This is a summary of the organization and activities of the CARE Team during the 2015-2016 academic year. The CARE Team provides assistance to students in distress through consultation with concerned faculty, staff, and students; consistent communication between departments; and referral to resources both on and off campus. In particular, the Team consults regularly regarding students whose behaviors are of concern because they may pose a threat to themselves or others. The Team’s primary focus is preventative rather than punitive, with the goal of assisting students in succeeding, while educating others who may be concerned about appropriate ways to help distressed students.

The membership of the CARE Team during this period was as follows:

- Director of Accessibility Resource Center, Chair
- Associate Director of Counseling and Wellness
- Chief Medical Officer of Student Health Services
- Title IX Deputy of Student Judicial Affairs
- Associate Director of University Housing
- Lieutenant of the University Police Department
- Director of Academic Advising Programs
- Case Manager of Student Health Services, Vice Chair

Ad Hoc Members - depending on the circumstances of CARE referrals, other members of the campus community may be asked to consult with the CARE Team.

**Summary of CARE Team activities:**

**Number of Students Discussed by the Team: 121**

The number of students discussed by the CARE Team represents 121 unique students. However, some students were discussed multiple times over the course of the year. Some students were discussed continually to be sure their CARE plan was effective while others were discussed as new or changing behavior occurred resulting in additional referrals.

In the coming academic year, the CARE Team intends to track additional demographic information to help assess if there are any trends that may better inform support and intervention services.
Referral Source: See Figure 1

Referrals to the CARE Team come in a variety of ways. In some cases, referrals come in several ways for one student. The data below shows, generally, where the majority of referrals come from, but may be misleading about where the referral originated. For example, UPD and SJA often report on students that have “leaked” in several areas and are presenting the case on behalf of multiple referral sources. Data trends show that the majority of referrals come to the CARE Team between weeks two and ten of each semester.

Figure 1
Referral Reasons: See Figure 2

The most frequent reason for referring a student to the CARE Team is “odd” or “unusual” behavior. Behaviors range from talking to oneself to consistent sleeping in class to noted changes in behavior and/or demeanor. In many cases, there is more than one reason for referring a student to the CARE Team. It is important to note that referrals to the CARE Team for these issues do not reflect the total number of students who experience these behaviors or have these concerns/issues. These students represent only those students who, for a variety of reasons, were referred for an assessment of risk and/or threat.

![Figure 2](chart.png)
Types and Frequency of Actions Taken: see Figure 3 (Note: More Than One Type Of Action May Have Been Taken Per Student)

The most frequent actions taken are consultation, watch and consult, and case management. Consultation includes talking with referral sources about managing behavior and/or consulting regarding how to approach student. Additionally, the CARE Team provides consultation for secondary trauma to reporting parties and/or witnesses. Watch and consult is an entry in the database that informs the CARE Team to be aware of the student of concern and be on the alert for additional or changing behavior. It means that the behavior at present does not warrant any direct action or resources or the student already has a plan/system of care that is appropriate (i.e. already working with Case Manager, ARC Advisor, doctor, etc.). Case Management means the student is referred or managed by the Case Manager at the Student Health Center. The Case Manager then becomes responsible to inform the team of progress or additional concerns.

![Figure 3](image-url)
**Other Activities of the CARE Team this year:**

- Developed a CARE Database
- Implemented use of the NABITA Risk/Threat Assessment Rubric
- Developed and Published the CARE Website [www.csuchico.edu/care](http://www.csuchico.edu/care)
- Completed the CARE Team Manual
- Provided Training to Faculty in collaboration with Faculty Affairs
- Presented to Executive Committee of the Academic Senate
- Presented to the Council of Academic Deans
- Presented at New Faculty Orientation
- Four team members attended the Behavioral Intervention Training in SF conducted by the Chancellor’s Office.

**Goals for Next Year:**

- Complete the CORE Q10 Assessment of Behavioral Intervention Teams
- Increase Demographic Recording to help inform trends
- Consider Team Membership Based on Referral Reasons and Actions Taken
- Present at the CELT Conference
- Implement Use of New Data Base (Maxiant)
- Consider changing the “E” in CARE from “Evaluation” to “Education” to more appropriate reflect our mission