



# LEE COLLEGE CARES TEAM

## 2022/23 ANNUAL REPORT

Rosemary Coffman, Chair



LEE COLLEGE



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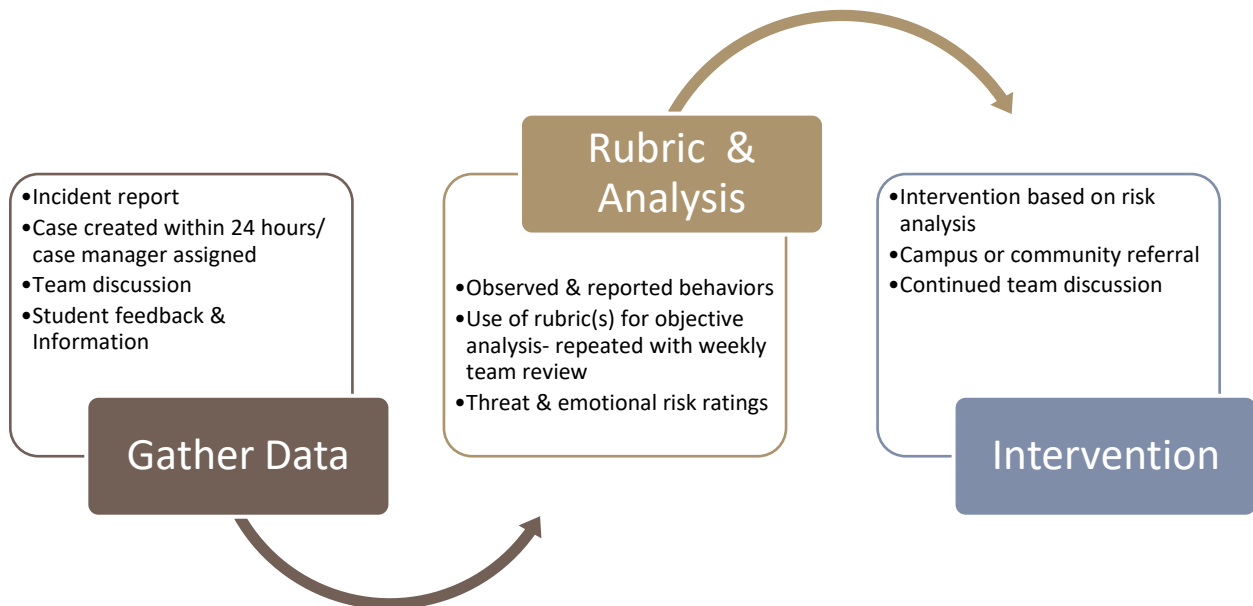
## Introduction

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According to the National Association for Behavioral Intervention and Threat Assessment (NABITA), behavioral intervention teams are small groups of college officials who meet regularly to collect and review information about at-risk community members and develop intervention plans to assist them. The Team receives referrals of concerning or disruptive behaviors and determines the best way to support and intervene. The team then deploys its resources and coordinates follow-up. ([www.nabita.org](http://www.nabita.org))

The Lee College CARES Team was created in spring 2017. For the academic year 2022/23, the Core Team consists of representation from student affairs, advising, disability services, admissions, financial aid, faculty, basic needs, mental health services, and security. From the very beginning, the goal of the team was to create a culture of reporting to provide support to those in need.

The following graphic represents the process of the Lee College CARES Team which follows NABITA guidelines to gather data, analyze the information through the use of standardized rubrics, and provide interventions.



## Mission Statement

According to NABITA, the mission statement of a behavioral information team provides guidance in assuring activities and the overall goals of the Team meet the needs of the College.

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### *Lee College Mission Statement*

*The Lee College CARES Team is dedicated to a proactive, coordinated, and planned approach to the identification, prevention, assessment, management, and reduction of interpersonal and behavioral threats to the safety and well-being of the Lee College community. The Core Team meets regularly to review referrals brought forward by faculty, staff, and students, regarding behaviors that can be concerning, disruptive, or threatening — behaviors that potentially impede their own or others' ability to function successfully or safely.*

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As part of the mission statement, the following are overall goals of the Lee College CARES Team:

- provide a safe physical environment for members of the campus community;
- provide a safe emotional environment for the campus community; and
- promote peace of mind for friends and family of the campus community.

## Year-End Report

This report represents the fourth annual report and serves as a snapshot and institutional record of the Lee College CARES Team's functionality for the academic year 2022/23. The report provides a summary of the College's referrals with insight into trends and also serves as a means to review the strengths and areas of needed improvement for the Team.

## Application of NABITA Standards

The NABITA Standards framework (Appendix A) is a recognized best practice structure to provide proven strategies and processes for behavioral intervention teams in the areas of structure, processes, and quality assurance.

The purpose of the Standards framework is to ensure that the Team is guided by best practices that promote a safe, effective, and efficient means to deliver services in the following ways:

- to enhance the quality of services provided to the College, to include students, faculty, and staff;
- to advocate for students' rights so that they may be successful, have access to resources, and be appropriately included in decision-making that affects their own health and wellbeing;
- to encourage campus-wide participation in the development, refinement, and integration of best practices and standards for the CARES Team services; and
- to establish a framework that fosters continual research, professional development, and practice that will further the profession for caring practitioners.

## 2022/23 CARES Team Core Leadership

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The CARES Core Team was established with a permanent chair in November 2016. Since the beginning, the Team recognized the importance for the college community to be aware and comfortable in the established processes. The goal was to create a culture of reporting for the campus.

This year, the Core Team was divided into two groups—those who serve as case managers and those providing support to the case managers and the process. There was one new member to the Core Team, representing dual credit. The chart below describes positions held during the 2022/23 academic year.

Member	Position	Role
<b>Dr. Rosemary Coffman</b> (Member since 2016)	Associate Dean, Testing & Student Life	Chair, Case Manager
<b>Kelli Forde Spiers</b> (Member since 2020)	Executive Director, Student Resource and Advocacy Center	Backup to the Chair, Case Manager
<b>K-leigh Villanueva</b> (Member since 2016)	Counselor Access Center	Case Manager
<b>Marylou Ortuvia</b> (Member since 2022)	Academic Counselor	Case Manager
<b>Jose Martinez</b> (Member since 2022)	Dual Credit Advisor	Case Manager
<b>Linda Torrez-Mann, LPC-S, LCDC</b> (Member since 2020)	Mental Health Therapist	Core Team, Advisor to Case Managers
<b>Chief John Connor</b> (Member since 2019)	Security Chief	Core Team
<b>Brenda Garcia</b> (Member since 2020)	Coordinator, Student Resource and Advocacy Center	Core Team
<b>Dr. Carl Husband</b> (Member since 2019)	Registrar	Core Team
<b>Felipe Leal</b> (Member since 2019)	Financial Aid Director	Core Team
<b>Melinda Rose</b> (Member since 2016)	Faculty, Office Technology	Core Team

The mission of the Core Team is to balance the needs of the individual and the community and to define threat assessment as well as early intervention efforts. A dedicated website ([www.lee.edu/cares-team](http://www.lee.edu/cares-team)) supports the campus with information on the membership of the Core Team, how to refer (which includes a link to an online reporting tool), the process, examples of behaviors to report, frequently asked questions, and links to campus and community resources.

## Meeting Schedule

Case Managers meet weekly during the fall and spring semesters to discuss open cases. Non-case managers are welcome to attend the weekly meetings and are expected to attend a monthly meeting. In addition to the review of open cases, there is periodic training and opportunities to review processes. For any Team member unable to attend, the meeting is available via WebEx.

This year, the Team met a total of 29 times with each meeting lasted for 60 – 90 minutes. An agenda, prepared by the chair, was sent out to the Core Team prior to each meeting. Utilizing Maxient, the case management software, members were able to view current student cases via an established query.

## Record Keeping

Record keeping is a key function of the Lee College CARES Team. Maxient provides the mechanism for incident reports to create cases and support case documentation. Data are searchable and allow for better communication within the Core Team and others. For reporting purposes, the software allows for better insight into trends to recognize areas of concern.

## Team Training / Professional Development

According to NABITA Standards, it is imperative that the Core Team engage in ongoing training and/or professional development to issues concerning Team functions and processes, risk assessments, and other topical knowledge as it relates to providing services and interventions to students. Each year, Lee College invests in sending Team members to the National NABITA conference and/or certification training. For this academic year, the following virtual trainings were attended.



Virtual Training	Date	Who Attended
SIVRA-35	September 2022	Kelli Forde Spiers
Developing and Deploying Interventions (recorded webinar)	February 2023	Core Team
Managing Suicidal Students	March 2023	K-leigh Villanueva
BIT Standards & Best Practices	April 2023	Jose Martinez, Rosemary Coffman
Advanced Case Management Certification	April 2023	Marylou Ortuvia
NABITA Risk Rubric	April 2023	Kelli Forde Spiers
Non-Clinical Suicide Assessment	May 2023	Linda Torrez-Mann, LPC, LCDC
Align Your Team Now with BIT Industry Standards (Live webinar)	July 2023	Rosemary Coffman, K-leigh Villanueva, Jose Martinez

In addition to the training provided specifically to our Core Team through NABITA, members participate in a variety of other professional development to support their role on the CARES Team. These include conferences, webinars, and trainings in the following areas:

- Campus Safety to include active shooter training and Certified Emergency Response Team training
- Mental Health training and support to include Mental Health First Aid, grief, and trauma informed care
- Process and legal obligations to include training on Title IX; Diversity, Equity, and Inclusion; and Americans with Disabilities Act (working with students with disabilities).

To provide additional information and support outside of the weekly meetings, monthly “Lunch and Learn” sessions were implemented in the Spring 2023 semester. The topics were chosen to help case managers increase knowledge about specific topics and resources and include the following:

- February – Working with students with alcohol and other drug issues
- March – Autism and the College’s Connecting to College Program
- April – The Bridge Over Troubled Waters presentation on their services as well as information on best practices in working with survivors of sexual assault.

## Core Team Retreats

In October 2022, the Core Team participated in their second annual Team retreat with 100% participation of the Core Team. A follow up meeting was held in the spring (February, 2023). Agendas (Appendix B) included an in-depth look and development of an evaluation plan for the Team.

## Updates and Activities for the 2022/23 Academic Year

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**Team Handbook** - A Team Handbook was created in 2020 and is updated annually by the chair to document changes in processes. The Handbook is available to the Team and provides support with training and onboarding for new members.

Notable Handbook updates for the 2022/23 academic year include the following:

- Creation of a separate budget for the CARES Team
- Creation and approval of CARES Team Administrative Regulations
- Development of Lunch and Learn sessions for additional training/information on specific topics.
- Updates to Case Management protocols.

**CARES Team Campus Survey** - Based on work from the fall retreat, a survey was created to assess the campus' knowledge of the CARES Team, satisfaction of those who referred, and feedback from those who have never referred. There were 109 individuals completing the survey. This included 40% faculty, 23% administrators, and 37% staff. Forty-seven percent of those responding reported never making a CARES Team referral.

Notable results include the following:

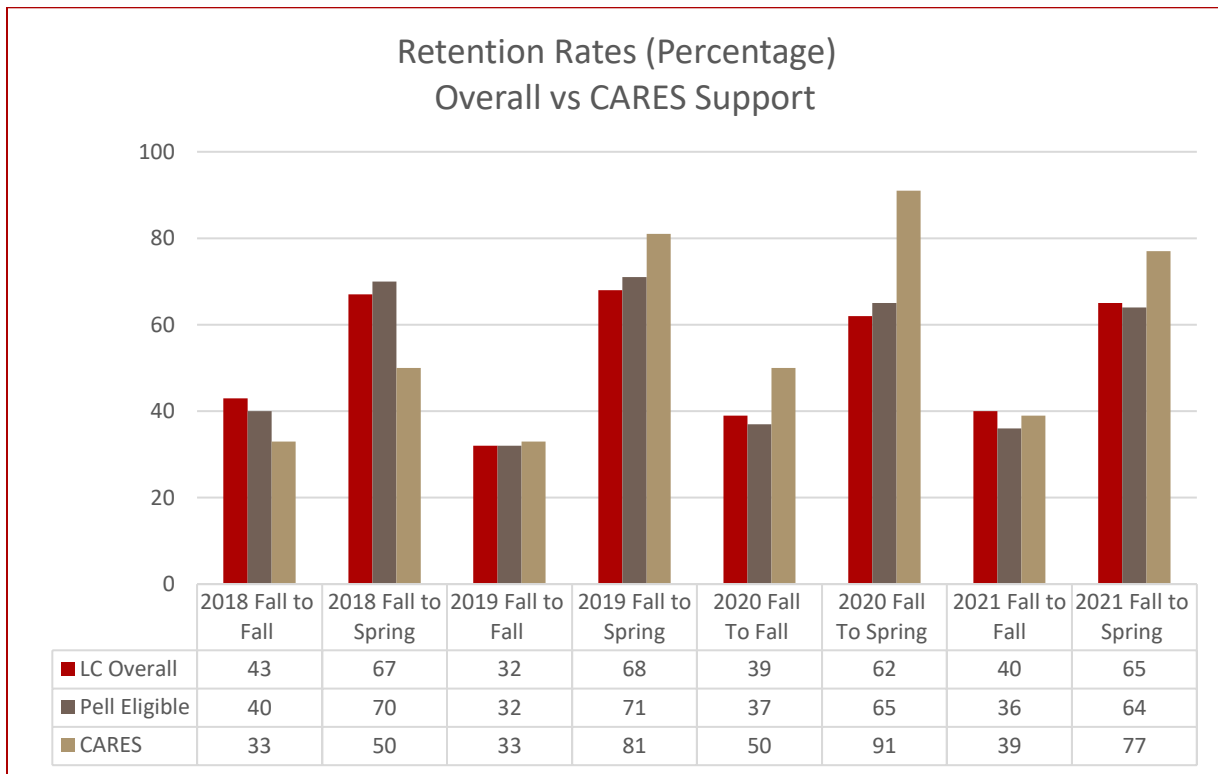
- Nearly 96% of those who had referred in the past would recommend the CARES Team process to others as a resource to help students. Using a Likert scale from 1 (Not Likely) to 5 (Likely) and with an overall mean of 4.52, administrators indicated less likely to recommend the process (4.38) compared to faculty and staff (4.51 and 4.67 respectively).
- While the majority agreed that the online form was easy to find, 10% of this group disagreed. In particular, staff was below the average compared to faculty and administrators. In terms of ease of use, faculty were the most confident while staff was the least confident.

Appendix C provides details of the results of the survey.

**Administrative Regulations** – As one of our goals this year, the Team made a proposal to the College administration to include the CARES Team process in the Administrative Regulations. This supports our goals while officially recognizing the Team and consistency for the future. A copy of the regulations can be found in Appendix D.

**CARES Team Effectiveness Using Persistence Data** - As a result of our Team Goals, persistence data were gathered that included comparison of students who were supported by the CARES Team with the overall persistence of the college.

The comparison chart below shows the percentage of students who persisted by semester. For all students, fall to fall persistence was lower than fall to spring persistence. Since 2019 (with one exception), the students who received services through the CARES Team had a higher persistence rate than the overall persistence of students.



## Community Engagement and Marketing

The Lee College CARES Team recognizes the importance of educating and engaging the campus community regarding the CARES Team process, the type of issues to report, and how to report--all essential to a successful and effective team. With various marketing strategies, the College receives information on an ongoing basis.

The mission and processes are shared with the campus community in a variety of ways. The dedicated website ([www.lee.edu/cares-team](http://www.lee.edu/cares-team)) provides information on Core Team membership, how to report to the Team, examples of behaviors to report, frequently asked questions, and a link to mental health resources.

Additional outreach initiatives for this academic year include:

- General Information Session to the Campus (October 2022);
- Campus Faculty and Staff Survey (January 2023);
- Presentation to Staff Assembly (February 2023); and
- CARES Team bookmarks provided to all employees (August 2023).

## 2022/23 CARES Team Student Referrals

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Each year, the CARES Team receives student referrals from the campus community through an online reporting form. For the 2022/23 academic year, there were 50 student referrals. The information below include the following:

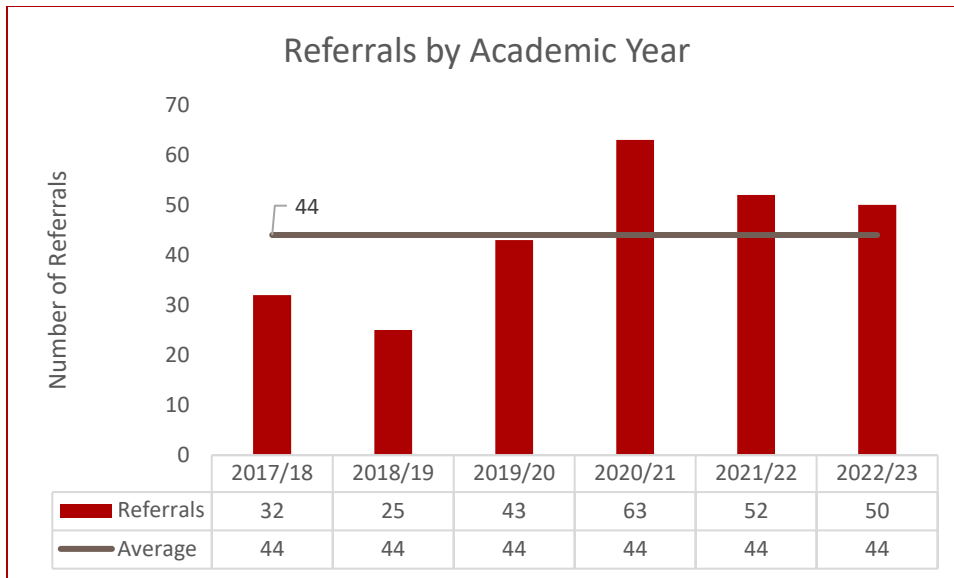
- Demographic characteristics of those referred to the CARES Team
- Referral Information to include who is referring students to the CARES Team (i.e., faculty or non-faculty)
- Semester comparisons of the number of referrals and comparisons from previous years.
- Types of concerns and issues of students referred
- Interventions or types of support provided to students referred.

### Demographic Data

As noted above, there were 50 students referred to the CARES Team for the 2022/23 academic year. The average age was 27.3 years with ages ranging from 16 to 69. Of these referrals, 76% were female and 24% were males; 92% of the students were credit students and 8% were dual credit students. There were no non-credit students served in this academic year. While the referrals were lower than the 2020/21 academic year, the average continues to be higher when compared to all referrals from the past years.

### Comparison to Previous Year

Compared to the 2021/22 academic year, this year's data indicated a 4% decrease in the number of referrals (from 52 to 50). The chart below compares the number of referrals by academic year. The overall average of the six years is 44 students.



The chart below is a comparison of demographic factors based on the past four academic years.

	Number of Referrals	Females	Males	Avg Age	Credit	White	African American	Hispanic	Asian
<b>2018/19</b>	25	68.2%	32.8%	31	88.0%	44.0%	40.0%	16.0%	0.0%
<b>2019/20</b>	43	69.8%	30.2%	26	90.1%	46.5%	27.9%	18.6%	4.6%
<b>2020/21</b>	63	74.6%	23.8%	29	95.2%	36.5%	20.7%	41.2%	0%
<b>2021/22</b>	52	71.2%	28.9%	28	90.1%	19.2%	30.8%	34.62%	1.9%
<b>2022/23</b>	50	76.0%	24.0%	27	92.0%	34.0%	28.0%	36.0%	2.0%
<b>5 -year Average</b>	47*	72.0%	22.2%	28	91.1%	36.0%	29.3%	29.3%	1.7%

\* The average of 47 represents the average number of students since the implementation of Maxient. The average of 44 includes data prior to the use of Maxient

As a review of the past years, the following is notable in the 2022/23 academic year:

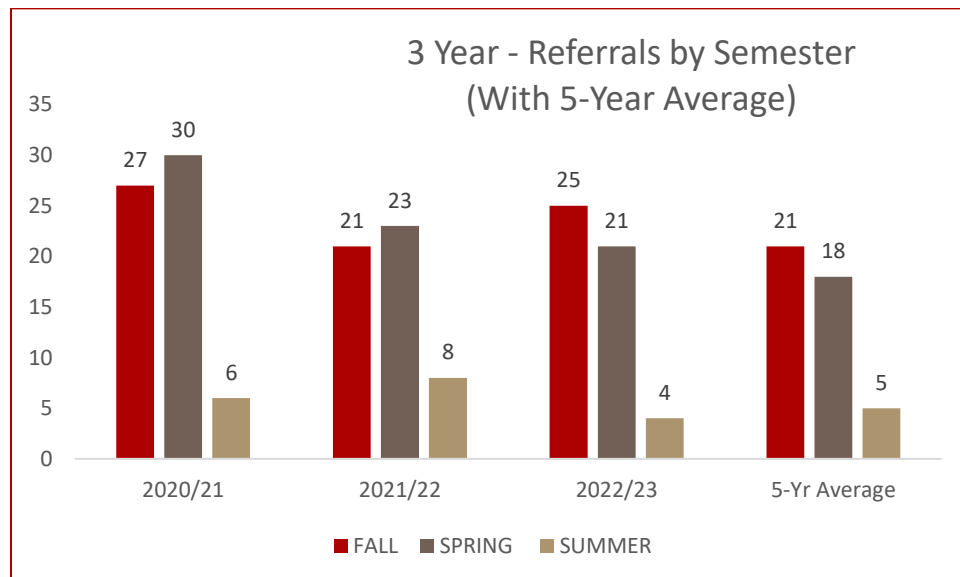
- Consistently, more females are referred compared to males. The percentage of referred students who identify as White (34%) was more on par with the average over previous years. While those who identified as White last year was only 19.2%, the average over the past four years is 36%.
- The percentage of those identifying as Hispanic was higher (36%) compared to the five-year average of just under 30%.

## Referrals by Semester

Since the inception of the Lee College CARES Team, a total of 265 students have been referred for services. The charts below represent the number of referrals by semester for past years.

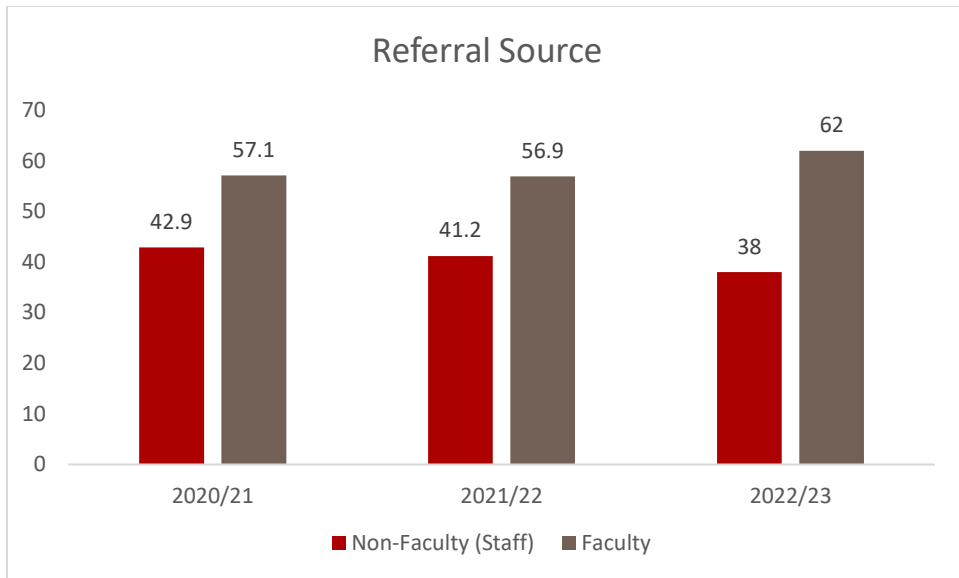
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Average
<b>FALL</b>	17	13	23	27	21	25	21
<b>SPRING</b>	12	9	13	30	23	21	18
<b>SUMMER</b>	3	3	7	6	8	4	5
<b>Total</b>	<b>32</b>	<b>25</b>	<b>43</b>	<b>63</b>	<b>52</b>	<b>50</b>	<b>44.2</b>

Compared to last year, there were fewer referrals in the 2022/23 academic year. In particular, the number of students referred in the summer was lower than the overall average.



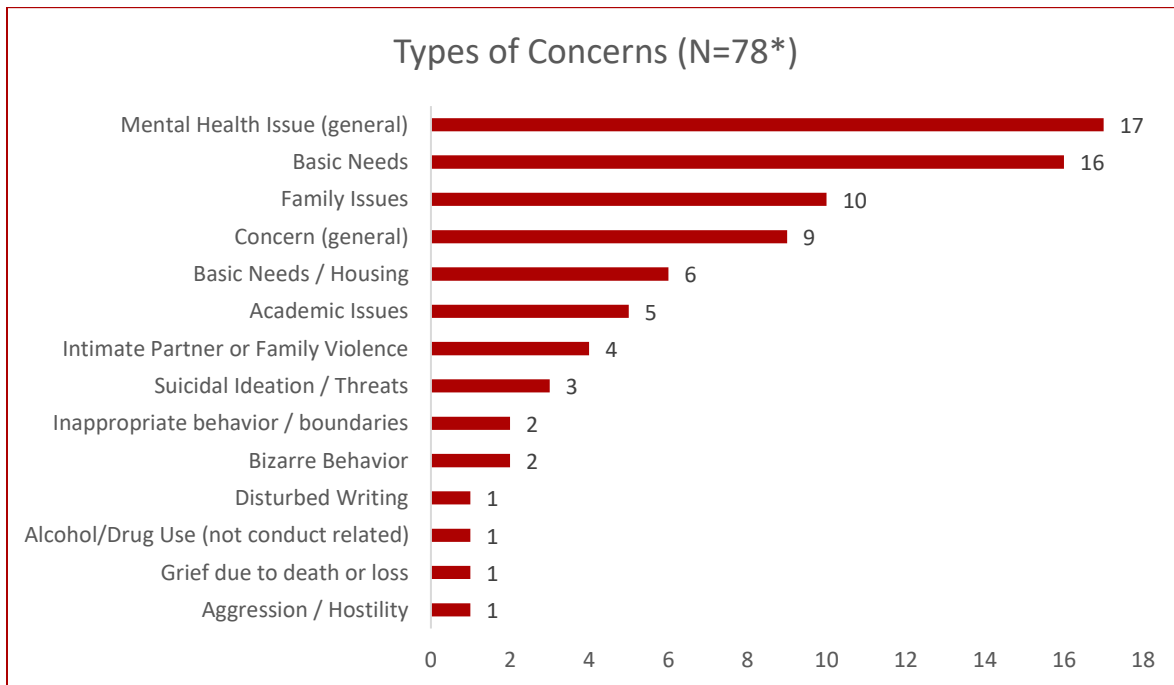
## Referral Sources

Referral Sources are those who report a student to the CARES Team and includes both staff and faculty. Teaching faculty have historically referred more students than other employees. As noted in the chart below, the ratio of referrals between these two groups held steady for the past three years.



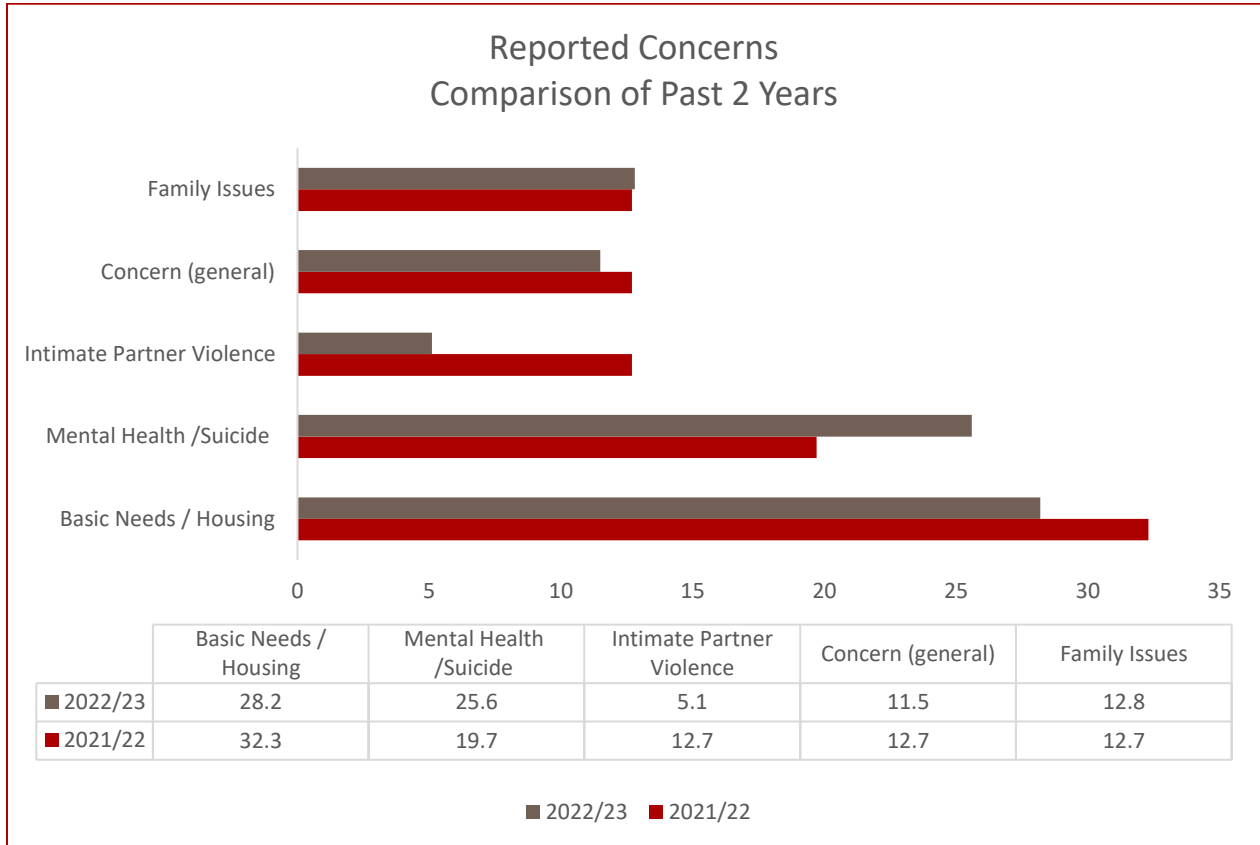
## Concerns Reported

Concerns are the presenting issues which prompted the referral to the CARES Team. For this academic year, there were 14 types of student concerns reported with some students having more than one. Among the 50 students, 78 concerns were documented. Over 29% of the concerns were those regarding basic needs (including housing issues). Mental Health and Suicidal ideation accounted for over 25% of the cases.



\*With some referrals reporting more than one type of concern, this number is higher than the number of referrals.

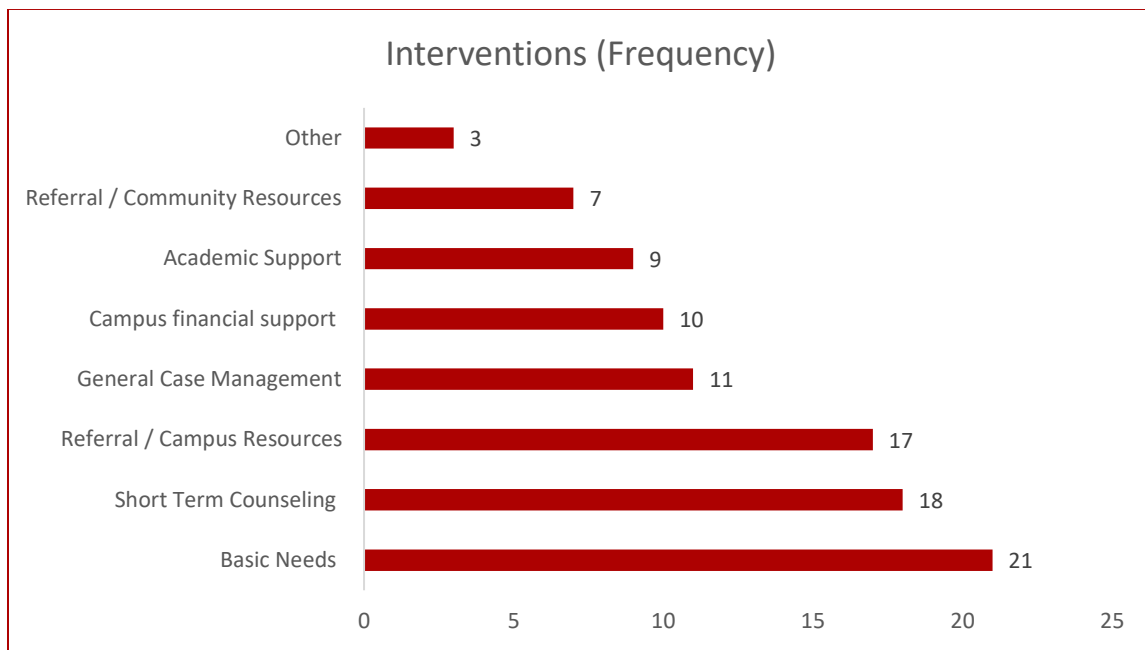
Using percentages, a comparison can be made on the types of concerns reported comparing the 2022/23 academic year with the previous year. The chart below represents that comparison with the use of percentages.



## Interventions Provided

Interventions are the types of support provided to students referred to the CARES Team and may include referrals to campus or community services. For the referrals this year, many receive more than one type of intervention. Twenty-three of the cases (46%) required a higher level of case management support. For specific resources, 32 of the 50 (64%) received some sort of academic support to include referrals to their advisors, general academic support (such as advocacy with their instructor) or referrals to the Access Center for accommodations; there were 35 referrals (70%) to either TimelyCare or our campus mental health counselor; 24 (58% of the cases) were referred to our Student Resource and Advocacy Center for basic needs support. Other interventions included financial support, skills workshops, threat assessments, and support from our Veterans Center.





## Continuous Improvement / Goals

### Strengths / Accomplishments for the 2021/22 Academic year

The following are noted accomplishments for the year and ongoing strengths of the CARES Team. Based on feedback from the Core Team, the following strengths were noted:

- Team Meetings and retreats for better communication and collaboration
- Available resources on campus to include Student Resource and Advocacy Center and mental health services
- Team engagement and passion for supporting students along with broad representation of campus offices and services.

### Review of Standards to Identify Areas of Improvement:

As noted previously, the Lee College CARES Team utilizes NABITA's Standards for Behavioral Intervention Teams (Appendix A) to ensure the use of best practices and to identify areas which may need improvement.

Use of the Standards Self-Assessment Tool (SSAT) – In 2021, the SSAT (Appendix E) was implemented to provide feedback to our Team. This tool complements the NABITA Standards and allows assessment to identify areas of strengths and opportunities for improvement. The SSAT reviews 28 standards across three elements (Structural, Process, and Quality Assurance). Each of the standards were rated from four performance levels (i.e., Deficient, Needs Improvement, Proficient, or Exemplary). In addition to the rating of each of the individual elements, an overall score provides a general assessment of the Team.

In June 2022, the CARES Team again utilized the SSAT to identify current areas of strengths and areas in need of improvement. Those areas that were marked as Needs Improvement or Deficient previously were re-evaluated.

Lee College's CARES Team Results using the SSAT – Appendix F provides the comparison of the SSAT for the past three academic years. With a total of 20 points possible, the overall score for the 2022/23 academic year remained consistent with the previous year with a score of 15.75 (proficient). According to the SSAT, proficient indicates that the Team's processes meet the basic standard of practice identified by NABITA. The document also provides information on areas needing improvement to assist with the continuation of our 2022/23 goals.

## Goal Progress

The Lee College CARES Team continues to work toward its mission to promote the wellbeing and safety of the Lee College campus community. The following goals and strategies provide a continuation of improvements based on the NABITA standards and the current practices of the Lee College Team. Each year, the Team reviews the previous year's goals, noting progress and areas in need of continued improvement with updated strategies and objectives.

For the 2022/23 academic year, two of the goals were determined complete with no further action. Two of last year's goals were updated with new strategies and measurable objectives to continue progress. There was one new goal established.

Completed goals included:

- Increase the knowledge and utilization of standardized rubrics for all users brought forward to the CARES Team. For the 2022/23 academic year, 100% of the cases had at least one risk rating and over 60% had three or more, exceeding the expectations of the goal
- Investigate and incorporate CARES Team processes in Administrative Regulations - This goal was introduced in the 2021/22 academic year and completed. A copy of the Administrative Regulations can be found in APPENDIX D.

The following charts provide historical information for each goal and information on specific strategies and objectives for the upcoming 2023/24 academic year.

## COMPLETED GOAL

**Increase the knowledge and utilization of standardized rubrics for all cases brought forward to the CARES Team.**

**2018/19- Goal created and strategies identified**

**2019/20; 2020/21; 2021/22; and 2022/23 - Updated goal and strategies with measurable objectives with progress toward goal**

**2023/24 – Progress toward goal with updated measurable objectives.**

Original Goal - Increase use of standardized rubrics. Create a process in which all referrals (regardless of the issue) will be ranked based on the standardized rubric at each Core Team meeting and documented in Maxient. Utilize NaBITA membership to access webinars for review.

2019/20 - There was an effort to utilize the NaBITA risk rubric for all referrals. Fifteen of the 36 (41.7%) were assigned at least one rubric. There will be a continued effort to raise this percentage.

2020/21 - We will continue the increase the utilization of the NABITA risk rubric to all referrals. This can be done by allowing case managers to assign the Risk Rubric outside of weekly meetings and add the Risk Rubric process to the protocol with the measurable objective to Increase the use of the Risk Rubric to 60% of all cases. This goal was met with 68% of the cases assigned a risk rating

- Objective 1 -Increase the use of the risk rubric to 75%
  - Goal met with 80.77% of cases utilizing the risk rating in 2021/22
- Objective 2 – To show weekly progress, 50% of all cases will have three or more risk ratings. (Currently at 17.3% for all cases and 21.4% for those cases with at least one risk rating. Goal ongoing.
- Objective 3 - We will increase our understanding and utilization of Threat Assessments by investigating the use of the Looking Glass or SIVRA-35 assessments. Goal ongoing.

2022/23 – Continuation of goal with updated strategies and measurable objectives:

- Objective 1 – raise total number of risk ratings for all cases to 90%
  - Progress toward goal (based on activity for the 2022/23 academic year: - Reviewing only those with responsive students
    - Goal met at 100% - 100% of the cases for 2022/23 had at least one risk rating.
- Objective 2 – to show weekly progress, a risk rating should be assigned at each meeting.
  - We set a goal of 50% of the cases will have three or more risk ratings. For the 2021/22 referrals, only 17.3% of all cases reported having 3 or more ratings (showing weekly progress). Of those referrals with a risk rating, 21.4% had a single rating. To assist this goal, Case managers will receive feedback as accountability to assure referrals have weekly risk ratings for all open cases. Also, we will remove unresponsive student cases from the percentage calculated
  - Progress toward goal

- Goal was met - For the 2023/24 academic year, 61.1% of those that had no response issues had 3 or more ratings. “No Response” cases were those who were tagged as unresponsive or unresponsive after initial contact. – (Goa
    - Objective 3 - Implement the use of Looking Glass or SIVRA-35 for threat assessments.
      - We will train a second Team member on SIVRA-35. There will be targeted communication to specific campus groups regarding threat assessment (e.g., safety committee, security, appropriate cabinet members). 100% of all cases with elevated or critical on the E-Scale will have a mandatory SIVRA-35 Assessment. Add standard to updated handbook.
      - Progress toward goal
        - Goal was met – An additional team member completed the SIVRA-35 training. The Handbook and protocols were updated to include the mandatory assessment for students rated at Elevated or Critical on the E-Scale.
- 2023/24 – Goal is complete. Additional work on matching interventions with risk ratings will be handled with Goal 3 and SSAT Standards

<b>COMPLETED GOAL</b>
<b>Investigate and incorporate CARES Team processes in Administrative Regulations</b>
2021/22 – Goal Established – Background and Discussion
2022/23 – Updates / Outcomes
<p><b>Goal: Investigate process to request how our process and regulations from the Handbook can be made into Administrative Regulations</b></p>
<p>Administrative Regulations are College Policies that provide structure and assure college support of the CARES Team process. Regulations must be approved by the Cabinet. This would provide stability of the CARES Team regardless of the change in membership.</p> <ul style="list-style-type: none"> <li>• Progress Toward the goal (based on activity for the 2022/23 academic year) – A draft was created and submitted for updates and approval. The final draft was presented to the cabinet and approved.</li> </ul>
2022/23 – Goal Complete

## 2023/24 Goals

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## Goal 1 - Create a plan to measure the satisfaction and/or effectiveness of the interventions

**2018/19- Goal created and strategies identified;**

**2019/20; 2020/21; 2021/22; and 2022/23 - Updated goal and strategies with measurable objectives with progress toward goal**

**2023/24 – Progress toward goal with updated measurable objectives.**

Original Goal - Review methods to measure the satisfaction or effectiveness of the intervention. Create a process for feedback (survey) for those employees who refer to students to the BIT.

2019/20 - For the first time, a standardized list of interventions was established and utilized for all referrals which is necessary in looking at the satisfaction and effectiveness of the interventions.

2020/21 – Goal Continued

- Objective 1 - Create a survey for feedback of those who refer to the BIT.
  - The goal was met. A survey was created. In creating the survey, we utilized the NaBITA list serv to help determine possible questions. The survey was sent out in June to 38 individuals representing referrals from September 2018 to June 2020 (a 35% response rate). The results can be found in the Referral Sources section of 2020 end of year report. Survey suggested that the referral source wanted more information about the outcome of the referrals.
- Objective 2 – Investigate possible methods of measuring the satisfaction and effectiveness of the interventions. Possibly look at grades and/or gpa
  - The goal was met – received data from College; received feedback and suggestions from NABITA.

2022/23 – Goal Continued

- Objective 1 - Develop holistic assessment plan with measurable objectives for evaluation of the Team. This may include assessing referred students, assessing all employees (those that did refer and those who did not), assessing CARES Team (at retreat). This process may include both subjective and objective measures
  - Goal was met - A plan was developed that included both a survey of the campus and the evaluation of data for persistence of students participating in the CARES Team process. Both the survey and the evaluation of the data were completed during this academic year.

2023/24 – Goal Continued

- Objective 1 – Add annual review of persistence to in handbook and continue and report in the end of year report
- Objective 2 – evaluate student satisfaction for those who participated in the CARES Team process.

## Goal 2– Increase the CARES Team Overall Rating using the Standards Self-Assessment Tool (SSAT)

**2020/21 – Goal created and strategies identified.**

**2021/22 – Updated objectives based on new assessment of standards / Progress toward goals**

**2023/24 – Updated objectives based on new assessment of standards / Progress towards goal**

2020/21 – A review of the NABITA Standards was conducted utilizing the SSAT. Specific elements were identified as deficient or needs improvement based on the review. Some elements are covered in other goals. This goal is to address those areas not covered. Specific strategies will be implemented to improve these standards which will assist in improving our overall rating of Needs Improvement. For this academic year, the Team was assessed with a score of 13 out of 20.

The following areas are noted as needing improvement and not addressed in other goals. These include the standards related to team name, team budget, interventions, marketing and advertising, and team training.

- Objective 1 – The overall rating of the Team will increase from a score of 13 (needs improvement) to a score that indicates proficient.
  - Goal complete – the 2021/22 rating increased to 15.75 points with the rating of proficient.
- Objective 2 – We will have a change of Team Name to better reflect our goal and mission. Based on discussions of the Core Team and with feedback from the Middle Core Team, the LC Behavioral Intervention team will change to the CARES Team, a more accurate reflection of our work to the campus community. The website and bookmark will be updated to reflect the new name.
  - Goal complete – For the Fall 2021 semester, the Team name was changed to the CARES Team (Concern, Assess, Refer, and educate for Success). The website and bookmark were updated.
- Objective 3 – To improve our marketing and outreach, we will create a minimum of three types of communication to the campus community (e.g., email, On Point Meeting with assemblies, etc.)
  - Goal Ongoing
- Objective 4 - The Core Team will work with the College to create a separate budget for the CARES Team with support for membership, training, etc. This will include determining the budget and submitting a request to VP of Finance prior to 2022/23 fiscal year.
  - Ongoing Goal – The budget was set up with no new funds.
- Objective 5 – We will review and identify interventions used and update how these are recorded in Maxient.
  - Ongoing Goal - Clarification is needed on how interventions are chosen (based on risk rating), how to document and determine if they are appropriate for the situation
- Objective 6 – To improve processes, there is a need to identify and commit to ongoing training. We will identify 3 top areas of training based on Core Team feedback. Create a training plan for Team to include training needs and timeline.
  - Ongoing goal – The annual retreat will be used to identify training needs.

2021/22 – A Second Review of the standards was conducted utilizing the SSAT. Progress is noted above.

2022/23 – A third review of the standards was conducted utilizing the SSAT.

- Progress toward goal – 2023 score
  - Goal Ongoing - The overall score of the review kept us at the same score (15.75) as the previous year. This would be in the “proficient” range which indicates that the operations meet the basic standard of practice identified by NABITA.
  - Interventions (Needs Improvement) – need to be noted as consistent with the risk rating. All mild and moderate, no interventions are mandated, but mandatory assessments need to be in place for those ranked as critical or elevated
    - Objective 1 – Create new note category for “Risk Assessment & Intervention” to be used after weekly meeting and updated by the case manager.
    - Objective 2 – 80% of the cases will have this “Risk Assessment & Intervention” note
  - Psychological, threat, and violence risk assessments – We have members trained, but we need to implement.
    - Objective 1 – Increase awareness of threat assessment by involving key stakeholders to include a presentation to the safety and security committee and other possible groups.

### **Goal 3 – NEW (2023/24)**

#### **Increase ease in referral process to help increase referrals to the CARES Team**

2023/24 – Goal established with measurable objectives

Based on statements from the 2023 staff survey, there is a need to make the process of referring students easier to find and complete. The following objectives will provide greater access to the referral process in order to increase the number of students referred and receiving services. The following are strategies and objectives:

- Add the CARES Team referral link to either the Blackboard page and/or the People Soft class roll
- Present information to student groups who may refer other students to include the Student Government Association and Peer Mentors.
- Investigate possibility of adding a tile to the Employee page in PeopleSoft.

## Conclusion

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In our sixth year, the Lee College CARES Team continues to refine and improve on practices to meet the needs of the College and to recognize how to better serve the Lee College community and the needs of our students. This Year's Report represents the fourth annual report providing a mechanism to capture the overall work of the Team while providing a systematic means to discover opportunities for improvement. With previous reports, comparisons and trends can be made to help support the direction of the Team.

The number of referrals for the 2022/23 Academic Year were consistent with the previous academic year. Basic needs continue to be the top concern reported to the team with mental health support the second highest concern. The College continues to use the expanded resources available on campus to support our students.

With the dedication of the Core Team, continued referrals from the campus community, and support from the College, the Lee College CARES Team will continue to grow and expand to assist students in successfully completing their academic goals.



# Appendices

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## Appendix A – NABITA Standards for Behavioral Intervention Teams



### PART I STRUCTURAL ELEMENTS



#### **Standard 1** Team Authority and Scope

The team has a mission statement, statement of scope, and the authority to fulfill its institutional charge.



#### **Standard 2** Prevention vs. Threat Assessment

Institutions have one integrated team that addresses early intervention cases as well as threat assessment cases.



#### **Standard 3** Team Name

The team's name accurately communicates the function of the team within the context of the institutional community.



#### **Standard 4** Team Leadership

The team chair brings the team together and keeps discussions productive and focused while maintaining a long-term view of team development and education.



#### **Standard 5** Team Membership

The team is comprised of at least five, but no more than ten, designated school officials.



#### **Standard 6** Team Training

Team members engage in regular, ongoing BIT training to increase confidence, build competence, and foster team development.



#### **Standard 7** Information Sharing

Team members share information according to BIT standard operating procedures and comply with FERPA/privacy/confidentiality requirements (as applicable) when accessing and sharing information.



#### **Standard 8** Team Budget

The team has an established budget sufficient to meet these standards, the ongoing needs of the team, and the community it serves.



#### **Standard 9** Community Education and Marketing

The team educates its community about bystander engagement, recognizing leakage, and making referrals. The team markets its function/services through advertising campaigns, websites, logos, and other promotional materials.



#### **Standard 10** Procedure Manual

The team has a written procedure manual that supports an objective, consistent, and evidence-based functionality.

To read the full 2023 NABITA Standards for Behavioral Intervention Teams whitepaper, please visit [NABITA.org/2023Standards](https://www.nabita.org/2023Standards)

## PART 2 PROCESS ELEMENTS



### Standard 11 Referral Receipt and Review

The team has a process for receiving, reviewing, and triaging all referrals.



### Standard 12 Meeting Operations

The team holds meetings at regular intervals, following an agenda and established process for facilitating team meetings.



### Standard 13 Objective Risk Rubric

The team uses an evidence-based, objective risk rubric to assess every referral.



### Standard 14 Psychological, Threat, and Violence Risk Assessments

The team uses objective, evidence-based tools to conduct violence risk, threat, and psychological assessments as part of its overall approach to prevention and intervention.



### Standard 15 Interventions

The team clearly defines its actions and interventions for each risk level on the BIT's objective risk rubric.



### Standard 16 Case Management

The team invests in case management as a process, often as a role/position, that provides flexible, need-based support for individuals to address referral concerns, connect with resources, and improve overall wellness.



### Standard 17 Case Review

The team regularly uses a written and formalized case review protocol to determine and document the need to keep a case active, to engage in case monitoring, or to move a case to inactive/closed status.



### Standard 18 Recordkeeping

The team uses an electronic data management system to keep records of all referrals and cases.

## PART 3 QUALITY ASSURANCE AND ASSESSMENT



### Standard 19 End of Semester and Year Reports

The team collects data to analyze trends or patterns, publishes its findings in semester or annual reports, and adjusts resources, marketing, and/or training in accordance with its findings.



### Standard 20 Team Audit

The team regularly assesses its structure and processes to ensure it is functioning effectively and is in alignment with best practices.



### Standard 21 Program Effectiveness

The team deploys various research methods to assess the team's effectiveness in meeting goals and outcomes.

To read the full 2023 NABITA Standards for Behavioral Intervention Teams whitepaper, please visit [NABITA.org/2023Standards](https://www.nabita.org/2023Standards)

# AGENDA

## Lee College CARES Team Retreat

*October 19, 2022/ Sterling Municipal Library*

<b>Time</b>	<b>Item</b>
12 Noon	Lunch / Quiz (for door prize) Updates / Reminders
12:45-1:00	Teamwork exercise
1:00-1:30	Threats and Disruptive Behaviors: The Role of the CARES Team - SIVRA-35
1:30-2:15	CARES Team: What's next? - 2022 End of Year Report - Who are We / Strengths and Challenges - Future of the CARES Team
2:15-2:30	Break
2:30-2:45	Teamwork Exercise #2
2:45-3:15	Evaluation of the CARES Team/Annual Goals
3:15-4:00	Quality Service Presentation
4:00	Wrap up / Adjourn

# AGENDA

Lee College CARES Team Retreat

*February 27, 2023/ Sterling Municipal Library*

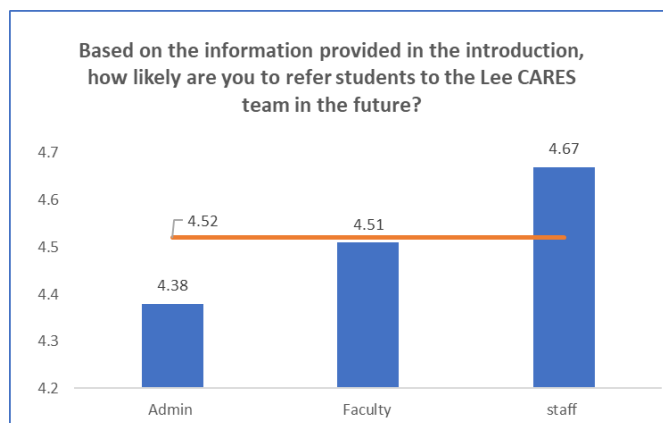
<b>Time</b>	<b>Item</b>
12:30	Lunch (updates & reminders)
1:15	Review of open cases
1:30	State of the Field / NABITA 2022 National Survey
	Evaluation Data Review / 2023 Goal Updates
1:45	<ul style="list-style-type: none"><li>- Review of 2023 Staff Survey</li><li>- Retention Data: Comparing retention rates of CARES participants with overall LC students</li></ul>
2:15	Break
2:25	Next Steps Activity
3:00	Review of Administrative Regulations
3:35	Break
3:45	Pair & Share Activity
4:00	Presentation “Working WITH Addiction” Heather Martin, LCDC
4:55	Wrap up / Adjourn

## Appendix C – 2023 Employee Survey Results

An employee survey was developed in the fall 2022 semester and was made available to all full time and part time Lee College employees in January 2023. Based on the reported role of the participants, the largest group to respond was faculty (40%), followed by staff (37%), and administrators (23%). The majority of those responding reported full time employment status at nearly 82%. Of those who have been employed with the College prior to the spring 2023 semester, 54% reported never making a referral to the CARES Team.

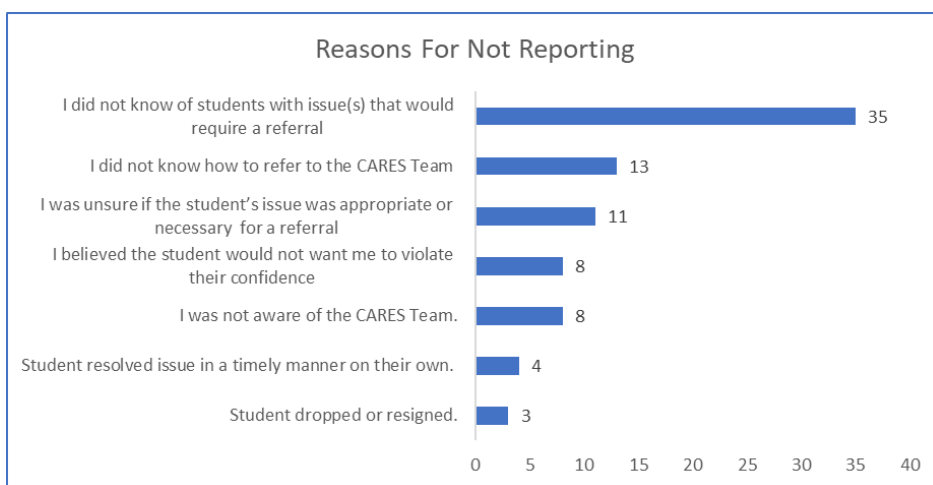
### Q1 - Based on information provided, how likely are you to refer students to the CARES Team in the future?

Responses included from both those who have referred to the CARES Team in the past and those who reported never making a referral. Utilizing a Likert Scale from 1 (not likely) to 5 (very likely), the overall weighted average was 4.5. Administrators were least likely to report (4.38) while staff were most likely to refer (4.7). 92% of the responses reported likely or very likely and less than 2% reported not likely.



For those who had never referred, the top reasons included:

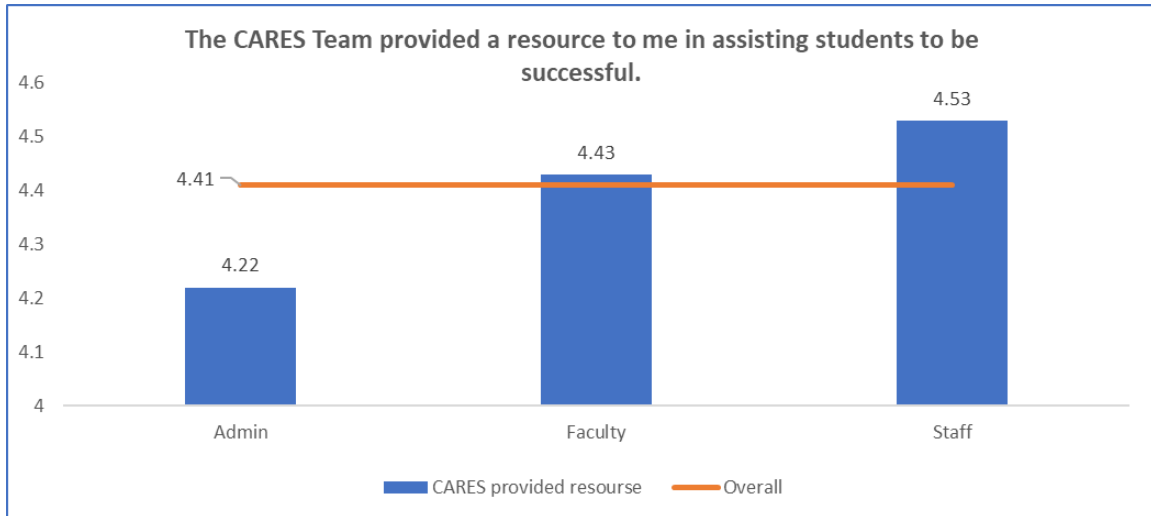
- I did not know of students with issues that would require a referral (61.4%)
- I did not know how to refer to the CARES Team (22.8%)
- I was unsure if the student's issue was appropriate for a referral to the CARES Team (17.4%)



For those who have previously referred to the CARES, specific questions were asked to assess their experience.

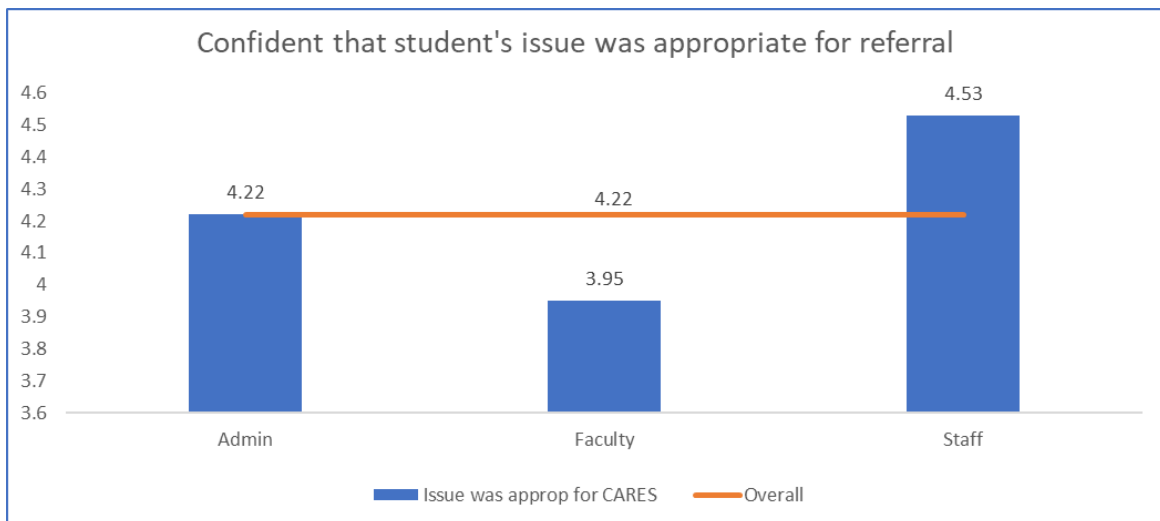
**Q2 - The CARES Team provided a resource to me in assisting the students be successful**

Nearly 86% chose agree or strongly agree with a mean of 4.41. For this group, the staff was more likely to agree compared to the administrators.



**Q3 - I was confident that the student's issue was appropriate for a CARES Team referral**

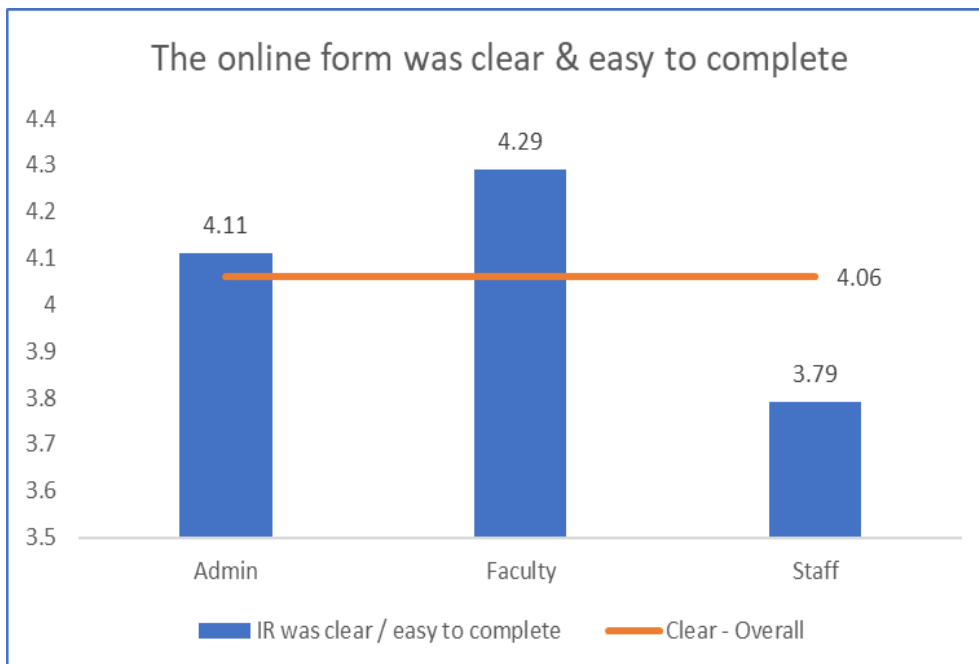
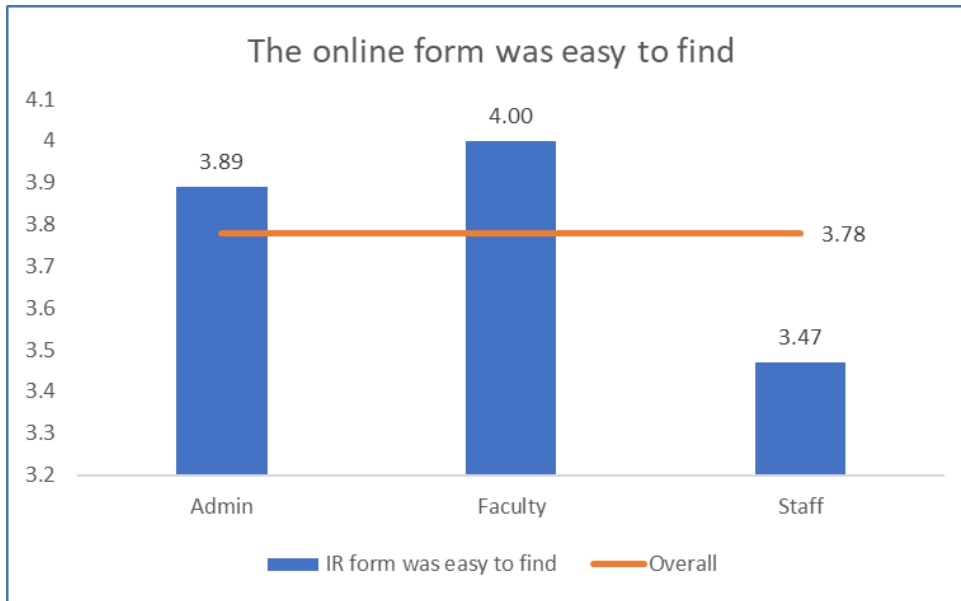
Utilizing a Likert Scale from 1 to 5, nearly 84% responded agree or strongly agree with a mean of 4.22. The responses indicated that staff were more confident and faculty were the least confident of the three groups.



**Q4 and Q 5 - The online referral form was easy to find and the online form was clear and easy to complete**

While 61% agreed that the form was easy to find, 10% chose disagree or strongly disagree with this statement. Regarding the form was clear and easy to complete, 67% of those responding agreed (agree and strongly agree); 29% were neutral; and 6% disagreed

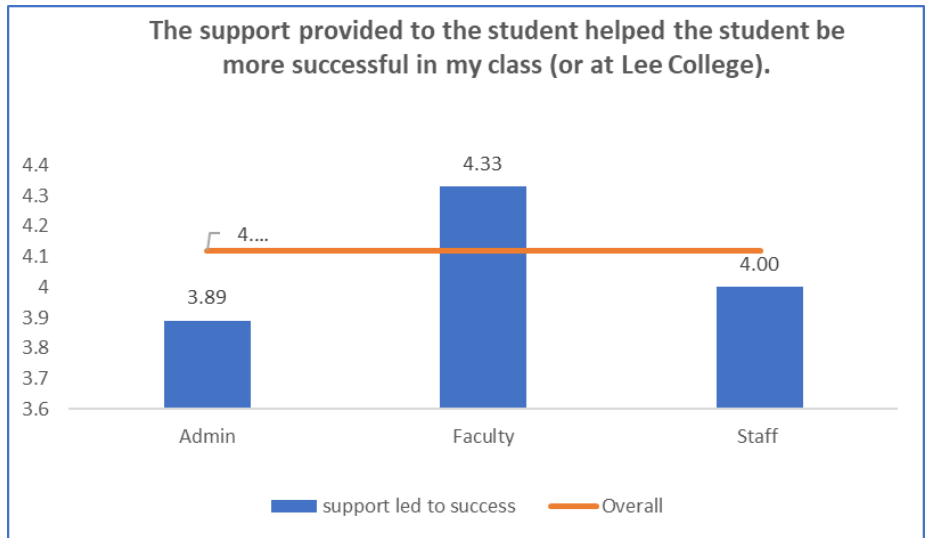
Comparing the three groups, faculty were the most confident for both ease in finding the from and ease in completing while staff were the least confident.





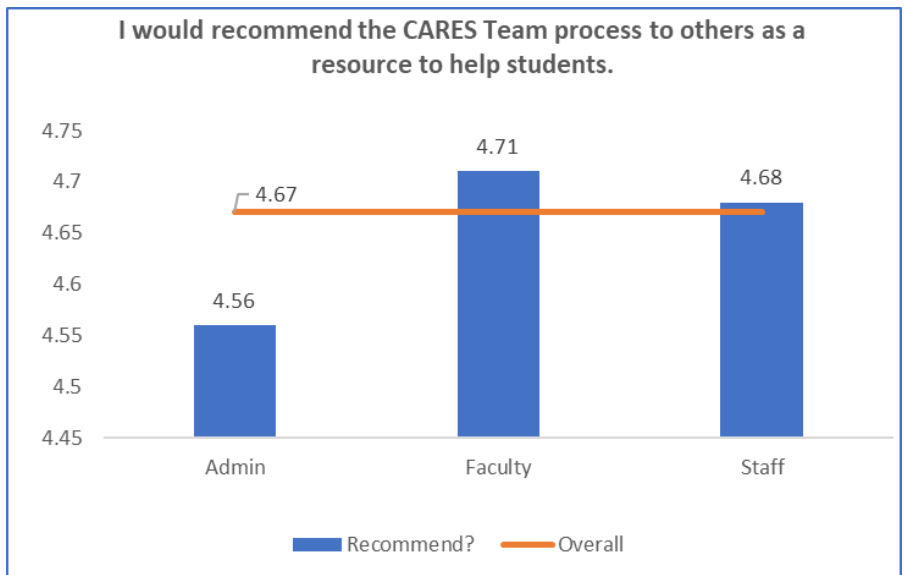
**Q6 - I believe the support provided to the student helped the student be more successful**

For those responding, 73% chose agree or strongly agree with this statement with a mean of 4.12. Faculty was above the average while both staff and administrators were below the average for this question.



**Q7 - I would recommend the CARES Team process to others as a resource to help students**

Over 75% of the responses chose strongly agree and nearly 96% chose strongly agree or agree. The mean for this question was 4.57. The administrative group responded below average when compared to faculty and staff.



# Appendix D – CARES Team Administrative Regulation

Lee College

CARES Team – CONCERN, ASSESS, REFER, AND EDUCATE FOR SUCCESS.

CT-R  
(Administrative  
Regulation)

PURPOSE	This administrative regulation is designed to support the Lee College CARES (Concern, Assess, Refer, and Educate for Success) Team. The CARES team addresses situations in which students are displaying concerning or disruptive behaviors that potentially impede the student's own or others' ability to function successfully or safely.
SCOPE	<p>The scope of responsibility for the CARES Team is to assist current credit students (including dual credit) and current cross-credit (workforce) students. For referrals made outside this scope, the CARES Team responds with information and alternative support when possible. The role of the CARES Team is not to be that of conduct, but rather support. Matters concerning Huntsville will be addressed through the Lee College Huntsville Center.</p> <p>Details of the CARES Team processes can be found in the CARES Team Handbook.</p>
CARES TEAM MEMBERSHIP	<p>The CARES Core Team is to be chaired by the designee of the Associate Vice President of Student Affairs and will serve as a case manager. Core Team members will include individuals who represent specific areas to include:</p> <ul style="list-style-type: none"><li>• Conduct (advisory only)</li><li>• Student Resource and Advocacy Center (designated case manager)</li><li>• Access Center / Disability Services (designated case manager)</li><li>• Mental Health (advisory only)</li><li>• Security (advisory only)</li></ul> <p>In addition, others may serve on the Core Team as deemed appropriate by the chair and may include, but not limited to, representatives from the following areas, As needed, these positions may be called upon to serve as case managers.</p> <ul style="list-style-type: none"><li>• Faculty</li><li>• Admissions</li><li>• Financial Aid</li><li>• Advising / Academic Counseling Services</li><li>• Dual Credit</li><li>• Title IX</li><li>• Veterans Support</li></ul> <p>Within the Core Team, case managers will be identified to take the lead in the coordination of cases. A collaborative process to assess concerning behaviors will be used. Depending on the situation, additional personnel with specific areas of specialization or</p>

DATE ISSUED: PENDING

1 of 3

FUNCTIONS OF THE  
CARES TEAM

responsibility may be called upon to assist the Team such as a specific faculty member, an academic advisor, an employer on campus, other staff members, or local law enforcement.

An Advisory Team will be formed to ensure key stakeholders are aware of the CARES Team process and to serve as advocates. Advisory Team members will meet with the Core Team once each long semester (fall and spring) and will be provided an update on the activities of the CARES Team.

**Outreach to the Campus Community -** The Lee College CARES Team recognizes the importance of educating the campus community about what and how to report as an essential aspect of having a successful and effective team. Education will include information on what type of behaviors to report, how to report, and the established process of the CARES Team. A multi-faceted marketing strategy will be utilized to ensure the college community receives information and is comfortable in the reporting process. Marketing will include a dedicated website, campus emails, and presentations to targeted groups (e.g., New Faculty Orientation, College Assemblies, etc.).

**Referrals / Reporting Processes** – An online reporting form through the Lee College webpage will serve as the official referral to the CARES Team process. The incident report form will provide a standardized method for recording observations of troublesome behaviors and for alerting the CARES Team of potential concerns.

**Responding to Referrals** – Lee College faculty and staff will be provided information and support on what behaviors are to be reported and how to refer any individual who could possibly cause harm to anyone at the college. The campus community will also understand when, due to the risk and immediacy of a situation, it would be more appropriate to report to Lee College Security or law enforcement.

Referrals to the CARES Team made through the online reporting form will generate an automatic notification to the Team Chair or designee. With each referral, the case is created, and a case manager assigned. For situations which may not be appropriate for the CARES Team, the referral source will be provided information and alternative support.

**Meetings:** Core Team members will meet regularly to review cases and implement interventions.

**Use of Standardized Rubrics** – Core Team members are to utilize standardized risk rubrics for each referral. Standardized rubrics provide research-based, objective categories to drive intervention

decisions. For cases involving individuals rated as elevated in terms of hostility and violence scale, additional assessment (i.e., Structured Interview for Violence Risk Assessment) is mandated to ensure the safety of others.

**End of Year Report -** The CARES Team End of Year Report will be created by the Chair for each academic year. The report will provide an opportunity for members and the campus community to have a deeper understanding of the functions of the CARES Team process as well as insight into trends on campus, areas of strengths, and needed improvements.

In addition to the End of Year Report, a handbook of the CARES Team will provide details on the specific procedures and is updated annually.

DOCUMENTATION  
AND RECORDS

The Lee College CARES Team will keep current and updated records of all cases through a centralized record keeping software.

Records will be kept indefinitely in the software database or at the discretion of the CARES Team Chair with specific procedures to maintain confidentiality. All case records will be considered educational records and protected under FERPA privacy law. Specific procedures are to be followed for students to request records or to request expungement of the student's CARES Team record.

## Appendix E – NABITA’s Standards of Self-Assessment Tool Rubric

## STANDARDS SELF-ASSESSMENT TOOL

### NABITA STANDARDS FOR BEHAVIORAL INTERVENTION TEAMS

The Standards Self-Assessment Tool (SSAT) is provided as a tool to complement the 2018 NaBITA Standards for Behavioral Intervention Teams. BITs can assess their performance on each of the 20 standards in order to identify areas of best practice and opportunities for improvement. The SSAT includes descriptions of teams performing along each of the 4 performance levels as well as suggested team documents to review in order to gather evidence for your assessment.

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<b>PART 1: STRUCTURAL ELEMENTS</b>				
<p><b>STANDARD #1: DEFINE BIT</b></p> <p>BITs are small groups of school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.</p> <p>Evidence: Team Mission, BIT Operations Manual, marketing, meeting agendas</p> <p>Level: _____ Score: _____</p>	<p>The activities of the BIT are not defined and do not include the main functions: 1) gathering data, 2) objective analysis of data, and 3) intervention and follow-up.</p> <p>The BIT does not assessment process.</p>	<p>The activities of the BIT are somewhat defined and include one or two of the main functions: 1) gathering data, 2) objective analysis of data, and 3) intervention and follow-up.</p> <p>The BIT uses some assessment processes.</p>	<p>The activities of the BIT are defined and mostly include the three main functions: 1) gathering data, 2) objective analysis of data, and 3) intervention and follow-up.</p> <p>The BIT utilizes regular assessment processes.</p>	<p>The activities of the BIT are clear, well-defined, and include the three main functions: 1) gathering data, 2) objective analysis of data, and 3) intervention and follow-up.</p> <p>The BIT utilizes ongoing and circular assessment processes.</p>
<p><b>STANDARD #2: PREVENTION VS. THREAT ASSESSMENT</b></p> <p>Schools have an integrated team that addresses early intervention cases, as well as threat assessment cases.</p> <p>Evidence: Team Mission, BIT Operations Manual, marketing, reporting and data analysis</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not incorporate both early intervention/prevention activities and threat assessment in its work.</p> <p>Other teams exist at the school with these roles, and silos of communication exist between the teams.</p>	<p>The BIT incorporates some elements of early intervention/prevention activities and threat assessment in its work.</p> <p>Other teams exist at the school with overlapping roles, and silos of communication exist between the teams.</p>	<p>The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized.</p> <p>Threat assessment is one component of the BIT's activities into prevention work.</p> <p>There is another team at the school with some overlap of roles, but communication, marketing, and reporting is coordinated to reduce silos.</p>	<p>The BIT is designed to identify early indicators of escalating and concerning behaviors in order to identify and intervene before threats are formalized.</p> <p>Threat assessment is one component of the BIT's activities in addition to prevention work.</p> <p>There is little to no overlap of roles with separate teams in the school, and silos are minimized.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #3: TEAM NAME</b></p> <p>Team names communicate the role and function in a way that resonates with the campus community.</p> <p>Evidence: Name of team, marketing materials</p> <p>Level: _____ Score: _____</p>	<p>The team does not have an established, consistent name.</p>	<p>The team name is in transition or not well-known. The name may include an odd acronym or feel cliché. There are concerns that the name may over-emphasize threat assessment or law enforcement.</p>	<p>The team name communicates the role, function, and purpose of the team to members of the school community. The name communicates a philosophy of support and encouragement for those reported to the team.</p>	<p>The team name clearly communicates the role, function, and purpose of the team to members of the school community.</p> <p>The name communicates a philosophy of support and encouragement for those reported to the team.</p> <p>The name resonates with the unique school climate and appeals to the school community.</p>
<p><b>STANDARD #4: TEAM LEADERSHIP</b></p> <p>Team leaders serve to bring the team together and keep discussions productive and focused while maintaining a long-term view of team development and education.</p> <p>Evidence: BIT operations manual, team agendas, team training schedule, feedback from membership</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not have a consistent leader or chairperson.</p>	<p>The BIT has a consistent leader or chairperson.</p>	<p>The BIT has a defined and consistent leader or chairperson.</p> <p>The leader provides oversight to regular team functions while also planning for the long-term development of the team.</p>	<p>The BIT has a clearly defined, consistent leader or chairperson.</p> <p>The leader provides oversight to regular team functions while also planning for the long-term development of the team.</p> <p>The leader is aware of team challenges and limitations and works to address them in a timely manner.</p> <p>The leader is respected by the team, holds a position appropriate for the role of BIT chair, and promotes a positive and trusting team climate.</p>
<p><b>STANDARD #5: TEAM MEMBERSHIP</b></p> <p>Teams are comprised of at least 5, but no more than 10 members, and should at a minimum include the core representatives of a BIT.</p> <p>Evidence: BIT operations manual, membership list, appointment letters, team trainings</p> <p>Level: _____ Score: _____</p>	<p>The BIT membership is undefined.</p>	<p>The BIT membership is less than 5 or more than 10. Membership does not represent the school context or creates limitations for BIT functions.</p> <p>Membership roles and involvement are not well-defined or clear.</p>	<p>The BIT membership is between 5 and 10 members. Membership minimally includes: an administrative generalist (Dean of Students, Principal, Assistant Principal), mental health representative (counselor), conduct or disciplinary representative, and a police/law enforcement/school resource officer representative. Membership is representative of the school.</p>	<p>The BIT membership is between 5 and 10 members. Membership minimally includes: an administrative generalist (Dean of Students, Principal, Assistant Principal), mental health representative (counselor), conduct or disciplinary representative, and a police/law enforcement/school resource officer representative. Membership is representative of the school.</p> <p>Outside of this core and inner group membership, other representatives in the school are clearly defined, trained, and attend meetings as necessary.</p> <p>Members have clear roles and involvement as well as varied access levels to database based on roles.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #6: MEETING FREQUENCY</b></p> <p>Teams have regularly scheduled meetings at least twice a month with the capacity to hold emergency meetings immediately when needed.</p> <p>Evidence: Meeting schedule, agendas, team training information</p> <p>Level: _____ Score: _____</p>	<p>The BIT meets as needed and does not have a regularly scheduled meeting time.</p>	<p>The BIT meets at a regularly scheduled time. The BIT sometimes cancels meetings.</p>	<p>The BIT meets once a week or every other week at a regularly scheduled time and location for 60-90 minutes.</p> <p>A meeting agenda is circulated prior to the team meeting. The BIT has the capability of calling emergency meetings as needed. The team rarely cancels meetings and instead uses this time for team training and development.</p>	<p>The BIT meets once a week at a regularly scheduled time and location for 60-90 minutes.</p> <p>A meeting agenda is circulated prior to the team meeting. The BIT has conference phone or video technology capabilities to use as needed for emergency meetings. The BIT does not cancel meetings, and instead this time is used for team training and development.</p>
<p><b>STANDARD #7: TEAM MISSION</b></p> <p>Teams have a clear mission statement which identifies the scope of the team, balances the needs of the individual and the community, defines threat assessment as well as early intervention efforts, and is connected to the academic mission.</p> <p>Evidence: mission statement, marketing materials</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not have a mission statement.</p>	<p>The BIT has a mission statement which identifies the purpose and scope of the team.</p>	<p>The BIT has a clear mission statement which identifies the purpose and scope of the team as focused on early intervention efforts and threat assessment with a goal of safety and well-being for members of the school community.</p> <p>The mission is connected to the academic mission of the institution.</p>	<p>The BIT has a clear mission statement which identifies the purpose and scope of the team as focused on prevention, mitigation, and threat assessment with a goal of safety and well-being for members of the school community.</p> <p>The mission also communicates a responsiveness to concerns while balancing the needs of the individual and the community.</p> <p>The mission is connected to the academic mission of the institution.</p>
<p><b>STANDARD #8: TEAM SCOPE</b></p> <p>Teams address concerning behavior among students, faculty/staff, affiliated members and should work in conjunction with appropriate law enforcement and human resource agencies when needed.</p> <p>Evidence: BIT operations manual, marketing materials, mission statement</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not have a defined scope of responsibility.</p>	<p>The BIT has a defined scope of responsibility.</p> <p>The scope defines what types of concerns are addressed by the team.</p>	<p>The BIT has a clear and defined scope of responsibility which includes what types of concerns are addressed and how the team coordinates related to concerns outside their scope of responsibility.</p>	<p>The BIT has a clear and defined scope of responsibility.</p> <p>The team addresses concerns related to students, employees, and affiliated members (parents, alumni, visitors) and coordinates as appropriate with human resources and/or law enforcement.</p> <p>The BIT responds to incidents regardless of enrollment status and physical geography.</p>



STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #9: POLICY AND PROCEDURE MANUAL</b></p> <p>Teams have a policy and procedure manual that is updated each year to reflect changes in policy and procedures the team puts into place.</p> <p>Evidence: BIT operations manual</p> <p>Level: _____</p> <p>Score: _____</p>	<p>The BIT does not have a policy and procedure manual.</p>	<p>The BIT has a policy and procedure manual to guide team functions.</p>	<p>The BIT has a policy and procedure manual that provides clear guidelines and directions for team functions and activities.</p> <p>The document is updated regularly. The document includes most of the following elements: mission statement, membership, regular team functions, team communications, community engagement and marketing, documentation and records, threat assessment tools, interventions, and quality assurance.</p> <p>The manual is sufficient to guide a team in consistent operations.</p>	<p>The BIT has a policy and procedures manual that provides clear guidelines and directions for team functions and activities.</p> <p>The manual is updated at least annually. The document includes information on the mission statement, membership, regular team functions, team communications, community engagement and marketing, documentation and records, threat assessment tools, interventions, and quality assurance. Examples of documents are also included such as agendas, reports, training schedules, marketing items, and informed consents.</p> <p>The manual is sufficient to guide a team in consistent operations.</p>
<p><b>STANDARD #10: TEAM BUDGET</b></p> <p>Teams have an established budget in order to meet the ongoing needs of the team and the community it serves.</p> <p>Evidence: budget information</p> <p>Level: _____</p> <p>Score: _____</p>	<p>The BIT does not have any designated funds to operate.</p>	<p>The BIT has some designated budgetary funds to operate.</p>	<p>The BIT has a designated and established budget sufficient to meet the ongoing needs of the team.</p>	<p>The BIT has a designated and established budget sufficient to meet the ongoing needs of the team.</p> <p>The budget may occur through an annual allocation or shared across departments and transferred into a central fund.</p> <p>The budget aligns with strategic goals for the team.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<b>PART 2: PROCESS ELEMENTS</b>				
<p><b>STANDARD #11: OBJECTIVE RISK RUBRIC</b></p> <p>Teams have an evidence-based, objective risk rubric that is used for each case that comes to the attention of the team.</p> <p>Evidence: risk rubric, case notes with risk ratings, pattern analysis of risk ratings, team training documentation, BIT operations manual</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not use a risk rubric to evaluate risk levels of cases.</p>	<p>The BIT uses a risk rubric on all or most cases. The team members are trained on the rubric.</p>	<p>The BIT uses an evidence-based objective risk rubric on all cases.</p> <p>The rubric includes a broad definition of behaviors including mental health and disruptive behaviors as well as threats, ideations, or behaviors that put others at risk.</p> <p>Team members are trained on the rubric.</p>	<p>The BIT consistently utilizes an evidence-based, objective risk rubric on all cases each time they are discussed.</p> <p>The rubric includes a broad definition of behaviors including mental health and disruptive behaviors as well as threats, ideations or behaviors that put others at risk.</p> <p>The rubric is designed for the team's setting (higher education, secondary education, etc.)</p> <p>The rubric is accessible to all team members through multiple formats (paper, electronic, app, etc.) Team members participate in ongoing training on the rubric. The team regularly reviews patterns of rubric ratings for consistency and calibration.</p>
<p><b>STANDARD #12: INTERVENTIONS</b></p> <p>A team clearly defines its actions and interventions for each risk level associated with the objective risk rubric they have in place for their team.</p> <p>Evidence: list of interventions/action items, risk rubric, case notes with risk rubrics and interventions, pattern analysis of interventions, BIT operations manual</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not define a range of interventions to select for cases.</p>	<p>The BIT selects interventions for cases.</p> <p>A range of interventions are used.</p>	<p>The BIT selects interventions/ actions based on the risk level assigned for cases.</p> <p>A range of interventions are defined for each risk level and include a threat/ violence risk assessment.</p>	<p>The BIT selects interventions/ actions based on the risk level assigned for all cases. Interventions are clearly defined for each risk level and include a wide range of options that can be tailored based on evolving case information.</p> <p>This includes a clear trigger for a threat/ violence risk assessment.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #13: CASE MANAGEMENT</b></p> <p>Teams invest in case management as a process, and often a position, that provides flexible, need-based support for students to overcome challenges.</p> <p>Evidence: case manager position description, team trainings related to case management, case notes with risk rubric and case management interventions, BIT operations manual</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not use case management processes as an intervention on cases.</p>	<p>The BIT uses case management processes occasionally as an intervention on cases.</p> <p>The BIT does not have dedicated resources from a position or members of the team for case management processes.</p>	<p>The BIT uses case management processes regularly as an intervention on cases.</p> <p>The BIT has a dedicated case manager position on the team or assigns case management duties to members of the team.</p> <p>The case management process is solution-focused with support for overcoming challenges and works across departments without silos.</p>	<p>The BIT uses case management processes regularly and consistently as an intervention on cases.</p> <p>The BIT has a dedicated case manager position on the team or assigns case management duties to members of the team.</p> <p>The case management process is comprehensive including responsibilities such as conducting intakes, risk assessments, assisting with accessing resources, developing success plans, fostering resiliency, and self-reliance.</p> <p>The case management process is solution-focused with support for overcoming challenges, goal-oriented, and works across departments without silos.</p>
<p><b>STANDARD #14: ADVERTISING AND MARKETING</b></p> <p>Teams market their services, as well as educate and train their communities about what and how to report to the BIT, through marketing campaigns, websites, logos, and educational services.</p> <p>Evidence: examples of marketing and advertising efforts, written marketing plan, BIT operations manual</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not use marketing and advertising processes to educate and train their community on BIT.</p>	<p>The BIT uses marketing and advertising processes to educate and train their community on reporting to the BIT.</p>	<p>The BIT uses ongoing marketing and advertising processes to educate and train their community on reporting to the BIT, BIT roles and resources, and to nurture referral sources for future reports.</p> <p>Marketing and advertising efforts include a website and other active and passive marketing campaign components.</p> <p>The BIT hosts regular educational sessions to train departments and units.</p>	<p>The BIT uses ongoing marketing and advertising processes to educate and train their community on reporting to the BIT, BIT roles and resources, and to nurture referral sources for future reports.</p> <p>Marketing and advertising efforts include a website and other marketing campaign components such as a logo, brochures, videos, signage, and a list of disruptive and dangerous behaviors to report.</p> <p>The BIT hosts regular educational sessions to train departments and units and participates in collaborative programs such as orientation. The BIT has a marketing plan which identifies stakeholders and reaches all members of its community through both passive and active marketing efforts.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #15: RECORDKEEPING</b></p> <p>Teams use an electronic data management system to keep records of all referrals and cases.</p> <p>Evidence: case record analysis and accuracy, system capabilities and usage, data reports</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not use an electronic data management system to maintain case reports and notes.</p>	<p>The BIT uses an electronic data management system to maintain all reports and case notes.</p>	<p>The BIT uses a robust, electronic data management system to maintain all reports and case notes.</p> <p>The system allows for data to be electronically entered and stored in a way that is easily retrievable, searchable, and secure.</p> <p>The system is accessible for all BIT members and facilitates communication among the team.</p> <p>The BIT is trained on member recordkeeping responsibilities and the system is updated regularly and consistently when the team meets and generates new risk ratings, interventions, and case updates.</p>	<p>The BIT uses a robust, electronic data management system to maintain all reports and case notes.</p> <p>The system allows for data to be electronically entered and stored in a way that is easily retrievable, searchable, and secure.</p> <p>The system is accessible for all BIT members, facilitates communication among the team, and can generate reports to analyze patterns of data. The system supports reporting efforts by offering an online reporting form.</p> <p>The team has policies related to confidentiality standards (FERPA, HIPAA, and state confidentiality laws, record expungement, and transcript notation).</p> <p>The BIT is trained on member recordkeeping responsibilities and the system is updated regularly and consistently when the team meets and generates new risk ratings, interventions, and case updates. BIT records are differentiated from counseling, health, conduct, or other student records.</p>
<p><b>STANDARD #16: TEAM TRAINING</b></p> <p>Teams engage in regular, ongoing training on issues related to BIT functions, risk assessment, team processes, and topical knowledge related to common presenting concerns.</p> <p>Evidence: team training schedule, training content</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not participate in training or development activities.</p>	<p>The BIT participates in training and development activities occasionally.</p>	<p>The BIT participates in regular, ongoing training related to BIT functions, risk assessments, team processes, and topical knowledge related to common presenting concerns.</p> <p>The BIT plans and documents training activities. New team members participate in trainings for BIT tools, systems, and processes.</p>	<p>The BIT participates in regular, ongoing training related to BIT functions, risk assessments, team processes, and topical knowledge related to common presenting concerns. Topics include advanced topics such as cultural competency, legal updates, and threat assessment.</p> <p>The BIT plans and documents trainings with an annual professional development schedule including conferences, workshops, online webinars, tabletop exercises, external trainers/consultants, and article/book discussions.</p> <p>New team members participate in onboarding training for BIT tools, systems, and processes. Instead of cancelling BIT meetings, the BIT uses this dedicated time for training activities.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #17: PSYCHOLOGICAL, THREAT, AND VIOLENCE RISK ASSESSMENTS</b></p> <p>BITs conduct threat and violence risk assessment as part of their overall approach to prevention and intervention.</p> <p>Evidence: risk assessment tools, case notes with risk assessments, team trainings, BIT operations manual</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not use psychological, threat, and violence risk assessments.</p> <p>The BIT does not have access to psychological, threat, or violence risk assessments.</p>	<p>The BIT has some capacity to use psychological, threat, and violence risk assessments, but the team may not have access to all three or may not have a clear understanding of the different purposes of the assessments.</p> <p>Some members of the team are trained in one or more of the risk assessment types.</p>	<p>The BIT uses psychological, threat, and violence risk assessments as part of their overall approach to prevention and intervention. The BIT understands the difference in the various risk assessments and has defined risk levels when risk assessments are used.</p> <p>Some members of the team are trained in advanced threat assessment tools and perform the threat assessments.</p>	<p>The BIT uses psychological, threat, and violence risk assessments as part of their overall approach to prevention and intervention.</p> <p>The BIT understands the difference in the various risk assessments and has clearly defined risk levels when risk assessments are used.</p> <p>The BIT specifically has a violence risk assessment capacity with the full team trained in advanced threat assessment tools and 3-4 members identified to perform the threat assessments.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<b>PART 3: QUALITY ASSURANCE AND ASSESSMENT</b>				
<p><b>STANDARD #18: SUPERVISION</b></p> <p>The BIT chair regularly meets with members individually to assess their functional capacity and workload and to offer guidance and additional resources to improve team membership performance.</p> <p>Evidence: meeting documentation from BIT chair, BIT agendas with team discussions, position descriptions</p> <p>Level: _____ Score: _____</p>	<p>The BIT members receive little to no guidance and supervision.</p> <p>The BIT struggles with conflict and opportunities for team development.</p>	<p>The BIT members receive some guidance and supervision from the BIT Chair.</p> <p>The BIT Chair assists with managing team conflict and promoting team development.</p>	<p>The BIT members receive clear guidance and supervision.</p> <p>The BIT Chair meets once a semester with each team member to discuss team roles and responsibilities, to assess their functional capacity and workload on the team, and to offer guidance and resources to improve membership performance. The BIT Chair addresses team conflicts and facilitates team development.</p>	<p>The BIT members receive clear guidance and supervision.</p> <p>The BIT Chair meets twice a semester with each team member to discuss team roles and responsibilities, to assess their functional capacity and workload on the team, and to offer guidance and resources to improve membership performance.</p> <p>The BIT Chair effectively addresses team conflicts and facilitates team development.</p>

STANDARDS	DEFICIENT (0 Points)	NEEDS IMPROVEMENT (.50 Points)	PROFICIENT (.75 Points)	EXEMPLARY (1 Point)
<p><b>STANDARD #19: END OF SEMESTER AND YEAR REPORTS</b></p> <p>Teams collect and share data on referrals and cases to identify trends and patterns and adjust resources and training.</p> <p>Evidence: semester and annual reports, strategic plan</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not produce reporting on BIT activities. The BIT does not participate in strategic planning or assessment activities.</p>	<p>The BIT produces reports as needed on BIT activities, trends, and patterns of referrals and cases, as well as implications for BIT resources and training.</p>	<p>The BIT collects, prepares, and disseminates data on BIT activities for end of semester and annual report. Reports include trends and patterns of referrals and cases as well as implications for BIT resources and training.</p> <p>The BIT participates in regular strategic planning and assessment activities.</p>	<p>The BIT collects, prepares, and disseminates data on BIT activities for an end of semester and annual report. Reports include trends and patterns of referrals and cases, as well as implications for BIT resources and training. Reports include demographic data about referrals, types of referrals, referral source, risk ratings at open and close of cases, interventions used, team trainings, team accomplishments, and areas for improvement.</p> <p>The BIT also has a strategic plan that includes assessment activities and goals for BIT outcomes, including items such as satisfaction surveys, retention data, and pre- and post- surveys.</p>
<p><b>STANDARD #20: TEAM AUDIT</b></p> <p>Teams assess the BIT structure and processes and ensure it is functioning well and aligning with best practices.</p> <p>Evidence: audit reports, end of semester and annual reports</p> <p>Level: _____ Score: _____</p>	<p>The BIT does not participate in assessment activities or team audits.</p>	<p>The BIT has participated in assessment activities and team audits, but they are irregular, incomplete, or inconsistent.</p>	<p>The BIT participates in regular, ongoing, and circular assessment activities and team audits to gauge the status of team functions and practices.</p> <p>There is a documented pattern of improvements and resources resulting from team audits.</p>	<p>The BIT participates in regular, ongoing, and circular assessment activities including a bi-annual team audit to gauge the status of team functions and practices. Team audits include multiple activities such as an internal or external review, Core-Q10 assessment, SSAT, and documentation/evidence review.</p> <p>The audit concludes with recommendations for continuous improvement. There is a documented pattern of improvements and resources resulting from team audits.</p>

SCORING INFORMATION				
TOTAL SCORE (ADD ALL POINTS, UP TO 20 POINTS POSSIBLE):	LIST ANY DEFICIENT STANDARDS (0 POINTS)	LIST ANY NEEDS IMPROVEMENT STANDARDS (.50 Points)	LIST ANY PROFICIENT STANDARDS (.75 Points)	LIST ANY EXEMPLARY STANDARDS (1 Points)
<p>18-20 POINTS, (WITH NO AREAS RANKED BELOW PROFICIENT): <i>EXEMPLARY</i></p> <p>15-17 POINTS (WITH 3 OR FEWER AREAS RATED BELOW PROFICIENT): <i>PROFICIENT</i></p> <p>12-14 POINTS: <i>NEEDS IMPROVEMENT</i></p> <p>BELOW 12: <i>DEFICIENT</i></p>				
<b>RECOMMENDATIONS</b>	BIT operations in these areas are not in alignment with standards of practice identified by NaBITA and may be increasing the risks associated with these activities. For any deficient standards, review the resources outlined in the Team Training Template related to each of these areas.	BIT operations in this area include some components related to BIT standards of practice, but they need additional development. For any needs improvement standards review the resources outlined in the Team Training Template related to each of these areas.	BIT operations in this area are proficient. They meet the basic standard of practice identified by NaBITA. Review the standards and related resources to continue improving and developing in these areas. Create a plan of action for continuous improvement.	BIT operations in this area exemplify the standards of practice identified by NaBITA. Focus on identifying ways to sustain this level of performance.



Appendix F – Lee College = NABITA’s Standards of Self-Assessment Tool Score

STANDARD	ELEMENT	2021 LEVEL	2022 LEVEL	2023 LEVEL	NOTES
1. DEFINE BIT	Structural	Proficient	Proficient	Proficient	2021: Need to better publicize the activities and functions 2022: Updated website, need to continue to market to include threat assessments 2023 – Survey indicated that the campus still may be unclear of the CARES Team and how to utilize the CARES Team.
2. PREVENTION VS THREAT ASSESSMENT	Structural	Proficient	Proficient	Proficient	2021: Need to make better use of threat assessment 2022: Training completed, need to market and implement 2023: While we have had two Core Team members trained, we need to continue to market the service to the campus (possibly include employees / Safety and Security committee).
3. TEAM NAME	Structural	Needs Improvement	Exemplary	Exemplary	2021: Team name is in transition; does not communicate the purpose / function of team well. 2022 – Changed from BIT to CARES – Concern, Assessment, Refer for Education & Success 2023: no change or recommended updates
4. TEAM LEADERSHIP	Structural	Exemplary	Exemplary	Exemplary	2021: Structured leadership 2022: Continue to utilize agendas, training, and more 2023: Ensure that Team is comfortable with changes and processes.
5. TEAM MEMBERSHIP	Structural	Proficient	Proficient	Proficient	2021: While we are at 12 members, we work well together and not an issue 2022: separated out case managers from other team members; smaller group 2023: Review team membership with possible use of Core (Case Managers), Inner Core (Full Team), and Advisory. We need to assure that the right offices (e.g. conduct and security) are attending the meetings when needed
6. MEETING FREQUENCY	Structural	Exemplary	Exemplary	Exemplary	2021: Weekly meetings – (60 – 90 minutes) 2022: Case managers weekly; full team monthly 2023: We have the capacity for emergency meetings, but will review process.
7. TEAM MISSION	Structural	Proficient	Proficient	Proficient	2021: Need to review mission statement. 2022: No change from 2022 2023: Review examples for updates that include both mental health / student support as well as threat assessment
8. TEAM SCOPE	Structural	Needs Improvement	Exemplary	Proficient	2021: Need clearer definition of who we serv and process for serving those not within our scope. 2022: Added statement to handbook for clarification 2023: Scope is limited to students; need to include non-students for threat assessment since we are trained
9. POLICY AND PROCEDURE MANUAL	Structural	Proficient	Exemplary	Exemplary	2021: Need to confirm specific components; make sure updated annually 2022: updated annually and includes examples of document; Sufficient to guide team in consistent operations 2023: The Team will review the policy & procedure manual to ensure that the document is sufficient to guide a team in consistent operations.



STANDARD	ELEMENT	2021 LEVEL	2022 LEVEL	2023 LEVEL	NOTES
<b>10. TEAM BUDGET</b>	Process	Deficient	Needs Improvement	Proficient	2021: No designated funds to operate 2022: Approved to create budget for CARES Team, with existing funds from Assoc Dean's budget 2023: The CARES Team now has a budget. For the first time, the 2023/24 budget will be established as part of the budget process.
<b>11. OBJECTIVE RISK RUBRIC</b>	Process	Needs Improvement	Proficient	Proficient	2021: Need more consistence to use with every case; need ongoing training on rubric for Team 2022: Met goal of increased use for each and repeated use. Training for rubric completed; Ongoing training needed for consistency and calibration 2023: Use of rubric with documentation of both D and E Scale with interventions noted to be consistent with the risk rating.
<b>12. INTERVENTIONS</b>	Process	Needs Improvement	Needs Improvement	Needs Improvement	2021: Need to make sure our interventions are consistent with what is needed; make sure we use the range of interventions based on the risk rubric. 2022: updated interventions to match services; need to document actual interventions are based on risk rubric. 2023: Interventions need to be noted as consistent with the risk rating. All mild and moderate, no interventions are mandated, but mandatory assessments need to be in place for those ranked as critical or elevated.
<b>13. CASE MANAGEMENT</b>	Process	Proficient	Proficient	Proficient	2021: Use of team assignment. Need clearer processes for each case manager (intake, interventions, etc). Need more training for those team members that take on cases. 2022: Designated Case managers; training complete but ongoing standard processes needed.
<b>14. ADVERTISING &amp; MARKETING</b>	Process	Needs Improvement	Proficient	Proficient	2021: Provide training to campus, but no marketing plan. Need to review and update website. 2022: updated website complete; continue to need additional marketing especially with referrals for threat issues. 2023: While marketing is done, there is question as to the effectiveness of the marketing
<b>15. RECORD KEEPING</b>	Process	Proficient	Exemplary	Exemplary	2021: Need more training (Maxient)for team; more need to be trained to set up cases 2022: Case managers trained / using Maxient 2023: may want to look at consistency of notes among case managers.
<b>16. TEAM TRAINING</b>	Process	Needs Improvement	Proficient	Proficient	2021: No professional development plan for the year; need to set aside time monthly for training 2022: Training completed in summer; need to have better training schedule and plan 2023:

STANDARD	ELEMENT	2021 LEVEL	2022 LEVEL	2023 LEVEL	NOTES
<b>17. PSYCHOLOGICAL, THREAT, AND VIOLENCE RISK ASSESSMENTS</b>	Process	Needs Improvement	Needs Improvement	Needs Improvement	2021: Need to be consistent and comfortable in using the risk rubric for threat assessment when necessary. Should be an intervention (Looking Glass) 2022: Training complete, need to cross-train and implement. 2023: Trained core team members, but need to implement.
<b>18. SUPERVISION</b>	Quality Assurance & Assessment	Proficient	Proficient -	Proficient	2021: BIT members received guidance and supervision from Chari 2022: BIT Chair provides support and guidance to members; need more formal support (individual annual meetings) 2023: Need for 1:1 meetings by chair with team members; need feedback from team .
<b>19. END OF SEMESTER AND END OF YEAR REPORTS</b>	Quality Assurance & Assessment	Proficient	Proficient	Proficient	2021: End of year report completed annually 2022: End of year report completed and disseminated to administration. Includes review of cases and goals for the team. Need additional assessment on effectiveness of Team. 2023: A review of the End of Year Report is needed to look at how goals may be tied to strategic plan for the College
<b>20. TEAM AUDIT</b>	Quality Assurance & Assessment	Proficient	Proficient	Proficient	2021: Goals set with end of year report based on NABITA Standards 2022: Use of end of year report for goals and use of SSAT for standards 2023: annual and not bi-annual review
<b>TOTAL 20 POINTS POSSIBLE</b>		<b>13.0</b>	<b>15.75</b>	<b>15.75</b>	<b>2023 – PROFICIENT</b> - Narrative for range - BIT operations in this area are proficient. They meet the basic standard of practice identified by NABITA. Review the standards and related resources to continue improving and developing in these areas. Create a plan of action for continuous improvement.

### CARES Team Quality Service Fall 2022 Action Plan (Developed at Fall Retreat – Goal 3)

Activities	Responsible Parties	Additional Needs	Deadline	Notes / Progress
Analyze and compare retention, graduation, and completion data of students served by CARES Team and those not.	Rosemary Kelli Carl	Overall retention, graduation, and completion rates of all students (excluding dual credit and Huntsville) from Fall 2016-Spring 2022.	December 16	COMPLETED Spreadsheet updated; looking at fall to spring and fall to fall retention; New query created and received from Maxient
Develop survey questions for referral sources.	Linda (Lead) Scott Felipe Jose Jack Marylou	Need separate questions for employees who have made referrals and employees who have not made referrals.	November 18	COMPLETED Team met and developed survey questions. Ready to present to the bigger group on the 28 <sup>th</sup>
Create a disseminate plan for the referral source survey.	Brenda (Lead) Melinda Carl K-leigh	Plan should include timeline, methods, and incentives for dissemination.	November 18	COMPLETED Team met; what platform are we using ? What incentives do we have? Ask Scott for financial support for incentives. We can use QR codes with EvalKit. How do we advertise or promote during convocation?
Review and approve survey questions and dissemination plan.	CARES Core Team		November 28	COMPLETED Reviewed by Team and approved. Dissemination plan through Eval Kit with QR Code
Collaborate with Penny Oyler to create the survey in EvalKit.	Rosemary Kelli		December 16	COMPLETED Survey created
Create report template in Zogotech for retention, graduation, and completion data of CARES students.	Scott Rosemary Carl Kelli		May 2023	In progress
Create video testimonials of referral sources.			April 2023	In Progress