**CARE TEAM MODEL**

**Preamble**

**Note: This model is offered as a resource for school districts to use at their discretion. The Care Team Model is offered to supplement your district’s investigative responsibilities and does not replace the district’s duty to perform their due diligence and mandatory reporting obligations. Further, the Care Team Model does not overwrite the district’s Supervision and Support Plan. The Care Team Model is a framework to help districts document communication and offers of assistance to students and their families.**

The purpose of this model is to help ameliorate the impact of sexual misconduct incidents on students and families across Washington State by providing immediate outreach and assistance to alleged victims and their families. In the past, school districts have relied on law enforcement and private investigatory agencies to respond to allegations of sexual abuse and other significant events, including criminal sexual misconduct, active shooter situations, bullying, and harassment. This has sometimes resulted in students and their families raising complaints about school districts failing to be responsive to their needs, resulting in contributory negligence claims. The primary goal of this model is to help school districts provide outreach and assistance to alleged victims of incidents that occur in school district jurisdictions. This model will also help standardize school district responses to improve the ability of the students and their families to heal after experiencing contact that is a severe or pervasive event.

**When to Use**This intervention model should be followed any time a significant event occurs on school district property or is the result of the actions of a school district employee. This model is specifically designed for cases of sexual misconduct, perpetrated by either school district staff members or by other students, and should also be considered in cases of bullying or harassment. The model also has value when dealing with suicidal students or the aftermath of active shooter incidents.

**Timeline**After notice of an event involving a student or students, the school administrator shall immediately notify the school district superintendent or designee, and that person shall then appoint a care team coordinator to implement this model.

* The care team coordinator shall provide notice to the WSRMP as soon as possible after receiving notice of the event. WSRMP will set up a claim file. Legal counsel may be assigned as deemed appropriate by WSRMP.
* The care team coordinator shall then identify the care team, which will normally consist of a few selected employees, including:
* School Principal
* School Counselor/Psychologist
* Selected teachers, who know the student
* Special Education teacher (if applicable)
* School Resource Officer (if applicable)
The care team coordinator will then assemble the care team and communicate with them to determine what role each team member will play.
* The care team coordinator will then contact the alleged victim’s family and ask to set up a meeting with the alleged victim and parents, in the family home or other agreed location. In most situations, this initial contact with the alleged victim and family should occur within five working days of initial notice, and preferably sooner.

**Objectives for Meeting with Family** - **Level 1**

* The care team coordinator and at least one other care team member shall meet with the student and their parents. The purpose of the meeting is as follows:
	+ Offer Apology without assuming responsibility
	+ Express Concern and Offer Help
* Talk with the student/family and assess their needs.
* Set up Safety Plan with input from the student and the family. Explain how it works, how it is tracked.
* Explain how the investigation will proceed and explain how the student may be interview by law enforcement or private investigators, and how it is important to try to identify any other victims. Explain that some information can’t be shared until the investigation is completed and the legal process is concluded.
* Provide the family with contact information for care team coordinator.
* Establish follow-up phone contact expectations once a week to start with.

**Objectives for Meeting with Family** - **Level 2**

* At the discretion of the care team coordinator (and with advance approval from WSRMP), offer Individual/Family Counseling (if needed and desired). The family’s wishes about counseling should be respected.
* Up to 6 individual or family counseling sessions can be initially approved by the care team coordinator. An additional 10 sessions may also be authorized by the care team coordinator if the counselor identifies the need.
* Referrals to local counseling agencies shall be provided to the student and the student’s family. If the family has private insurance, the district can offer to pay for all reasonable out-of-pocket counseling expenses with a therapist or other licensed professional.

**Following Meeting with Family**

* Complete the Tracking Form and begin documenting follow-up contact with family.
* Ensure Safety Plan, investigation, and other items are carried through.
* When you receive invoices for the counselling sessions, DO NOT PAY; submit invoices to WSRMP for reimbursement.

**CARE TEAM MODEL TRACKING FORM**

**Directions:** Use this form to document intervention efforts consistent with model guidelines. Use one tracking form for each victim.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Incident Reported to School Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe How Report Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Care Team Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other Care Team Members:

Name Position

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Date Reported to WSRMP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Contact with Student and Family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Location of Initial Meeting with Victim/Family:

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List all Persons Present at the Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe Outcome of Meeting (Services offered and accepted, safety plan developed)

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Follow-up Contacts: (1 X weekly for first month, then taper)

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