

California State University, Chico  
Division of Student Affairs  
**CARE (Consultation, Assessment, Response, and Education) Team**  
2016-2017 Annual Report

This is a summary of the organization and activities of the CARE Team during the 2016-2017 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:

- Dean of Students, 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
- Detective 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 this Year: 109**

The number of students discussed by the CARE Team represents 109 unique students. However, 35 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.

**Demographic Information about Students Referred to the CARE Team:**

This is the first year the CARE team collected demographic information regarding students referred to the Team. As such, analysis is difficult, but does provide interesting information to consider as we begin planning outreach activities for next school year. Demographic information was collected via PeopleSoft.

**Ethnicity:**

According to PeopleSoft, students referred to the CARE Team are:

42% White-non Latino (White-non Latino students represent 45% of overall student body)

17% African America/Black (African American/Black students represent 2.4% of overall student body)

27% Hispanic/Latino (Hispanic/Latino students represent 30% of the overall student body).

**Year in School**

Freshman -25

Sophomore -16

Junior -28

Senior -39

Graduate- 1

**Gender**

42 female (39%) (54% of overall student body report female)

67 males (61%) (46% of overall student body report male)

**Major**

College of Agriculture: 2

College of Natural Sciences: 17

College of Behavioral and Social Sciences: 22

College of Business: 13

College of Communication and Education: 13

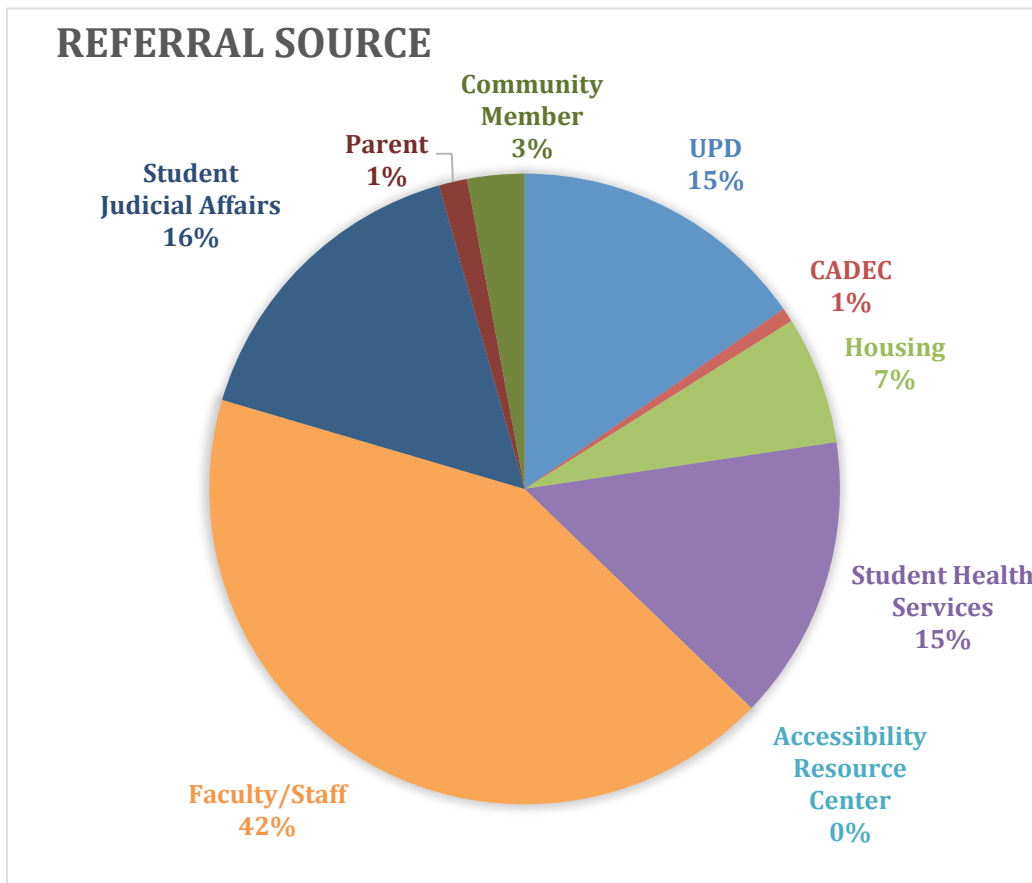
College of Engineering, Computer Science and Construction Management: 15

College of Humanities and Fine Art: 6

**Referral Source: See Figure 1 (Note: Some students are referred by more than one source)**

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. Referrals from faculty and staff increased over last year (22%) to this year (53%). The team spent considerable efforts to outreach specifically to staff and faculty and can assume that outreach is a contributing factor to the increase in referrals from this source. There was also a fairly significant decrease in referrals directly from housing, but analysis does not reflect a decrease in housing students assessed by CARE, but rather how they came to the attention of the Team.

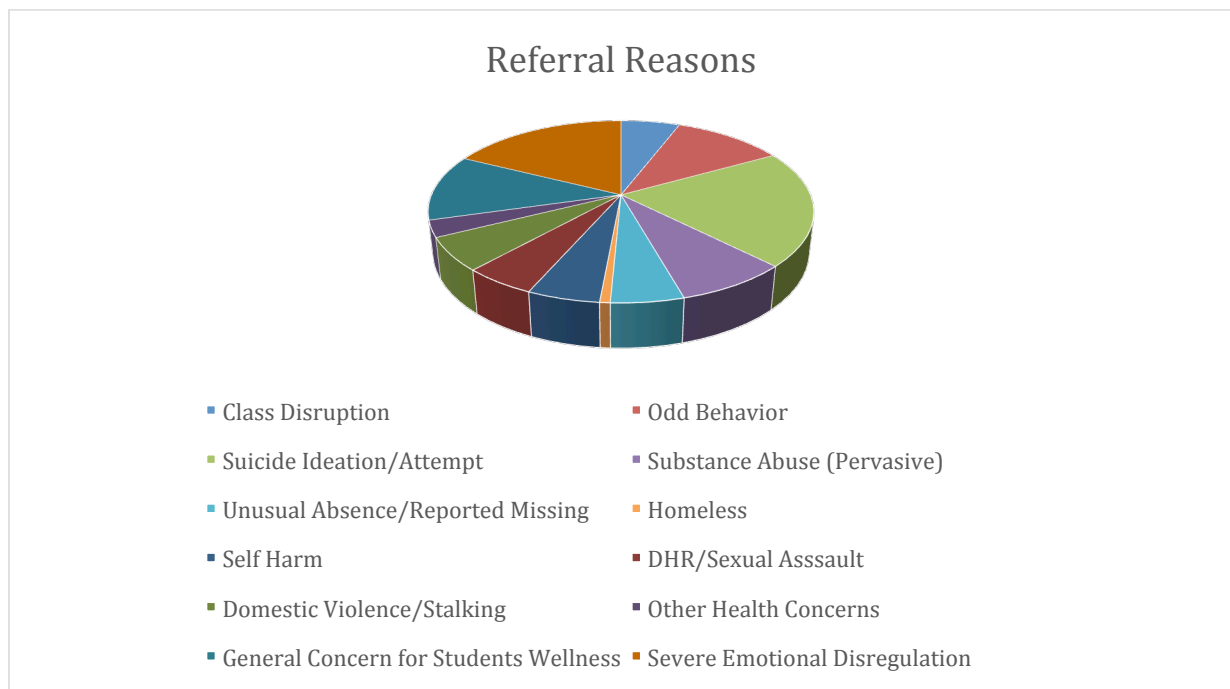
Figure 1



**Referral Reasons: See Figure 2 (Note: More than one reason for referral is recorded in many cases)**

The most frequent reason for referring a student to the CARE Team is “suicidal ideation or attempt” followed closely by “severe emotional dysregulation”. 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. This year, there was an increase in students referred for suicidal ideation or attempt. Again, this does not reflect an inherent increase in this behavior overall, but represents an increase in students referred to the CARE Team. The Team is hopeful that this trend will increase as a way to wrap systems of care around students who are in significant crisis.

Figure 2



Note: “serious emotional dysregulation”, “domestic violence/stalking”, and “general concern for wellness” were added this year to better reflect reasons for referral.

**Risk Assessment: (Note: Some students assessed had risk on both the “harm to self” and “harm to others” scale.**

Below provides a glimpse into the assessment of individual students across two NABITA scales- *risk to self and risk to others*. It is important to understand that this assessment represents just a single point in time and gives the team a baseline so we can assess additional behaviors. Some cases have risk assessed on both the risk to self and the risk to others scales.

	Risk to Self	Risk to Others	
Mild	33	3	
Moderate	23	2	
Elevated	16	7	
Severe	11	7	
Extreme	15	6	
Deferred/Not enough information			8

**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.

Other actions include:

Welfare check either via law enforcement, via absence inquiry to instructors or other type of outreach to student;

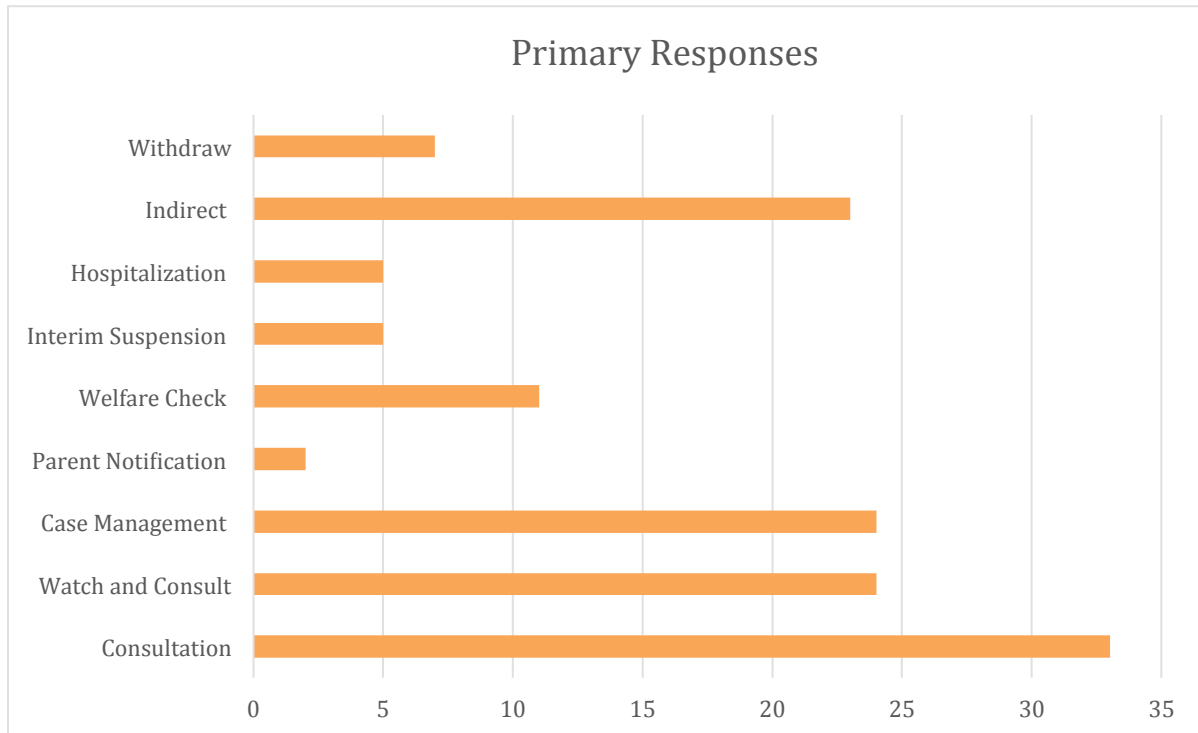
Indirect which are referrals to appropriate services, such as SJA (conduct), counseling, health services, CADEC, or notice to other programs student is affiliated with to secure support (REACH, EOP, Athletics);

Withdrawal/PEL, which is facilitated by CARE at the request of a student in crisis;

Parent Notification by CARE necessitated by the seriousness of an issue (per FERPA allowances);

Interim Suspension initiated by SJA due to seriousness of conduct/behavior;

Figure 3



**Other Activities of the CARE Team this year:**

- Completed the CORE Q10 Assessment of Behavioral Intervention Teams
- Brought the Executive Director of NABITA to campus to provide two 8 hour consultations regarding the CARE Team protocols and advanced risk assessment
- Implemented a practice to respond to all referring parties
- Implemented an expedited withdrawal process for students needing to withdraw due to crisis
- Expanded data collected via the CARE Database
- Implemented use of the NABITA SIVRA and Violence Assessment of Written Word
- Added a Bias Incident Report to the CARE Website [www.csuchico.edu/care](http://www.csuchico.edu/care)
- Developed additional CARE protocols
- Provided Training to Faculty via CELT
- Presented at New Faculty Orientation
- Changed the “E” in CARE from “Evaluation” to “Education” to more appropriately reflect our mission
- Developed a “setting the table” process to manage and increase efficiency of the Team meetings

**Goals for Next Year:**

- Develop protocols regarding mandatory psychological assessments
- Meet with Academic Chairs and Deans to increase awareness about the CARE Team and related processes
- Develop an outreach plan, especially to programs serving African American/Black students
- Partner with the Mental Health Task Force