah. I'd be there between the two or three. I think that's to me the bigger concern and the new thing that we're seeing and just with Usher when she was talking about you too, like she really looks back fondly at that interaction with you. I do think she does have that. I think you handled it well. Like instead of going against her with it, you tried to consider.

**[Amy]:** I'm guessing it's going prompt us here for a deeper suicide assessment again anyway. What else? We have academic trouble probably. We've got her at least at a two there, if not even a three. There's some, it's hard to tell, but we'll put two on the academic trouble.

**[Tammy]:** Amy, I think that's legitimate considering I just want to chime in as one of the faculty members considering what her grades were. And then now what they are. So we know her capabilities and now she's not performing up to them. And that to me is very concerning. Academically.

**[Amy]:** I got a lot of emotional up and down. Yeah. Intense thoughts, right? Intense emotions. I think you've used those terms a few times, Dave. Yeah. Would that be a good descriptor here?

**[Dave]:** Yep.

**[Amy]:** For intense, powerful ideas, thoughts driven escalating ideas. Financial troubles seem to fit there to two. What other items did we note?

**[Usher]:** I'll just know we ran background checks. She had no prior criminals besides the parking tickets. And as far as we know, there's no guns that are registered. There are no weapons, guns are registered to her. I think. As far as we know, we don't know her access, but as far as that, she doesn't have any weapons registered,

**[Amy]:** Okay. Brian, I see you have a "trolling actions: marked. Are you thinking because of the interactions with the roommates and just using some of the comments that have been made?

**[Brian]:** No, I was had the wrong case up, so I was pulling up

**[Amy]:** Oh, okay. Up and now, I fixed some of those scores, so thank you. Oh yeah, and we don't need, I don't think we have a transient threat present. Is there, Dave, are there delusions or hallucinations or paranoia that you can comment on from a mental health perspective, or do we not even have that level of con non, the answer?

**[Dave]:** The answer is no on that, but what I would change on the depression, at least the two.

**[Amy]:** Okay. Yeah. Depressed. Okay. Yeah. Brian, from your interactions and case management, anything else related? Any other mentions, financial troubles, potentially financial insecurity? It sounds like maybe just because of the spending and because of the parking tickets. I think so. Almost as like a secondary kind of issue there.

**[Brian]:** Yeah, and I'll, when we're rating her, I'll see where it lands. I also think there was that comment that she had, I think I just want to pull back on my note here just to one of the roommates that was giving me a little more of that feeling related to people. And it wouldn't so much be the seeing things, but that feeling like people are against her.

**[Brian]:** And that's what we're seeing, I think a little bit in the halls. If we catch her at the wrong time. It reminds me a little bit, and this isn't like my major specialty, but a little bit of like almost the Alzheimer's, like a certain time people are escalated more so like depending on where you talk with her and when her stress level is up or down, you're going to see a little bit more of that, like paranoia or the worried that other people are at together.

**[Amy]:** So that's why I would do a low one on the delusional part...

**[Brian]:** Okay. Gotcha. And Chris, maybe something for res life to be attentive to, if any of that's specifically targeted, Toward certain individuals versus Sure. Just roommates, that kind of thing.

**[Amy]:** Yeah, we've got it at high. It is recommending the suicide Wayfinder. Dave, I must, I know you've already started seeing, but it sounds like we need to do another suicide assessment or refresh that suicide assessment potentially with her. Do you think Dave and Brian, from y'all's interactions with her, do you think she'll participate voluntarily with us, through some additional conversations? Or are we going to need to mandate.

**[Dave]:** And I'd like to go first here. I think we have enough of a relationship with her that if we have that talk with her, I think we can. She will participate because we balance everything that this care team does, everything that we do.

**[Dave]:** And the Bit team we balance that with what the student is experiencing, obviously against safety. Every time she comes in, there's assessment for suicidal tendencies and direct threat to herself. Tthe fact that she's. Came in and she left again means at the current time, she's not suicidal.

**[Dave]:** But we need to recheck that each time. And she needs to know that when she's feeling suicidal, what resources she can use. So that's something we need to keep an eye on. And I think that we can have that conversation with her because I balance that with students. I balance, their safety along with staying in school means behavioral change.

**[Dave]:** And that's critical. The behavior maintains the way it is in a residence hall, for example. That could mean that she might not be able to live in a residence hall. It might mean that she can't go to class because of some things that are happening. We try to balance that as, as carefully as we can so we can keep the student whole participating in the college experience and be well.

**[Dave]:** Yeah. But I think we could do that and keep an eye on it. That's important, Amy, for sure.

**[Amy]:** I think one thing I want to be careful about here; we've already done a referral to counseling and a case management with her. So how do we take this up a little bit of a notch, right? We're seeing some continued behaviors, some concerns.

**[Amy]:** So how do we make sure, maybe this sticks a little further, or Brian, I don't know if you have comments about your interactions with her at case management. Or, and how to time this and collaborate to keep some close contact with her this time.

**[Brian]:** Yeah, I think you're spot on, Amy, that it's, I think part of this where the behavior started with the hospitalization that she's someone I think on her best day is still struggling.

**[Brian]:** I, I don't know that there's a lot of questions for me about her stability, and this is one of those cases where you'd feel like, geez, is she even wanting or ready to be at college? And she's not. Operating at like peak efficiency here, but home doesn't offer a lot of solace, and she really wants to be here.

**[Brian]:** I think there's a leverage point there of saying, without being per crossing that line to like coercion, but like to say, we really want you here. It's important to be here, but you're struggling. I also think there's this issue of the parents I have a release; I talked to the mom occasionally about things.

**[Amy]:** She's also struggling with some mental illness issues. Not as particularly helpful, but I think, I don't see the parent scenario like solving this problem. But I think there's also that legal risk piece of keeping them in the loop on this.

**[Amy]:** It looks like it prompts us for that. And I had that noted as well. High risk with concerns around suicide. We're going to want to think about parent notification. Do you think that needs to come from me this time around or is that something that you continue that conversation? You've already started with the mother, Brian.

**[Brian]:** I like where Dave was with this, that I think if there's that good relationship and counseling to try that out with a bit of a time clock attached to it to say, "Hey, we're concerned."

**[Brian]:** We got this report from ResLife, that how are you doing? Can you come in and talk with one of us? I think the suicide assessment updated is the, and Dave, I appreciate what you're saying. Like you do that each time, but this might be a little bit, a bit of a she's a little squirrely when we're talking about these things.

**[Brian]:** So unless you really sit her down and ask those deeper questions, her tendency is to be like, I'm fine. Everything's fine. Don't worry about it. But she's really struggling. I think both from getting a good picture of she, she certainly does not want to go back into the hospital again.

**[Brian]:** But her behaviors, I am not quite sure how consistent she is with the medication, the one that she's on. I think Dave has like a requirement for a blood test to see what the level is. I, we haven't, we could check with health services and see if she's followed through with checking in with them, but I think making sure that, the medications on board involving the parents in this, it's a larger challenge from like a mental health perspective to have her be on campus.

**[Brian]:** How do we put some supports around her and she simply doesn't want to go? I don't think we're at that point. This is my opinion at that threshold yet, Chris from like a conduct perspective, I don't think we're quite there about the behaviors being so disruptive that we'd remove her and she doesn't have a probationary status or anything.

**[Brian]:** But I, I feel like if we're reading the crystal ball, it's where we're headed with this unless something changes with her. because things aren't, it's a good question.

**[Amy]:** Yeah. Good question for Chris. Do you think minimally a conduct referral for the disruption so that we start those, some of those. Yeah, expectations are reset with her.

**[Chris]:** Yeah. I think it's not a terrible idea to, I hate saying, get her in the system, but on the other hand, it, she did some things that, caused some concern for some people and probably violated quiet hours. Yeah. But I think almost to me, maybe it's not that it's not important, but maybe we do that a little secondary.

**[Chris]:** We'll follow our process, but, not today, probably not even tomorrow. Let's see where some of this, getting her some additional support here works out. I don't want to stick a letter in the middle of this that frankly is, minor violations I get.

**[Amy]:** People are, including Dave and Brian, people are concerned.

**[Chris]:** I think that's a good idea. And it may be helpful, and you all can certainly do what you need to, Brian and Dave, but if you want to say “by the way, there may be some, conduct situations occurring here” if you think that is appropriate. And if you don't feel like that's a good entry, that's fine, but I would let her know that we're not all that scary and we're part of this process to help people and, but you can't just, yell and scream at three o'clock in the morning or whatever.

**[Brian]:** I should not, Chris, what you're saying, call her and say she is going to meet with the Dean of mean, that's not the time to do that.?

**[Chris]:** No, and I think you'll remember I'm not actually a dean, I'm a director of conduct, so I You talked to the dean. I don't know. Director, maybe Chris. It's that guy.

**[Amy]:** Let me reel you guys' back in. Sorry. Chris, do we need to make any housing adjustments or follow up? Did they need additional support?

**[Chris]:** No, Good question. I did, I was going to mention, I've got a note here. The hall director's following up with the RA. because the RA's a little first year RA, so a little Hey, how did I get all this to deal with, which I understand.

**[Chris]:** And Dave's staff came and did training with them. I think they have some good, good solid skills in that area, but they're taking care of that. They're doing check-ins, but nothing intrusive. They're, again, we don't want her to feel paranoid about the whole thing, but yeah.

**[Chris]:** That's good. I think I've got the dad in a good place, and I think he was, I think he's also reacting. I'll just say it here, but a little bit, a more maybe a drama situation. He's hearing about some things. He lives five hours away, so he is like, what can I do? Which I get and, I get the parent thing, but I think he's in a good place.

I think if over the next couple days we can get, get her into a better place, maybe get her to take us up on some of these resources we're about to offer or some additional things will probably be good. Okay. But I won't rule it out. I hate to do that, but yeah.

**[Amy]:** Okay. Let's do this. Brian and Dave, you'll coordinate as our primary intervention points with the, quickly working on a more advanced suicide assessment. It also prompted a dark Fox threat violence risk assessment. I'm guessing that may be because of some of the delusions that we mentioned and maybe some of the comments, but, so you can see if there's additional information that we need to gather in that regard.

**[Amy]:** Related to her. Chris, I'm going to keep you as our point of contact with Res life and the roommates. So if any of that needs to escalate back up to care, talking, even talking with Dave about, are there certain behaviors or anything safety plans they need to be aware of for sure, for the student, things that might indicate she's escalating.

**[Amy]:** I don't know if we know anything about, the means that she may have to hurt herself. Any of those types of things that we need to be coordinating with res life on. Brian, I'll leave the parent notification to you for right now, but if you need me to get involved, I can. Am I forgetting anything?

**[Brian]:** Is it worth hanging out to? I can pull the list for you. I can pull up banner. Tammy, if you would be Dr. Hodo, if you would be comfortable maybe seeing if you knew some of the faculty that she was also taking classes with and see how she's doing in those classes. Like that kind of casual Hey, you got the student in your class. We're just checking in. Sometimes that faculty to faculty connection might get us a little more data just to see how she's doing. Yeah. I think keeping a close eye on academic supports and this financial concern.

**[Amy]:** Yeah. Tammy, are you okay doing that or?

**[Tammy]:** Oh, I have no issue. Yeah, because I've had her and I feel comfortable.

**[Tammy]:** And then of course my colleagues, I feel comfortable asking and I'm a, I'm concerned as well, not for her mental health, but also seeing that her grades are slipping, and when I had her, that was not the case, even though she was a bit disruptive, with some of the classmates working on a group project.

**[Tammy]:** But I do think me reaching out to other faculty and just having a kind of nonchalant conversation about how. They're engaging with her this semester. It'd be great if they maybe didn't know her name, but I have a feeling that's not going to be the case, so I'll let you know.

**[Amy]:** Okay, great. We'll leave her open. We'll talk about her again next week to see how we're doing on some of this and see if there's other information that changes where we're at. Sound good?

**[Brian]:** Yeah, that sounds, thanks, Tammy. Also, I saw the pupper in the background there hanging around, even though you got a blurred, I saw that dark little circle coming around there.

**[Tammy]:** Oh yeah, those big ears. Can't miss them.

**[Amy]:** Are we okay to keep going or do y'all need to stop? All good. I think we're good. Good, Brian? Okay.