D·PREP
SAFETY DIVISION
BIT/CARE STANDARDS

Case Discussion

Introduction

BIT/CARE Teams should use a standard process to share and discuss case details on all referrals to the team. Case flows prioritize consistency, objectivity, and efficiency across case discussions and team members. The CASE model is a four-step case flow that teams can use to improve information gathering and decision-making. Case discussion is supported by a structured meeting format and agenda, as well as case documentation aligned with the case flow process.

What is a Case Flow?

A BIT/CARE team's case flow is the process used in team meetings to move referrals from initial report to resolution.

What is the CASE Model?

The CASE Model is a 4-step framework for case discussions during team meetings aligned with evidence-based standards and the three-phase process of BIT. Similar to the recommended team process of gathering data, determining risk, and intervening across team activities, the CASE Model ensures individual cases are processed accordingly and that membership, information sharing and standards, bias mitigation, case management, case evaluation, and record keeping are aligned across case activities each time a case is discussed.

Why Follow a Case Flow Model?

When a team uses a case flow model, it increases the objectivity and consistency of a team's response to reports. The team follows the same steps in the same order for each referral. A common error in BIT/CARE teamwork is the tendency to jump to action and problem-solving on a referral before gathering information and assessing the nature and level of risk.

> Case example: A biology instructor reports that Jackie stormed out of a lab session and slammed the door. This is the second time she has left abruptly in the past two weeks. The instructor reports she is increasingly angry and unwilling to participate in group lab activities.
>
> When presented to the team, members begin suggesting options for dropping the course or changing lab sections, a conduct referral, or having her talk with a counselor.

This jump to interventions is problematic for two reasons. First, the team did not spend time gathering information related to Jackie and building context around the case. Information the team could gather includes Jackie's academic status in the course and program, living situation, disability accommodations, and additional context about what is occurring in the lab environment and course from faculty or students. Second, the team does not apply an objective risk assessment tool to assign a risk rating to the case before determining interventions. A team's response and actions on a case should be aligned with the nature and level of risk.

A case flow helps team members to know and be prepared for their responsibilities. The process for examining and discussing cases is useful during onboarding and regular training of team members. Each step of the case model outlines the roles of individual team members in case discussions and helps them prepare for meetings. This increases the overall effectiveness of the team across case processing activities.

The CASE model incorporates good crisis decision-making techniques. In many ways, each case discussion represents the team's response to a crisis situation. By incorporating research-based strategies and crisis leadership frameworks, the team's decision-making can be significantly improved. The CASE model is informed by the stages of crisis management, crisis leadership theories, and proven problem-solving strategies during a crisis.

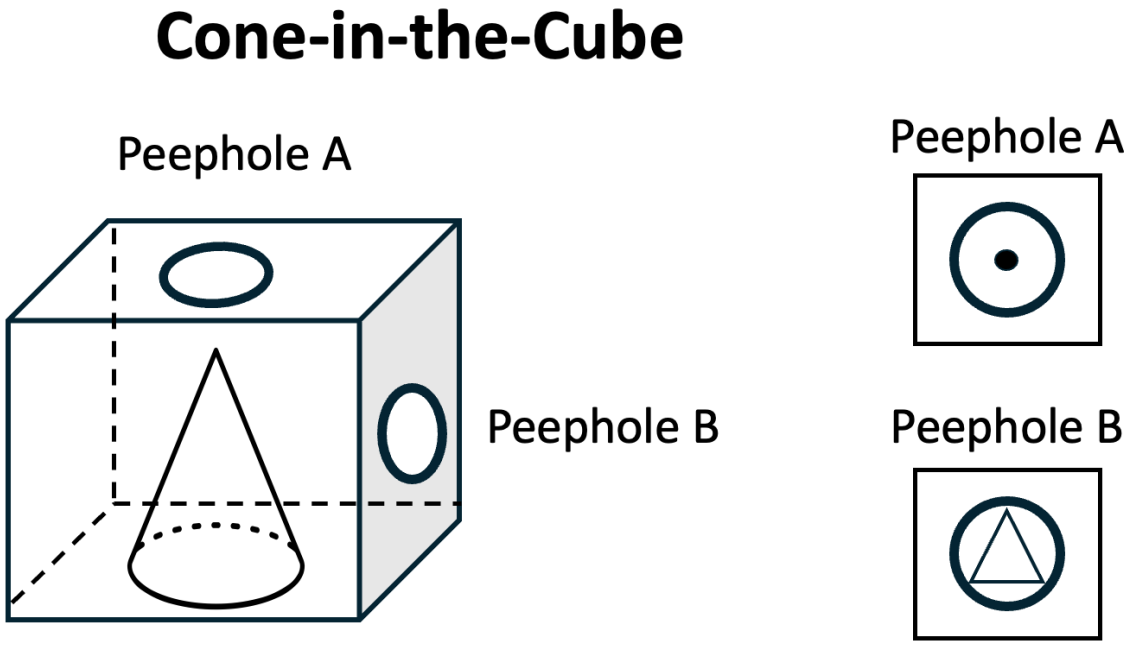
The CASE Model: Context, Assess, Stabilize, Evaluate

Step 1 Context

The first step in the case discussion should be gathering and sharing information from across the team to establish as complete a context as possible about the crisis, in order to gain a more thorough understanding of it. The essential tasks during this step are to 1) summarize the referral for the team, 2) gather and discuss details of the case, and 3) remove obstacles to information sharing on the team.

Cases are essentially "cone in the cube" problems.[1] Your perspective looking into the cube skews how the cone is viewed. Team members must maintain an awareness that no one person has the full perspective on a case; important perspectives exist across multiple sources of information and among team members. We should constantly consider different ways of looking at case information.

Building context around a case also involves identifying signals, other early indicators, and emerging issues related to the case. Proactive crisis management models include mechanisms to detect crises before they



fully manifest, by identifying early warning signals in a timely manner and communicating these to a central decision-making unit.[2] Collaboratively, the team examines the available information about the case, identifying what is verifiable, what are assumptions, and what can be observed or perceived about the case. Situational awareness is often discussed as an individual or group behavior associated with vigilance of surroundings in order to improve the ability to act when a threat is present. Here, we emphasize the importance of situational awareness of contextual factors as a process for the team to understand and interpret the appropriate course of action for current cases.[3]

1 Marcus, L.J., McNulty, E.J., Henderson, J.M., & Dorn, B.C. (2019). Crisis, change, and how to lead when it matters most: You're it. Public Affairs.

2 Sellnow, T. L. (2013). Fink's Crisis Life Cycle. In K. B. Penuel, M. Statler, & R. Hagen (Eds.), Encyclopedia of Crisis Management (Vol. 1, pp. 408-410). SAGE Reference.

3 Marcus, L.J., McNulty, E.J., Flynn, L.B., Henderson, J.M, Neffenger, P.V., Serino, R., & Trenholm, J. (2020). Industrial Marketing Management, 88, 272-277.

Types of Information	Responsible Team Representative
Academic transcript, GPA, academic program information	Academic liaison or advising representative
Conduct or disciplinary history	Conduct or discipline staff
Housing information, incidents	Residence life or housing staff
Criminal history, warrants	Law enforcement representative
BIT/CARE history	Team chair, case manager
Social media	Varies
Information from reporting party/referral source/involved parties	Varies

When a team gathers information to better establish the context of the case, they collect a combination of technical data and human information from across various systems and team members. Communication about the contextual elements of a case is facilitated when teams understand information standards and the process of information sharing. Members should be assigned specific information they are responsible for gathering and sharing with the team on each case:

To prepare a team and its members for the context stage in case discussions, each member should ask themselves:

- Do I have access to review case information in a team database prior to arriving at the meeting?
- Do I know what information I am specifically responsible for sharing with the team and where this is stored or accessed?
- Do I know what information other team members are responsible for sharing with the team?
- Do I know how others on the team are constrained by limitations related to information standards, law, ethics, and policy (e.g., FERPA, HIPAA, state confidentiality law)?
- Do I know how the use of waivers or informed consents can bolster information sharing?
- Do I know what other sources of information the team has access to inform the case context?

Team training and development should encompass onboarding, monthly and annual training sessions, and one-on-one guidance sessions with the team leader, assessing each of these elements and incorporating them into the training content. The team policy manual should also reflect this information and process.

How Much Time Should the Team Spend Discussing the Context of a Case?

A key concern for teams is covering all new and previous case discussions in the allotted time for the team meeting. Team efficiency can be improved through good advanced use of agendas, a team database, and a triage risk assessment tool. The goal is to focus on the information needed to make an accurate triage assessment of risk, specifically identifying confirmed behaviors, attitudes, and their impact on the student, others, and the community. By committing to a consistent case flow process, the team will improve on the ability to quickly communicate key information points on cases and move to the triage assessment of risk. The team chair can facilitate an efficient case flow by addressing bottlenecks in case discussions or when the team strays from the essential tasks at each step.

A quality triage risk assessment tool will prompt the team when behaviors indicate the need to gather additional information or to complete advanced risk assessments. In moderate- or high-risk cases, the team should allocate additional time to gather contextual background information. For low-risk cases, a question to consider is what information would shift the level and nature of risk for this case? This can be noted in the evaluation stage of case discussion: the case is moved to 'inactive, pending additional information' with specific attention to X behaviors or concerns. Bottom line: across crisis management, it is better to overthink low-probability situations and worst-case scenarios than to underreact to risk and threats.

Step 2 Assess

The next step in the case flow model is to assess the level of risk by applying the gathered information to an objective triage risk rating tool or rubric, such as Pathways.[4] The essential tasks during this step are 1) clear identification of observed behaviors and the impact of the behavior on the assessment, 2) consistent use of an objective triage risk rating tool or rubric, and 3) using advanced assessment tools when needed to help determine the level and nature of the risk.

Team members often tend to rely on human intuition rather than gathering and analyzing information objectively. They want to trust the power of their "gut," but feelings and intuition are not legally defensible, and bias will creep in. The brain skips steps and jumps to patterns that may or may not be supported by the facts. A risk rubric provides a conscious, objective, and documented decision-making framework, decreasing cultural and emotional bias and flawed action.

To effectively assess the level of risk, teams should identify a clear list of environmental risks, behavioral indicators, and cognitive indicators gathered during the context step. Examples of behaviors used in the Pathways Triage Tool include

- Social Problems
- Threats
- Inattentive/Off Task
- Academic/Work Trouble
- Eating/Sleeping Disruption
- Self-Injury
- Outbursts
- Loss or Bereavement

The intensity and impact of each behavior are also considered, with a discussion of the behavior's impact. Less intense behaviors are often just beginning to impact the individual. As the behavior intensifies, it begins to affect the individual's relationships and those around them. At the highest levels, the behaviors result in impacts to the community, classroom, or activity requiring immediate response when they occur.

4 https://www.pathwaystriage.com/

Advanced Threat Assessments	Purpose
Violence Risk Assessment (DarkFox, SIVRA)	To assess risk to self or others with or without a threat
Mental Health/Psychological Assessment	To assess inpatient care needs, diagnose, or identify treatment options
Suicide Assessment (Suicide Wayfinder, Columbia Suicide Severity Scale)	To assess the level of suicide risk

The triage risk rating is identified and documented for each case. Pathways identifies the risk as low, moderate, or high. The level of risk should be documented in the case record every time the case is discussed. Triage risk rating tools should also indicate if there is a need for advanced assessments on the case. Advanced assessments can include mental health/psychological assessments to assess the need for inpatient care, diagnose conditions, or identify treatment options. Violence risk assessments can be used to assess risk to self or others, with or without a threat. Upon completion of an advanced threat assessment tool, the risk rating, summary of risk and protective factors, and intervention considerations should be documented.

Step 3 Stabilize

It is not until the team has gathered sufficient information and assessed the risk that they should move to action on the case. The essential tasks in this step are to 1) identify interventions to reduce risk factors and promote protective factors, 2) decide who, when, how, and why for each selected intervention, and 3) ensure accessibility and appropriateness of each intervention.

Interventions are identified to mitigate further escalation, reduce the intensity of behaviors, and control the impact of the case. A critical requirement for interventions is that they must align with the level of risk identified. This alignment also supports other best practices such as due process, bias mitigation, and ethical decision-making. The second critical requirement for interventions is that we identify key connection points for the person of concern through either assigned team members, the reporting party, or other faculty/staff. Even when there is a possibility of an individual being separated from the campus or workplace, interventions should focus on increasing and maintaining connections.

Interventions often include a combination of team actions and referrals.

Effective interventions must be operationalized with clear and coordinated involvement from the various referral units, team members, and external resource providers and partners.

- **Who** is responsible for each identified action?
- **What** is the specific action being taken?
- What **timing** is appropriate and realistic for each identified action? Does the action need to be coordinated with other processes or units?
- **Why** is this an appropriate intervention? What is the purpose of each intervention and its desired outcome?
- Is there a need to **advocate or broker** for the individual related to the intervention?
- Is the **intervention** aligned with the characteristics of effective referrals and services: a) legal, b) accessible, c) flexible, d) affordable, e) proximate, f) available online if needed, g) considerate of diversity, cultural competence, and neurodiversity, and e) measurable?

Types of Interventions	Examples
Referrals	Counseling and mental health support, academic support, health care, career services, conduct/discipline, community providers and resources
Discussions/Advisement	Connection to social supports; trigger identification and alternatives; decision-making supports; goal-setting; harm-reduction; coping/resilience and overcoming challenges; reset expectations
BIT/CARE Team Activities	Monitoring ongoing behavior with check-in meetings/phone calls; parent or family notification and support; coordination and case management

Step 4 Evaluate

This final step helps determine the status of a case as active or inactive and identifies the future need for case review and action. The case flow process evaluates the effectiveness of interventions and whether risk levels for cases have increased or decreased. For low-risk cases, the evaluation step may occur during the initial discussion of the case. However, for most cases, especially those at moderate or high risk, the evaluation step typically takes place during the follow-up discussion on the case at the next team meeting. The essential tasks in this step are to 1) identify changes in the context of the case, 2) review the effectiveness of the intervention(s), and 3) determine the need and nature of ongoing mitigation and management for the case.

Active Cases	Each referral is entered as an active case until the four steps of the case flow process are completed at least once. Active cases are present on the team agenda each time the team meets. Active cases remaining on the agenda for multiple weeks should be for intentional reasons (new contextual information, changing risk rating, ineffective interventions). Inactive cases are reactivated because of new reports or concerns, or on specific dates when the team has previously decided a review of the case is recommended.
Inactive Cases	Inactive cases have been through the four steps of the case flow process. Interventions are minimally in process if not completed. Inactive cases are archived in the database system and can be retrieved should other referrals or information become available. Inactive cases are removed from the team agenda and case discussions.

As cases are moved to inactive, it is helpful for the team to consider:

- Have the interventions been started and are making progress?
- Are there indicators that the risk level is stabilizing or decreasing?
- Are there catalyst events, trigger events, or dates of concern when the team should revisit the case and/or deploy additional actions? Examples include conduct hearings, anniversaries, notifications of no-contact orders or policy decisions, and transitions in and out of systems.
- What alternative actions should the team keep in mind if new behaviors occur and the risk level increases?
- When might decreased risk levels or sudden quieting of behavior be concerning for a case?
- Should no new behaviors or areas of concern arise, when should the team plan to revisit the case and review its status?

These evaluation notes are critical to include in case documentation to support future case discussions. They become prompts about the team's previous review of the case, previous lessons learned, and recommendations for future actions.

Agendas and Meeting Structure

The team's use of an agenda and structured meeting format both supports and is supported by a standard case flow model. Agendas should be sent out in advance of team meetings to facilitate information-gathering on cases. Team members should update the centralized team database with relevant context information on the case to support the discussion during the meeting.

The team chair or assigned member should introduce each case with a brief overview for the team. This overview can incorporate information already gathered by team members and stored in the team database, or refresh previous assessments and interventions conducted on the case. Then, the CASE model process should begin with the discussion of additional contextual information related to the case.

The recommended agenda structure for the team includes these elements:

1. **Previous cases.** For active cases that were discussed in previous meetings, the team should focus on new information gathered since the last case discussion. The level of risk is reassessed only in consideration of new information. The implementation of the interventions identified previously is considered. The evaluation stage is particularly helpful for previous cases as decisions are made about the effectiveness of interventions and the ongoing status of the case.
2. **New cases.** Each referral/report received since the last meeting.is discussed to build context, assess the risk, and identify interventions. An evaluation of the case status occurs, assigning it as active or inactive, along with any specific dates for review or revisitation. Active cases are moved to the previous case section of the next agenda. Inactive cases are archived in the team database with updated notes and documentation.
3. **Community issues/climate.** To promote situational awareness and early detection of emerging concerns, the team should regularly discuss trends and areas of concern that are developing on campus. EAB describes "campus flashpoints" as climate-related incidents or events that cause disturbances in the community or media, including heightened levels of activism, increased media and public scrutiny, and reputational damage.
4. **Training content and concepts.** Team meetings should be regularly used to emphasize key training topics for the team. These topics can be identified in various ways. A monthly training calendar can identify readings, videos, or case studies annually, covering a broad range of topics based on a team needs assessment. Topics can be generated based on trends and issues seen in cases. The CASE model can also help to assess the needs of team members to improve case discussion and management.

Documentation and Record Keeping

Team documentation should reflect the case flow process and should support agenda creation for each team meeting. When centralized software (e.g., Maxient or Symplicity Advocate) is used to support team activities, some contextual information is pre-populated through integration with student information systems.

Case Note Example:

Name:

Date of Birth:

Classification:

Academic Program:

Referral/Report Information: A biology instructor reports that Jackie stormed out of a lab session and slammed the door on May 26, 2025. This is the second time she has left abruptly in the past two weeks. The instructor reports she is increasingly angry and unwilling to participate in group lab activities.

Additional Information:

- Academic status in the course and program
- Housing and roommate information
- Disciplinary and BIT history
- Follow-up information from the instructor
- Information from other students in the lab, potentially

Assessment:

On DATE, the triage risk tool assessed the risk as low/moderate/high based on the following behaviors:

Advanced assessment tool results (if appropriate)

Interventions:

Who, what, when, and why of each action as determined by the team

Status of each intervention

Future Case Management/ Mitigation:

Specific dates for the review of the case

Notes regarding alternative actions for future consideration

Other case notes related to future behaviors or risks

Case Status: Active or inactive

Conclusion

This model case flow process details four steps that teams can use to guide discussions, reviews, and actions each time a referral or report is received by the team. The model promotes information gathering, risk assessment, effective interventions, and the ongoing management and mitigation of cases. When combined with a structured meeting format and clear documentation, the case flow process can help teams increase efficiency and effectiveness in their case discussions and decision-making.

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