D·PREP
The Recommended Team 25 Behavioral Intervention, CARE & Threat Assessment Team Audit Tool

Recommended Practices for BIT, CARE, and/or Threat Assessment Teams	Area of Concern *Represents an area of risk or misalignment with recommended practice*	Improvement Opportunity *Some revisions needed to align with recommended practice*	Aligned with Recommended Practice *Only regular continuous improvement needed*
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.	Team mission is clearly defined and connects to institutional priorities. Mission includes a focus on prevention and early identification 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.	Team name is not tailored to institutional values and community or could better represent team mission and scope.	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. Membership	Membership does not include counseling, conduct/discipline, and/or 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 is limited.	Team membership is approximately 5-8 and incorporates diverse, multidisciplinary backgrounds. Members minimally include, counseling, conduct/discipline, campus safety/law enforcement. Primary and secondary team members represent the campus community and support overall team scope and process.

5. Multiple Teams	Multiple teams lack distinct scopes and missions, creating confusion in reporting and case processing.	Multiple teams have distinct scopes and missions, but there is a need for better coordination of processes across teams.	Multiple teams have distinct scopes and missions without duplication or overlap (e.g., faculty/staff team, student team). Multiple teams have clear processes for coordination and partnership across cases.
Team Operations			
6. Frequency of Meetings	Team meets less than biweekly or only meets as needed. Team regularly cancels meetings.	Team meets biweekly for 1-2 hours. Team cancels less than 6 meetings annually.	Team meets weekly for at least one hour. Team cancels less than three meetings annually.
7. Leadership	Team does not have a single, designated leader or leadership capacity is significantly constrained.	Leadership capacity related to aspects of team operation or team climate could be improved.	Team has a single, designated leader with the capacity to focus on both short- and long-term team operations as well as overall team climate.
8. Budget	Team does not have a dedicated budget.	Team has a dedicated budget, but the amount is restricting some areas of operation.	Team has a dedicated budget to support team operations.
9. 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 or lacks some content.	Team has a written policy and procedure manual updated annually. Policy and procedure manual addresses team definition, team operations, case processing, and continuous improvement.
10. Website	Team does not have a website.	Website content needs updates or enhancements.	Team has a public website with information on membership, mission, and receiving reports.
11. 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 to the team.

12. 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			
13. Receiving Reports	Reporting to the team is unclear and reporting systems are not readily available.	Receipt of reports is limited by method or representation. Communication to those reporting could be improved.	Team uses an online reporting system. Team receives reports through multiple methods (phone, online, face-to-face, email). Reports are received from a representative array of campus units and stakeholders. Reports are acknowledged upon receipt and provided feedback following case processing.
14. Information Sharing	Team members do not consistently share information on each case. Information is not share 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.
15. 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 documented clearly.
16. Assessments	Team does not have capacity to receive advanced assessment information.	Team has some confusion or misuse of assessments.	Team has the capacity to perform or refer out for advanced assessments, specifically violence risk and/or threat assessments and psychological assessments. Team understands the difference and application of the assessment types.

17. Interventions	Interventions are limited, inconsistent, or unavailable.	Interventions sometimes lack follow through or buy-in because of the nature of the referral or intervention resource.	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.
18. 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 process.
19. Case Management	Team has no capacity for ongoing mitigation and management of cases.	Team has limited capacity for ongoing mitigation and management of cases.	Team has the capacity for ongoing mitigation and management of cases. Case process considers when to review case status and plans for future concerns.
20. Recordkeeping	Recordkeeping 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 recordkeeping. Case documentation is updated, clear, and consistent. Team members have adequate access to case documentation.
Continuous Improvement			
21. 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.

22. 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 developments. Training is clearly documented and tracked.
23. 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.
24. Assessment 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.
25. Audit Process	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.