

California State University, Chico Division of  
Student Affairs  
**CARE Consultation, Assessment, Response, and Education (CARE) Team**  
2017-2018 Annual Report

This is a summary of the organization and activities of the CARE Team during the 2017-2018 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, Counseling and Wellness
- Case Manager, Student Health Services
- Director, Student Conduct, Rights and Responsibilities
- Coordinator of Student Conduct and Community Responsibility, University Housing
- Lieutenant, University Police Department
- Detective, University Police Department
- Director, Academic Advising Programs
- Director, Accessibility Resource Center

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: 187**

The number of students discussed by the CARE Team represents 187 unique students. However, 22 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.

Given the number of students discussed and the often complicated assessment and response, the CARE team members meet in person once weekly for 2 hours. This is insufficient to manage the work and CARE team members work remotely, in the evenings and weekends, in order to efficiently and proactively manage the response and coordinating services to students.

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

This is the second 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:

48% White-non Latino  
15% African American/Black  
24% Latinx  
2% Asian  
4% Middle Eastern  
7% Other

**Year in School**

27%  
Freshman  
14% Sophomore  
19% Junior  
37% Senior  
3% Graduate

**Gender**

58% female  
42% males

**Major\***

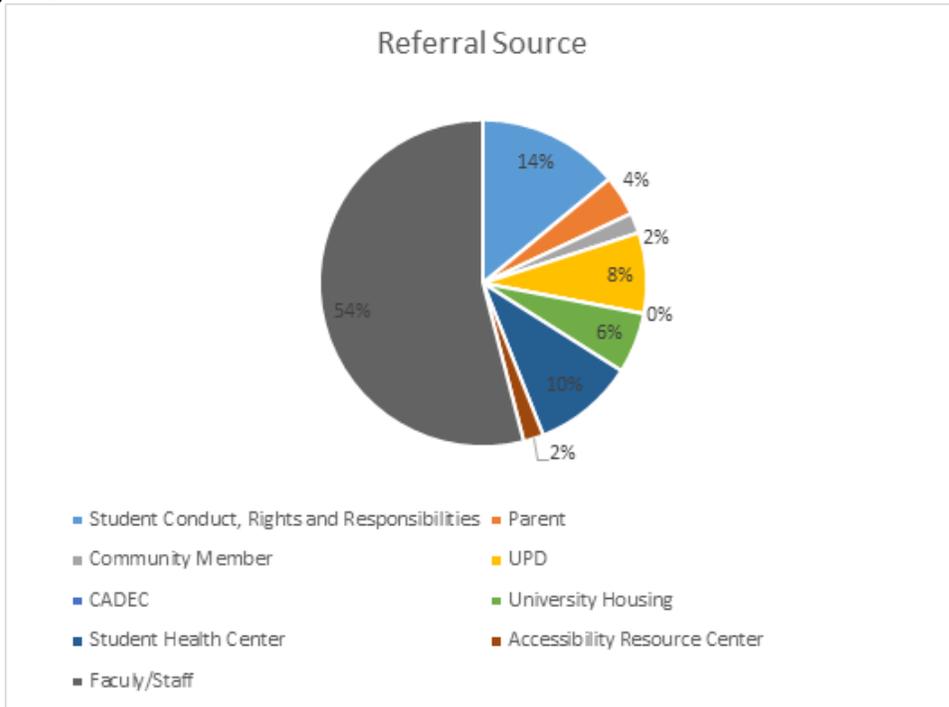
3% College of Agriculture  
16% College of Natural Sciences  
26% College of Behavioral and Social Sciences  
14% College of Business  
15% College of Communication and Education  
14% College of Engineering, Computer Science and Construction Management  
9% College of Humanities and Fine Art  
3% Other

\* Does not necessarily reflect or correlate to referral source

**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 SCRR 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 continue to increase and account for 54% of referrals to CARE Team. The team spent considerable efforts to consult with and close the loop with referring parties. As such, the CARE Team feels that we are developing solid relationships with staff and faculty built on trust and understanding of the CARE Team. There was also a small increase in referrals from parents/family members.

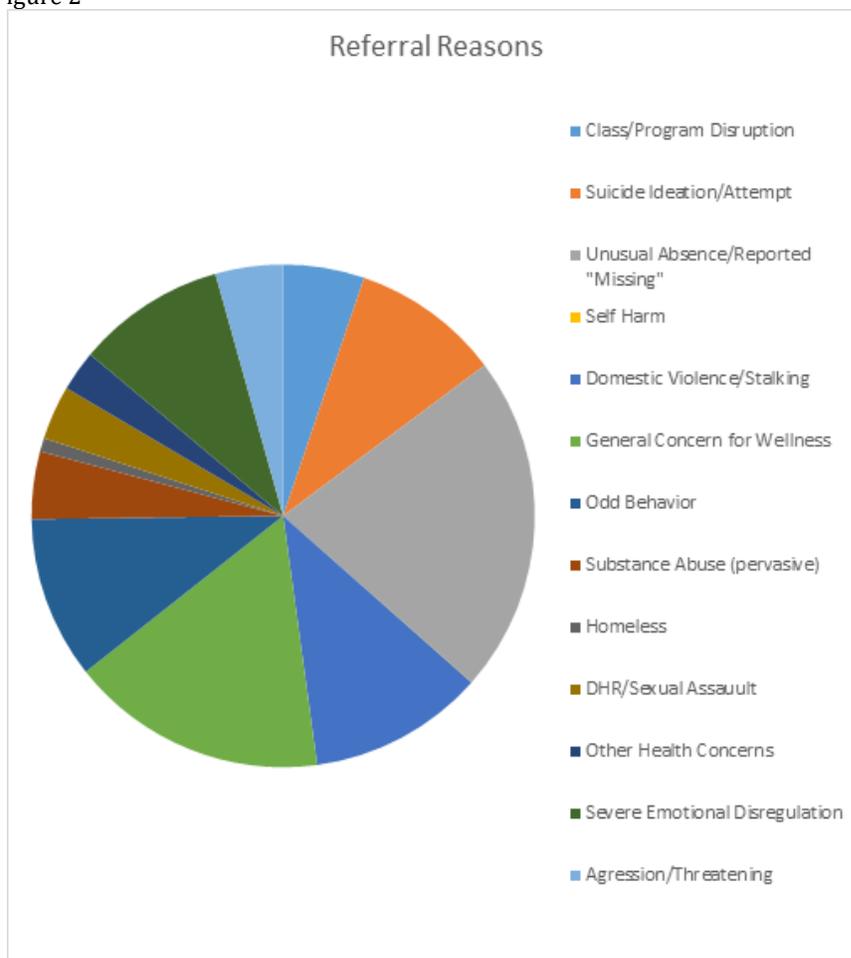
Figure 1



**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 this year was "unusual absences/reported missing", followed by "general concern for wellness" and "odd behavior". 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



Note: "Aggression/Threatening" was 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	48	0	
Moderate	30	16	
Elevated	19	4	
Severe	3	2	
Extreme	8	4	
Deferred/Not enough information			7

**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 this year are watch and consult, consultation and indirect services. 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. Data shows a decrease in CARE referrals being managed by the SHS Case Manager. This should not be construed as less students being managed, but that students are either finding the case manager on their own or through other practitioner referrals or referrals to other programs and practitioners are serving the purpose of a case manager. Welfare checks and facilitated withdrawals more than doubled this year. The Team feels this is as a result of two things: improved expedited processing of withdrawal for students in crisis, as well as, deliberate and intentional outreach to students who are referred for unusual absences.

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),

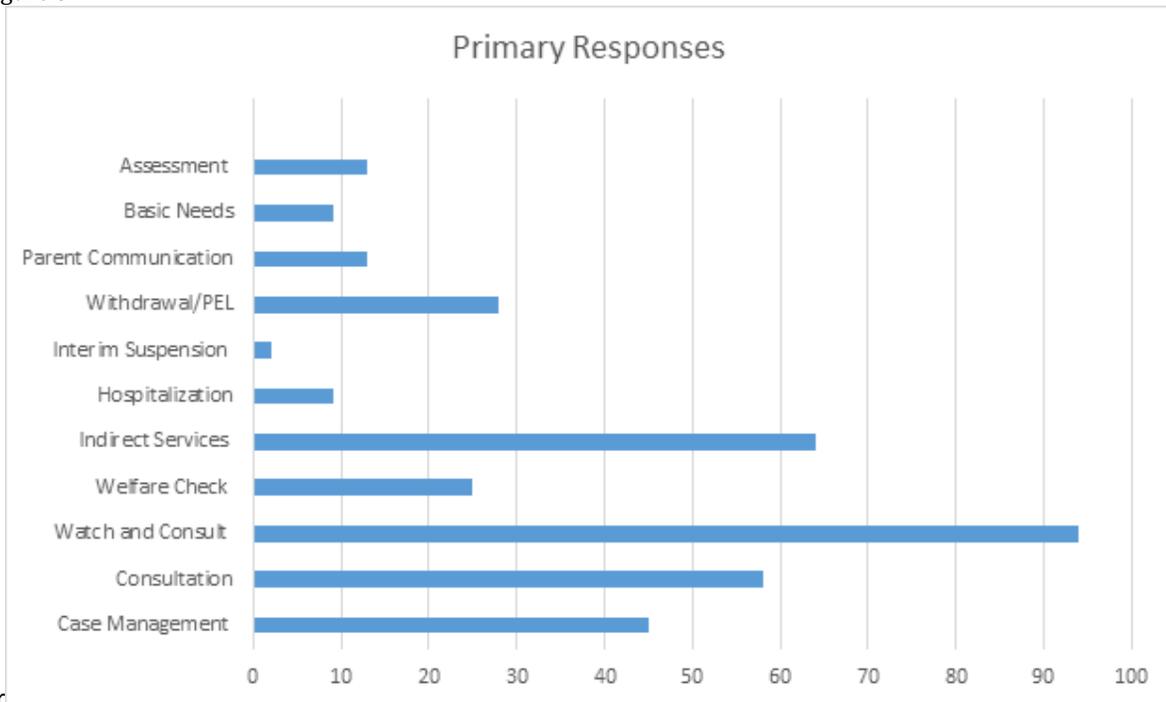
counseling, health services, CADEC, or notice to other programs student is affiliated with to secure support (REACH, EOP, Athletics);

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



### Postvention Summary:

Following the suicide of a student on campus this year, the CARE Team received 16 referrals of students and 2 referrals regarding faculty. All of those assessment were considered to be "elevated" bringing the total from 19 to 25. Most referrals were made by staff who were managing the counseling areas and tabling at the CARE tables outside of Butte Hall. Most referrals were made for students who either saw the deceased body or who have experience suicide of a friend or family member.

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

- Collaborated with Register's office and Academic Advising to refine expedited withdrawal process for students needing to withdraw due to crisis
- Expanded data collected via the CARE Database
- Developed additional CARE protocols
- Provided Training to Faculty upon request
- Presented at New Faculty Orientation
- Offered postvention support
- Created a team of CARE Ambassadors to respond to major crisis on campus
- Conducted short survey of referring parties

### **Short Survey of faculty/staff who referred students:**

The Chair of the CARE Team requested feedback from staff and faculty who referred students to the team regarding support and responsiveness. See comments below.

"Hi Sandy, Here is my feedback: I really appreciate the CARE Team. I feel that there have been great improvements with communication this year that I truly appreciate. As a result of these changes, I am confident that when I refer a student to the CARE team someone will reach out to my student and I will get some information back about the student. I can't imagine how many students the CARE team helps. I know that we spoke to members of the CARE team about 5 – 10 students this semester. We are only one department. I don't know how your team manages this work load but I appreciate the work you do."

"Hi Sandy – We have made multiple referrals and had a highly responsive experience. Thanks so much"

"Hi, Sandy, I've had several opportunities to interact with the CARE team this academic year. Each time I was impressed by the rapid response and professionalism. Lauri Evans is a gem. She is incredibly compassionate and I know whatever information I share is in good hands. Juni Banerjee-Stevens was absolutely fantastic to work with. I contacted her when she happened to be out of the office for several days and she responded almost immediately. She helped me assess and work through a difficult situation, while carefully maintaining the student's privacy rights. I also spoke with Corinne Beck, who was incredibly helpful and professional. Looking at the list of folks on this team, I'm amazed how many of you I worked with this year. I really appreciate this group! On a personal note, you are such a joy to work with. Thanks doing such a great job of balancing your care and compassion with university / college / department / student needs. You truly make a difference."

"The responsiveness has been great. I've dealt with Lauri and she always gets back to me right away and responded to anything my department has needed."

"Dear Sandy, As you know, I'm a big fan of both you and of the CARE team I've glad that you are working to make it yet more responsive to faculty. First and foremost, let me say that you have been wonderful in responding to questions and concerns with rapidity, clarity, and equanimity. My only point of some frustration was the case where we all knew there was a problem but there didn't seem to be a formal way for the university to intervene to ensure both that the student in question got the needed help, and that the other students around him were not negatively affected by his troubles. I don't know if there really is anything that can be done to empower the CARE team more fully to take proactive steps when a student seems to be in crisis and is generating chaos in a cohort. There may be no way to improve this, but I did wish that we could have collectively done more to address that one more robustly. I am very relieved that it seems we'll get that student through to graduation without further ado (I **\*hope\***)."

"Hi Sandy, I have nothing but glowing reviews of Lauri Evans as the CARE point person. She is always reachable, empathic, and full of excellent resources. She also treats my students with kindness and respect, and they trust her as much as I do. I am so grateful that your team is there to support our students in crisis and I deeply appreciate your work. Honestly, there were several times this year that I would have been completely at a loss without having Lauri to help me puzzle things through, and I feel such relief (and less alone) when I know that our students in crisis are on your radar! Many heartfelt thanks to you all. "

"The CARE team was great, they responded right away and my students later thanked me for connecting them with the CARE team!"

"Hi Sandy, It's kind of hard to provide feedback because you guys have confidentiality obligations that prevent you from letting us know what measures you've taken or how they've worked out. But I can tell you this, I really appreciate having someone who I can turn to when I'm concerned about a student in distress. My sense is that you have smart, caring and effective people with our students' best interests in mind. So thank for doing what you do."

**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, as well as, collaborate how to manage student crisis within small educational spaces (I.e. cohorts, etc)
- Expand the services and responses of the CARE team ambassadors