

UNO CARE TEAM

POLICIES & PROCEDURES



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Section 1: Team Mission & Scope

The purpose of the Care Team at the University of Nebraska at Omaha (UNO) is to serve as the coordinating hub of a network of existing resources. The Care Team focuses on prevention and early intervention in campus situations involving students experiencing distress or engaging in harmful or disruptive behaviors. Using information reported by UNO faculty, staff, students, and guests, the Care Team develops intervention and support strategies, offers case coordination, and reviews situations to recommend actions in accordance with existing university policies. Furthermore, the Care Team reports aggregated, anonymized data and trends regarding student concerns/issues at the end of each academic year that is shared with senior campus leadership.

1-1. Mission Statement

In support of the Metropolitan University Mission, the Care Team's mission is to address concerns related to the health and safety of the campus community by coordinating information and developing support plans as needed.

1-2. Responsibilities

- Receive, review and document information regarding behavior about members of the university community
- Perform initial review of risk and refer cases to appropriate offices and officials as needed for additional action
- Develop strategies to manage potentially harmful or disruptive behavior in an effort to protect the safety and rights of the individual and the university community
- Engage in ongoing refinement of Care Team procedures and protocols to foster optimal Care Team functioning and interface with the university community
- Provide appropriate follow-up as needed

1-3. Goals

- Provide a safe physical environment for members of the university community
- Provide a safe emotional environment for members of the university community
- Promote peace of mind for friends and family of the university community
- Assess and respond to incidents in order to promote a safe environment
- Identify, assess, and respond to threatening behaviors that risk disruption of the learning and working environment and university activities

1-4. Scope & Limitations

It is the role of the Care Team to receive concerns about students within the UNO community. The Care Team will utilize the information in reports to assess a situation, provide intervention and support, and coordinate on-going follow-up. The Care Team will also use information to make recommendations for offices and departments on-campus working through concerning behaviors and incidents that impact the campus community. It is the role of the Care Team to work in conjunction and collaboration with the offices and departments on campus to assist in finding positive resolutions to reports that are received.

The Care Team is not a disciplinary team and does not have the authority to impose sanctions on those involved in reports received. If a report received alleges a violation of the Student Code of Conduct or other UNO policies, the report will be forwarded to the appropriate office. The Care Team will consult with Civil Rights Compliance, Title IX, and Student Conduct and Case Management to assess the appropriateness of a referral to their respective offices. If the incident reported could be considered a crime, Public Safety will be consulted. This team does not have jurisdiction over matters related to faculty/staff; these concerns are referred to Human Resources or another appropriate department or office.

Section 2: Team Membership

The Care Team consists of UNO personnel with expertise in student affairs, mental and physical health, student conduct, accessibility, law enforcement/campus safety, and more. Areas represented on the Care Team include: Academic Affairs, Accessibility Services Center, Counseling and Psychological Services, Division of Student Life and Wellbeing, Faculty, Housing and Residence Life, Student Conduct and Case Management, Civil Rights Compliance, Scott Campus Housing, and Public Safety. Membership on the Care Team represents an ongoing commitment to the mission of the Care Team.

Team members are critical to the functioning of the team. Each member is responsible for completing ongoing training, attending meetings, and assisting with follow-up and intervention. The team follows the expectations of UNO's Nondiscrimination Statement.

2-1. Composition of the Team

Associate Vice Chancellor for the Division of Student Life & Wellbeing/Dean of Students – Chair

The Associate Vice Chancellor chairs the team and attends all meetings. When the Associate Vice Chancellor is unable to attend the meeting, the Associate Dean of Students chairs the meeting in their place. The Associate Vice Chancellor will provide an overview of general history of a student's interactions with the Office of the Dean of Students, the Chancellor's Office, and any other relevant information. The Associate Vice Chancellor will also be the primary contact for University Communications and the Chancellor's Office, as needed.

Associate Dean of Students/Director for Housing & Residence Life

The Associate Dean of Students attends all team meetings. When the Associate Dean of Students is unable to attend the meeting, the Director for Student Conduct & Case Management will serve in their place. The Associate Dean of Students will offer insight into on-campus living, after-hours emergencies, and serve as the primary contact for interventions involving Residence Life Coordinators or Resident Assistants. The Associate Dean of Students will also offer insight from other areas they oversee.

Director for Student Conduct & Case Management

The Director for Student Conduct & Case Management attends all meetings. When the Director for Student Conduct & Case Management is unable to attend the meeting, a Case Manager from the office will attend in their place. The Director for Student Conduct & Case Management organizes and disseminates the agenda, performs an initial rating for each case with the NaBITA Risk Rubric, and coordinates follow-up for cases. The Director for Student Conduct & Case Management manages the recordkeeping database. The Director for Student Conduct & Case Management will offer insight into alleged violations, academic disruptions, and prior Care Team referrals.

Director for Civil Rights Compliance

The Director for Civil Rights Compliance attends all meetings. When the Director for Civil Rights Compliance is unable to attend the meeting, the Deputy Title IX Coordinator will attend in their place. The Director for Civil Rights Compliance will consult on matters relating to alleged discrimination or sexual misconduct. The Director for Civil Rights Compliance may not be able to share information during meetings; however, they do receive all reports and will provide additional context as able.

Director for Counseling & Psychological Services

The Director for Counseling & Psychological Services (CAPS) attends all meetings and will send the Assistant Director for CAPS if unable to attend. The Director for CAPS will consult on concerns regarding mental health concerns. The Director for CAPS will receive reports to inform on-going treatment in CAPS. Due to the sensitive nature of CAPS records, the Director for CAPS may not be able to provide information, unless there is a specific release of information or if there is a legitimate danger to self or others.

Director for Accessibility Services Center

The Director for Accessibility Services Center (ASC) attends all meetings and will send the Assistant Director for ASC if unable to attend. The Director for ASC will consult on concerns regarding student accessibility and will provide perspective in situations where a mental or physical health concern may be impacting a situation. The Director for ASC will receive reports to inform on-going processes within ASC. When able and appropriate, the Director for ASC may provide information about a student's connection with ASC; however, they are not able to disclose a student's medical records or diagnoses, unless there is a specific release of information or if there is a legitimate danger to self or others.

Police Captain

The Police Captain attends all meetings. If the Police Captain is unable to attend, an investigator from Public Safety will attend in their place. The Police Captain will offer insight into cases that have criminal or law enforcement elements, coordinates with Public Safety for matters requiring a police presence, provides context or information

for risk assessments, and assist with background checks, as needed. The Police Captain will also serve as a liaison with local law enforcement.

Faculty/Academic Affairs

The faculty representatives attend all meetings. They serve as the primary contact for working with faculty and academic affairs. The faculty representatives are also responsible for coordinating faculty coaching referrals. If they are unable to attend a meeting, they will send any reports or other useful information to the Care Team email.

Other Individuals

Depending on concerns presented in reports, other individuals may be asked to attend the Care Team meeting to provide consultation and any other useful information. Those individuals may include, but are not limited to:

- Human Resources
- Student Health Center Director
- Military & Veteran Services
- UNO Athletics
- International Studies

2-2. Conflicts of Interest

It is the responsibility of all team members to disclose any conflicts of interest in regard to any person named in a report. These conflicts of interest will be reported to the Chair. If the Chair has a conflict of interest with a person in a report, the Associate Dean of Students or designee will take the lead in responding to the report.

2-3. Removal of a Team Member

A member of the Care Team may be removed from the team if that person has conducted themselves in a way that is contrary to the purpose of the team or in a way that violates the confidentiality agreement that each team member signs at the beginning of their term with the Care Team. In addition, a team member may be removed if they are causing a significant disruption to the functioning of the team. To remove a team member, the team must make a request to the Chair for the removal of the team member, which will then be discussed by the team. Final determination of team member removal rests solely with the Chair. If a removed member wishes to appeal the decision, that appeal would be addressed by the Associate Vice Chancellor for the Division of Student Life & Wellbeing. If a member of the team no longer wishes to serve as a part of the team, they will be asked to notify the Chair in writing.

2-4. Team Term Limits

Appointment to the team may last for the duration of a team member's role as the designated representative from their office or until the event of removal or resignation. To ensure a wide variety of academic departments are represented, the Care Team's faculty representative will serve for a period of 3 years. At the culmination of their term, the Dean of Students will work with Academic Affairs to identify a new faculty representative.

2-5. Team Training

The Care Team is committed to on-going training of members and improvement of team operations. In achieving this goal, new team members go through an on-boarding process to orient them to team operations and are provided a variety of resources through NaBITA to learn from the national organization about best practices. Team members are expected to complete annual training regarding FERPA, IT Security, Title IX, Gatekeeper, etc. For on-going training of members, the Care Team will host or attend a wide variety of presentations; topics of those presentations include: NaBITA Risk Rubric Best Practices, Violence Risk Assessment, Free Speech on College Campuses, and more. The Care Team also engages in regular conversations regarding current practices and possible areas for improvements.

Section 3: Meetings

The Chair will be responsible for setting the time and location of each meeting. Meetings will be held weekly; however, they may be cancelled by the Chair if it is deemed that a meeting is not necessary. Emergency meetings will be held at the discretion of the Chair. During regular meetings, the team will discuss reports received and ongoing efforts to resolve issues as they arise. In addition, the team may discuss how to further its purpose and mission on campus.

Currently, Care Team meetings are held weekly on Tuesday mornings from 8:30AM–10:00AM. The weekly agenda is set on Monday prior to the meeting on Tuesday morning. To allow all team members to access the agenda, it is uploaded to the Case Management Software utilized by the team, Maxient.

In general, the following steps are taken during regular Care Team meetings:

- The Associate Vice Chancellor will open the meeting with any information the full team may need.
- The Director for Student Conduct & Case Management will then go through the agenda beginning with oldest cases first.
 - Case Overview: Provide a brief synopsis of the case and any relevant prior cases.
 - Gather Date: Collect any new information or updates.
 - Intervention: Determine which interventions to deploy and coordinate follow-up with referral sources.
- The Director for Student Conduct & Case Management will ask for any additional cases or any other updates from team members.
- The Associate Vice Chancellor will close the meeting by asking for additional announcements from team members and by providing other information they may need to share.

At times, there may be fewer cases to discuss, which may result in a meeting being cancelled or the team may dedicate that time to training or other discussion topics. The Care Team will avoid cancelling meetings to maintain consistency.

Section 4: Reports

The following process will be utilized for all referrals made to the Care Team. Each of these steps will be outlined in greater detail in the pages that follow.



4-1. Referrals

All staff, faculty, students, members of the community, or anyone who has a concern about a UNO student may submit a referral to the Care Team. Referrals can be made for a variety of concerns. If a report is best handled by another office, the Case Manager will contact them to determine further action. The Case Manager will work in collaboration with that office to come to a reasonable solution if this is the best course of action. If a referral is made to another office, the Case Manager may follow up with that office to inquire if the appropriate follow-up was completed (with appropriate ROI if needed). If appropriate, the Case Manager may ask for additional information as to the outcome of the follow up.

Referral Submission

Referrals can be made in a variety of ways, such as [the online reporting form](#), the dedicated Care Team phone number, or with any member of the Care Team. All referrals, even those not received via electronic submission, should be entered into the Maxient system.

Any person, regardless of UNO affiliation, may submit a referral to the Care Team. This includes faculty, staff, students (who may submit a referral for themselves or for a peer), family members, off-campus community

members, etc. Referrals may be made anonymously; however, it is helpful if reporters include their contact information in case further information is needed. In cases where additional information is needed, the case management team will attempt to get the needed information from the reporter. If the report was made anonymously or we are unable to contact the reporter, our team may be limited in our ability to help with the referral.

The Care Team referral submission should not be utilized for situations that would require an immediate response, such as concerns relating to harm to self or others. These should first be reported to Public Safety (402.554.2911) or to 911. Following a report to Public Safety or 911, a Care Team referral should be submitted.

Referral Response

The Care Team strives to respond to each and every report that is submitted to the team. The response that is sent is a templated response; however, it is important to open the opportunity for communication between the reporter and the Care Team. An example of the response is included here:

Thank you for this report of concern. The Care Team will work to connect with this student and provide support/resources. Please respond to this email if you learn of additional developments to this situation.

Please note: we may not be able to follow up with you about the situation but know we treat every report received with great care.

Referral Privacy and Anonymity

As stated above, reports can be made anonymously if the reporter does not wish to share their name or contact information; however, this may limit the follow-up we are able to provide for the referral.

Privacy and anonymity cannot be guaranteed for all reports made to case management; however, the case management team will never share the identity of a student who has referred another student for services (unless required by UNO policy or if necessary, in cases of threats to health or safety). Student reporters should be made aware that the student of concern may be able to determine they made the referral based on the context or information provided; however, they should also be assured that our office will not share their information.

When a faculty or staff member submits a report, the Care Team will make all efforts to keep the reporter anonymous (should they wish to remain so); however, non-disclosure cannot be guaranteed. If a situation is identified that would cause concern of safety for a reporter, the Care Team will ensure that no identifiable information will be shared with the student and will not disclose the reporting information.

4-2. Referral Assessment & Assignment

During regular business hours, referrals will be assessed and assigned on an on-going basis. The Director for Student Conduct & Case Management, with input from the Dean of Students and Associate Dean of Students, will do the initial assessment utilizing the NaBITA Risk Rubric to determine if the case will be referred to case management or to the Care Team. In general, all referrals made will be sent to all members of the Care Team, who are empowered to talk with the Director for Student Conduct & Case Management if there are additional concerns outside of the referral received that may elevate a student's risk. The initial assessment should be documented in Maxient.

Please note: The Care Team will be aware of all cases referred to case management and directly to the Care Team; however, those cases that have been moved to case management after initial assessment will not be on the active agenda for the Care Team. The Care Team will be provided each week with a list of all students who are on the Care Team agenda and who have been referred to case management. If a member of the Care Team has an update on or wishes to discuss a student who was assessed at Mild or Moderate, they should inform the Director for Student Conduct & Case Management who can move that case to the agenda for discussion or raise the concern during meeting.

On-Going Referral Assessment

The case management team will participate in on-going assessment of referrals and student situations. The risk level for a case should be assessed and updated (if appropriate) at each of the following points:

- Referral: As stated above, the Director for Student Conduct & Case Management will complete the first risk assessment upon receipt of the referral. If a case has been identified as having an Elevated or Severe risk, the case will be referred to the Care Team for further consultation. The Care Team may refer a case back to case management for outreach and follow-up.
- Post-Appointment: The Case Manager(s) should assess the student's risk level after each time they are able to meet with them. This will assist with case review and eventual case closure.
- Case Review: Before a case can officially be closed, the risk level should be reassessed. This will be utilized to determine if a case will be closed, remain active, or be moved to a Monitoring Plan.

Referral Assignment

Cases that have not been assessed at Elevated or Severe on the NaBITA Risk Rubric will be assigned first to the case management team and be referred to the Care Team, as necessary. In determining case assignments, the Director for Student Conduct & Case Management will work to ensure the Case Manager(s) maintains a caseload that is appropriate and allows time for all steps of the case management process to be completed. The Director will consider quantity, risk, and complexity of all cases when making assignments. If the Case Manager(s) have concerns about their caseload, they should speak with the Director for Student Conduct & Case Management.

Referrals to Other Offices

If a report is best handled by another office, the Case Manager will contact them to determine further action. The Case Manager will work in collaboration with that office to come to a reasonable solution if this is the best course of action. If a referral is made to another office, the Case Manager will follow up with that office to inquire if the appropriate follow-up was made. If appropriate, the Case Manager will ask for additional information as to the outcome of the follow-up.

There are instances where the report will be handled by another office without collaboration from the Care Team. Any report involving a faculty or staff member will be forwarded to Human Resources, Civil Rights Compliance and/or faculty Human Resources for consultation. Depending on the severity of the report, Civil Rights Compliance may decide that they need to follow up on the report without consultation with the Care Team. If the incident is one that alleges a possible violation of the Student Code of Conduct, the report will be addressed by the Director of Student Conduct and Case Management. They may follow up on the report without consultation with the Care Team.

Managing the Case Load

The Case Manager(s) should work to set aside times on their calendar each week for the following:

- Appointments: The Case Manager(s) should work to limit total appointments to six per day (including case management and conduct assignments).
- Documentation/Follow-Up/Consultation Time: The Case Manager(s) should hold time each day to complete documentation, follow-up, and consultation.
- Case Management Meetings: The Case Manager(s) should prioritize time set aside for case management meetings to seek guidance and provide updates.

4-3. Outreach

The case management team, in conjunction with the Care Team, will conduct outreach to invite students who have been referred to case management to talk about resources and supports that may be available to them. Outreach methods utilized by the team include, but are not limited to, email, phone call, text message, letter sent via Maxient, and letter sent via postal services.

The guidelines outlined below are the general procedures for outreach and are intended to help maintain consistency for outreach; however, they are not intended to be unyielding. If a student engages with case management, whether to accept an appointment or to decline services, outreach will not continue (unless the risk is identified as Elevated or Critical). If a student does not engage with case management, the Case Manager should exhaust the outreach attempts listed below and refer the case for case review. While the below criteria are generally used, we acknowledge that situations often vary from student to student and the case management response may also vary.

Mild Risk Level

For a student who is presenting at Mild, the case management team may attempt contact with the student four times over the course of approximately two weeks. The Case Manager will determine the timing of the contact attempts in accordance with their current caseload and other duties.

Moderate Risk Level

For a student who is presenting at Moderate, the case management team may attempt contact with the student five times over the course of three weeks. The Case Manager will determine the timing of the contact attempts in accordance with their current caseload and other duties.

Elevated Risk Level

For a student who is presenting at Elevated, the case will be referred to the Care Team to determine who is responsible for outreach. The Care Team will coordinate efforts to establish safety (see Establishing Safety Guidelines). Once safety is established, the case management team may reach out to the student six times over the course of two weeks. Due to the increased risk of these situations, the Case Manager will work with the Director for Student Conduct & Case Management, in conjunction with the Dean of Students and Assistant Dean of Students, to determine timing of contact attempts.

Critical Risk Level

For a student who is presenting at Critical, the case will be referred to the Care Team to determine who is responsible for outreach. The Care Team will coordinate efforts to establish safety (see Establishing Safety Guidelines). Once safety is established, the case management team may reach out to the student four times over the course of one week. Due to the increased risk of these situations, the Case Manager will work with the Director for Student Conduct & Case Management, in conjunction with the Dean of Students and Assistant Dean of Students, to determine timing of contact attempts.

Establishing Safety Guidelines

When a referral is made to the Care Team or case management that indicates an immediate safety concern (i.e., current suicidal ideation, significant self-harm ideation, harm to others, significant disconnection from reality, significant concern a student may be missing, etc.), the following procedures should be initiated to establish safety before general case management or the Care Team outreach and follow-up will begin.

Phone Call Check-In

If the student is assessed at an Elevated risk level, a phone call check-in is appropriate. If contact is made with the student, the case management team will work to meet with them on the same day to assess risk and safety planning. If the student is unable to meet that same day, the case management team will attempt to assess risk over the phone; however, if safety may not be established or if contact is not made with the student, move to the next step.

Room or Class Visit

If the student is assessed at an Elevated risk level and has not been reached via phone, a room or class visit is appropriate. During the conversation, an assessment of risk and safety planning should be completed. If the student is not able to be reached at their room or at class, move to the next step.

Formal Wellness Check

In cases where a student is assessed at Critical risk level, a formal wellness check is required. A formal wellness check is also appropriate in cases where a student is assessed at Elevated risk level and has not been reached via phone, room, or class visit or if safety was not established during the phone conversation or room or class visit. In conjunction with the Care Team, UNO Public Safety will initiate a formal wellness check. When possible, the UNO Care Team will provide UNO Public Safety with the best-known address or location of the student and any information regarding what prompted the formal wellness check.

4-4. Appointments

The Case Manager, on behalf of the overall Care Team, will provide two types of appointments: initial and follow-up. An initial appointment with a Case Manager should be scheduled for 30 minutes, and a follow-up appointment should be

scheduled for 15 minutes. Preferably appointments should be scheduled with students in-person when possible; however, if an in-person meeting is not possible, the Case Manager may meet with the student via Zoom.

The Case Manager(s) should schedule a maximum of six total appointments within a day to allow for time for follow-up and documentation. All meetings with the Case Manager should be pre-scheduled, and the Case Manager should send a reminder email to the student regarding the appointment one University day prior to the meeting.

4-5. Follow-Up

The following should serve as guidelines for follow-up with the student who was referred for services and any individuals who may be needed for consultation or collaboration.

Student Follow-Up

After an initial or follow-up appointment with a student, the Case Manager should document any referrals made or any action plans created. The Case Manager should send an email to the student with the resources and any action steps they would need to take or that the Case Manager would need to take.

Consultation & Collaboration

To provide wrap-around services to students, the Case Manager(s) will often need to engage in consultation and collaboration. Consultation typically occurs before a report has been submitted and is a way for the Case Manager to gather information and provide guidance on next steps to an individual who is concerned about a student. Collaboration occurs after a report has been submitted and is when a Case Manager partners with another office or department or staff member to collaboratively support a student. The following should serve as guidelines for consultation and collaboration; however, the Case Manager should also exercise their professional judgment.

- Consultation: When a faculty, staff, student, or other concerned individual requests consultation, the Case Manager should work to obtain as much information as possible to understand the concerns presenting, to assess the situation and determine risk level, to provide guidance on how the reporter can support the student (considering their role, training, etc.), and to determine next steps. The Case Manager should also encourage the individual to submit a report.
- Collaboration: When collaborating with faculty, staff, or other individuals, the Case Manager will obtain a Release of Information, as needed. The Case Manager should work with the faculty, staff, or other individual to update each other on the student's situation and to devise a plan of action that allows both parties to support the student, as appropriate.

4-6. Case Review

Case review is one of the last steps taken with a case before it can be changed to inactive in the process. The team will meet each week to discuss all open cases and determine if any cases are appropriate for closing. There are two possibilities from the case review:

Active

If it is determined that the student's risk level has not been stabilized, they are working with case management, or there are action items still to complete, a case may be reviewed and stay active. If a case is still active, the case management team will identify next steps to stabilize risk or complete action items.

Inactive

The case is moved to inactive, and there would be no further action items to be taken with the student at that time. For a case to be considered inactive, the risk level must be stabilized and action items completed (including the Monitoring Plan as appropriate) OR the student is no longer appropriate for case management services.

Section 5. Documentation & Record-Keeping

Documentation is vital to the work that the Care Team does. All records will be maintained and updated regularly in Maxient. All members of the Care Team are expected to maintain discretion when sharing information from cases that are being managed with case management or with the Care Team. Upon beginning their role, all members of the team will be expected to review and sign the appropriate Confidentiality Statement and will review the appropriate use policies

for technology at UNO. Team members should not store records related to the Care Team on flash drives or other unsecured storage devices.

5-1. Documentation Expectations

Case Manager(s), on behalf of the Care Team, are expected to document any actions taken with or on behalf of the student, including risk assessment, outreach attempts, appointments, follow-up, and case review. The Case Manager(s) should consider their case notes as the official record of the University and should document with that end goal in mind.

Case management notes should be:

- Objective and fact-based: Documentation should not include opinions and should represent the conversations and facts that are known.
- Free of diagnoses: Unless the student discloses a diagnosis, the Case Manager should not include speculations about a diagnosis.
- Complete and clear: Case notes should work to balance an appropriate amount of detail with conciseness. Not every detail will be included in case notes, but they should be complete of all presenting concerns, referrals made, and actions taken.

5-2. Documentation Audit

Periodically, the Director for Student Conduct & Case Management will run an audit on all cases considered active to ensure that all cases are being updated appropriately and consistently. The results of the audit will be sent to each member of the team who has responsibility for updating cases and the Associate Dean of Students.

5-3. Record-Keeping and Records Requests

Records for case management will be maintained according to the guidelines of the [records retention policy](#) of UNO, typically for a period of seven years after the last date of attendance. Cases in which a student was deemed a threat to the safety of the community will be kept permanently.

Students have the right to request a copy of their records. The request is subject to FERPA requirements, and the file should be reviewed before being provided to the student to ensure no other students' information or educational record is included. All requests would be approved by the Associate Dean of Students in conjunction with the Dean of Students.

Section 6: Marketing & Outreach

Because case management and the Care Team are vital resources to maintaining safety and well-being on campus, the case management team will be committed to ensuring that all faculty, staff, and students are aware of the services, know how to make a referral, and trust in the services to help. The following have been identified as marketing and outreach efforts for case management and the Care Team.

6-1. Website

The Care Team will maintain a page on the main UNO website. The page will contain information about making a referral, resource guides for faculty and staff, the Care Team policies and procedures, updated analytics from the Care Team and case management, the names and contact information of all members of the Care Team and the case management team. The Director for Student Conduct & Case Management will have primary responsibility for updating the website; however, the Case Manager(s) may also assist with website review to ensure the page is useful, visually appealing, and accessible. Currently, the website can be accessed [here](#).

6-2. Printed Materials

The case management team will develop and distribute printed materials to faculty, staff, and students regarding the Care Team and case management services. These will include a Care Card, a Guide to Making a Referral, Faculty/Staff Resource Guides, Confidential Resources Card, among others. All printed materials will also be made available on the website and should link to the website when possible.

6-3. Programming & Campus Participation

The Care Team will work to have a presence at campus events when possible. Some events that will be a priority are Durango Days, Destress Fest, Housing & Residence Life departmental programs, and Maverick Food Pantry programs.

6-4. In-Person Training

The case management team will also deliver in-person trainings to faculty, staff, and students. Each year, the case management team will attend a Faculty Senate meeting, new faculty onboarding, a Staff Advisory Council meeting, a Student Government meeting, staff meetings, college meetings, among others to get connected with as many faculty, staff, and students as possible. The training will also be made available for request on the website.

Section 7: Assessment & Review

7-1. Data Reporting

The Care Team chair will compile an annual report to send to the Chancellor and to make publicly available on the website. This data collection and reporting allows the Care Team to understand how it is functioning and where there are potential weak spots in the team's processes and approaches. The annual report is the institutional record of the team's functionality and provides information on team operations to campus administrators, referral sources, students, and parents/family members. The annual report will include information related to:

- Total number of referrals
- Referral numbers broken down by demographics
- Referral reasons
- Referral sources
- Risk ratings
- Interventions used
- Team accomplishments
- Areas for improvement

7-2. Evaluation

The Care Team participates in regular review of its practices and procedures. Evaluation efforts will be expected of all team members; however, the Director for Student Conduct & Case Management will have primary responsibility for those measures. The Care Team will complete the NaBITA Case Management Standards Review.

NaBITA Case Management Standards Review

The case management team will complete an assessment on behalf of the Care Team using the NaBITA Case Management Standards each summer. Although this will not be a full program review, it will help the team to reflect on and create priorities for the upcoming year.