

AV SET UP

1

Soundcheck



2

Red Green Blue

3

Check

Power

Phone

Props

Water

Microphone

Clicker

Name Tag

4

END AV SET UP

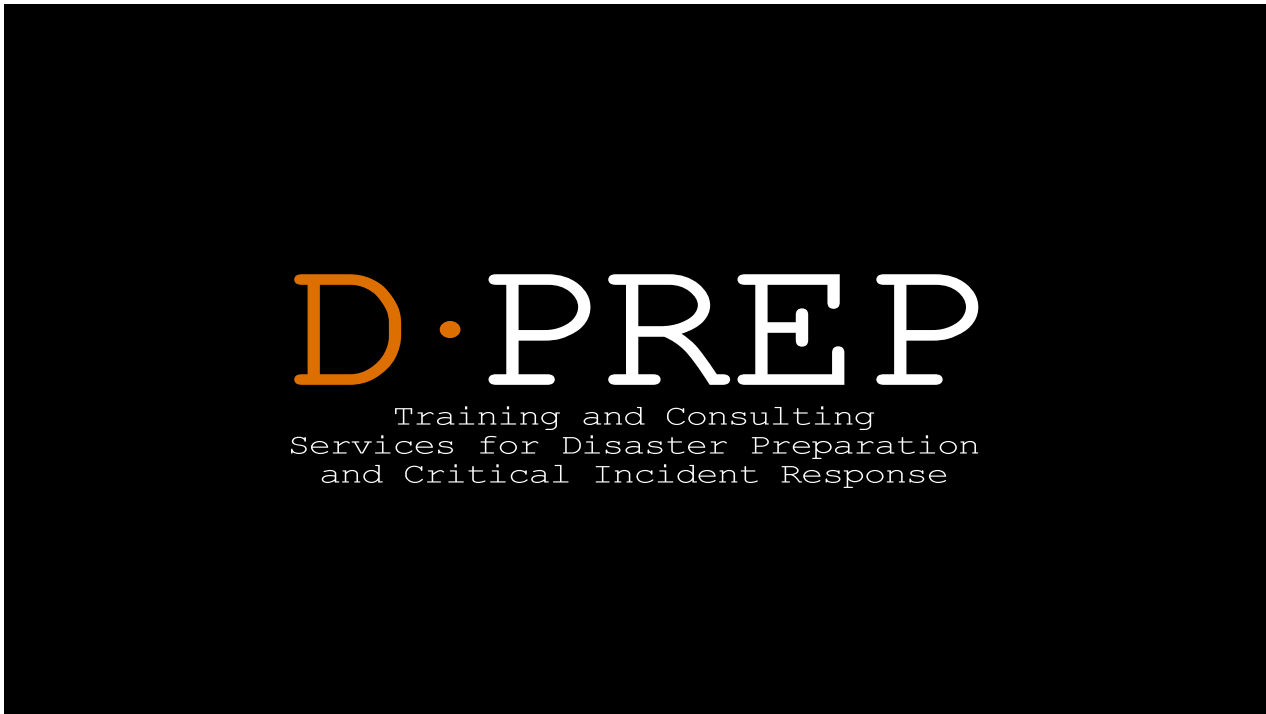
5



6



7



8



Jeff Solomon
DPREP
National Director of Safety
jsolomon@dprep.com

9



Brian Van Brunt, Ed.D.
Creative Director
Brian@dprep.com

10

First year student comes to the attention of the BIT/CARE team in early November
Isolating self in room, not going to meals
Frequently teased about appearance (goth/emo look), wearing same clothes
Bullying includes homosexual slurs and making fun of his stutter

11

Active gamer and uses many social media platforms
Seeks notoriety through social media
Shows videos dry firing BB guns and talks about a desire to obtain guns
Fired from on campus job in October

12

Fights with parents and cannot go home
Girlfriend broke up with him in Sept, he posts hateful comments about women
Frequently “loses it” when playing COD
Recently told others he is going to “do something soon” and has a “little secret”

13

CONTEXT

The first step of the CASE model is to establish the CONTEXT of the case by sharing information from across the team. The chair should share a brief overview of the case, including how the report was received and the basic nature of the reported behavior. Each member should share information from the perspective of their role/position on the team and receive information from others in order to use their specific lens to assist with identifying the level of risk and related interventions. For cases previously discussed, members should prepare to share any updated information or new behaviors.

- Does each member have access to review the case file to understand the context of the report prior to arriving to the meeting?
- Does each member know what information they are responsible for sharing with the team?
- Does each member know what to expect from other positions related to sharing information?
- Does each member know how others on the team are possibly constrained by limitations related to HIPAA, FERPA, or ADA confidentiality, are bolstered through the use of waivers or informed consents, or are able to share within exemption and disclosure limitations in law and policy?

14

ASSESS

ASSESS the level of risk by applying information gathered to an objective risk rating tool or rubric, such as Pathways, rather than using a “wing-it” approach to assessment. The risk level should be consistently documented each time a case is discussed. For cases previously discussed, new information or new behaviors should be considered in order to reevaluate the level of risk.

- What observed behaviors or concerns are being discussed?
- What is the impact of the behavior being discussed? Does the impact seem limited to the individual, to specific others, or to the campus community as a whole? Does the impact create disruption to individual activities and functions and/or the activities and functioning of others?
- Is there a need to gather additional information through a more in-depth violence risk and threat assessment or other advanced assessment tool? What other information is needed to help determine the level and nature of risk?
- Are there any changes in the behaviors and concerns? When did these changes occur? Are there any known triggers?

15

STABILIZE

STABILIZE the risk with interventions to reduce risk factors and promote protective factors. Interventions include a combination of team actions and referrals. Interventions identify key connection points for the individual through either a team member, reporting party, or other staff/faculty. For cases previously discussed, interventions should be reviewed to determine if they were completed, if they need to be revised, or if new intervention approaches are necessary based on new behaviors and new levels of risk.

- Who is responsible for the identified action?
- If it is determined another individual should be involved in the intervention, how is the decision determined?
- What timing is appropriate?
- Does the intervention need to be coordinated with other processes or units?
- Is there a need to advocate or broker for the individual related to the intervention?
- Does the intervention align with the referral checklist and service audit features of legal, accessible, flexible, affordable, proximate, online availability, diversity, cultural competence, and neurodiversity?
- Are there other interventions that can be offered that are currently unavailable from internal resources but are available through external resources/partners (e.g., free family therapy and mental health services available through HMO/PPOs or gender identity counseling that is offered through regional LGBTQ Centers)?

16

EVALUATE

EVALUATE changes in the context of the case, the effectiveness of interventions, and the need for ongoing mitigations and management of the case.

- Are there catalyst events, trigger events, or dates of concern to be alert to moving forward?
- What does increased or decreased risk look like for the case?
- What steps will be taken if risk increases? Decreases?
- Should no new behaviors or areas of concern arise, when should the team plan to revisit the case and review its status?