Summary and Analysis of 2018 NaBITA Survey Data

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Abstract
The 2018 National Behavioral Intervention Team Association (NaBITA) survey of campus Behavioral Intervention Teams (BITs) included 416 respondents from various types and sizes of institutions, providing a snapshot of BIT practices and challenges for these teams across the country, and helping BIT leaders understand how their teams stack up.

Introduction

The National Behavioral Intervention Team Association (NaBITA) administers a national survey biennially to identify common characteristics and practices related to Behavioral Intervention Teams (BITs). This survey data is then analyzed and summarized in the *Journal of Campus Behavioral Intervention Teams (JBIT)* so the findings may be shared back with the NaBITA membership and BIT community. For both new BITs and those that have been in existence for decades, this national data can serve as a finger on the pulse of nationwide trends and practices, while providing guidance to administrators making decisions and implementing changes related to BITs.

An invitation to participate in the 2018 NaBITA survey was disseminated through the NaBITA listserv, the American College Counseling Association (ACCA) listserv, the NaBITA and The NCHERM Group social media accounts, and direct email contacts to known BIT administrators, resulting in a total of 416 respondents.

Demographics

Institutional Type

The survey collected demographic information related to respondents' school type and size. Sixty percent of respondents reported that their institutions are four-year schools, 38 percent reported that their institutions are two-year schools, and 1.46 percent reported that their institutions are for-profit schools. The 2018 survey also collected information from schools that are not higher education institutions, with 1.46 percent of respondents reporting affiliation with a K–12 school. Further, 1 percent of respondents reported that they are not from a school at all but are affiliated with a community or workplace instead.

Participants were also asked if they were affiliated with a public or private institution. Seventy-three respondents reported affiliation with a public institution, and 24 percent reported affiliation with a private institution. The survey additionally collected information related to the schools' residential status. Specifically, participants were asked whether their institutions were primarily residential or primarily non-residential. The majority (74 percent) of respondents reported that their institutions are primarily non-residential, while 24 percent reported being at a primarily residential institution. However, 62 percent of respondents indicated that they have some residential capacity at their institution.

For institutions with a satellite campus, 14 percent of the satellite campuses have their own team dedicated to the satellite location. Twenty-six percent of the satellite campuses send a representative from the satellite location to serve on the main campus BIT. Another 12 percent of respondents indicated that a member of the main team is assigned as a liaison to the satellite campus.

Institutional Size

Survey respondents represented diverse institutional sizes, ranging from less than 1,000 students (3 percent) to more than 50,000 students (3 percent). Additionally, the following size institutions were also represented: 1,001–3,000 students (17 percent), 3,001–7,000 students (26 percent), 7,001–15,000 students (27 percent), 15,001–25,000 students (16 percent), and 25,001–50,000 students (9 percent).

Overview of Team Characteristics

Team Prevalence and Name

Ninety-seven percent of respondents reported that their institution has a team that meets regularly to address potential risks, threats, and/or individuals of concern. While the survey results indicate some variation in team name, Behavioral Intervention Team (BIT) and Campus Assessment, Response, and Evaluation (CARE) Team are the most common, together representing 71 percent of the respondents. Specifically, 39 percent of respondents indicated using "BIT" for their team name, and 32 percent reported using "CARE." Additional team names, including Students of Concern (SOC), Assessment and Consultation Team (ACT), Behavioral Assessment Team (BAT), and Threat Assessment Team each represented 2 percent of respondent's team names.

On average, respondents identified that their team has been in existence for eight years. Some respondents indicated that their institution does not yet have a formalized team, while other teams have existed for as long as 20 years.

Primary Focus of the Team

When asked about the primary focus of the team's work, 46 percent of respondents reported that their team focused on behavioral intervention, student or individual concerns, and care or support resources, while 33 percent of respondents indicated that their teams focused on both behavioral intervention and threat assessment. Fifteen percent of respondents reported that they had two separate teams: one focused on threat assessment and another on behavioral intervention. Only 4 percent of respondents continue to report that their team primarily focuses on threat assessment. The scope of populations served by these teams is split, as 48 percent of respondents reported that their teams jointly monitors student, faculty, or staff concerns, while 49 percent reported that they do not jointly monitor these populations.

Team Leadership and Membership

Leadership

Participants were asked to identify the closest job title for the chair of their teams. Most commonly (45 percent), participants reported that someone in a Dean of Student's role chaired the team. Other teams reported chairs with job titles like Vice President of Student Affairs (46 percent), conduct (10 percent), counseling (8 percent), and case management (7 percent).

Membership

On average, teams have eight members in the core membership. Core members are those who attend every meeting, have back-ups for when they can't make a meeting, and have access to the BIT record database. Among the core membership, teams tend to have representatives from counseling (89 percent), police or campus safety (87 percent), Dean of Students (74 percent), and student conduct (72 percent). Other team members who may be added based on institutional characteristics and team scope include residential life (57 percent), academic affairs (44 percent), case management (39 percent), faculty (37 percent), Vice President of Student Affairs (34 percent), human resources (25 percent), student activities (20 percent), and legal counsel (15 percent). Of note, when adjusting for schools with residential campuses, teams with residential life staff membership jumped up to 87 percent.

Team Referrals

A core function of teams is to receive referrals from concerned individuals. As such, the survey included several items related to referrals and referral processes. Respondents reported that concerning behaviors and/or threats could be reported to the team in a variety of ways. Predominately, respondents reported that they used an online reporting form (88 percent) to receive the referrals. Additionally, respondents reported receiving referrals via phone (80 percent), direct communication with the chair (74 percent), and notification to the central office in charge of the team (42 percent). A smaller percentage of teams (7 percent) have started using a mobile app to receive referrals.

These referrals tend to come in from across campus and the community, and 78 percent of respondents indicated that their teams keep track of referral sources. Of those respondents who keep track of referral sources, 74 percent reported faculty or teachers as a common referral source, and 29 percent reported school, college, or university staff and employees as common sources. Additionally, respondents also reported that residential life staff members were a common referral source (20 percent), as well as peers/students (8 percent), campus safety/police (6 percent), academic advisors (4 percent), mental health resources (4 percent), and student affairs staff (3 percent).

Respondents were also asked to rank the most common types of referrals their teams received. The most common types of referrals, in order, are: 1) psychological suicide/depression, 2) psychological other, 3) academic, financial, and social stress/needs, 4) minor conduct, 5) major conduct, 6) Title IX and/or sexual assault, and 7) alcohol and other drugs. Psychological concerns (e.g., suicide/depression, and other) were the most common reasons individuals were referred, as 55 percent of respondents indicated that these were their top reason for referrals, and 58 percent of respondents said they were the second most common reason for referrals. Additionally, 35 percent of respondents ranked academic, financial, and social stress/needs as either their first or second most common referral reason.

Team Processes

The survey asked respondents to report information related to their overall BIT processes and functions. These questions collected information related to BIT meetings, agendas, record keeping, and the use and application of a risk assessment rubric. Regarding meeting frequency, 83 percent reported that their teams meet either weekly or biweekly. The specific meeting frequency breakdown was: weekly (52 percent), biweekly (31 percent), monthly (7 percent), once a semester (none), and as needed (8 percent). Respondents reported that on average, their teams canceled approximately four meetings per year.

Agendas

Seventy-three percent of teams reported using an agenda for their team meetings. Of those using an agenda, common agenda items included individuals of concern's names (82 percent), presenting issues of concern (56 percent), referral source (37 percent), year in school (28 percent), and whether they live on or off campus (23 percent). Thirteen percent of respondents also noted that they either use the Maxient Care Report to generate agendas, or send a list of case numbers, which link to electronic case records, as agendas. Of those respondents indicating that their team uses an agenda, 53 percent indicated that the agenda goes out for team review before the day of the meeting, and 47 percent indicated that it did not.

Risk Measurement

In terms of assessing and measuring risk, 72 percent of respondents indicated that their team uses an objective, standardized rubric to assess risk, while 25 percent indicated that they measure risk subjectively, or on a case-by-case basis, and five institutions

indicated that they do not measure risk at all. Of those teams that measure risk, 92 percent reported using the NaBITA Threat Assessment Tool. Other tools used to measure risk included the Structured Intervention for Violence Risk Assessment (SIVRA-35) (41 percent), the Violence Risk Assessment of the Written Word (VRAW[2]) (25 percent), the Workplace Assessment of Violence Risk (WAVR-21) (7 percent), and the Extremist Risk Intervention Scale (ERIS) (3 percent).

Respondents were also asked how often their teams apply the standardized rubric to their cases or referrals. Fifty-six percent of respondents indicated that they apply the tool to every case that comes to their teams, while 30 percent of respondents indicated that they only apply the rubric to the more serious or time-consuming cases. Additionally, some respondents indicated that they only apply the rubric to specific cases involving threats to others (12 percent) or mental health (3 percent).

The survey also asked respondents to provide information on how the team used the risk rating once it was assigned. Most commonly (77 percent), respondents reported that their teams used risk ratings to determine the case management plan. Additionally, 69 percent reported using risk ratings to determine how and when to contact the students in question. The rubric was used in determining the need for a welfare check (62 percent), a mandated assessment (61 percent), and parental contact (52 percent). Of concern, 6 percent of respondents reported that their team does not use the risk rating to guide any next steps.

To gather information about the severity of cases referred to teams, the survey asked respondents to report on the most common risk ratings assigned to cases. Respondents reported the following risk ratings in order from most common to least common: 1) mild, 2) moderate, 3) elevated, 4) severe, and 5) extreme. Eighty percent of respondents reported that their team uses either the mild or moderate rating most commonly, while only 13 percent reported using severe or extreme most commonly. At the other end of the spectrum, 85 percent of respondents indicated that extreme was their least common risk rating, while only 12 percent said it was mild or moderate.

Record Keeping

Respondents were asked if their teams keep centralized, individualized, or no team records. Ninety-two percent of respondents indicated that their team keeps centralized records, and only 6 percent of respondents indicated that they each kept individualized records. Of concern, the survey results indicate that three schools continue to report keeping no team records at all. Most commonly, respondents indicated that their BIT records included information related to the name and demographics of the referred individuals (89 percent), a summary of the incidents or chief problems (94 percent), intervention plans and details about which staff followed up (81 percent), a risk rating (62 percent), and a case log, which includes meeting dates, case discussion notes, phone call summaries, emails, etc. (56 percent).

The survey also collected information related to how these records are kept and who has access to view and edit them. Most respondents (59 percent) indicated that they use Maxient to store their team records. Another 12 percent of respondents indicated that their team uses Access/Excel, and 11 percent use Symplicity products. Seven percent of schools reported using a platform that was designed in-house by their information technology department, and 8 percent continue to report using pen and paper files. Teams approach access to these records differently, but most respondents (51 percent) indicated that all core and inner members of their team have access to view and update their team records. Twelve percent of respondents reported that while only the chair can edit or update the notes, all core and inner members are able to view and access the team records. Concerningly, 11 percent of respondents indicated that only the team chair can access the team records, and that the core and inner members do not have access.

Team Resources and Policies

Mental Health and Case Management Resources

Respondents were asked to provide information related to the mental health resources available at their institutions. Ninety percent of respondents indicated that their school has a mental health counselor, school psychologist, and/or mental health counseling services. Broken down by institutional type, 82 percent of respondents from two-year schools had mental health resources, and 97 percent of respondents from four-year schools had mental health services.

As reported earlier, 39 percent of teams indicated having case management as part of their membership; however, the scope of this position and where it is housed varies among teams. Only 8 percent of teams reported that the case manager is dedicated solely to the team. The case managers most commonly work through the Dean of Students' Office (29 percent), but can also be found in conduct (15 percent), counseling (11 percent), or at stand-alone office (3 percent). Forty-eight percent of respondents indicated that they did not have a case management position at their institutions.

Mandated Assessments and Treatment

The survey collected information related to the capacity to use mandated psychological and violence, risk, or threat assessments. Eighty-two percent of respondents indicated that their institutions use some form of mandated assessment. Most commonly (47 percent), respondents indicated that they may require a mandated violence risk or threat assessment if a student's behavior has been threatening to others prior to a return to campus. Although not recommended given Americans with Disabilities Act concerns, 22 percent of respondents indicated that they require students to complete a mandated psychological assessment if they are suicidal or prior to a return from a psychological leave. Similarly concerning, 28 percent reported that in higher risk threat or suicide cases, students are often placed on interim suspensions and required to complete an assessment as a condition to come back to campus. Although this aligns with recommended practice, only 20 percent reported that they require mandated assessments once students cross the elevated threshold on the NaBITA threat assessment, or equivalent, tool.

The survey also collected information related to what type of mandated assessment or treatment services schools' mental health resources provide. Respondents reported the following mandated services available through their counseling or mental health services:

- Mandated assessment for suicidal students: 44%
- Mandated assessment for psychological issues with treatment recommendations: 35%
- Mandated assessment for threats or violence: 42%
- Mandated assessment for alcohol or other drugs with treatment recommendations: 41%
- Mandated treatment for suicide: 16%
- Mandated treatment for alcohol or other drugs: 19%
- Mandated treatment for violence risk: 13%
- None of these: 31%

Withdrawals and Return to Campus

Additionally, respondents were asked to report on their withdrawal policies related to voluntary withdrawals for psychological reasons. As explained earlier, given Americans with Disabilities Act concerns, individuals taking a voluntary leave for psychological reasons should be treated the same as any student taking a voluntary leave for any other reason. However, only 36 percent of respondents indicated that this is the policy at their institution. Another 30 percent of respondents reported that although not required, ideally they meet with students and their parents in a case management-type meeting to discuss their return. Of concern, 39 percent of respondents indicated that they require a meeting with students, 30 percent of respondents indicated that they require students to provide medical documentation, and another 7 percent reported that they have a detailed checklist that students are required to complete.

Education and Marketing

The survey also collected information related to how teams market themselves and educate their campus communities about their processes and purpose. This included questions related to team websites, logos, and other marketing strategies, as well as how teams encourage the community to make referrals to them.

Regarding marketing the team and communicating information about the team, 24 percent of respondents reported that their team has a logo, and 67 percent reported that their team has a website. Of those teams with a website, the following information is most commonly included:

- Contact email: 84%
- Online report form: 83%
- List of what to report: 79%
- Contact phone: 77%
- Mission statement: 72%
- Team membership: 62%
- Frequently asked questions: 34%
- Next steps after referral: 28%
- Privacy/confidential information: 24%
- Faculty classroom guide: 23%

In addition to having a logo and a website, teams often engage in other marketing and education strategies. Ninety-three percent of respondents reported engaging in some form of marketing. Of concern, 7 percent of respondents reported that their teams do not try to make the community aware of their existence. In-person training (77 percent) was the most common way that respondents reporting making the community aware of their teams. Other common ways respondents communicate about their team included: website (74 percent), student and/or parent orientation (53 percent), handouts and flyers (42 percent), email to stakeholders (35 percent), student programming (30 percent), tabling or exhibit booth (21 percent), parent programming (21 percent), posters (16 percent), and promotional items (14 percent). A more creative approach — promotional videos — was reported by 7 percent of respondents.

Team Training

Respondents were also asked to report information related to how their teams engaged in ongoing education and development for team members. The most common team training method

was webinars, with 50 percent of respondents reporting using them as a resource to train their teams. Conferences were also a common resource for teams, as 40 percent of respondents reported attending the NaBITA conferences (regional and/or annual), 27 percent reported attending NaBITA's campus-hosted events, 10 percent reported attending the Higher Education Case Management Association Conference, and 10 percent attended other conferences. Respondents also cited books and journals (29 percent), tabletop exercises (34 percent), and the use of The NCHERM Group's consultants (14 percent) as training opportunities for their teams. Of concern, 25 percent reported engaging in little to no training at this time.

Team Strengths and Weaknesses

Respondents were asked open-ended questions regarding the strengths and weaknesses of their teams. Specifically, they were asked to discuss what makes their teams most effective when working through cases. Several themes emerged from the respondents' answers. The dominant theme was communication and collaboration. More than a third of the respondents talked about the way in which their teams worked together, and specifically mentioned the words "communication" and "collaboration." Related to this theme, other respondents mentioned feeling as though their teams could navigate difficult discussions well, disagree in a healthy manner, and have honest conversations within the team when working through cases. Respondents also commonly reported feeling as though the varied areas of expertise represented in their teams' diverse memberships contributed to their overall effectiveness. Other themes that emerged included an overarching sense of care for their students, having buy-in for the meetings, the use of a process or procedure, having case management support, and trust between team members.

Several themes also emerged from respondents' discussion of their teams' biggest weakness. Most notably, respondents discussed not having enough training to do the job well. This lack of training was consistently related to lack of a training budget. Respondents also consistently mentioned not having an established process or procedure for their teams to follow. Another theme that emerged was the lack of a dedicated case manager to provide support and resources. This may be related to the consistent response of not having enough time to respond to cases, as team members all had other full-time job responsibilities.

Discussion

The 2018 NaBITA survey was the most comprehensive survey to date for the field of Behavioral Intervention Teams. To accomplish this task, new questions were added to the 2018 survey, and many previously existing questions were adjusted or edited. As such, comparison of year-to-year changes and trends is somewhat limited; however, there were still quite a few questions that remained the same and allow for the identification of trends in the field.

The data points to several changes in the demographics of respondents and the scope of teams. Respondents from two-year institutions have steadily increased, from 24 percent in 2012 to 38 percent in 2018, suggesting an increase in the presence of teams at two-year campuses. Regarding the scope of teams' work, there was a 14 percent increase in respondents reporting that their institutions have a team that jointly monitors students and faculty and staff. This change aligns with NaBITA's recommended practice, and as we continue to promote a wider team scope of addressing both populations, we anticipate this trend to continue.

Although team size has remained relatively stable (average size is eight members), the 2018 survey results indicate a change in team membership and leadership. Counseling, police and/or campus safety, Dean of Students' Offices, and student conduct have all maintained consistently high percentages of representation in team membership since 2012. This data trend fits with the NaBITA best practice regarding having counseling, a dean of students representative, policy/campus safety, and conduct all represented in the core team membership.

The most notable change in team membership is the increased presence of case management on teams. In 2012, only 18 percent of respondents reported having a case manager, and in 2018, this number increased to 39 percent. For the first time, the 2018 survey also clarified the case manager role on the team and asked respondents whether this was a clinical or non-clinical position. Only 10 percent of respondents reported that their case managers were clinical in their roles.

As indicated in the data described above, case management is a growing trend in the field of behavioral intervention. The majority of case managers are housed in the Dean of Students' offices. This alignment with student affairs, and a non-clinical role further supports the work of the team, as this type of case manager is intricately connected with the resources on campus; can provide non-clinical services, thus reducing any perceived stigma related to treatment; and can more freely communicate with the team, referral sources, support resources, etc., given that FERPA and not HIPAA or licensure guidelines, apply. The presence of case management was often cited as a contributing factor in teams'

effectiveness, and the lack of a case manager was a strong theme for respondents when discussing the weaknesses of their teams. While having a full-time position for a case manager is certainly ideal, at a minimum, teams should consider formalizing case management functions into the operations of their team.

In the 2016 NaBITA survey report, there was concern that more than 12 teams indicated canceling 50 percent of their meetings. The 2018 data asked this question a different way, so direct comparison is not possible; however, the average number of meetings canceled by teams was only four, indicating that teams are canceling significantly fewer than half of their meetings. The survey data shows positive trends related to meeting frequency, as the percentage of teams meeting either weekly or twice a month continues to increase, while the trend of meeting less frequently continues to decrease. Lack of meeting buy-in, or lack of consistent meetings, emerged as a theme in team weaknesses, whereas teams often cited regular meetings, and meeting buy-in as what helped their BITs be most effective when working through cases. Having regularly scheduled meetings at least twice a month, along with the capacity to hold emergency meetings when necessary, promotes consistency, allows teams to respond in a timely fashion, and gives teams the opportunity to work together and manage their processes prior to needing to flex these skills during an emergency.

Team processes related to record keeping and the use of a standardized rubric also continue to improve and align with best practices. Since 2012, the data has shown an 18 percent increase in the percentage of respondents reporting that their teams keep centralized records, and a 48 percent increase in percentage of respondents using an electronic data management system to store records. This increase in both centralized and electronic-based records aligns with best-practice recommendations. Teams that keep individualized records, no records at all, or who store these records in Excel, using pen and paper, or in another format that is not easily retrievable, searchable, and secure, should consider using the best practice recommendation of centralized, electronic records.

For the first time in the survey's history, the 2018 survey asked specific questions related to who can access and/or edit team records. It was both surprising and concerning that 50 percent of teams do not allow their core and inner team members to view or update the team records. Even more concerning was the 11 percent of teams where the chair is the only team member who can view the records at all. These practices unnecessarily silo information and dramatically increase the likelihood that team members do not have the information they need to adequately assess and respond to reports of concern. NaBITA recommends that all core and inner members have full access to team records, including the capacity to view and edit the records or notes. Such practice creates transparency and reduces silos. When only the chair, or a limited number of core or inner members, can view the records, information sharing becomes limited and the team runs the risk of not having all the information about individuals when they need it. Further, allowing all team members to add and/or update the notes promotes team buy-in and creates a collective effort in teams' processes. It is recommended practice, therefore, to provide the ability view and update team records to all core and inner team members.

Teams continue to adopt the best practice of using a standardized risk rubric. The data shows that in 2012, only 33 percent of respondents indicated that their teams used a standardized rubric, whereas in 2018, 72 percent of respondents reported that their team uses a standardized rubric. Of concern are the 25 percent of teams who continue to subjectively assess risk, and the five schools reporting that they do not assess risk at all. Further, only 56 percent of teams reported using a standardized risk rubric for every case. Assessing risk subjectively runs the risk of allowing bias, fatigue, fear, etc., to drive the process, as opposed to allowing standardized and research-based indicators to drive the process.

Additionally, only using the standardized tool on serious cases, or on cases with mental health or threat others, is problematic, as it is unclear how it was decided that a case was serious enough, or had the presence of such elements, if a rubric wasn't used to make the decision initially. It is therefore recommended that teams use a standardized risk rubric for every case that is referred to them. This practice promotes consistency in the process, creates equity in assessment and interventions, and allows for teams to handle all referrals objectively.

Data related to mandated assessments and returning to campus was perhaps the most concerning data point in the survey. This data is consistent with respondents requesting more training related to such practices and mentioning them as an area of weakness for their teams, indicating that teams are aware that these are areas of concern for them. Specifically, 50 percent of respondents indicated that their team either places students on interim suspension and requires an assessment as a condition to return to campus following suicide risk cases or requires an assessment as a condition to return following a psychological leave. Further, only 36 percent of respondents indicated that

their team allows students who leave voluntarily for psychological reasons to return in the same way they would allow students with medical issues to return to campus.

Requiring that students who pose psychological concerns, including risk of suicide, comply with a mandated assessment as a condition to return to campus runs the risk of violating the Americans with Disabilities Act. In cases where a student has recently been hospitalized for psychological or suicidal concerns, the release from the hospital is the assessment that the individual is no longer an imminent threat, and requiring an additional assessment as a condition to return can be considered disparate treatment because of a disability. Similarly, placing conditions on a student returning from a voluntary leave for psychological reasons, that are not placed on all students returning from any other voluntary leave (e.g., other medical reasons, study abroad, or just taking a semester off) again runs the risk of treating them differently as result of a disability. Instead, schools should consider using a non-mandated case management approach, offering support services in a voluntary or encouraged way, or providing students with options for resources that they may find helpful. Encouragingly, 30 percent of respondents indicated that they used such an approach for students returning from voluntary leave for psychological reasons.

In a more positive trend, the data shows that teams are adopting best-practice recommendations related to marketing their teams and educating the community about their work. For example, the existence of team websites continues to increase (34 percent in 2012, 49 percent in 2104, 59 percent in 2016, and 67 percent in 2018). Further, teams continue to use in-person trainings to educate their communities, and the use of handouts and flyers, as well as promotional videos and student and parent orientation programs, continue to increase. NaBITA recommends using multiple dissemination methods (e.g., in-person trainings, poster campaigns, passive and active marketing strategies, etc.), as well as more creative approaches such as the use of promotional videos, giveaways, etc., to market teams.

Limitations

As with any study, or survey implementation and analysis, there are limitations to the data provided by the NaBITA survey. Most notably, given the audiences to which the invitation to participate was sent (primarily NaBITA membership and social media accounts), the data is likely to trend toward the use of BITs and the use of NaBITA-related tools. Additionally, changes were made to the survey organization and question wording that limits the ability to make comparisons to prior-year survey results.

Despite these limitations, the biennial NaBITA survey represents one of the only comprehensive datasets available regarding the use of BITs, as well as team characteristics and common practices. This article summarizes the descriptive information gathered from the survey and provides a robust discussion of the trends in the national data and how these trends impact practice. Through this continuous observation of institutional BIT processes via a survey "dashboard," it is our hope that as a field, we can identify areas where BITs are functioning effectively and efficiently, as well as discuss opportunities for course corrections and improved performance.

Conclusion

The 2018 NaBITA survey provides invaluable insight into the demographics, practices, and functions of BITs nationwide. It is clear that schools and teams across the nation continue to strive to create teams that promote individual student success and school safety. It is NaBITA's hope that this survey report, combined with the recently published NaBITA Standards for Behavioral Intervention Teams, provides a guiding set of principles to continue to move our field forward. For teams that may have found themselves outside the recommended set of best practices, we encourage you not to be discouraged, but rather to use this document and this opportunity to foster change on your campus and to leverage resources in your favor. Continue the great work you are all doing, and we look forward to hearing your voices in our next national survey.

Appendix: NaBITA Survey

1. Informed Consent

You are being asked to participate in a research project conducted through NaBITA and The NCHERM Group, LLC.

Nature and Purpose of the Project: We invite you to participate in a voluntary research study that will focus on Behavioral Intervention Teams (BITs) at colleges and universities in the United States. The purpose of the research study is to gather descriptive and demographic information from colleges and universities regarding their Behavioral Intervention Teams.

Explanation of Procedures: In this study, you will be asked to complete a short (15–20 minute) online survey.

Discomfort and Risks: The study has no known anticipated risks. Your participation is strictly voluntary. If you decide to participate, you are free to not answer any question, and you may withdraw your participation at any time.

Benefits: Possible benefits will be to obtain a better understanding of the structure and characteristics of Behavioral Intervention Teams that will assist NaBITA and The NCHERM Group, LLC. with resources and training. Results of the survey will be made available in summary form to NaBITA membership during the 2018 Annual NaBITA Conference and in the *Journal of Campus Behavioral Intervention Teams (JBIT).*

Confidentiality: Your name, school name, as well as any other identifying information will not be shared with others. Only the researchers conducting the study will see the information you provide in your survey response. The results of this study will be shared in aggregate form in order to inform our understanding of BIT-related practices. All survey responses from this research study will be kept for research purposes by NaBITA.

Refusal/Withdrawal: Refusal to participate in this study will have no effect on any future services from NaBITA or The NCHERM Group. Anyone who agrees to participate in the study is free to withdraw from the study at any time with no penalty.

By filling out the survey, you provide your implied consent to participate in the study.

If you have any questions or concerns, please contact the principal researcher, Brian Van Brunt, at *brian@ncherm.org.*

I agree to participate in this survey:
- Agree
- Disagree

2. School/Institution/Organization Name:

3. My school/institution/organization is:
- 2-year college/university
- 4-year college/university
- K–12
- Community BIT
- Corporation Training (healthcare, other)

4. My school is:
- Public
- Private, non-profit
- For-profit
- K–12 Elementary School
- K–12 Middle/Junior High School
- K–12 High School
- K–12 Public School District
- K–12 Private School
- K–12 Charter School/Agency
- K–12 Educational Service Agency
- Other type of school
- Not applicable (I am not from a school.)

5. If you are from a school, what is the total student population at your school? If you are from another type of institution/organization, what is the employee/community/client population that you serve?
- Under 1,000
- 1,001–3,000
- 3,001–7,000
- 7,001–15,000
- 15,001–25,000
- 25,001–50,000
- 50,001+
- I am unsure
- Not applicable (I am not from a school/organization with a population of students/employees, etc.)

6. My school is:
- Primarily residential (the majority of students live on campus)

- Primarily non-residential (the majority of students do not live on campus)
- Fully online
- Not applicable (I am not from a school.)

7. If your campus has a residential program, what is the residential population (number of students who live in on-campus housing)?
- Under 1,000
- 1,001–3,000
- 3,001–7,000
- 7,001–15,000
- 15,001–25,000
- 25,001–50,000
- 50,001+
- We don't have a residential program
- I am unsure
- I am not from a school

8. Does your school have a Mental Health Counselor, school psychologist (K-12 only) and/or mental health counseling services?
- Yes
- No
- Not applicable (I am not from a school.)

9. If your school has a Mental Health Counselor, school psychologist (K–12 only) and/or mental health counseling services, they offer: (Check all that apply.)
- Mandated assessment for suicidal students with lethality risk determined
- Mandated assessment for psychological issues with treatment recommendations
- Mandated assessment for threat or violence
- Mandated assessment for alcohol or other drugs with treatment recommendations
- Mandated treatment (groups or individual) for suicide
- Mandated treatment (groups or individual) for alcohol and other drugs
- Mandated treatment (group or individual) for violence risk
- None of these
- We do not have a mental health counselor, school psychologist or adjustment counselor (K–12 only) and/or mental health counseling services.
- Not applicable (I am not from a school.)
- Other (Please specify.)

10. Do you have a team (or teams) that meets on a regular basis to address potential risks, threats, and/or individuals of concern (e.g. Behavioral Intervention Team, CARE team, student of concern team, Threat Assessment Team)?
- Yes
- No

11. How long has your team been in existence? (Round to nearest year.) Note: You can leave this blank if you do not have a team.

12. What is the primary focus of your team?
- Threat assessment
- Behavior intervention/student or individual concerns/care or support resources
- Threat assessment and behavior intervention
- Our school/institution/organization has both a threat assessment team and BIT
- We do not have a team

13. Do you have a team that jointly monitors student and faculty/staff concerns?
- Yes
- No
- We do not have a team
- Not applicable (I am not from a school.)

14. Please identify all teams at your school/institution/organization: (Check all that apply.)
- Student-focused team, primary preventative focused BIT/CARE model
- Student-focused team, primarily threat assessment model
- Employee-focused team, primary preventative focused BIT/CARE model
- Employee-focused team, primarily threat assessment model
- Joint team monitors student and employee concerns, primary preventative focused BIT/CARE model
- Joint team monitors student and employee concerns, primarily threat assessment model
- Early Alert and/or Academic Success or retention team
- We do not have a team
- Other (Please specify.)

15. For the purposes of this survey, a satellite location is defined as a campus/location/branch that is part of the larger school/institution/organization, but geographically separate with its own services/staff. If your school/institution/organization has a satellite location, what does the satellite location have?
- A team at the satellite location(s)
- A representative from the main team detailed to the satellite location(s)

- The satellite location(s) sends a representative to a larger, central team
- No team or representative for satellite location(s)
- We do not have a satellite location

16. If you are willing to share, please cut and paste your team mission statement. (Insert mission below or note if you do not have a mission statement.)

17. What is the name of your team? (If multiple teams, list all.) Note: You can leave this blank if you do not have a team.

18. In terms of team member structure, we have the following categories (Check all that apply.):

- We just have team members, no categories
- Core circle members (those who attend each meeting and have access to database and have a back-up staff who attends when they cannot)
- Inner circle members (those who attend each meeting and have access to database, no backup staff)
- Middle circle members (consultants and those who attend as needed but do not have access to the database)
- Outer circle members (those who do not attend meetings, but receive additional training to report incidents forward and intervene)
- We do not have a team
- We use another method (Describe here.):

19. How many members are in the core circle of your BIT? (members that are supposed to be in attendance at all meetings, have a back up staff member when they can't attend, etc). Note: You can leave this blank if you do not have a team.

20. What departments or positions are represented on the BIT? (check all that apply)

- Dean of Students
- Academic affairs
- Admissions
- Disability/ADA services
- Student activities
- Vice President of Student Affairs
- Police/campus safety
- Title IX
- Counseling
- Legal counsel
- Human resources
- Housing and residence life
- Case Manager (clinical, has license and provides mental health treatment)
- Case Manager (non-clinical, may have license but does not provide MH treatment)
- Health services
- Faculty representative
- Student representative
- Greek life
- Student conduct
- Academic advising
- International Student Services
- Veterans and Military Student Services
- Athletics
- [K–12] School resource officer
- [K–12] School psychologist
- [K–12] Adjustment/Guidance/School Counselor
- [K–12] Principal
- [K–12] Assistant Principal
- [K–12] Special Education
- [K–12] District Administrator
- We do not have a team
- Other (Please specify.):

21. Who chairs your team? (Please choose the closest job title.)

- Dean of Students
- Academic affairs
- Admissions
- Disability/ADA services
- Vice President of Student Affairs
- Police/campus safety
- Counseling
- Legal counsel
- Human resources
- Housing and residence life
- Case Manager (clinical, has license and provides mental health treatment)
- Case Manager (non-clinical, may have license but does not provide MH treatment)
- Health services
- Student conduct
- Academic advising
- [K–12] School resource officer
- [K–12] School psychologist
- [K–12] Adjustment/Guidance/School Counselor
- [K–12] Principal
- [K–12] Assistant Principal
- [K–12] Special Ed.
- [K–12] District Administrator
- Not applicable (We do not have a chair/we do not have a team.)
- Other (Please specify.):

22. If the Case Manager (non-clinical or clinical) chairs the team, do they provide the majority of the direct case management and intervention services for the students referred to the BIT?

- Yes, they provide the majority of the services
- No, these services are divided amongst the team members
- No, there are other case managers that report to this person that provide the direct services
- Our case manager does not chair the team
- We do not have a case manager

23. Does your team utilize a meeting agenda to identify the students to be discussed at the meeting?

- Yes
- No
- We do not have a team

24. If you team uses an agenda, is it sent out before the day of the meeting?

- Yes
- No
- We do not use an agenda
- We do not have a team

25. If your team uses an agenda, what information do you include? (Check all that apply.)

- Student/Person of Concern names
- Referral source
- Presenting issues of concern
- Year in school (freshmen, sophomore, etc) or affiliation to the school (faculty, staff, etc)
- On/off campus residence
- If your team uses an agenda and you are willing to share it as an example, please email to brian@ncherm.org
- We do not use an agenda
- We do not have a team
- Other (Please specify.):

26. How often does your team meet?

- At least weekly
- Twice a month
- Monthly
- Quarterly
- Once a semester
- As needed
- We do not have a team

27. What is your best estimate on how many BIT/CARE meetings are cancelled in a given year? Note: You can leave this blank if you do not have a team.

28. How are concerning behaviors and/or threats reported to the team? (i.e., How does a team become aware of a concerning behavior and/or threat)? (Check all that apply.)

- Online report
- Phone
- Email
- Mobile app
- Face-to-face conversation with chairperson of team or a member of team
- Sent directly to central office in charge of BIT
- Anonymous online report
- Not sure
- We do not have a team
- Other (Please specify.):

29. Rank in order the top seven types of cases your team encounters (1 being the most number of cases and 7 being the least): Note: You can leave this blank if you do not have a team.

- Alcohol/drug policy violations
- Title IX and/or sexual assault
- Psychological cases (Suicide and depression)
- Other Psychological cases (e.g. anxiety, Asperger's/ASD, psychosis)
- Minor conduct cases (e.g., vandalism, classroom behavior, disruption)
- Major conduct cases/law enforcement cases (e.g., threatening behavior, assault)
- Academic, financial, social stress, and needs

30. When do your BIT members read or receive the reports/referrals?

- For the first time in the meeting
- On their own time, ahead of the meeting
- In real/live time as the reports come in
- Not sure
- We do not have a team

31. Does your team keep track of referral sources?

- Yes
- No
- I'm not sure
- We do not have a team

32. List your team's most common referral sources (faculty, community members, supervisors, teachers, parents, etc) Note: You can leave this blank if you do not have a team.

33. How does the team make your community aware of your team? (Check all that apply.)
- We don't try to make people aware of our team
- School newspaper
- Brochures or Flyers
- Posters
- Exhibit booth/table
- Orientation presentation
- Parent programs
- Student programs
- In-person training to staff/faculty
- Website
- Email to stakeholders
- Mobile app
- Promotional items (stress balls, pens, magnets)
- Videos and online content
- Social media/Facebook
- We do not have a team
- Other (Please specify.):

34. How do you approach training for your team members? (Check all that apply.)
- Little to no training at this time
- During summer and January
- At the annual NaBITA conference (i.e., November Conference)
- At the annual NaBITA mini-conference (i.e., Spring Conference)
- Webinars
- Books and journals
- Tabletop exercises
- The NCHERM Group consultants
- NaBITA campus-hosted regional event or certification
- Higher Education Case Managers Association (HECMA) roundtable
- Association of Threat Assessment Professionals (ATAP) conference (annual or regional)
- Protect International
- Sigma Threat Assessment
- Other consultants or training groups
- Other (Please specify.):

35. Does your team have a website?
- Yes, available publicly
- Yes, but limited to the college intra-net
- No
- No, but currently developing
- We do not have a team
- If multiple websites, explain:

36. If your team has a website, which of the following elements are included on the website? (check all that apply)
- Contact phone
- Contact email
- Team mission/mission statement
- List of what behaviors to report
- Team membership list
- FAQ about team
- Online report form link
- Faculty classroom guide
- Privacy/confidentiality information
- Team policies
- Team protocols
- Risk rubric
- Annual report
- Next steps once a referral is made
- Syllabi statements for faculty use
- Our team does not have a website
- We do not have a team
- Other (Please specify.):

37. If you are willing, please enter the URL for your team's website here. The information may be made available as a resource on *www.nabita.org*.

38. Does your team have a logo?
- Yes
- No
- We do not have a team

39. If you team has a logo and you are willing, please enter the URL for the logo or email a copy to *brian@ncherm.org*.

40. Does your campus have a Case Manager?
- Yes, a dedicated one specifically for the team
- Yes, through the conduct office
- Yes, through the counseling center
- Yes, through the Dean of Students office
- Yes, stand-alone position
- No
- We do not have a team
- Other (Please specify.):

41. If your team has a Case Manager, what is their estimated caseload per year?
- 0–20
- 21–50
- 51–100
- 101–150

- 151–200
- 201+
- I don't know
- We don't have a case manager

42. Does your team keep centralized records?
- Yes
- No, we do not keep records
- No, each team member keeps his/her own records
- We do not have a team

43. If your team keeps records, what system do you use? (Check all that apply.)
- Maxient
- Awareity
- Symplicity
- Titanium
- Medi-cat
- Starfish
- Mapworks
- Banner
- Adirondack Solutions
- Pave
- MS Access, Excel, or other similar office software
- In-house IT designed
- Pen/paper files
- Our team doesn't keep records
- We do not have a team
- I'm not sure
- Other (Please specify.):

44. If your team keeps records, how would you best describe the access and update process? (Check all that apply.)
- A single person (scribe) enters information during the meeting to keep the notes consistent
- All core and inner circle members (those who regularly attend the meeting) have access to the database and update information during the week
- Only the chair or their designee have access to view or update records
- Only the chair (or their designee) can update the notes, but core/inner circle members have access to view
- Our team doesn't keep records
- We do not have a team

45. Do your core/inner circle BIT members (those that attend every meeting) have access to the database the BIT uses?
- Yes
- No
- We do not use a database
- We do not have a team
- Not sure

46. If your team keeps records, what information does your team's record include? (Check all that apply.)
- The name and demographics of the referred individual
- A summary of incident or chief problem
- A risk rating (such as mild, moderate, elevated, severe, extreme)
- An intervention plan and details about which staff will follow up
- Our team doesn't keep records
- Log of dates of meetings, case discussions, phone calls, etc
- Other (Please specify.):

47. How does your team measure risks?
- Subjectively/case by case
- By using an objective measurement tool for each case (the NaBITA Threat Assessment Tool, SIRVA-35, WAVR-21, HCR-20...)
- We do not measure risk
- We do not have a team

48. What tools does your team use to measure risk objectively? (Check all that apply.)
- The NaBITA Threat Assessment Tool
- Workplace Assessment of Violence Risk (WAVR-21)
- History, Clinical, Risk (HCR-20)
- Structured Intervention for Violence Risk Assessment (SIVRA-35)
- Violence Risk Assessment of the Written Word (VRAW2)
- Extremist Risk Intervention Scale (ERIS)
- Association of Threat Assessment Professionals RAGE-V
- Cawood Factor one Grids
- Designer Scale
- We do not use a tool
- We do not have a team
- Other (Please specify.):

49. Does your team use the NaBITA Threat Assessment Tool for:
- Every case that comes to the team
- Only mental health cases
- Only threat to other cases
- Only more serious or time-consuming cases
- We use another tool for every case that comes to the team
- We use another tool for only mental health cases
- We use another tool for only more serious or time-consuming cases
- We do not use a tool
- We do not have a team

50. Our team uses the risk rating to: (Check all that apply.)
- Guide how and when we contact the student
- Guide the case management plan
- Determine the possible need for parental contact
- Determine the possible need for welfare check
- Determine the possible need for a mandated assessment
- The rating does not guide or determine any next steps
- We do not assign/use risk ratings
- We do not have a team

51. If your team uses the NaBITA Threat Assessment Tool, to the best of your ability, estimate the rank in order from highest (1) to lowest (5) the percentage of cases rated at each risk level: Note: You can leave this blank if you do not have a team.
- Mild
- Moderate
- Elevated
- Severe
- Extreme

52. For higher education institutions, which best describes your campus involuntary withdrawal policy:
- We have a medical withdrawal policy (apart from psychological)
- We have a medical withdrawal policy that includes psychological
- We have separate medical withdrawal and psychological withdrawal policies
- We don't differentiate and have broad policy for all withdrawal types
- Not applicable (we are K-12, workplace or community BIT)
- Other (please specify)

53. Regarding mandated psychological and violence/risk threat assessments: (check all that apply)
- We do not require students to complete mandated assessments of any kind
- In higher risk threat or suicide risk cases, the student is often placed on interim suspension and required to complete an assessment as a condition to come back to campus
- We require students to complete a mandated psychological assessment if they are suicidal or prior to return from a psychological leave
- We require mandated assessments once a student crosses the elevated threshold on the NaBITA threat assessment tool (or equivalent if you use another tool)
- We do not conduct mandated assessments on campus, but may require a student to complete this off campus and share the results
- We may require a mandated violence risk or threat assessment if the student's behavior has been threatening to others prior to a return to campus

54. If a student leaves campus voluntarily for psychological reasons, prior to return: (check all that apply) *please note, the practices below are not all endorsed by NaBITA.
- We require a meeting to discuss how to best help the student return to campus with appropriate support
- We require the student to provide medical documentation to return that states they are ready to be back on campus
- We have a detailed checklist the student needs to complete prior to return
- We have no requirements of the student and allow them to return the way we would allow any student with a medical issue to come back to campus
- Ideally, we meet with the student and their parents in a case management type meeting to discuss their return
- We address the conduct and behavioral issues for the student returning and do not get into a detailed discussion of mental health or medical issues

55. If your team has an operational budget, what is it? (If you do not have an operational budget, please write N/A)

56. If your team has a budget, what division(s) or department(s) is the source of the budget? (If you do not have an operational budget, please write N/A)

57. What do you believe is the most significant weakness of your team?

58. What do you believe makes your team most effective when working through cases?

59. What are some NaBITA membership benefits, resources, tools, or whitepaper topics you would like to see in the future?

60. What are you looking for in your future trainings? (Check all that apply.)
- Threat assessment foundation skills
- Threat assessment advanced skills
- How to improve team dynamics
- Marketing and advertising a team
- Cultural bias/microaggressions
- Record-keeping and documentation
- Classroom management
- Team leadership / Chairing the Team
- Writing end of the year reports

- Training and educational opportunities for faculty
- Student suicide and self-harm (e.g., disordered eating, cutting, medical risk, leave practices)
- Addressing silos among departments
- Social media threat
- Crisis de-escalation
- Assessment and effectiveness of BIT/TAT and CARE teams
- Awareness training for front-end staff around threat risk factors
- Position-specific guidance for team members (counselors, law enforcement, conduct, etc.)
- Case management processes and philosophy
- Case Management practical skills
- Case Management program implementation

61. Please share any other information with us that you would like here:

NaBITA STANDARDS
for Behavioral Intervention Teams

PART 1. Structural Elements

Standard 1. **Define BIT:** Behavioral Intervention Teams are small groups of school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.

Standard 2. **Prevention vs. Threat Assessment:** Schools have an integrated team that addresses early intervention cases as well as threat assessment cases.

Standard 3. **Team Name:** Team names communicate the role and function in a way that resonates with the campus community.

Standard 4. **Team Leadership:** A team leader serves to bring the team together and keep discussions productive and focused while maintaining long-term view of team development and education.

Standard 5. **Team Membership:** Teams are comprised of at least 5, but no more than 10 members and should at a minimum include: dean of students and/or vice president of student affairs (principal or assistant principal in K-12), a mental health care employee (adjustment counselor or school psychologist in K-12), a student conduct staff member, police/law enforcement officer (school resource officer in K-12).

Standard 6. **Meeting Frequency:** Teams have regularly scheduled meetings at least twice a month with the capacity to hold emergency meetings immediately when needed.

Standard 7. **Team Mission:** Teams have a clear mission statement which identifies the scope of the team, balances the needs of the individual and the community, defines threat assessment as well as early intervention efforts, and is connected to the academic mission.

Standard 8. **Team Scope:** Teams address concerning behavior among students, faculty/staff, affiliated members (parents, alumni, visitors, etc.) and should work in conjunction with appropriate law enforcement and human resource agencies when needed.

Standard 9. **Policy and Procedure Manual:** Teams have a policy and procedure manual that is updated each year to reflect changes in policy and procedures the team puts into place.

Standard 10. **Team Budget:** Teams have an established budget in order to meet the ongoing needs of the team and the community it serves.

PART 2. Process Elements

Standard 11. **Objective Risk Rubric:** Teams have an evidence-based, objective risk rubric that is used for each case that comes to the attention of the team.

Standard 12. **Interventions:** A team clearly defines its actions and interventions for each risk level associated with the objective risk rubric they have in place for their team.

Standard 13. **Case Management:** Teams invest in case management as a process, and often a position, that provides flexible, need-based support for students to overcome challenges.

Standard 14. **Advertising and Marketing:** Teams market their services as well as educate and train their communities about what and how to report to the BIT through marketing campaigns, websites, logos, and educational sessions.

Standard 15. **Record Keeping:** Teams use an electronic data management system to keep records of all referrals and cases.

Standard 16. **Team Training:** Teams engage in regular, ongoing training on issues related to BIT functions, risk assessment, team processes, and topical knowledge related to common presenting concerns.

Standard 17. **Psychological, Threat and Violence Risk Assessments:** BITs conduct threat and violence risk assessment as part of their overall approach to prevention and intervention.

PART 3: Quality Assurance and Assessment

Standard 18. **Supervision:** The BIT chair regularly meets with members individually to assess their functional capacity, workload and offer guidance and additional resources to improve job performance.

Standard 19. **End of Semester and Year Reports:** Teams collect and share data on referrals and cases to identify trends and patterns and adjust resources and training.

Standard 20. **Team Audit:** Teams assess the BIT structure and processes and ensure it is functioning well and aligning with best practices.

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