CARE TEAM PROCEDURES

FORWARD

To be proactive in providing a safe environment for students, faculty, staff, and visitors, colleges and universities across the country have established behavioral intervention teams (BIT) or Campus Assessment, Response and Evaluation (CARE) teams. These teams engage in caring, preventive, and early intervention with community members whose behavior is disruptive, concerning, or threatening. BITs and CARE teams are small groups of appointed university officials who meet regularly to gather and review concerning information about at-risk community members and develop intervention plans to assist them. The CARE Team is tasked with intake of referrals from the community, reviewing them to determine the level of risk or concern, and then developing action plans to address the risk and provide support.

The University of Colorado Colorado Springs ("UCCS" or "University") has established the CARE Team in alignment with the University of Colorado's Administrative Policy Statement (APS) #7008, which outlines system-wide requirements for behavioral intervention teams. In addition, UCCS Policy 600-001 and this procedure address concerning behaviors that may pose a threat to the health and safety of individuals or communities or disrupt the educational or administrative functions of the University.

It is the responsibility of faculty, staff, and students to immediately refer any situation that could possibly result in harm to anyone at the university. Any member of the campus community may become aware of a person of concern or situation that is causing serious anxiety, stress, or fear. It must be noted, however, that behavioral assessment should not be confused with crisis management. A "crisis" is defined as a situation in which a person may pose an active or immediate risk of violence to **self or others.** In these cases, UCCS Police should be contacted at 719-255-3111.

INTRODUCTION AND MISSION

The University of Colorado Colorado Springs ("UCCS" or "University") strives to provide a safe environment for students, faculty, staff, and visitors. Early assessment and intervention are critical when students exhibit concerning behaviors that potentially threaten themselves or others or that disrupt the campus community. The Campus Assessment Response and Evaluation Team (CARE Team) proactively addresses behavioral concerns, assessing potential risks, and providing appropriate support and interventions to individuals in need.

The CARE Team balances the support of individual needs with the utmost commitment to the safety and well-being of the entire campus community. The team is dedicated to addressing the spectrum of risk by emphasizing early intervention and comprehensive violence risk assessment.

To support community safety, we are committed to:

1. Multidisciplinary Collaboration: Collaborating with campus departments, faculty, staff, and students to create a network of support that addresses the diverse needs of individuals and fosters a sense of belonging.
2. Education and Prevention: Engaging in ongoing educational initiatives to promote awareness, prevention, and early identification of potential risk factors, fostering a culture of care and vigilance.
3. Violence Risk Assessment: Utilizing evidence-based practices and professional expertise to evaluate and manage potential risks.
4. Support and Empowerment: Providing appropriate resources, guidance, and support to individuals in need, while promoting personal growth, resilience, and academic success.
5. Confidentiality and Privacy: Respecting privacy rights and maintaining confidentiality within the bounds of legal and ethical obligations, while considering the safety and welfare of the community.

To ensure alignment with industry standards and best practices, the team has adopted the National Behavioral Intervention Team Association (NaBITA) as one of our primary guiding standards. NaBITA is a recognized leader in the field, providing comprehensive training, resources, and guidance for behavioral intervention teams in educational and organizational settings.

Additionally, core CARE Team members are trained on the Pathways to Violence[1] model (Calhoun and Weston, 2003). This model suggests that individuals often follow a "pathway to violence" in which individuals move from thinking about using violence to planning and executing those intentions.

[1] This model is endorsed by the US Department of Education, US Department of Homeland Security, US Federal Bureau of Investigation, and US Secret Service.

By utilizing NABITA's framework, and understanding the pathways to violence model, the team aims to implement a proactive, multidisciplinary approach that prioritizes prevention, early intervention, and support for individuals who may be at risk or in distress.

Purpose, Scope, and Goals

Care Team Purpose

The CARE Team addresses concerns both on and off campus related to the safety and well-being of current students, providing support during times of challenge or crisis. The team assesses and responds to reported concerns or disruptive behaviors, connects students with appropriate resources to help maintain their safety, health, and well-being, and evaluates whether individuals pose a risk to themselves or others. In addition, the CARE Team responds to behaviors connected to the campus involving former students, visitors, parents, or other individuals. The team is authorized to coordinate interventions and respond to all student-related behaviors of concern.

UCCS is committed to the holistic development, wellness, and safety of our students. For students to be academically successful, they must receive support on emotional, social, physical, and intellectual levels.

Care Team Scope

As outlined in APS #7008, the CARE Team is responsible for responding to *student behaviors of concern*, which reflect that a student is in distress or is threatening or disruptive to the UCCS community, including:

1. Behaviors that indicate a student may be at risk of harming others;
2. Behaviors that indicate a student may be at risk of harming themselves;
3. Behaviors that indicate a student is unable to satisfy professional or ethical standards related to their field of study;
4. Behaviors that make teaching, learning, and living difficult for others in the campus community; or
5. Behaviors that interfere with a student's ability to learn and/or live well.

For these concerns, the CARE Team receives, coordinates, and assesses referrals submitted by faculty, staff, students, and others regarding individuals of concern. Team members coordinate interventions and provide resource assistance for students of concern.

The CARE Team develops and implements educational and training programs for all members of the University community, maintains a current website, and regularly reports on its activities.

TEAM GOALS:

- Provide a safe and supportive physical and emotional environment for members of the University community.
- Identify, assess, and intervene with individuals who are struggling or who demonstrate concerning or threatening behavior.
- Provide support and resources to community members who are concerned for another individual.

MEMBERSHIP: ROLES, RESPONSIBILITIES, AND EXPECTATIONS

MEMBERSHIP

The CARE Team consists of representatives from various UCCS departments. Membership is based on the functional area and not the individual. Members of the CARE Team have regular contact with community members, which helps them in their assessment and deployment of interventions.

ROLES AND RESPONSIBILITIES

CHAIR

- Lead the activities of the CARE Team, ensuring that all team members are effectively contributing to the team's objectives.
- Facilitate regular meetings, setting the agenda, leading discussions, and ensuring that action items are assigned and followed up on.
- Oversee the management of cases referred to the CARE Team, ensuring they are assessed promptly and appropriately.
- Ensure that interventions are planned and implemented in a timely and effective manner, prioritizing the safety and well-being of individuals and the campus community.
- Stay informed about best practices in threat assessment and behavioral intervention strategies.
- Develop and deliver training programs for CARE Team members, campus staff, faculty, and students on identifying and reporting behaviors of concern, understanding CARE Team processes, and promoting a safe campus environment.
- Ensure that all CARE Team activities, meetings, and case interventions are documented accurately and confidentially in accordance with legal and institutional requirements.
- Maintain records of training, outreach activities, and annual reports summarizing CARE Team activities and outcomes.

COORDINATOR

- Develop and regularly update CARE Team policies and procedures in alignment with best practices and legal requirements.
- Ensure that CARE Team operations are compliant with campus policies, state and federal laws, and ethical guidelines.
- Serve as the primary liaison between the CARE Team and other campus departments.

- Advocate for resources, support, and policy changes that enhance the CARE Team's effectiveness and the overall safety and well-being of the campus community.
- Ensure that individuals involved in CARE Team cases receive appropriate support and referrals to campus and community resources.

Operational Leads

Operational Leads are charged with ensuring the team's overall administrative and operational effectiveness. They actively participate in all meetings, often taking a leadership role to ensure appropriate interventions are deployed and discussions remain productive. They are responsible for overseeing seamless daily operations and maintaining accurate and thorough electronic records. In the event of their absence, an appointed delegate attends to maintain continuity and uphold the team's collaborative function. Operational Leads typically include members from the Office of the Dean of Students, Mental Health Services, and UCCS Police. To see the most up to date list of Operational Leads, please visit this webpage.

Core Team Membership

Core Team Members have the authority to represent the CARE Team in making decisions within their respective departments, subject to University policy and professional licensure requirements. Core Team Members are expected to attend all meetings and must send their trained backup if unavailable. They have full access to the team's electronic record-keeping database. The departments they represent are crucial to the CARE Team's ability to gather data, accurately assess risk, and deploy effective interventions. Core Team Members have specialized risk and threat assessment training, and simultaneously serve as the Threat Assessment Team. Many core members keep student education records in their own departments and as University officials can share this information with the team when there is a legitimate educational interest as allowed under the Family Educational Rights and Privacy Act (FERPA). FERPA allows the institution the right to disclose student records including non-directory information and personally identifiable information (PII) contained in such records without student consent under certain circumstances as listed on the UCCS FERPA website. This includes persons in an emergency, if the knowledge of information is necessary to protect the health or safety of the student or other persons.

Core CARE Team membership includes representatives from the Office of Dean of Students, University Mental Health Services, University Police, and the Office of University Counsel. Departments with representation have the authority to appoint members within their respective areas. Individuals with appointing authority in these departments include the Assistant Vice Chancellor for Student Support and Engagement, the Assistant Vice Chancellor for Wellness, the Assistant Vice Chancellor for Public Safety, and the Managing Associate University Counsel.

MIDDLE CIRCLE MEMBERSHIP

The Middle Circle represents departments that have frequent contact with students, are likely to be involved in either case updates or interventions for many CARE Team cases and can provide valuable insights to the team. However, they may not act on behalf of the CARE Team without consultation with the CARE Team. They should attend most meetings and have access to CARE Team records. Middle Circle Membership includes representatives from University Residence Life & Housing, Office of Institutional Equity, and Disability Services. Other Departments can be added as student issues evolve. Middle Circle Members are expected to attend either Student Support Case Management or CARE Team, or both as needed. A proxy may be assigned to attend in their absence to stay informed.

OUTER CIRCLE MEMBERSHIP

The Outer Circle represents areas that serve the CARE Team in a specialist capacity. They typically do not attend meetings, but are invited to participate or provide consultation on a case-by-case basis. When attending the CARE 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 CARE Team's electronic database. Outer Circle membership may include College Dean and/or Department Chair; Appropriate Vice Chancellor; MOSAIC; Veteran and Military Affairs; or other departments/units/areas that may be helpful in any stage of the CARE Team process; and any individual identified by the core team as being essential to resolution.

EXPECTATIONS

ALL CARE TEAM MEMBERS:

- Complete CARE Team onboarding training.
- Actively participate in meetings and discussions, contribute their knowledge, training, and subject matter expertise to intervention planning.
- Ensure consistent communication and case updates for effective coordination.

OFFICE OF THE DEAN OF STUDENTS:

The Office of the Dean of Students (DOS) is primarily responsible for the operational functions of the CARE Team. The Director of CARE Team and Student Support chairs the CARE Team and attends all meetings. If they are unable to attend, another designated member of the DOS staff will serve as chair.

The Office of the Dean of Students organizes and disseminates the agenda, performs a cursory rating with the NABITA Risk Rubric, ensures team members' attendance, ensures that a risk level is assigned to each case during meetings, and coordinates the selection and implementation of interventions and follow-up for cases. The Office of the Dean of Students also ensures appropriate and complete records are maintained in the electronic recordkeeping database.

Information Sharing and Meeting Participation Responsibilities. The Office of the Dean of Students is responsible for:

- Team members have access to the full report through the electronic record
- Providing any history with the Office of the Dean of Students
- Providing information on any involvement in, engagement in, or difficulty with student organizations, fraternity and sorority life, student government, etc.
- Sharing large community issues: trends on social media, contact from parents, news outlets, etc.
- Determining if support from OIT is needed and submitting that request
- Providing any financial aid or payment concerns
- Providing conduct history including prior charges, findings, sanctions, etc.
- Providing admissions information including reporting prior criminal or conduct history
- Case management notes and interactions
- Providing any relevant information related to basic needs support or insecurities
- Providing updates on referrals and other support connections
- Providing academic transcript and history including any deviations from the student's traditional performance, withdrawn semesters, academic petitions, etc.
- Providing information or notes from academic advising
- Providing updates from current professors, advisors, etc.
- Providing any relevant threat assessment information

UCCS POLICE

UCCS Police is primarily responsible for providing immediate safety response to emergency reports. The Chief of Police serves as the primary CARE Team contact for the UCCS Police. The Chief of Police designates one or more UCCS Police personnel to serve on the CARE Team and ensures continuity of participation in the event of scheduling conflicts or leave.

UCCS Police CARE Team members serve as liaisons with local and federal law enforcement agencies, consult on CARE team cases that have criminal or law enforcement elements, contribute to the assessment of risk for referrals, and assist with interventions on campus requiring a police presence.

Information Sharing and Meeting Participation Responsibilities. UCCS Police are responsible for:

- Providing any relevant information as authorized in Colorado Revised Statute 23-5-141 regarding behaviors which pose a potential risk to the campus community
- Threat assessments
- Providing public information regarding current and past law enforcement cases and court cases
- Planning safe interventions (e.g., involving weapons or prior aggression)

- Coordinating wellness checks with Mental Health Services and any related outside agencies
- Participating in behavioral threat assessments
- Ensuring reporting obligations under the Clery Act are met when applicable and contribute to timely warnings or emergency notifications as needed.

MENTAL HEALTH SERVICES

Mental Health Services is primarily responsible for receiving information from the CARE team to inform the services delivered in the counseling center and to ensure collaborative communication. Additionally, they consult on issues of mental health, crisis, and disruptive/dangerous behavior for cases discussed by the team. The Director of Mental Health Services serves as the primary CARE Team contact for Mental Health Services and is responsible for selecting additional CARE Team members and ensuring back up coverage for mental health related CARE Team referrals.

Information Sharing and Meeting Participation Responsibilities. Mental Health Services is responsible for:

- Checking records or history with the counseling center and sharing relevant information with the team, as appropriate or allowed
- Consulting on general issues related to mental health and medical issues, risk assessment, threat assessment, and development of interventions
- Case management notes and interactions
- Providing updates on referrals and other support connections
- Providing updates on current medical challenges and treatment recommendations (if appropriate and allowed)
- Assistance connecting with treatment options both on and off campus
- Attending to mental health case management notes and/or interactions and update CARE Team when appropriate

OFFICE OF UNIVERSITY COUNSEL (OUC):

OUC provides legal advice and comprehensive legal services to the Board of Regents, the CU president, system administration and all four CU campuses. OUC protects and defends the university's legal interests in accordance with the laws of the United States, Colorado, Regent Law, University Policy and Campus Policy. As legal issues are interconnected with student health and safety, a member of OUC will serve as a core member of CARE Team and regularly attend meetings.

Information Sharing and Meeting Participation Responsibilities. The Office of University Counsel is responsible for:

- Participating in team meetings to assist with identification of trends or areas of concern for legal risk.

- Reading referrals, and other relevant case information in advance of team meetings and advise on issues needing referral to counsel's office.
- Providing general insights and consultation on issues related to the well-being and safety of individuals and the university.
- Attending and participating in every meeting to provide perspective on legal, business, financial, and reputational considerations.
- Functioning as the primary assessor of legal risks.

RESIDENCE LIFE AND HOUSING:

Residence Life and Housing serves as a key partner to the CARE Team by providing insight into students living on campus and helping identify those who may need additional support. The department is often the first to notice behavioral or environmental changes through regular interactions with residential students, especially after hours. Using the support structure of Resident Assistants (RAs) and Residence Directors (RDs), Residence Life and Housing is able to offer timely, targeted interventions.

The Senior Director of Residence Life and Housing is the primary representative on the CARE Team and regularly attends meetings. When the Senior Director is unavailable, a designated staff member with relevant knowledge may attend, or written updates may be shared with the CARE Team chair at their request.

Information Sharing and Meeting Participation Responsibilities. Residence Life and Housing is responsible for:

- Providing housing-related reports relevant to student wellness or safety
- Providing updates from RAs, RDs, or staff regarding observed room conditions, peer conflicts, or student engagement patterns (negative, positive, or low interaction scenarios)
- Providing pertinent Transact access data
- Providing information on unusual or recent room changes
- Maintenance requests either from the student or their roommates

OFFICE OF INSTITUTIONAL EQUITY:

The Office of Institutional Equity (OIE) frequently encounters cases that require CARE Team attention and support. Both areas play crucial and supportive roles in addressing the report of concern, the student's wellbeing, and compliance with institutional policies. CARE Team meetings serve as a platform for these areas to come together and discuss the case, while providing an opportunity for both the CARE Team and OIE to share pertinent information, insights, and perspectives. By leveraging the expertise and resources of both teams, a collaborative approach is established that provides the most holistic support to the students involved.

The Associate Vice Chancellor of Institutional Equity / Title IX coordinator serves as the primary CARE Team contact and regularly attends meetings. If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team, or a back-up with relevant information may be asked to attend. Official OIE records are maintained separately from the CARE Team.

Information Sharing and Meeting Participation Responsibilities. The Office of Institutional Equity is responsible for:

- Sharing complaints and concerns involving students, which might require CARE Team support for resolution
- Providing timeline updates for ongoing formal investigations, so appropriate support can be arranged for impacted student parties.
- Identifying trends in student reports, ongoing campus concerns, or upcoming policy changes.

DISABILITY SERVICES

Disability Services plays a key role in supporting students whose behaviors may be connected to a documented or suspected disability, including mental health conditions, neurodiversity, or chronic health concerns. Their presence ensures the team considers disability-related needs and accommodation when assessing situations, planning interventions, and coordinating support.

Information Sharing and Meeting Participation Responsibilities. Disability Services is responsible for:

- Providing insight into reasonable accommodations and how disability may impact behavior, academic performance, or engagement.
- Helping determine if additional evaluations or referrals (e.g., psychological assessments) may be appropriate.
- Sharing relevant student information, in compliance with relevant policies, to support coordinated care.
- Checking on any ROI/EIC in place for other providers, and if so, get updates from them as needed
- Advising the team on ADA/Section 504 compliance when developing action plans.

TEAM OPERATIONS

MEETINGS AND COMMUNICATIONS

The CARE Team meets weekly on Thursday afternoons from 1:00 p.m. to 3:00 p.m. The meeting is divided into two segments:

- **Student Support Case Management** (1:00 p.m. – 2:00 p.m.)

Focuses on low-risk cases, minor concerns, and students needing resources or referrals to campus services.

- **CARE Team** (2:00 p.m. – 3:00 p.m.)
  Addresses mid- to high-risk, complex cases, or cases with potential community impact at UCCS.

Prior to the meeting, the Chair creates the agenda listing the individuals to be discussed at the meeting and includes it in the Teams Channel for the CARE Team. A sample agenda is in Appendix A. Team members are expected to have prepared updates for cases they are assigned as the case lead.

Emergency and Ad hoc Meetings

Emergency meetings shall be called if a new referral or an ongoing case presents an imminent threat or requires urgent, time-sensitive decisions before the next scheduled meeting. These meetings are primarily for Core Team Members or their trained backups. It is expected that Core Team Members prioritize these meetings to ensure their attendance. The meeting can proceed if the majority of Core Team and relevant departments are available, due to the emergency nature. However, all Core Team members will be informed of decisions and updates in a timely manner.

Communication

Communication is an essential element of an effective CARE Team. Therefore, CARE Team members operate on equal footing when it comes to conversations. The CARE Team avoids hierarchy or shutting down conversations based on supervisory authority or positional power. Conversations are egalitarian, and all team members are encouraged to share their perspectives with a focus on logic and solution-focused interventions. All team members are expected to contribute to discussions consistent with the roles outlined in these procedures, creating an environment that fosters diversity of opinion based on subject matter expertise.

The CARE Team avoids reaching decisions based on superficial consensus. The CARE Team encourages dynamic and respectful discussions related to cases. Diverse perspectives and “what if” scenarios should be essential to vetting the quality of an assessment and the likelihood of a successful intervention. Team members make space at the table for alternative viewpoints.

Initiating a Referral

Anyone can refer a student or a concern to the CARE Team. Referrals are preferred through completing an online webform found here, as it ensures all members of the CARE Team receive the referral as it is made. Referrals may be made by emailing dos@uccs.edu or calling 719-255-3091. When making a referral, please include all relevant details. This helps the team best assess the situation to support a student.

Although the "Submit a Concern" webform requests the identity and contact information of the referrer to allow follow-up and clarification of information, anonymous reports are accepted. Reports missing contact information could adversely affect the team's ability to fully respond to identified concerns. While we make every effort to protect the privacy of those involved, anonymity cannot be guaranteed in situations where disclosure is necessary to ensure individual or campus safety.

If a situation is an emergency and requires immediate response, dial 911 or UCCS Police (719-255-3111) to request emergency services.

WHAT TO REPORT (SEE APPENDIX B AS AN EXAMPLE OF A REPORT TO CARE TEAM)

- Clear signs of distress
- Erratic behavior
- Paranoia
- Threatening words or actions*
- Violent or aggressive behavior*
- Classroom disruption
- Missing student
- Lack of responsiveness
- Alienation/isolation from other
- Writings that convey clear intentions to harm oneself or others*
- Observed self-injurious behavior
- Suicidality or harm to others, including threats, gestures, ideations, and attempts

* IF SOMEONE'S IMMEDIATE HEALTH OR SAFETY IS IN DANGER, OR IF THERE IS AN EMERGENCY, PLEASE CALL 9-1-1- OR CONTACT UCCS POLICE AT (719) 255-3111.

CASE ASSIGNMENT AND INITIAL ASSESSMENT

CARE Team reports are typically reviewed within one business day. Based on the information in the report, an initial safety and risk assessment will be conducted and a response plan developed.

The CARE Team prioritizes evaluating and responding to students currently in crisis, especially those who have expressed serious mental health concerns or suicidal ideation. The next priority is students who need support, but who are not actively in crisis. Having thorough reports with relevant details helps the team set response priorities.

RESPONSE TO REFERRAL AND INTERVENTIONS

Each concern is unique, and response plans vary by the severity of the concern. In some cases, the team will work with the reporter to obtain additional information and provide recommended actions, which may include other campus resources. In other cases, the team will

work directly with the student, facilitating a meeting to learn about the student and their experience, explore resource or resolution options, and develop a plan of action.

Various methods are used to connect with students. Outreach to students includes phone calls, text messages, emails, Microsoft Teams messages, and sometimes in-person wellbeing visits. In less urgent cases, outreach starts with an email to schedule a phone call or meeting. Efforts may escalate to other outreach methods if a student is not responsive to initial emails.

Other responses from the CARE Team may include:

- Establishing baseline behavior
- Reaching out to the student to express concern and ask about their wellbeing
- Meeting with the student(s) involved to discuss personal needs, campus and community services, UCCS expectations/Student Code of Conduct, referrals to campus programs and services (Wellness Center, Financial Aid, Disability Services, Excel Centers, etc.), referrals to community resources, facilitating a meeting between concerned parties, or other possible needs

Evaluation of Concern

In some cases, reports require an evaluation as to whether individuals pose a risk to themselves or others. Each member of the CARE Team has specialized training related to their field of professional practice. As a whole, the CARE Team utilizes the NaBITA Risk Rubric, the Pathways to Violence model, and other available information to evaluate campus safety concerns.

Risk or Threat Evaluation Protocol

Core members of the CARE Team have specialized risk and threat assessment training based on their areas of expertise, and these members also function as a Threat Evaluation Team. These members meet regularly to discuss High Impact Students, to proactively identify and mitigate potential risks, ensuring the safety and well-being of the campus community. High Impact Students are those students requiring additional time and attention in intervention planning due either to risk-level or case complexity.

Where there is a potential threat to an individual, group, or campus community, the core CARE team will conduct and oversee thorough risk and threat evaluation. Additionally, based on the nature of the concern, the core CARE may utilize additional evidence-based tools designed to assess threats, evaluate the likelihood of violence, and measure an individual's risk of self-harm.

Risk or threat evaluations are conducted whenever there is a perceived threat, including but not limited to:

- Expressions of violence, self-harm, or harm towards others
- Acts of aggression or harassment
- Reports of concerning behavior or statements
- Observed signs of distress or mental health issues

- Social media posts indicating potential harm
- Reports of weapons possession or intent to harm
- Other situations warranting immediate attention

There are many parallels between High Impact Student Discussion meetings and CARE Team meetings. However, High Impact Student Discussion meetings focus specifically on risk, threats, and complex cases.

When conducting an evaluation of threat or risk, the Threat Evaluation Team follows a structured process that includes the following steps:

1. **Initial Report:** Any member of the campus community can report a perceived threat or concerning behavior to the designated reporting channels.
2. **Information Gathering:** The Threat Evaluation Team collects relevant information from various sources, including incident reports, witness statements, social media monitoring, academic records, mental health history, and any other pertinent data.
3. **Multidisciplinary Review:** The Threat Evaluation Team analyzes the gathered information using a blend of expertise from UCCS Police, Mental Health Services, Office of University Counsel and the Office of Dean of Students. This comprehensive review considers the context, patterns of behavior, mental health indicators, and other relevant factors.
4. **Risk Evaluation:** The Threat Evaluation Team applies the NaBITA risk rubric to assess the level of risk associated with the individual in question. The rubric takes into account factors such as the presence of intent, means, past behavior, and other indicators of potential harm.
5. **Intervention and Mitigation:** Based on overall review and evaluation, the Threat Evaluation Team develops an appropriate intervention plan to address the identified risks. This plan may involve collaboration with external agencies, counseling services, academic support, security measures, legal remedies or other relevant actions.
6. **Monitoring and Follow-up:** The Threat Evaluation Team continues to monitor the individual's behavior, progress, and compliance with the intervention plan. Regular follow-ups ensure ongoing safety and well-being.

Examples of possible outcomes from a threat or risk evaluation include but are not limited to:

- Referral to counseling services or mental health professionals for evaluation and treatment.
- Increased security measures, such as additional patrols or restricted access.
- Implementation of academic supports or other support services.
- Further investigation or legal action, including collaborating with external law enforcement agencies.
- Enhanced communication and coordination among relevant campus departments or individuals.

- Education and awareness campaigns to promote a safer campus environment.

Specific outcomes will depend on the unique circumstances of each threat assessment case and the assessment of risks involved.

Follow Up

The purpose of this section is to outline the post-intervention strategies for the CARE Team following meetings and interventions. Additionally, it emphasizes the importance of ongoing review and assessment as integral components of CARE Team meetings. These strategies and processes are designed to ensure the effectiveness and continuous improvement of the CARE Team's interventions and support systems.

Debriefing

After any significant intervention or case review, the CARE Team will conduct a debriefing session. This session provides an opportunity for team members to reflect on the effectiveness of the intervention, discuss any challenges encountered, and identify areas for improvement. The debriefing session is held as soon as possible following the intervention while the details are still fresh in everyone's minds.

Follow-Up Actions

Based on the outcomes of the debriefing session, the CARE Team can determine and assign any necessary follow-up actions. These actions can include additional meetings with individuals involved, contacting external resources or support services, conducting further assessments, or implementing modifications to existing intervention plans.

Monitoring and Evaluation

To assess the progress of the interventions, the CARE Team established a monitoring and evaluation system. This system involves a combination of the following: regular check-ins with individuals involved in the intervention, tracking relevant data and behavioral indicators, and collecting feedback from stakeholders. Depending on the nature of the circumstances, the CARE Team will carefully decide the frequency and methods of monitoring and evaluation, ensuring alignment with the specific needs of the intervention and the individuals involved.

Record Keeping

The CARE Team will maintain all relevant records in accordance with University record retention policies.

Ongoing Trainings

The CARE Team regularly attends training sessions conducted both internally and externally. These sessions cover a wide range of topics related to specific functional areas, customer service, communication skills, conflict resolution, and other relevant trainings.

Following each training or professional development activity, CARE Team members are encouraged to share their newly acquired knowledge and insights with the rest of the team. This could be through CARE Team meetings, knowledge-sharing sessions, or written summaries. By disseminating this information, we foster a culture of continuous learning and ensure that the entire team benefits from the latest industry trends and practices.

All new members must complete approximately 10 training sessions before they are permitted to contribute case input. This requirement ensures that all members participate with a consistent baseline of knowledge and understanding about behavioral intervention teams, NaBITA industry standards, the Pathways to Violence model, and best practices.

Appendix A: CARE Team Sample Agenda

Regular team meetings usually follow this agenda:

- Student Support Case Management (typically low-impact) – New Cases to Discuss
- Student Support Case Management (typically low-impact) – Ongoing Cases to Discuss
- Break
- CARE Team (mid- to high-impact) - Priority Cases to Discuss
- Office of Institutional Equity Supports Needed
- CARE Team (mid- to high-impact) - High Concerns
- CARE Team (mid- to high-impact) - New Cases
- CARE Team (mid- to high-impact) - Ongoing Cases
- Student Long-Term Monitoring
- Team Updates
- Upcoming Significant Events

Appendix B: Example of Helpful Information for a Report

- Student Information:
  - Name: *Clyde the Mountain Lion*
  - Student ID: *11111111*
  - Course/Program: *English 3010*

- Concerns Shared:
  - *Clyde expressed that they have been experiencing prolonged sadness, loss of interest in activities, difficulty concentrating, changes in appetite, and feelings of hopelessness.*
  - *They mentioned struggling with completing assignments and feeling overwhelmed by their academic responsibilities.*

- *Clyde disclosed experiencing sleeping difficulties and a lack of energy, which has affected their attendance and participation in class.*
- *They expressed feelings of isolation and a general decline in their overall motivation.*
- *Clyde mentioned a decline in their academic performance, specifically a noticeable decrease in their grades and missed deadlines.*
- *They expressed concerns about falling behind in coursework and feeling incapable of catching up due to their emotional state.*
- *It is important to note that Clyde was previously an engaged and high-achieving student, which makes these changes even more concerning.*

- Resources Provided:
  - *During our conversation, I acknowledged their feelings and concerns, emphasizing the importance of seeking appropriate support.*
  - *I provided information on the counseling services available on campus, including location, contact information, and how to schedule an appointment.*
  - *I also encouraged Clyde to reach out to their academic advisor to discuss any potential academic accommodations that may be available to support their progress.*

I let Clyde know that I would be making this referral to your team, and that they can expect outreach from you. I also gave Clyde your office's contact information, should they feel they need earlier outreach.