RANDOLPH COMMUNITY COLLEGE

Creating Opportunities. Changing Lives.

CARE TEAM MANUAL

Office of Student Success
Randolph Community College
629 Industrial Park Avenue
Asheboro, NC 27205
(336) 633-0376

Mission Statement

The mission of the CARE Team at Randolph Community College is to serve as a resource for students, faculty, and staff to address any concerns with alarming, worrisome, disruptive, and/or potentially threatening behavior. The CARE Team uses a proactive approach to address the diverse needs and concerns of students and to support those who may be in distress before situations rise to crisis levels while maintaining a focus on the overall safety and well-being of the campus community.

Team Membership and Scope

The CARE Team is comprised of standing members from Student Services, Safety and Emergency Preparedness, Instructional Services, Continuing Education, College and Career Readiness, and Human Resources.

Additional faculty or staff members may be asked to attend team meetings when they have helpful information or insight on a case. If a conflict of interest occurs, or the appearance of a conflict of interest arises for any team members, the members will recuse themselves.

The CARE Team addresses concerning behaviors among students and works in conjunction with appropriate law enforcement and human services agencies when needed. Any concerns about faculty/staff should be directed to the Director of Human Resources and filed separately to respect employee privacy.

The CARE Team is not an administrative, treatment, or disciplinary group. Rather, the CARE Team aims to serve as a central point of contact regarding concerning behaviors on campus in order to reduce silos and increase communication, thereby addressing concerns early on in a preventative manner. There is not a minimum threshold for referred behaviors. The Care Team receives referrals and addresses lower risk concerns including but not limited to disruptive or concerning behaviors, difficulty accessing resources, personal, emotional and/or psychological difficulties as well as higher risk referrals including safety concerns and harm to self or others.

The RCC Cares webpage at https://www.randolph.edu/student-success/care-team.aspx, includes an online reporting form as well as information on campus and community resources. Individuals should report a crime by calling the RCC switchboard at (336) 633-0200 or 911 if necessary. Individuals experiencing an emergency should dial 911.

Team Training

Team members engage in ongoing training which may include workshops, webinars, articles, and tabletop exercises in the areas of risk and threat assessment, mental health, cultural

awareness, FERPA compliance, record keeping, intervention techniques, relevant education and disability laws, and facilitating a culture of reporting.

Record Keeping

The CARE Team maintains confidential records of reports and case notes in a secure, electronic format using Microsoft Teams/OneDrive. When a report is submitted, it is received by the Student Services Counselors serving on the CARE Team. The reports are stored in PDF format within Microsoft Teams, which is only accessible to CARE Team members. Counselor case notes are housed in an Etrieve file, which is only accessible to the counseling team. Information may only be shared with school officials with legitimate education interests for the purposes of FERPA.

If collaboration with a student's provider is appropriate, students may sign a Release of Information form to allow staff to share information with a provider.

Community Education

CARE Team information is located on the RCC website: https://www.randolph.edu/student-success/care-team.aspx to inform the RCC community of the purpose of the CARE Team and to provide a central location for reports of concern. A professional development online module has been included in the Human Resources annual training for faculty and staff. It includes information on establishing and maintaining a culture of reporting, how to report a concern, examples of concerning behaviors that could be reported, signs of distress in students, and resources available to students in distress. Training in Mental Health First Aid and QPR (suicide prevention training) is also offered to faculty and staff.

Examples of Reasons to Submit a Care Team Report

This list includes examples and is not exhaustive. Faculty and staff are encouraged to report concerns even if they appear to be minor. If immediate assistance is needed on campus, faculty and staff should use the Mental Health First Aid desktop button. In some situations, such as when drugs or alcohol may be involved or when someone's immediate physical safety is at risk, it is more appropriate to dial 911 and/or activate the security alert button for assistance from an SRO.

Mental Health Concerns

- Suicidal ideation or references to death and dying which a faculty/staff member finds concerning
- Student expressed that they are struggling with mental health
- Observed increase in stress that is affecting academic performance

- Student expressed that they have or are engaging in non-suicidal self-injury
- Grief issues
- Concerns about general welfare

Signs of a student in distress

- Abrupt changes in behaviors or patterns
- Extreme reaction to loss or a traumatic event
- Preoccupation with weapons, violent events, or persons who have engaged in violence
- Uncharacteristically poor performance
- References to harming others
- Self-injurious behaviors or suicidal ideation
- Erratic behavior, angry outbursts, or intense reactions
- Concerns about domestic issues/abuse
- Concerns about alcohol/drug use

The responding counselor will notify the reporter that the report was received and whether contact was made with the student.

Case Management and Possible Interventions

The CARE Team uses a case management approach when responding to student situations on campus by assisting students in identifying solutions to the barriers that have interfered with their college education. This may involve assisting students in accessing helpful local resources through the Student Resource Center, referring students to our Student Assistance Program through McLaughlin Young (www.mygroup.com) or referring to another clinical service provider as appropriate.

The CARE Team uses an objective risk rubric to ensure consistency and to determine appropriate interventions. The NaBITA Risk Rubric on the following pages is used for this purpose. Possible interventions include but may not be limited to the following:

- Non-clinical case management in the form of check-ins and follow-up meetings with Student Services Counselor and/or other faculty/staff member.
- Referral to Student Assistance Program or professional counseling in the community;
- Referral to the office of the Vice President for Student Services due to a conduct violation;
- Referral to the Title IX Coordinator when concerning behavior may be in violation of Title IX sexual harassment policies;
- Coordination with RCC Student Resource Officers or appropriate law enforcement agencies when concerning behavior may be in violation of local, state, or federal law.

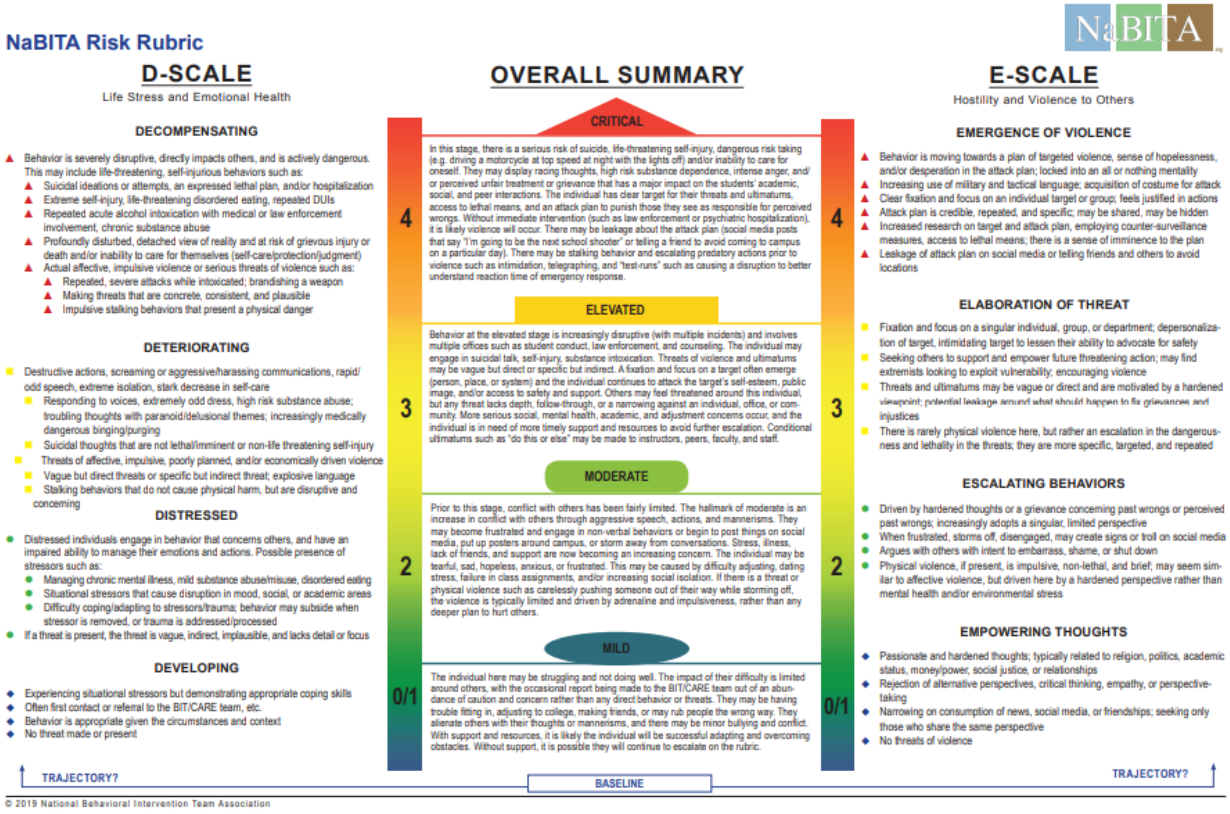
Meeting Frequency

The CARE Team meets twice per academic year at a minimum and has the capacity to schedule meetings as situations arise. The purpose of these meetings is to assess situations reported, to discuss appropriate responses to reports of concern, to inform members of emerging trends and the availability of campus and community resources, and to discuss and assess any professional development needs.

Conclusion

Randolph Community College is committed to providing a safe and supportive campus community. It is important for individuals to report concerns of any alarming, worrisome, and/or disruptive behaviors so that the CARE Team may assist students in accessing needed resources and work to maintain a safe and healthy campus community.

Appendix I


NaBITA Risk Rubric
D-SCALE
Life Stress and Emotional Health
DECOMPENSATING
▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
▲ Actual affective, impulsive violence or serious threats of violence such as:
▲ Repeated, severe attacks while intoxicated; brandishing a weapon
▲ Making threats that are concrete, consistent, and plausible
▲ Impulsive stalking behaviors that present a physical danger
DETERIORATING
■ Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
■ Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous binging/purging
■ Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
■ Threats of affective, impulsive, poorly planned, and/or economically driven violence
■ Vague but direct threats or specific but indirect threat; explosive language
■ Stalking behaviors that do not cause physical harm, but are disruptive and concerning
DISTRESSED
● Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
● Managing chronic mental illness, mild substance abuse/misuse, disordered eating
● Situational stressors that cause disruption in mood, social, or academic areas
● Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
● If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus
DEVELOPING
◆ Experiencing situational stressors but demonstrating appropriate coping skills
◆ Often first contact or referral to the BIT/CARE team, etc.
◆ Behavior is appropriate given the circumstances and context
◆ No threat made or present
OVERALL SUMMARY
CRITICAL
4
In this stage, there is a serious risk of suicide, life-threatening self-injury, dangerous risk taking (e.g. driving a motorcycle at top speed at night with the lights off) and/or inability to care for oneself. They may display racing thoughts, high risk substance dependence, intense anger, and/or perceived unfair treatment or grievance that has a major impact on the students' academic, social, and peer interactions. The individual has clear target for their threats and ultimatums, access to lethal means, and an attack plan to punish those they see as responsible for perceived wrongs. Without immediate intervention (such as law enforcement or psychiatric hospitalization), it is likely violence will occur. There may be leakage about the attack plan (social media posts that say "I'm going to be the next school shooter" or telling a friend to avoid coming to campus on a particular day). There may be stalking behavior and escalating predatory actions prior to violence such as intimidation, telegraphing, and "test-runs" such as causing a disruption to better understand reaction time of emergency response.
ELEVATED
3
Behavior at the elevated stage is increasingly disruptive (with multiple incidents) and involves multiple offices such as student conduct, law enforcement, and counseling. The individual may engage in suicidal talk, self-injury, substance intoxication. Threats of violence and ultimatums may be vague but direct or specific but indirect. A fixation and focus on a target often emerge (person, place, or system) and the individual continues to attack the target's self-esteem, public image, and/or access to safety and support. Others may feel threatened around this individual, but any threat lacks depth, follow-through, or a narrowing against an individual, office, or community. More serious social, mental health, academic, and adjustment concerns occur, and the individual is in need of more timely support and resources to avoid further escalation. Conditional ultimatums such as "do this or else" may be made to instructors, peers, faculty, and staff.
MODERATE
2
Prior to this stage, conflict with others has been fairly limited. The hallmark of moderate is an increase in conflict with others through aggressive speech, actions, and mannerisms. They may become frustrated and engage in non-verbal behaviors or begin to post things on social media, put up posters around campus, or storm away from conversations. Stress, illness, lack of friends, and support are now becoming an increasing concern. The individual may be tearful, sad, hopeless, anxious, or frustrated. This may be caused by difficulty adjusting, dating stress, failure in class assignments, and/or increasing social isolation. If there is a threat or physical violence such as carelessly pushing someone out of their way while storming off, the violence is typically limited and driven by adrenaline and impulsiveness, rather than any deeper plan to hurt others.
MILD
0/1
The individual here may be struggling and not doing well. The impact of their difficulty is limited around others, with the occasional report being made to the BIT/CARE team out of an abundance of caution and concern rather than any direct behavior or threats. They may be having trouble fitting in, adjusting to college, making friends, or may rub people the wrong way. They alienate others with their thoughts or mannerisms, and there may be minor bullying and conflict. With support and resources, it is likely the individual will be successful adapting and overcoming obstacles. Without support, it is possible they will continue to escalate on the rubric.
TRAJECTORY?
BASELINE
TRAJECTORY?
E-SCALE
Hostility and Violence to Others
EMERGENCE OF VIOLENCE
▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
▲ Increasing use of military and tactical language; acquisition of costume for attack
▲ Clear fixation and focus on an individual target or group; feels justified in actions
▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
▲ Leakage of attack plan on social media or telling friends and others to avoid locations
ELABORATION OF THREAT
■ Fixation and focus on a singular individual, group, or department; depersonalization of target, intimidating target to lessen their ability to advocate for safety
■ Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
■ Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
■ There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated
ESCALATING BEHAVIORS
● Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
● When frustrated, storms off, disengaged, may create signs or troll on social media
● Argues with others with intent to embarrass, shame, or shut down
● Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress
EMPOWERING THOUGHTS
◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
◆ No threats of violence
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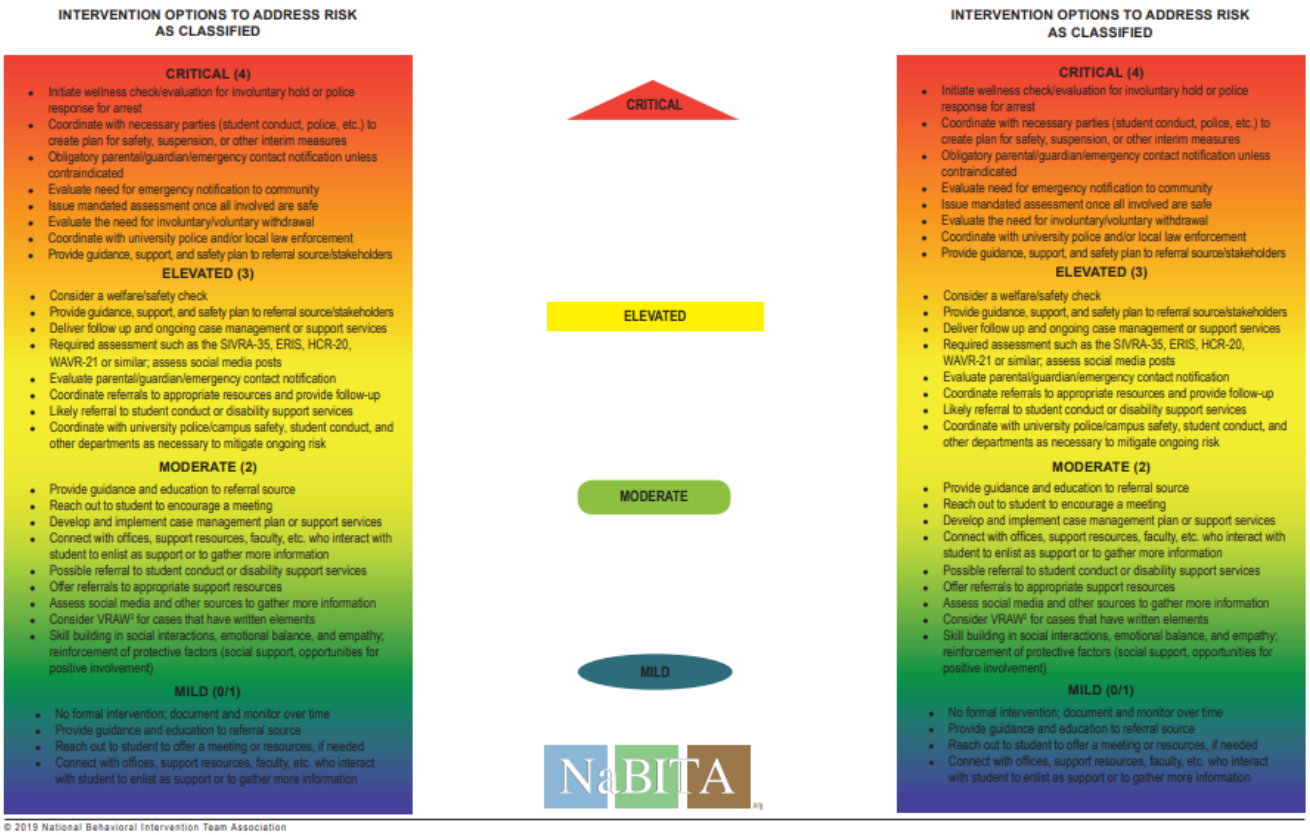
INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED
CRITICAL (4)
• Initiate wellness check/evaluation for involuntary hold or police response for arrest
• Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
• Obligatory parental/guardian/emergency contact notification unless contraindicated
• Evaluate need for emergency notification to community
• Issue mandated assessment once all involved are safe
• Evaluate the need for involuntary/voluntary withdrawal
• Coordinate with university police and/or local law enforcement
• Provide guidance, support, and safety plan to referral source/stakeholders
ELEVATED (3)
• Consider a welfare/safety check
• Provide guidance, support, and safety plan to referral source/stakeholders
• Deliver follow up and ongoing case management or support services
• Required assessment such as the SIVRA-35, ERIS, HCR-20, WAVR-21 or similar; assess social media posts
• Evaluate parental/guardian/emergency contact notification
• Coordinate referrals to appropriate resources and provide follow-up
• Likely referral to student conduct or disability support services
• Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk
MODERATE (2)
• Provide guidance and education to referral source
• Reach out to student to encourage a meeting
• Develop and implement case management plan or support services
• Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
• Possible referral to student conduct or disability support services
• Offer referrals to appropriate support resources
• Assess social media and other sources to gather more information
• Consider VRAW² for cases that have written elements
• Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)
MILD (0/1)
• No formal intervention; document and monitor over time
• Provide guidance and education to referral source
• Reach out to student to offer a meeting or resources, if needed
• Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
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