Framework

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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**
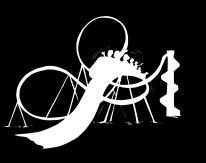
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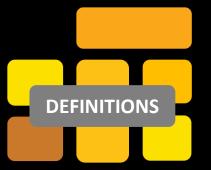
Alligators

Robert Redford

Scary Roller Coaster

"If I had eight hours to chop down a tree, I'd spend six sharpening my axe."

Abraham Lincoln

DEFINITIONS

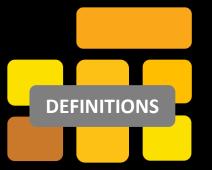**Mission**

Who is on the team?

How often do you meet?

What do you want reported?

What is the team's process?

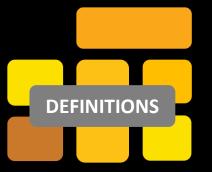How is this accomplished?

What factors are considered?

Mission

Who is on the team?

How often do you meet?

What gets shared?

What is the team's process?

How is this accomplished?

What factors are considered

- Faculty? Staff?
- Unique Community Needs
- Size of team (5-8)

Mission

Who is on the team?

How often do you meet?

What gets shared?

What is the team's process?

How is this accomplished?

What factors are considered
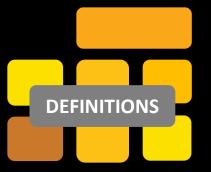
- Every week, every other week, regularly
- Consistency!
- Don't cancel mor e than 10-15% of meetings

Mission

Who is on the team?
How often do you meet?
What gets shared?

What is the team's process?
How is this accomplished?
What factors are considered
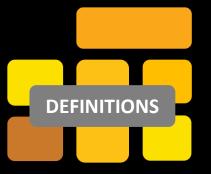
- Danger to self and others
- Behavior that impacts social, academic
- Set the bar so the team is preventative

Mission

Who is on the team?

How often do you meet?

What gets shared?

What is the team's process?
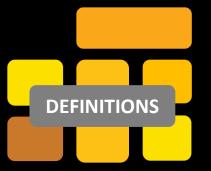
How is this accomplished?

What factors are considered

- Accept concern report, gather contextual data
- Rate level of risk for report coming in
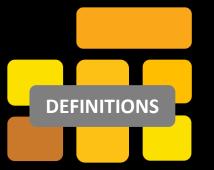- Develop intervention plan based on risk level

Mission

Who is on the team?
How often do you meet?
What gets shared?

What is the team's process?
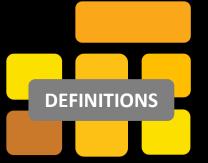How is this accomplished?
What factors are considered?

- Consistent and timely documentation
- Culturally Informed and Physical/Mental Disability
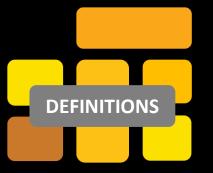- Review process from intake, assessment, intervention

Mission

A group of professional staff and educators who meet regularly to discuss behavior that presents a disruption, harm to self or others, or inhibits educational or social progress. The team works to identify, assess and mitigate the behavior through, consistent, evidence-based, culturally competent, well documented support, guidance, intervention and management.
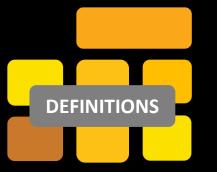
Scope

Scope

Teams are not punitive in their approach, but rather preventative and focused on connecting those at risk to resources and moving them from the pathway of violence to social integration and support.
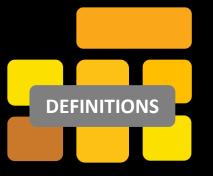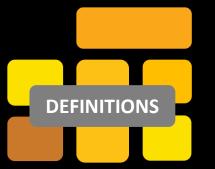
Avoid overly cute, silly or casual names, as the work we do is serious

NAME

Student Health Intervention Team

Helping Hands

HUGS
Help Understanding Guidance and Support
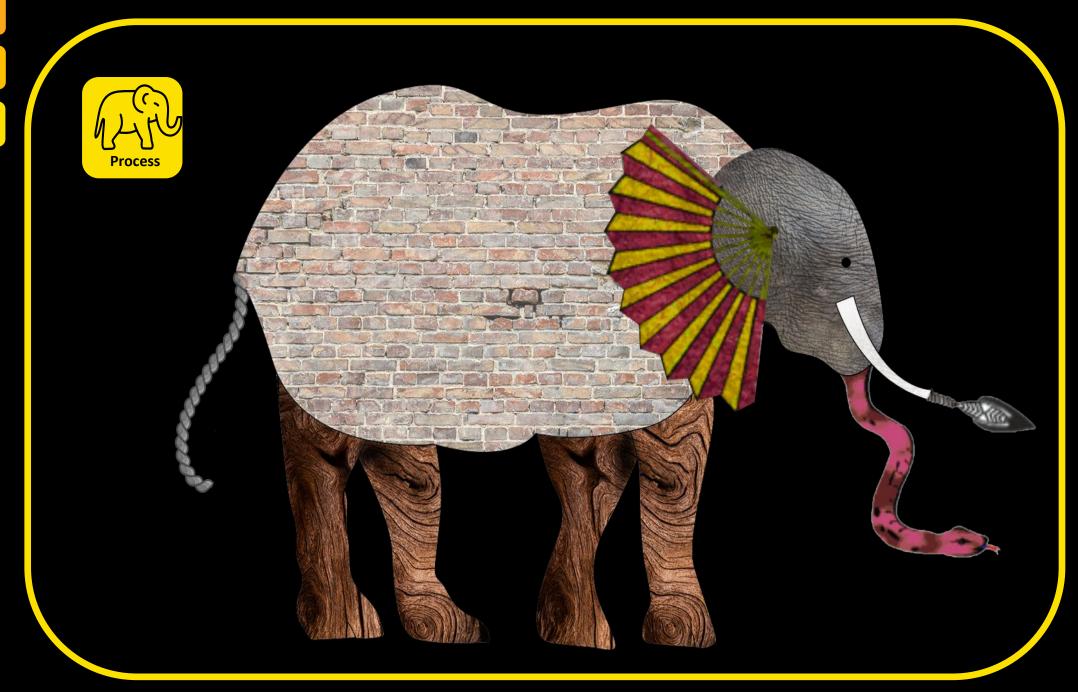
Avoid overly tactical, scary or complicated names because this reduces reporting

Behavioral Identification and Intervention Team

Threat Team

Batman Tactical Response Unit

DEFINITIONS

Process
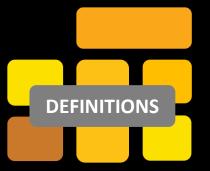
Gather Data

Determine Risk

Intervention

Membership

Student Conduct
Counseling
Campus Police
VPSS or Dean
Case Manager
ADA/504
Faculty Representative
Health Services

DEFINITIONS

Membership

Instructors

Police

Coaches

Case Managers   **VPSA/Dean**

Team Chair

Tutoring

The Logic of Failure
Recognizing and Avoiding Error in Complex Situations

Failure

Dietrich Dörner

THE *SUNDAY TIMES* No. 1 BESTSELLER

MATTHEW SYED

Bestselling author of *Rebel Ideas*

'Highly persuasive' *Daily Mail*

BLACK BOX THINKING

MARGINAL GAINS AND THE SECRETS OF HIGH PERFORMANCE

UPDATED EDITION

CAROL S. DWECK, Ph.D.

mindset

THE NEW PSYCHOLOGY OF SUCCESS

HOW WE CAN
LEARN TO FULFILL
OUR POTENTIAL

2 MILLION COPIES IN PRINT

*parenting
*business
*school
*relationships

"Through clever research studies and engaging writing, Dweck illuminates how our beliefs about our capabilities exert tremendous influence on how we learn and which paths we take in life."
—BILL GATES, *GatesNotes*

Because rules in a complex system don't always lead to immediate consequences

People learn they can violate rules routinely without an ill effect

And worse, violations become linked to a positive reward

Complex

Not Transparent

Internal Dynamics

Lack of Understanding

BIT/CARE Reports

Understand the components in the system

Managers should engage in reflective thinking

The Logic of Failure
Recognizing and Avoiding Error in Complex Situations
Dietrich Dörner

THE SUNDAY TIMES No. 1 BESTSELLER
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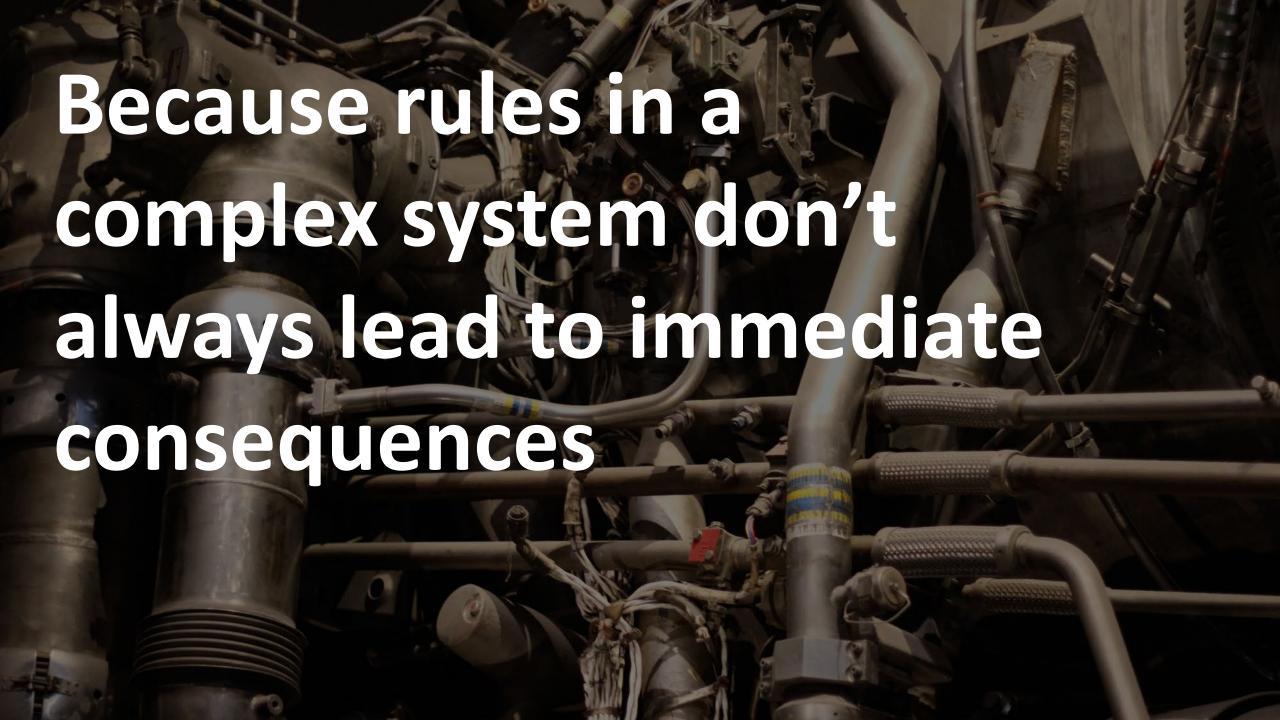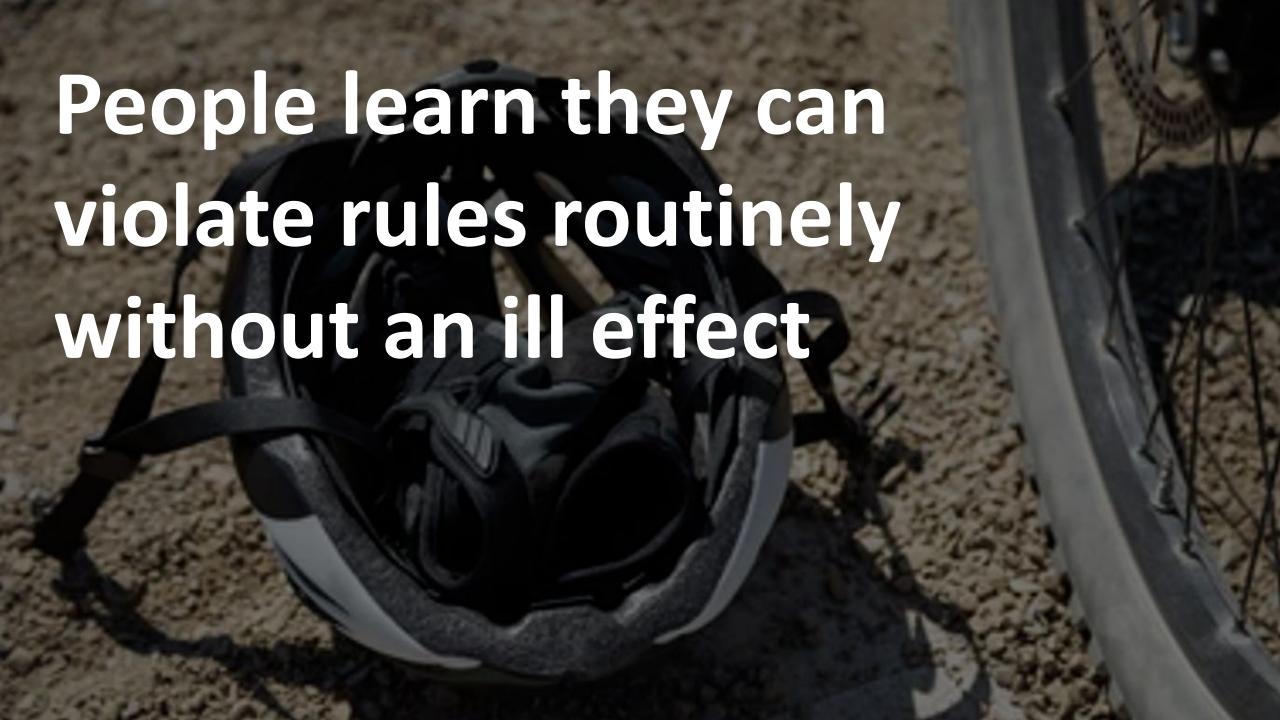HOW WE CAN LEARN TO FULFILL OUR POTENTIAL
2 MILLION COPIES IN PRINT
*parenting
*business
*school
*relationships
"Through clever research studies and engaging writing, Dweck illuminates how our beliefs about our capabilities exert tremendous influence on how we learn and which paths we take in life."
—BILL GATES, GatesNotes

We learn from feedback

Gymnast perfecting her routine

Reviewing post game play

Courts

Hospital

How do you approach error?

Cast Blame

Harshly Judge

Avoid Scapegoating

Avoid Over-Simplification

Promote Learning from failure

Create an open and fair culture that incentivizes people to learn from their failure
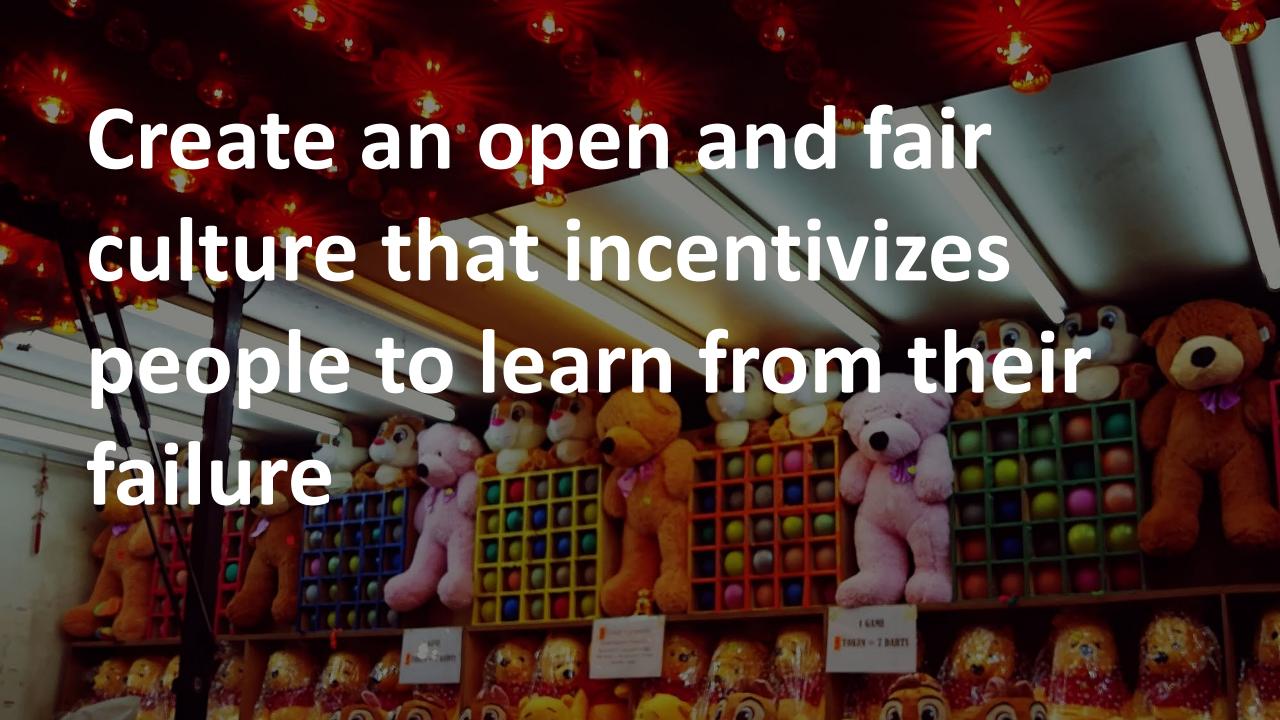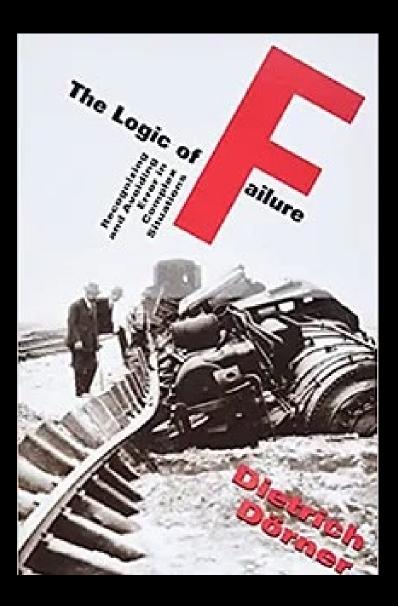
Four-Step Approach
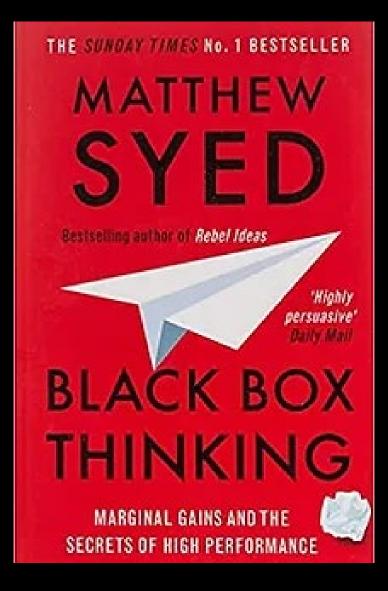
Gather Data Continually

Analyze Errors: What went wrong and why

Formulate Fixes: test & broaden successes

Repeat the cycle

EXAMPLE

Rubric Application

The Logic of Failure
Recognizing and Avoiding Error in Complex Situations

Dietrich Dörner

THE *SUNDAY TIMES* No. 1 BESTSELLER

MATTHEW SYED

Bestselling author of *Rebel Ideas*

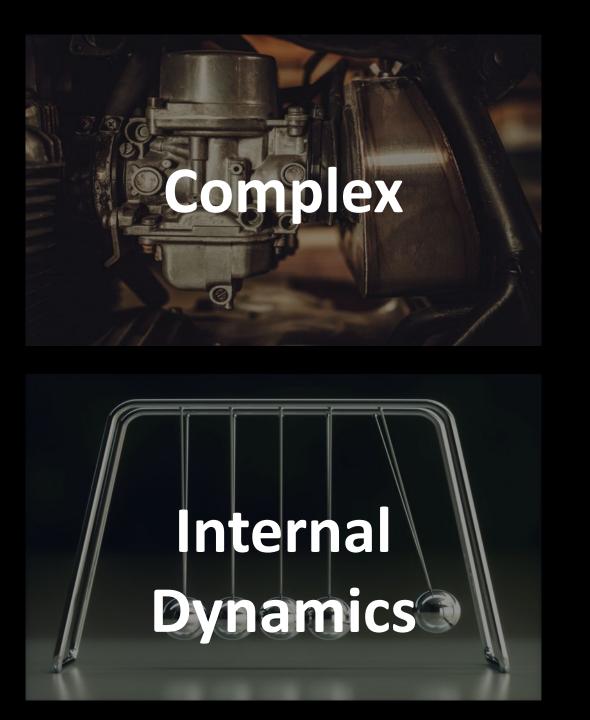'Highly persuasive'
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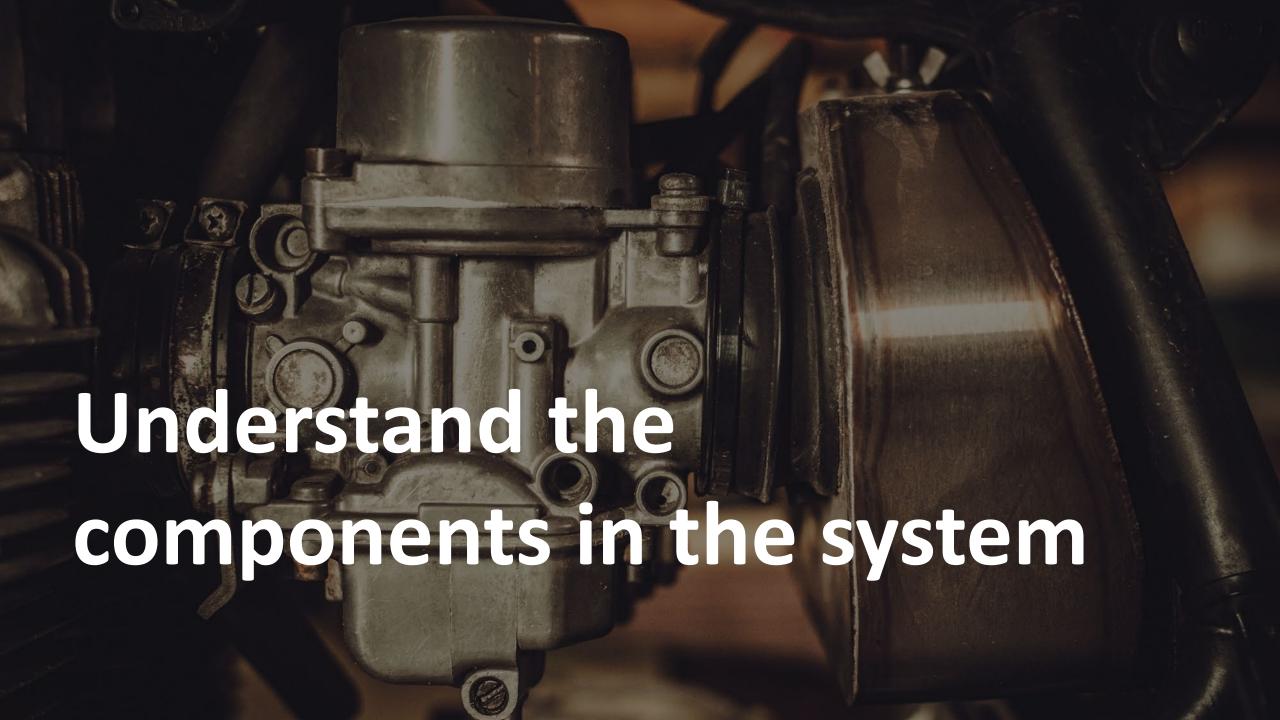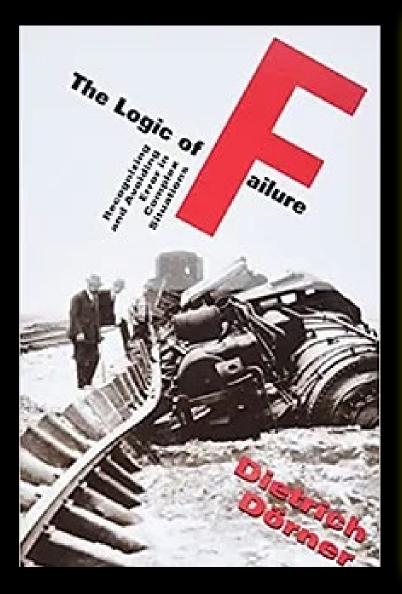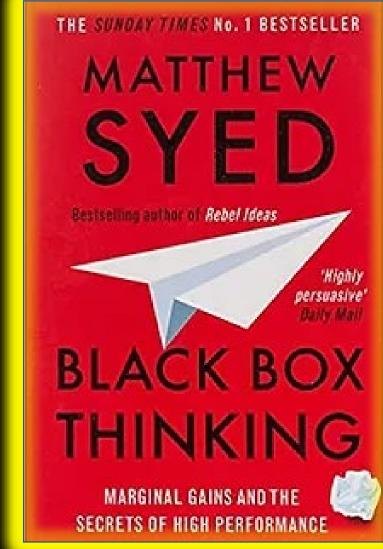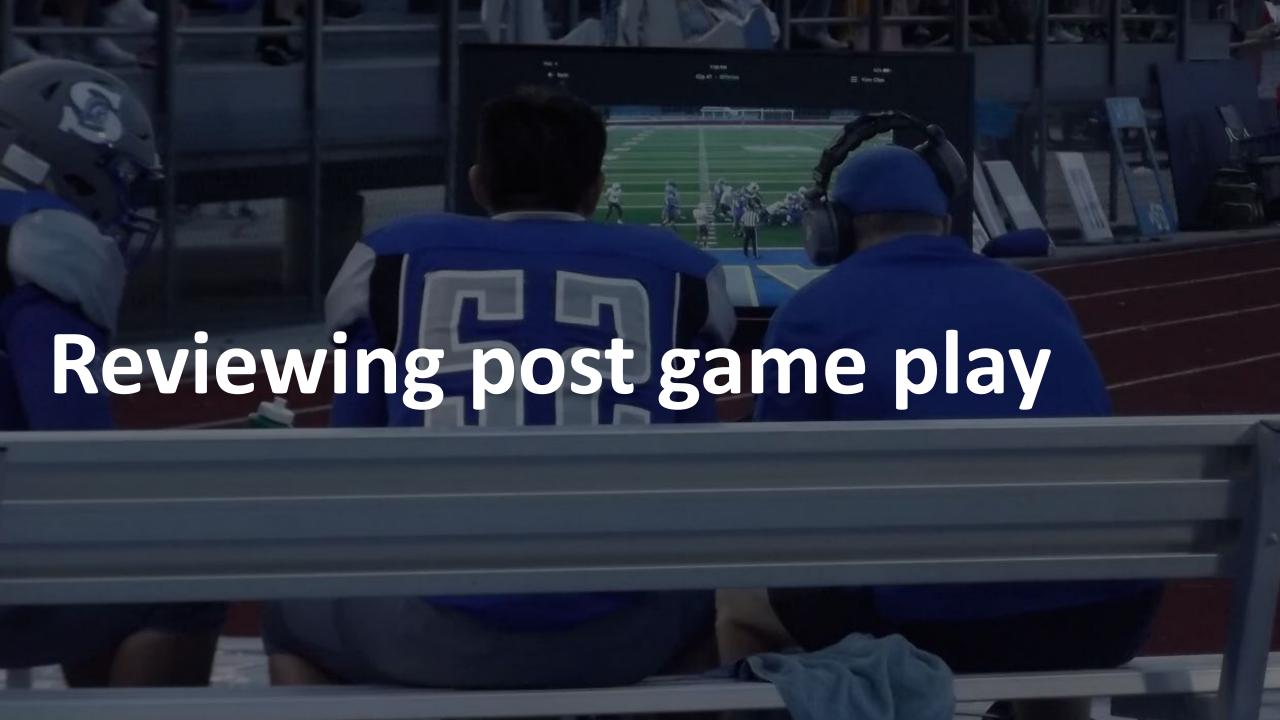—BILL GATES, *GatesNotes*

Growth

Fixed

Growth
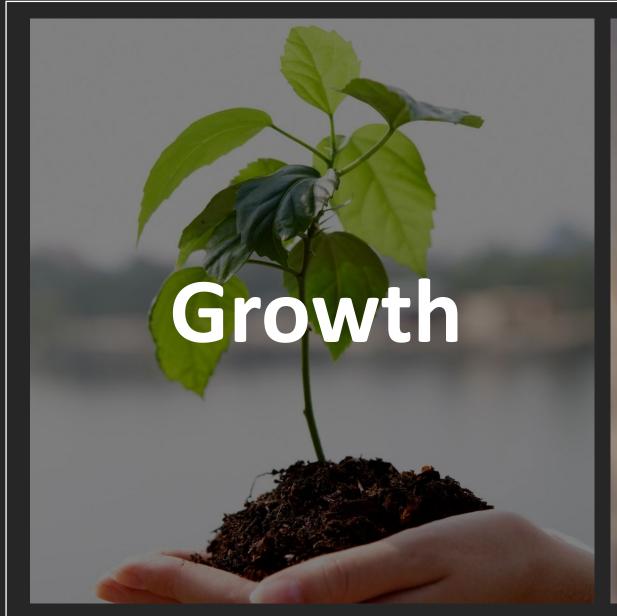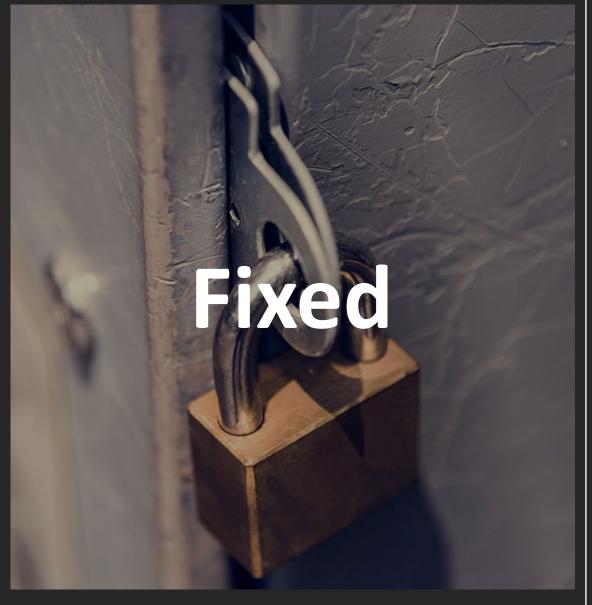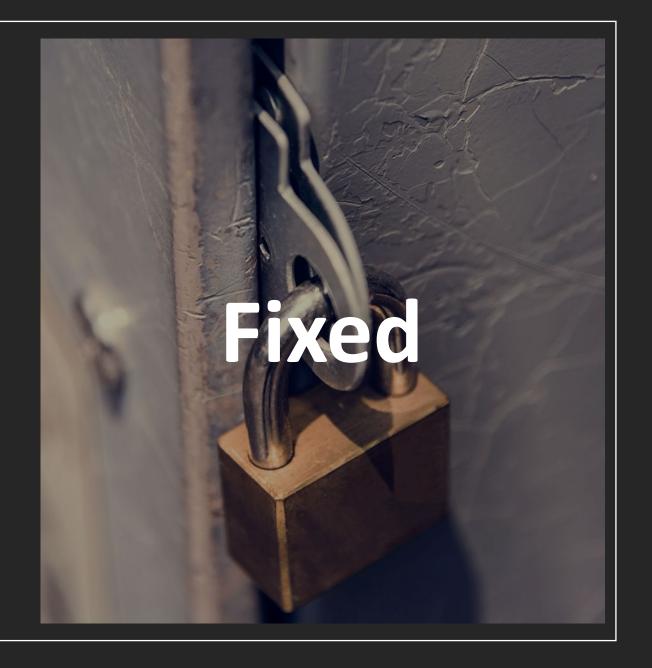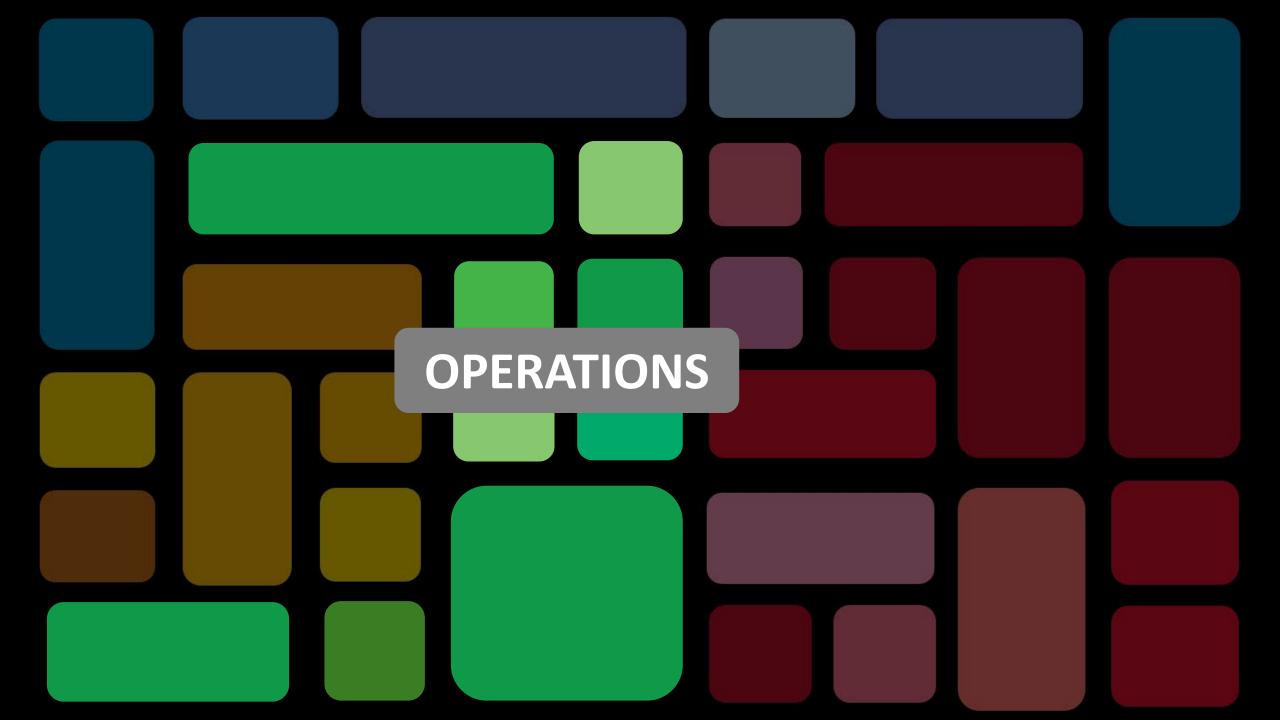
- **Failure is intrinsic to learning**

- **Failure becomes a tool for success**

- **Growth encourages calculated risks**

- **Failure reveals your inadequacies**

- **Failure should be avoided because it makes you look foolish or incapable**

Fixed

OPERATIONS
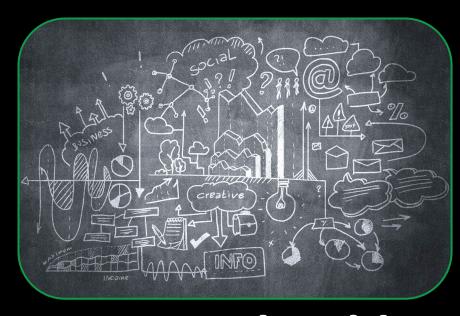
Leadership

Calm, cool, collected

Builds consensus

Encourages training

Consistent & reliable

Listens with focus

Frequency of Meetings

Leadership

Budget

Policy & Procedures

Cultural Awareness

Disability Awareness

Website

Team Presentation

Other Marketing

In your group, what are some qualities of a good leader

In your group, what are some qualities of a poor leader

Training Goals

Keeping a focus on team training needs ensures the teams continues to operate at peak proficiency

One Leader

Ideally, having one leader allows for clarity, consistency and growth of the team

Has Buy-in from Administration

Good leaders have the 'ear' of company decision makers and support from above to make needed changes

Focus on Client Experience

While not the only metric for leaders, attending to the client experience is critical for the team

Can Build Consensus

A good leader can bring together differing opinions while staying focused on the ultimate goals

Short and Long Term Goals

A good leader can focus on short-term deliverables as well as longer term strategic planning

Calm, Cool, Consistent, Collected

Leaders are calm under pressure, able to respond to a crisis and are consistent in their approach

Focus and Listen

Good leaders model focused, active listening and are concerned with both process and outcome

Leadership

LEADERSHIP QUALITIES

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OPERATIONS

Cultural Awareness

Affordable

Accessible

Diverse Staff

Flexible Hours

Online

Supportive

Guidance

Cultural Awareness

Frequency of Meetings

Leadership

Budget

Policy & Procedures

Cultural Awareness

Disability Awareness

Website

Team Presentation

Other Marketing

The ability to...

UNDERSTAND,
APPRECIATE,
and INTERACT

with people from different
cultures and beliefs than your

KNOWLEDGE

AWARENESS

SENSITIVITY

COMPETENCY

Accessible

Flexible Hours

Affordable

Proximity

Online Options

Diverse Staff

Support Family

Warm Referral

Follow Up

REFERRAL CHECKLIST AND SERVICE AUDIT

D·PREP
Training and Consulting
Services for Disaster Preparation
and Critical Incident Response

InterACTT
INTERNATIONAL ALLIANCE
FOR CARE AND THREAT TEAMS

Ensuring Services Offered Reach Those in Need

Interventions created by BIT/CARE teams or case management should be designed to ensure a high likelihood of follow through and buy-in from those being offered the intervention. Providers should manage the on-going nature of helping another person through a difficult time and should consider the ease of access when considering referrals to services.

Accessible Services	The overarching concept to consider when designing interventions is accessibility. This means considering all the various obstacles that may prevent a successful, continuous, connection between a service and the individual in need of assistance.
Flexible Hours	Consider the need for hours of access that expand beyond normal hours of operation. Flexible hours make services accessible for non-traditional students and those with full time employment or care-giving obligations that make accessing services during daytime hours of operations difficult.
Affordable Care	Ensure that access to services is not cost-prohibitive. This can involve the use of grants, sliding scale pricing based on income, or free services. Cost assistance and reduction should be reviewed across the entire course of support, treatment, and assistance, not only at the point of entry to services.
Location Proximity	While the service itself maybe affordable, the transportation cost of getting the person in need to the service maybe prohibitive, both monetarily and in terms of time lost to commuting. Offering additional support such as transportation vouchers or online options are some ways to address the proximity of services.
Online Options	Offering services through an online process can be a useful way to address cost and reduce concerns related to travel and hours of operations, but remember that not everyone feels comfortable in an online format or has access to high-speed internet and other technology required to access online material.
Staffing Diversity	Having a diverse staff helps those seeking services to feel more welcome and comfortable. This is not to that say staff who look different from those they are helping are not as effective, but rather a reminder that some clients will feel more comfortable seeing their uniqueness represented when seeking help.
Cultural Competency	This begins with an awareness of both our shared and different experiences and the development of a growing knowledge specific to the different populations served. This leads to a sensitivity of cultural differences and a growing proficiency and competence in terms of our interactions with others.
Mental Illness & Neurodiversity	There are a variety of ways people perceive the world around them that are impacted by mental illness, personality and neurodiversity. Service providers should receive ongoing training on the range of people they may encounter who have mental illness or neurodiversity.

COMMON CHALLENGES FOR MINORITIES ACCESSING MENTAL HEALTH TREATMENT

D·PREP

There are many challenges when it comes to those in minoritized and marginalized groups accessing mental health treatment. It is important to recognize and understand these potential barriers.

They may include:

- Lack of understanding about mental health vs physical health
- Lack of adequate health insurance, vulnerability to being uninsured
- Lack of financial means to pay for mental health services/support
- Fear of provider discrimination
- Racism and fear of discrimination
- Mistrust of the health care system or "outsiders" involvement with family members
- Limited awareness and understanding of mental health issues and suicidality
- Language and communication barriers
- Stigma within their culture regarding mental health
- Some cultures are not open to accept "interventions" or "diagnosis" from outsiders
- Some immigrant and refugee families see mental health discussions as a taboo, which prevents them from discussing or accepting mental health diagnosis and support/intervention because they feel it will bring shame to their families (this is true with many Asian and Hispanic families)
- Fear and mistrust of treatment

Budget

Create a budget line

Pass the plate

Move funds first

Demonstrate need

Grow overtime

OPERATIONS

Policy

Updated regularly

Accessible

Clear processes

Massive and out of date

One copy secure office

Lack of specifics detailed

Kitchen sink approach

Website

Process

Email

Anonymous

Accessible

Video

Mission

Team Members

Optimized

Links

Guide

HELLO
MY NAME IS

Team Name

Q
A

FAQ

HOW TO BRING IT UP

It's often a relief to students to know that people at the university notice and care.

- Broach the subject in a caring, supportive way
- Clearly express your concerns in non-disparaging non-confrontational terms.
- Remind the student of their personal responsibility as a member of the community
- Respect the student's privacy but do not promise confidentiality

Frequently Asked Questions

Q. How do I refer a student to the CARE Team?

A. The two quickest ways to report a student the CARE Team include:

Submitting a report at: www.holycross.edu/reportaconcern

Contacting Paul Irish, chair of CARE Team at 508-793-2669 or pirish@holycross.edu

Q: What happens if I refer a student to the CARE Team?

A: Once the chair of the CARE Team receives a referral about a student of concern, the chair will quickly evaluate the report to determine the appropriate response. There are times that the chair can connect the student with needed resources, obviating the need to refer to CARE. If necessary (e.g., if the student is showing up in other areas), the chair will obtain more immediate care. If this does not represent an urgent situation, but still demonstrates the need for attention, the chair will bring the matter to the next scheduled CARE Team meeting, in which the members of CARE will discuss the student and identify the best ways to support the student.

Q. Can I refer a student and remain anonymous?

A. Yes, by submitting an anonymous referral at www.holycross.edu/reportaconcern. However, we strongly recommend that you provide identifying information so that we can follow up with

+ SHARE   ✉   🖨

CARE Team FAQs

CARE Team ❯

Make a Referral ❯

FAQs ❯

Student Support ❯

Team Members ❯

My SSP ❯

What do I do if I know a student who may need to be referred to the CARE Team?

- If you feel there is an immediate threat, call the Department of Public Safety (DPS) at (717)245-1111.
- You can complete this form or contact the Dean of Students Office (717-245-1676) or the Wellness Center (717-245-1663) to make a referral. You will be asked for basic information about the student and a description of the incident or behaviors that prompted the referral.
- You are the CARE Team's best resource because you know the student. If you are comfortable doing so, tell the student you are concerned and ask if the student is OK. In many cases, students will indicate that they could use some help, and you can refer them to the Wellness Center.

Who can make a referral to the CARE Team?
Anyone who feels a student's well-being or success is at risk can make a referral, including students, parents, faculty and staff, and other community members.

What happens after I make the referral?
If the concern is urgent, the Student Life on Call administrator, in coordination with DPS and/or the Wellness Center, may seek out the student immediately to ensure everything is OK. Otherwise, the Director for Student Support will likely follow up with the student in less urgent situations and see how we can best support them. Each situation is different and requires a unique approach. Our process typically includes looping in the academic advisor, and we will always seek to close the loop with the reporting person when possible.

CARE Team Members

Chaired by the associate dean of students, the CARE team is comprised of representatives from different areas of the campus community. Additional individuals may be invited to meetings as warranted.

In This Section

Student CARE Team

CARE Team Members

Responding to Students in Distress: A Guide for Faculty and Staff

Paul Irish

Associate Dean of Students (chair)
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Email: pirish@holycross.edu

Shawn Bavieri

Deputy Police Chief/Associate Director of Public Safety
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Office: 3 City View Street **P.O. Box:** 33A
Email: sbavieri@holycross.edu

Denielle Burl

Chief Risk Management/Compliance Officer
Phone: 508-793-2339
Office: O'Kane 158 **P.O. Box:** VPFIN
Email: dburl@holycross.edu

Chris Campbell '15

Director for Student Inclusion and Belonging
Office of Multicultural Education
Phone: 508-793-2636
Office: Hogan 109 Box: 13A
Email: ccampbel@holycross.edu

1.

{helping hands}

are at your fingertips

2.

CARE Team

EMBRY-RIDDLE
Aeronautical University™
Campus
Awareness • Response • Evaluation
DEAN OF STUDENTS OFFICE

3.

BEST

FOOTHILL COLLEGE

4.

CAMPUS CARE AND SUPPORT TEAM • MAINTAINING SAFETY •

SHOW YOU
CARE

5.

BEHAVIORAL INTERVENTION TEAM

BiT

UNIVERSITY OF LA VERNE

6.

Concerned
about a
student?

CLICK HERE »

SBCT

7.

Students of Concern
Assistance Team

8.

CARE
Be Aware

9.

care

10.

MAKE CARING A
HA(BIT)

**MARKETING YOUR BIT/CARE TEAM:
BUILDING A TEAM WEBSITE**

D·PREP
SAFETY DIVISION

Presentation

Roadshow

Who's on the team?

What does the team do?

What is shared?

Brochure Roadshow Website Video

Team Presentation

Who's on the team?

What does the team do?

What's shared?

I said no…

I'll stop drinking after college

I miss my family

Don't ignore the signs

Disability Awareness

ADA

Americans with Disabilities Act

If you are receiving federal funding, you are prohibited from discriminating based on disability.

Major depression, bipolar and other mental illnesses that include suicidality are considered disabilities.

CONDUCT

- Use a progressive conduct policy
- Make use of punitive, developmental and restorative conduct approaches
- Attend to past conduct actions as they inform future conduct outcomes
- Be wary of "no harm" contacts as they often convey an awareness of risk as well as have little efficacy