

The Recommended Team 35 Behavioral Intervention, CARE & Threat Assessment Team Audit Tool



Recommended Practices for BIT, CARE, and/or Threat Assessment Teams	Area of Concern <i>Represents an area of risk or misalignment with recommended practice</i>	Improvement Opportunity <i>Some revisions needed to align with recommended practice</i>	Aligned with Recommended Practice <i>Only regular continuous improvement needed</i>
Team Definition			
1. Mission	Team does not have a mission or team has a mission, but it does not focus on prevention and early identification in addition to threat response.	Team mission lacks clarity or connection to institutional priorities or multiple teams have competing missions with uncoordinated overlaps.	Team mission is clearly defined and connects to institutional priorities. Mission includes a focus on prevention, early identification, and intervention as well as threat response.
2. Scope	Scope of focus for the team is not clearly defined. There is a disproportionate focus on either students, faculty, and/or staff on the team or across teams.	The scope of the team is defined, but there is some need for clarification in definition or process.	Team has a clearly defined scope of focus on students, faculty, and/or staff. There is an equal focus on students, faculty, and staff on the team or across teams.
3. Name	Team name can be misperceived or appear punitive in approach. Name may be overly complicated and/or fail to encourage sharing of information. Team may lack a name and take referrals directly to a person or office.	Team name is not tailored to institutional values and community or could better represent team mission and scope. Team name fails to encourage sharing of information with the team in a community-based manner.	Team name reflects a caring and responsive approach to behavioral intervention and threat assessment and is aligned with the mission and scope. The name is tailored to institutional values and community.

4. Team Process	Team approaches cases informally and without a consistent rubric or process.	Team understands gathering data, assessing risk, and determining interventions, but lacks a consistency in this process applied to each case.	Team has a clear process of gathering data, assessing risk, and providing interventions that is practiced and documented consistently.
5. Membership	Membership does not include one of the core three areas 1) counseling, 2) conduct/discipline, and/or 3) campus safety/law enforcement. Team membership is creating significant problems with case processing and/or bias.	Membership size and/or representation is having some impact on effectiveness and efficiency of case processing. Team diversity may be limited or members are chosen based on their ability to agree on outcomes.	Team membership is approximately 5-8 and incorporates diverse, multidisciplinary backgrounds. Members minimally include, counseling, conduct/discipline, and campus safety/law enforcement. Primary and secondary team members represent the campus community and support overall team scope and process.
6. Multiple Teams	Multiple teams lack distinct scopes and missions, creating confusion in reporting and case processing. Confusions exists around which team takes a referral for which behaviors.	Multiple teams have distinct scopes and missions, but there is a need for better coordination of processes across teams. Confusion exists on advertising, marketing, and information flow among teams.	Multiple teams have distinct scopes and missions without duplication or overlap (e.g., faculty/staff team, student team, retention focus, threat). Multiple teams have clear processes for coordination and partnership across cases.
Team Operations			
7. Frequency of Meetings	Team meets once a month or only meets as needed. Team regularly cancels meetings.	Team meets twice a month for 1-2 hours. Team cancels less than eight meetings annually.	Team meets weekly for at least one hour. Team cancels less than four meetings annually.
8. Leadership	Team does not have a single chair or co-chairs as designated leader(s) or leadership capacity is significantly constrained.	Leadership capacity related to aspects of team operation or team climate could be improved. If a co-chair model, chairs lack collaborative approach and delineation of duties.	Team has a single designated leader or co-chairs with clear delineation of duties and a strong collaborative approach. Team chair(s) have the capacity to focus on both short- and long-term team operations as well as overall team climate.
9. Budget	Team does not have a dedicated budget.	Team has a dedicated budget, but the amount restricts some areas of operation.	Team has a dedicated budget to support team operations.

10. Policy and Procedure Manual	Team does not have a written policy and procedure manual.	Team has a written policy and procedure manual, but it is not regularly updated and/or lacks significant content.	Team has a written policy and procedure manual updated annually. Policy and procedure manual addresses team mission and core values, as well as definition, team operations, case processing, and continuous improvement.
11. Cultural Awareness	Team does not have training or materials that address obstacles for students from different cultures and ethnicities.	Team has some training and/or works with the on-campus DEI department to raise awareness of cultural obstacles.	The team receives on-going training on issues of DEI and bias related to culture and ethnicity aimed at reducing obstacles to information sharing, addressing bias in analysis, and making referral and intervention decisions that take these concerns into account.
12. Disability Awareness	Team has little to no formalized training on topics of disability accommodations and/or does not have disability services as a member of the core team.	Team has some training on issues of both physical and mental illness disability accommodations and relies on disability serves to share insights as a regular member.	Team devotes time to ongoing training related to disability accommodations. This includes both the physical and mental health disabilities and ensures website and programing accessibility and early prevention efforts.
13. Website	Team does not have a website.	Website content needs updates or enhancements. Lacks core areas of reporting, FAQs, team membership, mission, and purpose.	Team has a public website with information about membership, mission, receiving reports, and a clear FAQ.
14. Team Presentation	Team does not have a presentation readily available for use.	Presentation needs updates or enhancements.	Team has an engaging presentation readily available for use with multiple audiences describing team mission, membership, and process. The presentation promotes reporting issues to the team.
15. Other Marketing	No additional marketing or advertising exists for the team.	Some marketing and advertising exists, but there are specific populations where additional efforts are needed.	Team uses other marketing and advertising efforts to promote reporting to the team and understanding the team mission/process. Examples include printed materials, social media content, promotional items, video, and other tailored communications and marketing tools.

Case Processing			
16. Receiving Concerns	How and when to share concerns with the team is unclear and reporting systems are not readily available.	Receipt of concerns is limited by method or representation. Communication to those sharing concerns needs improvement.	Team uses an online concern form. Team receives concerns through multiple methods (phone, online, face-to-face, email). Concerns are received from a representative array of campus units and stakeholders. Concerns are acknowledged upon receipt and provided feedback following case processing.
17. Concern Form	Team lacks an online form for sharing concerns with the team.	Concern form has too many required items, takes too long to complete, requires identifying information of the reporter, and/or can only be accessed through the internal school intranet.	Concern form is available online, easily accessible from the main website, takes a reasonable amount of time to complete, allows anonymous sharing of concerns, and feeds into a centralized database.
18. Information Standards	Team lacks an understanding of FERPA, HIPAA, FOIA, state confidentiality laws and how these apply to internal and external communications and record keeping.	Team has working knowledge of FERPA, HIPAA, FOIA, state confidentiality laws but could use additional training and support in their application to cases.	Team has a solid understanding of FERPA, HIPAA, FOIA, state confidentiality laws and how they apply to various team members roles, how information is stored, and how they respond to information requests.
19. Information Sharing	Team members do not consistently share information on each case. Information is not shared in accordance with legal or ethical standards.	Team members mostly share information for each case. There are some obstacles to information sharing to improve.	Team members consistently share information for each case to establish a clear context for the case. Team members know what information they are responsible for sharing and share in accordance with legal and ethical standards. Waivers or informed consents are used effectively.
20. Case Discussion	Team lacks an organized way to process cases, resulting in a lack of organization and lost time. Case information is not shared prior with the team prior to the meeting.	Team has a loose framework for discussing cases and/or tracks time and process to ensure information is shared efficiently. Case details are occasionally reviewed by team members prior to the meeting.	Team uses a standard process to share and discuss case details (such as the DPrep Safety C.A.S.E. process) and shares information prior to the meeting on all known cases to prioritize time efficiency and prevent "information lag."

21. Level of Risk	Team does not use an objective risk rating tool.	Team applies and documents an objective risk rating tool on most cases and/or interventions are sometimes determined prior to a risk rating.	Team consistently applies an objective risk rating tool or rubric each time a case is discussed. Risk rating is used to inform interventions and management. Risk rating is clearly documented.
22. Violence Risk Assessments	Team does not have capacity to receive advanced violence risk assessment information.	Team has some confusion or misuse of violence risk assessments. Team has a limited use of violence risk assessments due to time, understanding, availability, or cost.	Team has the capacity to perform or refer out for violence risk and/or threat assessments and the team understands the difference and application of the assessment types.
23. Psychological Assessments	Team does not have the capacity to receive information about psychological assessments and/or does not differentiate these from violence risk assessments.	Team has some understanding of the difference between violence risk and psychological assessments but lacks the ability to put this into practice when it comes to emergency assessments, separations, or withdrawals/readmissions.	Team uses both psychological and violence risk assessments appropriately to better inform assessment and interventions. Psychological assessments are not misused as a requirement for re-entry after a withdrawal or leave of absence.
24. Interventions	Interventions are limited, inconsistent, or unavailable. They do not systemically consider cultural issues or issues of mental or physical disability. Follow up on interventions is absent.	Interventions sometimes lack follow through or buy-in because of the nature of the referral or intervention resource. There is occasional follow up on interventions or follow up is not recorded and consistent.	Interventions used by the team have a high likelihood of follow through and buy-in and are aligned with risk level. Interventions reduce risk factors and promote protective factors. Interventions are accessible, flexible, affordable, proximate, available online (as needed), and culturally competent. Interventions are reviewed for what worked and are well documented to assist in determining future interventions.
25. Bias Mitigation	Team does not consider bias mitigation tools or processes. Case processes are inconsistent and lack objectivity.	Team is limited in red-teaming and group processes related to bias mitigation.	Case processing by the team intentionally mitigates bias through the use of objective tools, red-teaming, and group processes.

26. Case Management	Team has no capacity for ongoing mitigation and management of cases and/or the team has no process to keep track of cases that involve a student leaving school and ensuring they do not return until requirements have been met.	Team has limited capacity for ongoing mitigation and management of cases and/or the team has an informal process for tracking cases and ensuring students who have left campus return when they have completed their requirements.	Team has the capacity for ongoing mitigation and management of cases. Case process considers when to review case status and plans for future concerns. The team has a clear and consistent process when it comes to case tracking over time to ensure those returning to campus after a separation have completed their requirements.
27. Record Keeping	Record keeping processes are undefined and inconsistent. Case documentation is out-of-date, unclear, or unavailable.	Case documentation is somewhat inconsistent or uses technical or emotional language with too few/too many details. Team member access to case documentation may be limited.	Team has a clearly designated process and technology for record keeping. Case documentation is updated, clear, and consistent. Team members have adequate access to case documentation.
28. Database Utilization	A limited number of team members have access to the database. The database is rarely used during team meetings and communication about cases occurs outside of the database.	Several team members have access to view and enter data into the database and/or a scribe is employed to enter data during the team meetings. The database is used during team meetings and communication that occurs outside the database is pasted into the database.	Each team member actively reviews and enters information in the database. There may be an assigned scribe who enters data for the team during the meetings. Additional methods of communication are not used and conversations and discussions about cases or case assignments are communicated and documented through the database.
Continuous Improvement			
29. Supervision and Guidance	Team members receive little to no individual supervision and guidance related to team role.	Team members receive some supervision and guidance on roles.	Individual team members receive regular supervision and guidance on their role from team leadership, including onboarding and development opportunities. Team climate is assessed for areas of concern.

30. Training and Development	Team has little to no regular and coordinated training and development.	Team participates in some training and development activities regularly and/or it is not regularly documented. Training responsibility is limited to one or few team members.	Team has a shared plan for team training and development, including a regular schedule of trainings. Spare meeting time is used for tabletop exercises, case studies, and other development. Training is clearly documented and tracked.
31. Case Evaluation	Case outcomes and case processing are not evaluated.	There is limited evaluation of case processes and outcomes.	Case processes consider the effectiveness of interventions and if risk levels increased or decreased for cases.
32. End-of-Term Reports	Team does not report regularly on case processes or team operations.	Team reports somewhat regularly on case processes and team operations.	Team disseminates a report on case processes and team operations at least annually. Report supports team mission and aligns with other institutional reporting and assessment processes. Report includes clearly identified opportunities for continuous improvement.
33. After Action Reports	There is no review of high impact cases to gain insights from how they were assessed, what risk level was assigned, and how the interventions were selected and applied.	There is some discussion after high impact cases, but this lacks any systemic structure review aspects such as contextual assessment, fullness and accuracy of risk assessment, selection of interventions, cultural considerations, and parental or Clergy notifications.	There is a systemic process applied to both define a high impact case and conduct after-action reviews of these cases to gain insights related to how the team could improve their approach on the case. This process is guided by a checklist such as the DPrep BIT After-Action Report (BAAR).
34. Needs Assessment	Team does not audit team operations and processes for continuous improvement.	Team participates infrequently in audit activities.	Team participates in a regular and continuous team audit process to assess alignment with recommended and research-based practices. Continuous improvements are identified and implemented.
35. Critical Incident Stress Management	Team lacks a plan to address both acute team member stress following a traumatic case as well as cumulative team member stress related to stress and burnout.	Team offers basic support during high profile, stressful events to team members, but lacks a systemic approach to this process and there is little effort to address cumulative stress of team members.	Team leadership 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 communicate about their work.