D·PREP
SAFETY DIVISION

Standards for BIT/CARE and Threat Teams

DPrep Safety's BIT/CARE team assessment rubric looks at thirty-five key items for optimal team functioning. This document provides descriptions for each item and the supporting research for why it is included as essential in the development of a BIT/CARE or threat assessment team framework.

The rubric is divided into four categories:

- **Team definition** outlines the team's purpose and scope of activities.
- **Team operation** defines how the team is organized to meet team goals.
- **Case processing** describes how the team manages a case through the initial report, contextual information gathering, risk assessment, interventions, and documentation.
- **Continuous improvement** supports the ongoing functioning of the team and ensures the membership is supervised and trained and that processes are reviewed and maintained.

		Receiving Concerns	
		Concern Form	
		Information Standards	
		Information Sharing	
	Frequency of Meetings	Case Discussion	
	Leadership	Level of Risk	
	Budget	Violence Risk Assessments	Supervision and Guidance
Mission	Policy & Procedures	Psychological Assessments	Training and Development
Scope	Cultural Awareness	Interventions	Case Evaluation
Name	Disability Awareness	Bias Mitigation	End-of-Term Reports
Team Process	Website	Case Management	After Action Reports
Membership	Team Presentation	Record Keeping	Needs Assessment
Multiple Teams	Other Marketing	Database Utilization	Stress Management
Team Definition	Team Operations	Case Processing	Continuous Improvement

Team Definition

1. **Mission:** The team mission should provide a brief, straight forward, paragraph describing the team's purpose and focus on early identification as well as threat response.[36,44] The mission statement gives the team an essential refuge point to return to when assessing the direction of their work.

2. **Scope:** Defines the area of responsibility for the team in terms of the community served (e.g., students, faculty, staff, parents, contractors, incoming students, patients, and recently graduated students).[4,34] This is an important aspect of the team definition to identify areas of responsibility for the team as well as areas that other parts of the institution should address outside of the team's primary focus.

3. **Name:** The name of the team helps the community feel more comfortable sharing information with members of the team. Names should not be either intimidating or overly casual but, instead, elicit a sense of contributing to the overall safety of the community.[36,44]

4. **Team Process:** Teams collect information from reports shared by the community and gather contextual information about the concern to establish a level of risk. This level of risk is often defined as low, moderate, or high. Once the level of risk is established, the team then selects interventions based on the assessment of risk. This is a circular process that continues to assess the details of the scenario presented and results in a new level of risk and appropriate interventions.[17,29]

5. **Membership:** This describes who is on the team, their level of access to the database, how frequently they attend meetings, and if they are considered in the core group or part of the wider circle of the group.[16,17,44] Ideally, core team membership should include student conduct, the Dean, the Vice President of Student Affairs (VPSA) or head of student services, the counseling center director, the residential life director, and law enforcement/ campus safety. Beyond these five members, it would be useful to identify another five or so from areas such as 504/ADA accommodations, Title IX, a faculty representative and perhaps student activities, athletics, human resources, and/or diversity, equity, and inclusion.



This graphic may serve as a useful metaphor related to team membership. The graphic illustrates a hub and spoke model of the wheel with certain departments/positions more commonly present on teams and others less commonly present. Each college, workplace, school, and university has various needs related to team membership.



6 **Multiple Teams:** If there are multiple teams on campus, they should communicate with each other to reduce silos, have a shared database, overlap in membership, ensure clarity in the overall campus/ community practice, and address concerns at smaller satellite locations.[17]

TEAM OPERATIONS

7 **Frequency of Meetings:** Teams should meet weekly or bi-weekly for 60-90 minutes to provide opportunities to speak with other team members and review cases in a timely manner. Most college and university CARE teams meet weekly for one hour, as this allows frequent communication and sufficient meeting time to discuss previous cases, develop action plans, and introduce new cases. Teams that meet less frequently lose the ability to respond quickly to emergency situations, follow up on action items, and ensure the team members are completing the tasks that they are assigned. Effective electronic communication can make meetings, and the time in between the meetings, much more efficient and communicative.[44]

Standards for BIT/CARE and Threat Teams

8 **Leadership:** A team generally has a single leader, typically from student affairs administration. Teams with co-chairs must ensure that a clear outline of responsibilities is defined and practiced. There should be someone able to lead meetings when the chair cannot attend. Homeland Security and the Secret Service support this idea in their 2018 guidance, writing, "The team needs to have a specifically designated leader. The position is usually occupied by a senior administrator within the school."[28,52]

9 **Budget:** A team budget is essential to ensure the continuous fidelity of the team by providing funds for training, materials, and other needs to ensure the team is functioning well. The team has an established budget to meet their ongoing needs and the communities they serve.[28,44,45,50]

10 **Policy & Procedure Manual:** This foundational document creates a framework for the team and institutionalizes the function and processes beyond the experience of the individual team members.[50] "Teams should establish protocols and procedures that are followed for each assessment, including who will interview the student of concern; who will talk to classmates, teachers, or parents; and who will be responsible for documenting the team's efforts. Established protocols allow for a smoother assessment process, as team members will be aware of their own roles and responsibilities, as well as those of their colleagues."[28]

11 **Cultural Awareness:** The team attends to issues of culture, ethnicity, and experience related to persons of color and other minoritized groups to improve accessibility and remove obstacles when people share information with the team. A diverse lens is used to better understand the challenges these communities face on-campus and in the greater society to ensure a more accurate accounting of the level of risk and to ensure interventions consider their unique needs and any potential obstacles that would reduce the likelihood of success, including the hours of operation, distance to services, financial cost, and diversity of providers.[2,3,6,15,21]

12 **Disability Awareness:** The team devotes time and resources to training its members to better assist students with disability needs who come to the attention of the team. Given that upwards of two-thirds of team reports occur with students who have disability accommodation needs, the team ensures its members have continuous training on these topics, a dedicated team member from the disability and accommodations office is on the regular team membership, and awareness and accessibility are prioritized in the website, reporting form and gathering of information occurs with awareness of these topics and prioritizes accessibility.[12,31,41,53]

13 **Website:** A team website is a primary way to communicate what the team does and how it is connected to the community. The website should be viewable on both internal and external sites and provide an overview of resources and supports on campus. The website must be written to educate those wanting to learn more about the team in a natural, clear, and concise manner. Websites should be written for the audience that will be using them. This means avoiding a direct "cut and paste" of language from a policy manual onto a webpage. Websites should include a general description of what the team does, who is on the team, and that the focus of the team is community support and collaboratively working to support students.

14 **Team Presentation:** The team should have a presentation they share with the community to help faculty, staff, and students understand how to make a report, what happens when a report is made, and the mission and scope of the team. Ensuring the campus community and leadership understand the mission and purpose of the BIT/CARE or threat team is essential, as they "can play a major role in helping to encourage faculty and staff to report concerning behaviors by how they talk about the team. They should trust that the team is making the best decisions to help keep the community safe and share that with whoever will listen.[14]

15 **Other Marketing:** The team should be marketing and advertising to the community beyond the website and team presentation. This should include a logo, flyers, videos, handouts, and items with the team's name and contact information on them that can be used to share the team's work with the community.[20,36]

CASE PROCESSING

16 **Receiving Concerns:** Information is shared with the team through various methods, such as an online form, direct conversation, emails, or a phone call. There should be an awareness that the concern form is one of several ways information may be shared with the BIT/CARE or threat team.[14]

17 **Concern Form:** The concern form itself should be available online and allow community members to easily share information with the team. Anonymous referral should be allowed, and other barriers to sharing concerns, such as numerous required fields, required identifying information, or restricting access to the form to those community members with an identification number, should be avoided.

18 **Information Standards:** Team members will understand the Family Educational Rights and Privacy Act (FERPA),[8] the Health Insurance Portability and Accountability Act (HIPAA),[18] and state confidentiality laws and how these various guidelines and standards relate to intrateam communications and communications from the team to other departments.

19 **Information Sharing:** The process for sharing information to the team, within the team, and from the team back to departments, stakeholders and reporting parties will be clearly outlined in the policy and procedure manual and followed in daily practice. This includes the team members understanding FERPA, HIPAA, state confidentiality laws, privacy, confidentiality, and privilege. A cornerstone of the team is the privacy of the team's communication with each other, with most bound by FERPA.[8]



20 **Case Discussion:** Teams will have a process, rubric, or checklist in place that provides with them a standardized and efficient way to talk through cases that present to the team each week. By organizing this discussion, they will more efficiently move through the cases presented in each meeting and better prioritize the team's time. One example of this model is the DPrep Safety C.A.S.E. model.[44,45,46]

21 **Level of Risk:** A triage risk rubric will be applied to each case that comes forward to the team to reduce bias, ensure consistency, and address subjectivity in information gathering and decision-making. The levels assigned through the triage risk rubric will set clear expectations around when to involve law enforcement, the need for a violence risk/threat assessment, the type of interventions to be considered, and the timeliness of these interventions.[37,48,51]

At DPrep Safety, we have developed the Pathways online triage system[55] that offers an easy to use expert system that provides clear documentation and specific interventions tailored to the case at hand.

22 **Violence Risk Assessments:** A threat assessment is concerned with determining if a threat that has been made is transient or substantive and likely to be carried out. A violence risk assessment is a broader term describing the process by which a determination is made about the overall risk, with or without the presence of a threat to an individual or others. Assessments are structured processes, checklists, psychological tests, expert systems, and decision-making flowcharts that assist the team in determining the level of risk and the type of interventions recommended. This must include an understanding of the differences between psychological assessment and violence risk/threat assessment.[5,28,35,47]

At DPrep Safety, we have developed the DarkFox online violence risk assessment tool[54] that offers an easy to use expert system that provides clear documentation and detailed interventions tailored to the case at hand.

23 **Psychological Assessments:** Teams understand the difference between mental health assessments and violence risk assessments and know when to apply each of them. Psychological assessment is the gathering and integration of data to evaluate a person's behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendation. A psychological or mental health assessment is intended to 1) obtain a diagnosis or treatment plan for a mental illness, 2) determine a level of care such as day or inpatient treatment, 3) obtain medication, and/or 4) decide about fitness for duty or if a person is qualified for a particular job.

24 **Interventions:** These are the actions taken following a risk assessment to connect an individual to resources in line with their current level of concern. Interventions should have stakeholder buy-in, consider social, cultural, and disability differences, and occur over time with monitoring and adjustment based on the current level of concern and success or failure of prior interventions. Interventions must be selected based on the assessment of risk conducted by the team. Interventions should match the need presented by the student or community member and avoid being too intense or limited relative to the level of risk presented.[27] Pathways triage offers some foundational suggestions for interventions based on the level of risk.

25 **Bias Mitigation:** This process is important at all three phases of BIT/CARE functioning to (1) increase objective and consistent observations and data gathering, (2) risk assessment and decision making, and (3) interventions. Bias occurs in many forms and is addressed through awareness, training, and mitigation planning. A successful team understands and mitigates the role of bias in its work of gathering information, making decisions, and selecting an intervention and/or management process following the initial threat or concern.[1]

26 **Case Management:** Both a philosophy and often a position on campus, case management helps individuals overcome obstacles that prevent them from reaching academic, personal, social, intellectual, spiritual, relationship, or career goals.[33,43] Case management exists within each team member's work with students and, in a more formalized manner, as a separate department with its own intake process and approach to providing care. Whether it is as part of the team or within the case management department, the focus is helping students overcome obstacles they encounter during their academic pursuits. Case managers help improve communication among those involved in the student's success and identify solutions to overcome barriers or obstacles the student faces when following through with their existing goals.



27 **Record Keeping:** Documentation of the process provides for quality improvement, legal risk mitigation, improved service delivery, and effective communication among team members.[17,29] Record keeping should be timely, consistent, clear, concise, free of emotions, objective, and factual. Documentation is protective and demonstrates the thought process which drives the intervention plan. When done well, this provides a level of protection and risk reduction for the team. Accurate record keeping provides risk mitigation in the legal realm, allows for accurate tracking of cases over time, and empowers continuity of care across service providers, positions, and personnel transitions.

28 **Database Utilization:** In addition to keeping records stored in a database, the team ensures all members have access to this database to review and make entries during and outside their meetings. The team does not use secondary methods of communication such as Microsoft Teams, Slack, Monday.com, email, or text threads; instead, discussions about the cases or case assignments are communicated and documented through the data base.[17,44,50]

Continuous Improvement

29 **Supervision and Guidance:** Team members should meet regularly with the chair to review concerns, receive feedback, address conflicts, and ensure they are able to perform their team functions without delay. Team member roles need to be clearly defined and included in job descriptions. Team members should be onboarded through an intentional training process. The team chair or their designee should meet regularly to discuss their workflow, offer support, and identify training and logistic needs.[45] Ideally, this would occur at least twice a semester with each member of the team and does not replace existing supervision requirements for the team member. Drs. Poppy Fitch and Brian Van Brunt offer this insight, "Too often, supervision is seen as simply holding an employee to a set of standards and objectively reciting areas of compliance and non-compliance on work tasks. Yet, more often than not, successful supervision is … a caring, empathetic listening, an intimacy, a sharing. It is within this environment that lasting change occurs."[10] Team leaders should be aware of support fatigue that team members may experience with challenging cases.[19,23]

30 **Training and Development:** There is a consistent training schedule for the team that covers issues of mental illness, threat assessment, documentation, bias mitigation, threat/risk assessment, cultural competency, intake and interviewing skills, disability accommodations, and special populations. Continuous training of the team serves two important functions: (1) training ensures each team member has a level of knowledge and expertise to complete their job and (2) training provides legal risk mitigation in the event an incident occurs on campus that brings the BIT/CARE team into review. The team is dedicated to ensuring its team members engage in a continuous training plan on a variety of topics.[49] Team members engage in regular, ongoing training related to BIT functions, risk assessment, team processes, relevant laws and policies, and topical knowledge related to common presenting concerns.[5,20,28]



31 **Case Evaluation:** A certain number of cases are reviewed for quality assurance, discussing alternative interventions, and opportunities for improvement. These are coordinated by a team member using a consistent checklist of questions.[11]

32 **End-of-Term Reports:** Once or twice a year, a report is generated that outlines the common demographics of the people reviewed by the team, their risk level, interventions, and overall outcomes.[7,11,39,40] These reports also highlight areas for improvement, team training, and significant accomplishments by team members.[7,13,46] Sharing information back with campus administration and decision-makers is an important part of BIT/CARE work. This helps them understand where resources have been allocated and how the work is being completed and creates opportunities for conversations around the budgetary needs of the team and strategic partnerships with other campus initiatives. The report will help "ensure that the appropriate institutional leaders understand the processes for behavioral intervention and that they are informed when they need to be."[33]

33 **After Action Reports:** The after-action report is like a medical chart review process. This is a systemic process applied to gain insights related to how the team could improve their approach to the case. This process is guided by a checklist, such as the DPrep Safety BIT After-Action Report (BAAR), that includes contextual assessment, identification of stakeholders, threat/violence risk assessment application, appropriate interventions, data and documentation management, third-party notifications (parents, reporting party, potential targets of threats), compassion fatigue impact, cultural competency, continuous assessment of risk, and development of mitigation plans.[22,26,32,42]

34 **Needs Assessment:** A needs assessment involves a review of these standards in relation to how the team is currently matching the expectations of these areas. This needs assessment should serve as a yearly template included in the end-of-year report, showing a continuous review of services and needs. The daily work of running a BIT/CARE team is intense and time-consuming. Having a plan in place for a yearly review helps ensure that essential needs do not become side-tracked by the daily work of assisting students. Long-term concepts such as offering support for members of the team, addressing hot spots between members/departments, training on less frequently occurring behaviors, and building team communication and community goals will be more successfully prioritized through a yearly review.[17,45]

DPrep Safety offers in-depth needs assessments which include online surveys, one-to-one conversations, observing team meetings, and reviewing advertising/marketing materials, reporting forms, and policy and procedure documents. Our observations are brought together to create a detailed report and suggestions for training and/or team improvements.

35 **Critical Incident Stress Management:** The team has a commitment to a systemic approach to responding to team members after a traumatic case, including a checklist and process. The team has scheduled times and processes to address cumulative stress and to communicate about their work. This process is based on addressing both compassion fatigue and trauma reactions related to this work.[9,19,23,24,25,30,38]



End Notes

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