

CARE Team Policies & Procedures Manual 2.0

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Authors' Note

NABITA has written extensively on Behavioral Intervention Teams (BITs), behavioral crisis response, and threat assessment. Over time, we have found that many teams struggle to develop a policies and procedures manual. Guidelines can be labor-intensive to create, and BITs are often pulled to more pressing assessment and intervention needs which prevent them from investing the time and effort necessary to create a comprehensive guiding document.

NABITA published the first version of the CARE Manual in 2017, after Aaron “Chip” Reese, NABITA’s Associate Executive Director and Dean of Students at Columbus State University at the time, recognized that he was frequently sharing his team’s manual as a guide for other schools and that an official NABITA template might benefit the field. Now, in 2020, we are revisiting the original CARE Manual and updating it to reflect the standards of practice outlined in NABITA’s 2019 Standards for Behavioral Intervention Teams, the 2019 updated NABITA Risk Rubric, and other shifts in the field.

Due to the diversity of campus environments, there will likely be pieces of this document that you will find very useful, as well as sections that may not apply to your school. Additionally, this manual is written with schools in the United States in mind, but it can easily be adapted for those in other countries. Reference to localized laws and cultural customs can easily be adapted for your specific needs. We offer this resource in an editable format that will allow you to easily adapt the text and create a customized document for your own team. Throughout the manual, we include explanatory or educational text to help instruct your team on some of the manual elements, or on best practices to consider. These pieces of text appear in bold italics and should be deleted from the manual.

You may also notice the use of the term “CARE” rather than “BIT” throughout the manual. Nationally, BIT and CARE are the most common names for teams which identify and manage risk on campus proactively. CARE evokes a sense of community and offers some clarity in terms of advertising, which is why we chose its use for this manual.

Foreword

Colleges and universities around the country are becoming more diligent and proactive in providing a safe environment for students, faculty, staff, and visitors to their campuses. To support this effort, it is recommended that colleges and universities establish a behavioral intervention team (BIT) or CARE team to engage in caring, preventive, and early intervention with community members whose behavior is disruptive, concerning, or threatening.^{1,2,3} BITs and CARE teams are small groups of appointed school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.⁴ The BIT is tasked with intake of referrals from the community, reviewing them to determine the level of risk or concern, and then developing action plans to address the risk.^{5,6,7}

Our university has established the CARE team to assist in addressing situations in which students, faculty, or staff are displaying behaviors that are concerning, disruptive, or threatening in nature and that potentially impede their own or others' ability to function successfully or safely. These policies and procedures are designed to help identify persons whose behavior potentially endangers their own or others' health and safety or is disruptive to the educational or administrative processes of the university.

It is the responsibility of faculty, staff, and students to immediately refer any situation that could possibly result in harm to anyone at the university. Any member of the campus community may become aware of a person of concern or situation that is causing serious anxiety, stress, or fear. It must be noted, however, that behavioral assessment should not be confused with crisis management. A "crisis" may be defined as a situation in which a person may pose an active or immediate risk of violence to self or others. In these cases, the university police should be contacted at xxx-xxx-xxxx.

¹ Sokolow, B. A., Lewis, W. S., Schuster, S., & Swinton, D. S. (2014). *The Book on BIT* (2nd ed.). (B. Van Brunt, Ed.) Berwyn, PA: National Association of Behavioral Intervention Teams (NABITA).

² National Threat Assessment Center. (2018). [Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing School Violence](#). U.S. Secret Service, Department of Homeland Security.

³ Federal Commission on School Safety (2018). *Final Report on the Federal Commission on School Safety*. Retrieved from: www2.ed.gov/documents/school-safety/school-safety-report.pdf

⁴ NABITA Advisory Board. (2018). *NABITA Standards for Behavioral Intervention Teams*. A Publication of the National Behavioral Intervention Team Association (www.NABITA.org). [NABITA Standards](#)

⁵ Van Brunt, B., Schiemann, M., Pescara-Kovach, L., Murphy, A., & Halligan-Avery, E. (2018). Standards for Behavioral Intervention Teams. *Journal of Campus Behavioral Intervention (J-BIT)*, 6, 29-41.

⁶ Sokolow, B. A., Lewis, W. S., Schuster, S., & Swinton, D. S. (2014). *The Book on BIT* (2nd ed.). (B. Van Brunt, Ed.) Berwyn, PA: National Association of Behavioral Intervention Teams (NABITA).

⁷ Federal Commission on School Safety (2018). *Final Report on the Federal Commission on School Safety*. Retrieved from: www2.ed.gov/documents/school-safety/school-safety-report.pdf

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Team Mission & Scope

Mission Statement: The CARE team is a campus-wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, faculty/staff, and community members who struggle academically, emotionally, or psychologically, or who present a risk to the health or safety of the university or its members.

Team Goals:

- Provide a safe and supportive physical and emotional environment for members of the university community.
- Identify, assess, and intervene with individuals who are struggling or who demonstrate concerning or threatening behavior.
- Provide support and resources to community members who are concerned for another individual.

Team Responsibilities:

1. Developing and implementing educational and training programs for all members of the university community regarding behavioral assessment. This should include publications and promotional materials designed to create awareness and understanding of the CARE team and what to refer, as well as in-person trainings to develop deeper knowledge on how to identify, support, and refer an individual of concern.
2. Maintaining a current website, which can be easily accessed from the university's home page and other relevant departmental pages. This site should include links to informational and referral sites and instructions for making a referral to the CARE team.
3. Receiving, coordinating, and assessing referrals received from faculty, staff, students, and others regarding individuals of concern
4. Coordinating interventions and resource assistance for individuals of concern
5. Assisting the Office of Student Conduct and the Admissions Office in reviewing applications for admission to the university of students who indicated that they have a criminal record or currently have charges pending; or students who were suspended or expelled from a previously attended college or university
6. Providing an annual report to the Vice President for Student Affairs

Team Membership

The CARE team consists of university personnel with expertise in student affairs, mental and physical health, student conduct, and law enforcement/campus safety. Membership on the CARE team represents an ongoing commitment to the mission of the CARE team. Team members are critical to the functioning of the team. They are responsible for completing ongoing training, attending meetings, and assisting with follow-up and intervention as designated by their membership category. The CARE team has four levels of membership: core, inner circle, middle circle, and outer circle.

The positions and titles on your campus may vary slightly, but NABITA's Standards of Practice, along with the NABITA survey, indicate that members with the types of roles described below are most effective for the CARE team.

CORE MEMBERS

Core members attend every CARE team meeting and have full access to the team's electronic record-keeping database. As core members, they represent their departments and have authority to make independent decisions within their areas of responsibility. If a core member is unable to attend a meeting, they have designated backups who attend in their place. The departments they represent are crucial to the CARE team's ability to gather data, accurately assess risk, and deploy effective interventions. Many core members keep records in their own departments and can share this information with the team through the Family Educational Rights and Privacy Act's emergency exception clause⁸ or when a school official has legitimate educational interest.⁹ The counseling department operates under state confidentiality laws for their records, while student health services operates under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),¹⁰ as it conducts insurance billing electronically and is thus a HIPAA entity.

⁸ In some situations, school administrators may determine that it is necessary to disclose personal identifying information (PII) from a student's education records to appropriate parties to address a health or safety emergency. FERPA's health or safety emergency provision permits such disclosures when the disclosure is necessary to protect the health or safety of a student or other individuals. See 34 CFR § 99.31(a)(10) and 99.36, <http://familypolicy.ed.gov/content/when-it-permissible-utilize-ferpa's-health-or-safety-emergency-exception-disclosures>.

⁹ In some instances, the CARE team chair may share personal identifying information (PII) with a faculty or staff member when this knowledge may be beneficial to the student in academic and social settings, which is educational in nature. See 34 CFR § 99.31(a)(1). It may, however, be necessary for this shared record to be a disciplinary record. See <https://ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

¹⁰ The HIPAA Privacy Rule permits a covered entity to disclose personal health information (PHI), including psychotherapy notes, when the covered entity has a good-faith belief that the disclosure: 1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, and 2) is to a person(s) reasonably able to prevent or lessen the threat. This may include, depending on the circumstances, disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good-faith belief can mitigate the threat. See 45 CFR § 164.512(j)(1)(i), www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

The following individuals are considered core members:

Dean of Students: The dean chairs the team and attends all meetings. If the dean is unable to attend, the associate dean attends the meeting. The dean organizes and disseminates the agenda, performs a cursory rating with the NABITA Risk Rubric, ensures team members' attendance, ensures that a risk level is assigned to each case during meetings, and coordinates the selection and implementation of interventions and follow-up for cases. The dean also ensures appropriate and complete records are maintained in the electronic recordkeeping database.

Information Sharing and Meeting Participation Responsibilities:

- Brief overview of the referral information (team members should have already read the referral in the electronic recordkeeping database prior to the meeting)
- Any history with the dean of students office
- Any involvement in, engagement in, or difficulty with student organizations, fraternity and sorority life, student government, etc.
- Large community issues: trends on social media, contact from parents, news outlets, etc.
- Any financial aid or payment concerns

Director of Student Conduct: The director of student conduct attends the team meetings and sends the assistant director when unable to attend. The director consults on cases involving on- and off-campus conduct violations, criminal charges, and academic disruptions. Conduct records are protected under FERPA and shared with the CARE team by the director of student conduct under the legitimate educational interest clause of FERPA.

Information Sharing and Meeting Participation Responsibilities:

- Conduct history including prior charges, findings, sanctions, etc.
- Admissions information including reporting prior criminal or conduct history

Chief of Police: The chief of police attends each meeting. If the chief is unable to attend, the lieutenant attends the meeting. The chief serves as a liaison with local and federal law enforcement agencies, consults on CARE team cases that have criminal or law enforcement elements, contributes to the assessment of risk for referrals, and assists with interventions on campus requiring a police presence.

Information Sharing and Meeting Participation Responsibilities:

- Criminal history
- Law enforcement contact and reports
- Concealed carry permits or registered weapons information
- Social media check, looking for concerning or threatening posts

Director of Counseling: The director of counseling attends the meetings and sends the assistant director if unable to attend. The director of counseling receives information from the CARE team to inform the services delivered in the counseling center and to ensure collaborative communication. Additionally, the director consults on issues of mental health, crisis, and disruptive/dangerous behavior for cases discussed by the team. The director of counseling keeps privileged mental health treatment records in the counseling center's electronic recordkeeping system. These records are protected by state confidentiality law, and information is only shared with the CARE team when a student gives permission through a specific release of information or the expanded informed consent document. Exceptions to confidentiality law include danger to self and others on a need-to-know basis.

Information Sharing and Meeting Participation Responsibilities:

- Check for records or history with the counseling center and share relevant information with the team when a release of information or expanded informed consent is in place
- Consult on general issues related to mental health issues, risk assessment, and development of interventions

INNER CIRCLE MEMBERS

Inner circle members should attend every meeting, but when they cannot attend, they do not have a trained backup to attend in their place. Inner circle members represent departments that have frequent contact with students, are likely to be involved in either case updates or interventions for the majority of CARE cases, and can provide valuable insights to the team. Inner circle members have access to the electronic recordkeeping database for CARE team cases.

Faculty/Academic Affairs: This individual often serves as the primary contact in working with faculty, department chairs, provosts, and academic advisors. The academic representative also provides information related to academic history and performance as well as insight into the academic experience. If this person is unable to attend a meeting, reports or other useful information should be sent to the CARE team chair.

Information Sharing and Meeting Participation Responsibilities:

- Academic transcript and history including any deviations from the student's traditional performance, withdrawn semesters, academic petitions, etc.
- Information or notes from academic advising
- Updates from current professors, advisors, etc.

Director of Residential Life: The director of residential life offers insight into residential life students, after-hours emergencies, and targeted interventions using resident advisors (RAs) and resident directors (RDs). If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team.

Information Sharing and Meeting Participation Responsibilities:

- Housing reports
- Updates from resident assistants and or residence hall directors for any contact with the students, reports on room condition, connection to or difficulty with roommates and hallmates, etc.
- Recent or unusual room change or maintenance requests either from the student or their roommates

Case Manager: The case manager is assigned to the student life department and manages a caseload assigned by the chair of the CARE team. The case manager participates in the team meeting by discussing case updates, assisting in assessing risk level, and is often the main point of contact for interventions. If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team. The case manager keeps records within the electronic record-keeping database under the CARE team, and these records are FERPA protected. These are visible to all members of the core and inner circles.

Information Sharing and Meeting Participation Responsibilities:

- Case management notes and interactions
- Updates on referrals and other support connections

Director of Disability Services: The director of disability services consults and offers guidance on issues of academic, residential, and other accommodations. If this person is unable to attend a meeting, reports or other useful information should be sent to the chair of the CARE team. Records in the disability services office are protected under FERPA and exist in the disability services electronic record system.

Information Sharing and Meeting Participation Responsibilities:

- Update on registration with disability support services including accommodations offered and usage of accommodations
- Consultation related to disability issues and accommodations

Human Resources: The director of human resources (HR) provides information related to reports concerning faculty or staff members, as well as student-employee situations. Depending on the need for privacy, the HR director may work with a subset of the CARE team to assess and develop intervention strategies for faculty or staff in distress.

Information Sharing and Meeting Participation Responsibilities:

- Employment records and employment status
- Prior history of employee discipline or other difficulties
- Update from current supervisor

Student Health Services Director: The student health services director collaborates with the team on students having medical emergencies, mental health challenges (beyond counseling services), and other health-related concerns. Information in the health center is protected by state confidentiality law based on the licensure of the doctors and nurses employed there and under HIPAA, if billed for insurance purposes. Information is only shared with the CARE team when the student gives permission through a specific release of information or if the information falls under the HIPAA emergency exception.

Information Sharing and Meeting Participation Responsibilities:

- Updates on current medical challenges and treatment recommendations
- Assistance connecting with treatment options both on and off campus
- General insights and consultation on medical and health related issues

MIDDLE CIRCLE MEMBERS

Middle circle members serve the CARE team in a consultant capacity. They are invited in for cases that relate to their specific content areas and do not attend meetings regularly. To facilitate awareness of CARE team cases and prompt their attendance at the meeting, middle circle members are sent the agenda in advance of the meeting so that they can check the list of names for students that have overlap with their respective departments. When in attendance at the CARE meeting, they only attend the portion of the meeting where the case related to their department is discussed. They do not have access to the team's the electronic database but are a common source of referrals to the team given their interactions with students in their departments.

- **Military-Affiliated and Veteran Student Services:** Military-affiliated and veteran student services staff is available to consult with the CARE team when the individual is affiliated with their office due to current or prior military service. The staff person can determine a student's military or veteran status, has a deeper understanding of local military-related and veteran resources, and experience with assisting those returning from active duty. They can provide updates on any interactions with their office, use of VA benefits, and potential supports or interventions that may assist.
- **General Counsel:** The general counsel attends meetings when an issue presents a legal concern for which the general counsel's expertise is essential. Counsel who attend should maintain a consultative role and support the mission and polices of the CARE team.
- **Title IX Coordinator:** The Title IX coordinator attends the meeting when there is a Title IX matter that overlaps in a way that is useful for both the Title IX coordinator and the

CARE team to discuss. Records for Title IX are maintained separately from the CARE team records.

- **Athletics:** Athletics staff, including but not limited to coaches, nutritionists, physical therapists, and administrative staff, can provide information about the student's performance on the athletic team, any concerning behavior or medical issues noticed by athletics staff, and can often serve as helpful sources of support for deploying interventions and resources. They also often have a deeper level of knowledge of a student-athlete's support system and upbringing which may provide helpful context for observed behaviors.
- **International Services:** International services staff share information with the CARE team when appropriate and provide collaborative intervention services for students in need. They are often aware of cultural or adjustment issues, international crises, and visa-related matters as well as resources available to support them.

OUTER CIRCLE MEMBERS

Outer circle members do not attend meetings or have access to the database. These team members function as the primary source of referrals to the team, and they may also be asked to check in with individuals referred to the team, speak with them directly about any challenges, and assist in interventions when they have an established relationship with and can be a source of support for the individual. Those with more frequent contact with students such as resident advisors, academic advisors, orientation leaders, etc. may receive additional training on non-clinical suicide assessment, recognizing distress and mental health issues, and how to connect students with the CARE team or other supports.

- **First-Year Experience Faculty**
- **Orientation Leaders**
- **Resident Advisors and Directors**
- **Academic Advisors**
- **Club/Student Organization Officers and Advisors**
- **University Department Office Staff**
- **Religious Life Staff**
- **Fraternity and Sorority Life Staff**