Laramie County Community College

CARE Team
Handbook
2016

In the event of an emergency that requires immediate intervention, call
9-911 (on-campus phone)
Cheyenne: 307-274-7015
ACC Campus Safety: 307-772-4259
For all other issues related to this document, please contact
Cheyenne-Dean of Students: 307-637-2490
ACC-Director of Student Services: 307-772-4254
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PART I: PURPOSE AND STRUCTURE

Section 1. Introduction
The Laramie County Community College Campus Assessment Response and Evaluation (CARE) Team is a multidisciplinary campus threat assessment and behavioral intervention team that effectively assesses and addresses threatening and/or concerning behaviors. The goal is to intervene with someone before the behaviors escalate to a critical level. The CARE Team promotes a safe environment for all students, faculty, and staff focused on student learning and student development. The CARE Team Handbook seeks to formalize the college’s processes for greater communication, collaboration, and coordination of concerns regarding behavior.

Section 2. CARE Team Charge

Mission- The Campus Assessment Response and Evaluation (CARE) Team is a Laramie County Community College multidisciplinary team responsible for assessing, evaluating and responding to reports of individuals who present disruptive or concerning behavior.

Vision- The vision of the CARE Team is to provide a safe and supportive learning environment while assisting in intervening with someone before their behaviors reach a critical level.

The role of the CARE Team is to:

1. Provide consultation and support to faculty, staff, administration and students in assisting individuals who display concerning or disruptive behaviors;
2. Gather information to assess situations involving individuals who display concerning or disruptive behaviors;
3. Educate and empower the campus community to recognize, report, and effectively address aberrant, dangerous, threatening and concerning behaviors;
4. Recommend appropriate intervention strategies;
5. Connect individuals with needed campus and community resources; and
6. Monitor ongoing behavior of individuals who have displayed disruptive or concerning behavior.

The CARE Team is designed to enable Laramie County Community College to be compliant with The Campus Security Enhancement Act of 2008 Public Act 095-0881, §110 ILCS 12-20 and the implementing regulations (29 Ill. Adm. Code § 305).

Section 3. CARE Team History

2008 In response to the Virginia Tech Shootings, LCCC formed its first CARE Team

Spring 2009 Suicide pact resulted in the death of three LCCC students – one completed in the Res Hall. Mistrust of the CARE Team started as a result of the handling of these cases.

Fall 2009 Jason Ostrowski was hired and joined the team. Fall 2009-2010 – very little reporting as a result of mistrust. CARE Team was very first generation BIT
Behavior Intervention Team – reports came in, waited for meetings, then addressed issues.

Summer 2010 Went through an entire CARE Team revamp. Defined mission and purpose and sought assistance from NCHERM.

Fall 2010 Brought Bret Sokolow from NCHERM in for inservice to help educate the campus on BIT.

Spring 2011 Implement Maxient for data tracking

Fall 2012-Fall 2013 Gaining back the trust of faculty. Significant change in administration and a major restructuring of Student Services

Dec. 2013 Hired Jill Koslosky as Dean of Students

Fall 2014 Brian VanBrunt from NaBITA spoke at inservice and met with the LCCC CARE Team. NaBITA Risk Assessment training of four staff members. Started branding the team (logos, shirts, postcards, etc.)

Spring 2015 Presented in all school meetings with faculty

Summer 2015 First CORE-Q internal assessment

Fall 2015 Inservice training for faculty/staff, presented in adjunct faculty training, started nurturing the referral sources, NaBITA Risk Assessment training of three more staff members.

Spring 2016 Revise the CARE Team at Albany County and signed MOUs with Laramie Police Department and PEAK Wellness to provide law enforcement and counseling on the ACC CARE Team

Spring 2016 Distributed surveys to faculty, staff, and students to assess CARE Team usage on campus.
Section 4. The Team

LCCC – Cheyenne Campus Operational Team Membership

- Dean of Students (Chair)
- Director of Residential Life and Student Conduct (Vice Chair)
- Director of Campus Safety
- Counseling and Campus Wellness
- Disability Support Services
- Academic Representative
- Advisor
- Laramie County Sheriff Captain

LCCC - Cheyenne Consultative Team

- Faculty and Administration at LCCC
- LCCC Financial Aid and Foundation
- Title IX
- SANE Nurse
Community Resources—including but not limited to: Peak Wellness Center, Cheyenne P.D., Cheyenne Regional Medical Center, school districts, Department of Family Services, Department of Vocational Rehabilitation, etc.
Warren Air Force Base designee

**LCCC – Albany County Campus Operational Team Membership**
- Student Services Director
- Two Faculty
- Campus Safety
- Academic Affairs
- Advising
- Laramie Police Department Lieutenant
- PEAK Wellness Counselor

**LCCC – Albany County Campus Consultative Team**
- Title IX Coordinator
- STOP Violence
- University of Wyoming Police Chief
- University of Wyoming Dean of Students

**Memorandums of Understanding**
- Laramie County Sheriff’s Department (Captain on Cheyenne CARE Team)
- Laramie Wyoming Police Department (Lieutenant on ACC CARE Team)
- PEAK Wellness (Counselor on ACC CARE Team)
PART II: HOW IT WORKS

Section 1. Team Training

CARE Team members are expected to attend annual training conducted by the CARE Team chairs. The goal is to have the entire CARE Team certified in Risk Assessment by the National Association of Behavior Intervention Teams (NaBITA). CARE Team members are also expected to be trained in Mental Health First Aid and attend regular training regarding documentation in Maxient. Additional training CARE Team members may be asked to participate in includes the Association of Student Conduct Administrators Conference, NASPA, Title IX, and Academic Integrity trainings.

The team comes to the table with their own unique skills for Behavior Intervention work including: ATIXA Title IX Investigators, licensed mental health counselors, Victim’s Advocacy trained, law enforcement, crisis intervention team trained, emergency medical technicians, and suicide awareness trained.

Section 2: Confidentiality Statements

All members are asked to sign confidentiality statements annually. See Appendix A.

Section 3. Report Submission

The overall goal of the CARE Team is to promote a safe environment for all students and staff and stay focused on student learning and student development. By encouraging all members of the campus community, parents and the public to report behaviors that are concerning, the CARE Team will be able to reach out and intervene, provide support and connect campus members and students with resources that can assist them. Anyone can report information about any person affecting the LCCC community (including students, faculty, staff, parents, visitors, and other persons not affiliated with the campus). As such, the CARE Team asks that the campus community report concerning behaviors. An individual of concern is any individual who demonstrates disruptive behavior, personal difficulties, mental and/or emotional instability, or otherwise causes another member of the campus community to feel distress. Reporters are encouraged to report even if they just want the information tracked in case there is a bigger pattern. Reporters are trained, “when it doubt, report it.” The CARE team is designed to help the campus “connect the dots”, to intervene before someone turns to violence as a solution.

The Incident Report is designed to enable faculty, staff and students to voluntarily report behaviors of concern that result in incidents of misconduct at LCCC. An incident, in this context, is an event that does not warrant immediate intervention.

In the event of an emergency that requires immediate intervention, call

9-911 (on-campus phone)  
Campus Safety 307-630-0645  
ACC Campus Safety: 307-772-4259

The Incident Report will provide a mechanism for responding to individual incidents and will document patterns of disruptive behavior. It will also provide aggregate data on the nature and frequency of disruptions at LCCC. This report provides a standardized method for recording observations of troublesome behaviors and for alerting staff of potential concerns.
The online Incident Report form can be found through the following URL: http://lccc.wy.edu/services/careteam/referrals.aspx. This report is part of the Maxient database system. In accordance with LCCC Student Code of Conduct, information provided in the Incident Report may also be considered in determining appropriate disciplinary action.

Once a report is submitted, it is routed to the CARE Team chairs for review. The CARE Team chairs conduct an initial threat assessment on every referral to determine any initial action that might be warranted.

**Section 4. Meetings**

The CARE Team meets weekly to review submitted cases. These meetings include information such as trends in behavior in society and college settings, best practices in intervention and available resources. Additional meetings are held as needed to assess, intervene, and monitor concerns brought to the attention of the CARE Team. Agendas are sent to the team members including cases that should be closed, cases that are still open, and new cases that have come in through Maxient in the past week. These agendas are sent within 24 hours of the meeting to allow team members to check PRIM notes and Starfish in advising, SAM in Disability Support Services, Titanium in Counseling, and any other databases or areas of information that will contribute to the “whole” picture of each student.

**Section 5. Risk Assessment**

Each CARE Team report is assessed using the NaBITA Risk Assessment Rubric. While there is no single set of warning signs that will predict behavior or campus violence, the assessment process looks for behavioral evidence that someone is planning or preparing to act out inappropriately or carry out some type of threat to self or others. The assessment will attempt to distinguish between threatening and non-threatening cases in order to ensure the safety of the distressed person and others potentially involved as well as to resolve concerns that initiated the inappropriate behavior. The assessment process assists in early identification of situations that may pose a threat to others; creates a baseline of information against which to assess future behavior; and provides a means for implementing interventions to increase the likelihood of a positive and safe resolution.

Once an Incident Report has been received by the CARE Team, the Team implements the assessment process. In general, the CARE Team will gather preliminary information regarding the concern and then a team member may interview the referred person as part of the initial assessment process. The interview will provide the opportunity for the individual to share his/her concerns about the situation and ask for needed assistance in solving it. Information gathered in this initial interview will be helpful in determining appropriate intervention strategies.

That process may include any of the following data gathering processes:

- Interviews with all available parties with information about the situation
- Interviews with the person alleged to have displayed inappropriate/concerning behavior
- Assessment by counselor/mental health professional
- Interview with any identified potential targets of inappropriate/concerning behavior
- Contacting student’s faculty and/or coaches
- Contacting a student’s parents or family members
Review of a student’s academic and disciplinary history
Legal/criminal background check

Based on all the data gathered, the CARE Team will utilize one or all of following resources to assess risk:
* NaBITA Risk Assessment Rubric
  SIVRA-35
  V-RAW (written materials)

*Risk assessments that score severe-to-extreme on the NaBITA Risk Assessment rubric are then reviewed using a secondary assessment - the online SIVRA-35 questionnaire.

**Section 6. Case Management**

Once a risk assessment has been conducted on a submitted case, the report is assigned a case manager from the CARE Team. The goal is to develop a holistic intervention strategy and action plan designed to specifically address the unique needs of each student. Case managers are determined based on the primary needs of each case (counseling = counselor; DSS = DSS Director; financial need = Dean of Students; academic = advisor; etc.). This manager is responsible for making sure follow-up is completed, communicating with the referral source, entering data into Maxient, and the closing the case when appropriate. As much as is allowed by FERPA, the reporter will be kept apprised of the CARE Team action to ensure campus safety and student success.

![Case Management Diagram](image)

The timeline for case management (as seen above) starts with case submission. Within one week, the CARE Team will meet to assess the risk and assign a case manager. The student and referral source are to be contacted within a week of that meeting. Progress on each case is assessed at the weekly CARE Team meetings. If there is no change for at least 30 days, cases can be closed and individual students may be placed on a watch list.
**Section 7. Nurturing the Referral Source**

The CARE Team will nurture referral sources through regular communication and gifts of gratitude as the budget allows. Referral sources are to be contacted by the case manager within 1-5 days to acknowledge receipt of the report and follow-up to find out any new or different information.

**Section 8. Marketing**

The CARE Team is a branded group at LCCC. The logo is printed on all materials including postcards, website, shirts, referral source gifts, etc. The CARE Team is discussed at Student Orientation, Freshmen Success Class (COLS1000), New Employee Orientation, In-service, Faculty and Staff Training, and Department Meetings. A website is dedicated to the Team and updated regularly. Semester reports including the numbers of students assisted are emailed to all faculty and staff and include tips for helping students and a reminder to continue reporting.

**Section 9. Documentation**

The CARE Team will maintain confidential records for all cases and all follow-up reports that are developed as a result of CARE Team proceedings. These records will be entered in a secure, protected and searchable database that will have the capacity to monitor ongoing cases and provide longitudinal follow-up and assessment.

**Section 10. Cost of the BIT**

<table>
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<th><strong>Annual Cost</strong></th>
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</tr>
<tr>
<td>Referral Materials:</td>
<td>$2,000</td>
</tr>
<tr>
<td>Marketing/Clothing:</td>
<td>$500</td>
</tr>
<tr>
<td>IT and Maxient:</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

*The team are volunteers who agree to training and case management*
PART III: CONTINUOUS IMPROVEMENT

Section 1. Surveys

Starting in Spring 2016 – an annual survey will be distributed to faculty and staff and students. This survey will ask participants if they have referred students or been referred as a student to the CARE Team. The survey asks about response times and whether the intervention was effective. It allows for respondents to answer open ended questions. This survey will be distributed every spring semester. The survey results will be compiled for the year-end report and to help inform CARE Team members during the annual internal assessment.

Section 2. Key Performance Indicators

Student ID numbers of the students referred to the CARE Team will be given to the Institution Research Team at LCCC for comparison against the College’s Key Performance Indicators including:

- Degree vs Non-Degree seeking students using the CARE Team
- Full-Time vs. Part-Time students using the CARE Team
- Fall-to-Fall Persistence
- Success Rate

Section 3. Comparison to other Services

CARE Team student numbers will be compared to students served in counseling, disability support services, and TRIO to review the percentage of duplicated services.

Section 4. CORE-Q

Following best practices as put forth by the National Association of Behavior Intervention Teams (NaBITA), the LCCC CARE Team will conduct an annual internal assessment of the team utilizing the NaBITA CORE-Q Checklist. The results of this survey will be compiled and a plan for continuous improvement included in the Team’s Annual Report.

Section 5. Year-End Reports

The LCCC CARE Team will provide semester and year-end reports based on the numbers and types of cases brought to the Team. Reports will include the institutional impact of the CARE Team on retention and the ways the team impacts other LCCC Key Performance Indicators (KPI’s). Correlations between academic success and referrals to the CARE Team will be evaluated as well as other data as needed. This information will be included in an Annual Report.
Appendix A
Confidentiality Agreement

CARE Team (the Laramie County Community College behavior intervention team) members are responsible and accountable for their personal and professional actions as part of the College’s behavior intervention team. Information pertaining to the students referred to the CARE Team is confidential. CARE Team members shall have a duty to protect, other confidential and/or sensitive information which is disclosed about students as part of the behavior intervention team process. Discussion of the Team’s work or case management plan with those unrelated to the case management plan is considered professionally unethical. CARE Team members shall limit disclosure of confidential information to within the CARE Team and/or employees having a need to know in order to care for the student. CARE Team members who disclose confidential information may be removed from working on the CARE Team.

Wherefore the parties acknowledge that they have read and understand this agreement and voluntarily accept the duties and obligations set forth herein:

______________________________________________
Print Name

______________________________________________  ________________________
Signature                                    Date
Appendix B
Responding to Students in Distress: Guidelines for Faculty and Staff

Section 1. Identifying the Distressed Student
Over the course of your career at LCCC you may come into contact with a student you find challenging. It is important to understand the difference between a student having a bad day and a student who may need mental health or substance abuse treatment or intervention. All LCCC students go through a time of adjustment when they come to college. It is normal for students to feel anxious and sad to some degree within the first three months of starting college, as they try to figure out how and where they fit in. Concern should arise when the distress to the student is in excess of what would be expected or if there is significant impairment in social, educational or occupational functioning. When a student is having difficulty, help is available for the student. Student support services are available to help assess the student and help them with their needs. You certainly do not have to know how to diagnose, but it is important to be able to recognize when a student is in trouble. Behaviors that you may encounter include:

- Persistent sadness, inability to concentrate, missed classes, decreased motivation, isolation, decrease in personal hygiene, and a change from previous functioning.
- Excessive worry, feeling “on edge”, panic attacks, avoiding speeches or group projects, leaving class early, fear of failure or criticism.
- Struggling with one or more significant stressors such as divorce, loss of employment, becoming a parent, retirement, illness or injury. If a student is struggling with one of these, while in college, their adjustment may be more difficult.

Section 2. Tips for Responding to Students in Distress

1. If you suspect one of your students is in distress, please express your concern to the student and refer them to the Counseling Office. Sometimes it is hard to know how to approach the student or what to say to a student who appears to be in distress.

2. If the student’s issue is one you do not feel qualified or comfortable discussing, please contact the counseling office at extension 4397. One question to ask yourself is, “Is the student’s response in excess of their stressor?” If so, intervention is warranted. Also, when it comes to helping students who are upset, in crisis or simply having a bad day, you must evaluate your own comfort level. If you begin to feel uncomfortable or that you are entering territory you are not qualified to handle, refer to the CARE Team, Dean of Students, the Counseling Office or the Albany County Director of Student Services.

3. If appropriate, invite the student to talk privately rather than addressing the issue publicly.

4. Gain an understanding of why the student is upset. This will help you determine if the student is having a bad day or if they need intervention. Start the conversation by saying “If you want to tell me what is upsetting you, I’m here to listen” or a similar conversation starter.

5. Use active listening and repeat back to the student what they just said. Depending on the situation, you may respond by saying, “You sound very upset, what can I do to help?” or “You sound very upset, would you like to use my phone to schedule an appointment for yourself?”
Section 3. Behaviors of Concern

ACADEMIC INDICATORS
- Repeated absences from class, section, or lab
- Missed assignments, exams, or appointments
- Deterioration in quality or quantity of work
- Extreme disorganization or erratic performance
- Written or artistic expression of unusual violence, morbidity, social isolation, despair, or confusion; essays or papers that focus on suicide or death
- Continual seeking of special provisions (extensions on papers, make-up exams)
- Patterns of perfectionism: e.g., can’t accept themselves if they don’t get an A+
- Overblown or disproportionate response to grades or other evaluations

BEHAVIORAL AND EMOTIONAL INDICATORS
- Direct statements indicating distress, family problems, or loss
- Angry or hostile outbursts, yelling, or aggressive comments
- A person discusses bringing a gun or other weapon to campus
- More withdrawn or more animated than usual
- Expressions of hopelessness or worthlessness; crying or tearfulness
- Expressions of severe anxiety or irritability
- Online posting of a threat or a threatening e-mail
- Discussion of violence as a way to solve a problem
- Someone talks about feeling “wronged” and wants to get revenge
- Excessively demanding or dependent behavior
- Lack of response to outreach from course staff
- Shakiness, tremors, fidgeting, or pacing

PHYSICAL INDICATORS
- Deterioration in physical appearance or personal hygiene
- Excessive fatigue, exhaustion; falling asleep in class repeatedly
- Visible changes in weight; statements about change in appetite or sleep
- Noticeable cuts, bruises, or burns
- Frequent or chronic illness
- Disorganized speech, rapid or slurred speech, confusion
- Unusual inability to make eye contact
- Coming to class bleary-eyed or smelling of alcohol

OTHER FACTORS
- Concern about a student by his/her peers or teaching assistant
- A hunch or gut-level reaction that something is wrong

Many acts of violence (such as school shootings) are planned in advance and there are often warning signs exhibited ahead of time.
Appendix C
Student Adjudication Procedure

Student Conduct/Title IX Adjudication

Case

Title IX
(Title IX Coordinator)

Informal Resolution

Investigation
(Two Investigators)

Student Conduct
Include Academic Integrity
(Dean of Students)

Informal Resolution

CARE
(see separate flow chart)

Responsible
(finding presented to respondent)

Findings Accepted

Findings NOT Accepted
(Move to hearing)

Hearing Board
(2 Hearing Members)

Not Responsible
(Case Closed)

Victim Appeal
(Title IX Case ONLY)

Sanction
(Dean of Students)

Responsible

Appeal Reviewer

Sanction
(Dean of Students)

Appeal Board
(2 Appeal Members)

Appeal Decision
(Title IX Coordinator/Vice President of Student Services or Vice President of Academic Affairs)

Case Closed
(All parties notified)

Case Closed
(All parties notified)

Case Re-Opened
(Returns to Investigation or Hearing Level)
Appendix D
NaBITA Threat Assessment Tool

NaBITA Threat Assessment Tool

Harm to Self

Mental & Behavioral Health, "The D-Scale"

Dysregulation/Decompensation
- Acutely suicidal (thoughts, feelings, expressed intentions and behaviors)
- Parasuicidal (extreme self-injurious behavior, eating disorder, personality disorder, life-threatening levels)
- Engaging in risky-taking behaviors (e.g., substance abuse)
- Hostile, aggressive, relationally abusive
- Deficient in skills that regulate emotion, cognition, self, behaviors and relationships
- Profoundly disordered, detached view of reality
- Unable to care for themselves (poor self-care, protection, judgment)
- At risk of grievous injury or death without intent to self-harm
- Often seen in psychotic breaks

Disturbance
- Increasingly disruptive or concerning behavior, unusual and/or bizarre acting
- May be destructive, apparently harmful or threatening to others
- Substance misuse and abuse; self-medication, erratic medication compliance

Distress
- Emotionally troubled (e.g., depressed, manic, unstable)
- Individuals impacted by situational stressors and traumatic events that cause disruption or concern
- May be psychosocially symptomatic if not coping/adjusting to stressors/crisis
- Behavior may subside when stressors are removed or trauma is addressed and processed

Overall & Generalized Risk Rubric

Harm to Others
Nine Levels of Hostility and Violence

1. Hardening
2. Debate and Contentious Arguments
3. Actions Not Words
4. Images and Coalitions
5. Loss of Face
6. Strategies of Threat
7. Limited Destructive Blows
8. Fragmentation of the Enemy
9. Plunging Together Into the Abyss

Trajectory?

Baseline

Trajectory?
References


Laramie County Community College – Code of Conduct Procedure - http://policies.lccc.wy.edu/Files/Procedure%203.15%20Student%20Code%20of%20Conduct.pdf#search=code%20of%20conduct


NaBITA (National Association for Behavior Intervention Threat Assessment) – Nabita.org


Nondiscrimination Statement

Laramie County Community College is committed to providing a safe and nondiscriminatory employment and educational environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The following person has been designated to monitor compliance and to answer any questions regarding the college’s nondiscrimination policies: Judy Hay, vice president for Student Services, Title IX coordinator, and ADA coordinator, Room 117, Student Services Building, 1400 E College Drive, Cheyenne, WY 82007, 307-778-1217, jhay@lccc.wy.edu.