



MUSC BSIT Protocol & Procedures Manual

Adapted from the NABITA BSIT 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 students 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}

The Medical University of South Carolina has established the Behavioral Support and Intervention Team (BSIT) to assist in addressing situations in which students 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 public safety should be contacted at 843-792-4196 if the student is on campus and 911 if the student is off campus.

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:** To provide timely, supportive, and proactive intervention for MUSC students who are experiencing problems or are in distress with the ultimate goal of protecting their safety and/or the safety of others.
- **Purpose:** The Behavioral Support and Intervention Team is a campus wide interprofessional team of appointed staff and faculty who work collaboratively with others to identify, assess, and respond to concerns and/or disruptive behaviors by students, who struggle academically, emotionally, or psychologically, or who present a risk to health or safety of the college or its members.
- **Vision:** To build a healthy community of students who succeed academically, personally and professionally.

Team Membership

The BSIT team consists of university personnel with expertise in student affairs, mental and physical health, student conduct, and law enforcement/campus safety. Membership on the BSIT team represents an ongoing commitment to the mission of the BSIT 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. A collaborative process to assess concerning behavior is used. Depending on the situation, additional personnel with specific areas of specialization or responsibility may be called upon to assist the team. The team may also consult other individuals as needed, striving to protect confidentiality, such as a faculty member who has a concern about a student, a roommate, family member, and/or local law enforcement. The BSIT will keep senior university officials advised of situations as appropriate. BSIT members will follow existing MUSC policies and procedures. All public inquiries (including inquiries from the media) regarding the BSIT are to be directed to the Associate Provost for Education Innovation & Student Life.

Core Members

Core members regularly attend BSIT team meetings and have access to the team's electronic record-keeping database, Maxient. As core members, they represent their college and departments and have authority to make independent decisions within their areas of responsibility. If a core member is unable to attend a meeting, they can have designated backups who attend in their place. The departments they represent are crucial to the BSIT team's ability to gather data, accurately assess risk, and deploy effective interventions. Many core members keep records in their own college 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 Core members sign an annual confidentiality and training agreement, which addresses their responsibility to record privacy (see Appendix A).

The BSIT is chaired by a mental health professional appointed by the Associate Provost for Education Innovation & Student Life and includes representatives from the following MUSC services and colleges.

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 BSIT 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>.

- Public safety
- Student Programs
- James B. Edwards College of Dental Medicine
- College of Graduate Studies
- College of Health Professions
- College of Medicine
- College of Nursing
- College of Pharmacy

Legal counsel and risk management will be advisory in nature.

Representatives from Student Health Services (SHS) and Counseling and Psychological Services (CAPS) are excluded from membership because of the potential for students to perceive a violation of patient confidentiality. 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. CAPS and SHS may serve as resources for non-patient related information and recommendations and may also receive referrals from the BSIT and/or college deans to provide appropriate services for students. When appropriate, BSIT will cross report to CAPS and will attempt to seek permission from the student to release information from CAPS for coordination of care (see Appendix B).

Representatives from Title IX are considered affiliate members of BSIT in that referrals can be made from BSIT to Title IX as well as from Title IX to BSIT under appropriate circumstances.

Terms of Service

The chair will be appointed by the Associate Provost for Education Innovation & Student Life for a term of three years with option for reappointment at the end of each term.

Representatives from the six colleges, Public Safety, and Student Programs will be appointed by the Associate Provost for Education Innovation & Student Life at the recommendation of their respective dean or service area director for a term of three years with option for reappointment at the end of each term.

Terms of appointment will be staggered such that the committee retains two-thirds of its current membership each year.

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.

Administrative Support

The Associate Provost for Education Innovation & Student Life will provide for administrative support for the BSIT. The administrator will maintain files (electronic) for all students who have been referred to the BSIT. The administrator will be present at all BSIT meetings and take meeting minutes; however, he/she will not participate in making decisions regarding students. The chairperson will ensure that the administrator receives copies of all communications, documentation of actions, reports, etc. received or sent by the committee.

Team Operations

Regular Team Meeting

The BSIT will meet twice monthly at an established date and time. This schedule will be adjusted as necessary. These meetings are designed to review previous cases, assess the status of interventions and follow-ups, determine risk ratings and interventions for new cases, and provide regular opportunities for training. Training may be scheduled or provided at regular meetings during quiet times and may include tabletop exercises, discussion of current topics in the news, reading assignments, and webinars. Other trainings should include attending conferences and similar opportunities when possible.

Case review will include:

1. Follow up on previous cases, update risk level, assign team member for intervention;
2. Briefing on the preliminary response meeting by the BSIT Team Chair or designee;
3. Review of available data, documentation, interviews, and other relevant information;
4. General discussion;
5. Assignment of a risk rating on the NaBITA Threat Assessment Tool; and
6. Recommendations by the team for appropriate intervention(s).

Critical Incident Response Meeting (CIR): In the event that an individual attempts or dies by suicide, there is an apparent threat or danger to the campus or community members, or an event has occurred that may require the immediate attention of the BSIT Team, a CIR meeting may be called by the Chair. This should not be confused with an active crisis, which is managed by the university police. Any actions or recommendation of a CIR should be reviewed at the next regular team meeting.

Quorum

With the exception of an emergency (as defined as a situation where a student is in imminent danger of hurting him or herself or others), a quorum of two members is required to make a recommendation for action to the dean of the college in which the student is enrolled.

For all emergencies, individuals are instructed to call 911 or public safety (if on MUSC campus).

Criteria and Mechanism for Referral to BSIT

Referral to the BSIT

Reasons for referral

1. Self-injurious behavior/suicidal ideation or attempt
 - Behaviors include, but are not limited to talk of suicide or suicidal action
2. Erratic behavior (including online activities) that disrupts the mission and/or normal proceedings of MUSC students, faculty, staff, patients, or visitors
 - Behaviors include, but are not limited to threats of a weapon on campus, significant inappropriate disruption to community, potential for compromised safety
3. Worrisome behavior related to alcohol/drug use/abuse
 - Behaviors include, but are not limited to appearing intoxicated/impaired while on campus or in patient treatment areas; appearing overly intoxicated at social events; losing consciousness; hospital transport for alcohol and drug use/abuse
4. “Red flag behaviors”
 - Behaviors which are questionable, suspicious or inappropriate and may be presented through someone’s appearance, spoken or written words, or specific actions
 - Examples of “red flag behaviors”
 - Behaviors which regularly interfere with the classroom environment or management
 - Notable change in behavior or appearance which causes concern
 - Impairment of thoughts – verbally or in writing
 - Overly aggressive behaviors toward others, inability to set or follow appropriate limits or redirect
 - Inappropriate or strange behavior
 - Low frustration tolerance and/or overreaction to circumstances which cause concern
 - Writings and comments endorsing violence; unusual interest in violence
 - Indirect or direct threats in writings or verbalizations
 - Anger management problems
 - Threats to others
 - Appearance of being overly nervous, tense or tearful to a degree which causes concern
 - Expression of suicidal thoughts or feelings of hopelessness

Incident/Referral Information

BSIT Incident Reporting Form is available on the BSIT website. The form is a fillable incident referral form which will be completed by the reporter to include the incident/referral information. The information on the form will be used to automatically populate a secured data base with the information contained on the form. The submission of this form will also generate an automatic email to the appropriate BSIT members notifying them that a referral has been sent. The alert will remind committee members to access the secured website to view the referral information. The referral will then be handled as outlined in the responding protocol section.

In the case of a walk-in or called-in referral, the committee member handling the information will encourage the reporting party to submit the incident referral form through Maxient or will submit it themselves.

Incident referrals will request the following information:

- Individual of concern's name, address, telephone
- Incident date, time, location
- Names of person(s) involved
- Name, address, telephone, email, and MUSC role (student/faculty/staff) of person referring
- Description of incident

Guidelines

- If the concern is a self-referral, the student may be advised to make an appointment with CAPS, contact the psychiatry resident on call, or go to the nearest emergency room.
- Anonymous referrals will be accepted.
- A BSIT Incident Report will be completed for each incident and maintained in Maxient.

Responding Protocol

The Behavioral Support and Intervention Team (BSIT) developed the following protocol to ensure the appropriate management of critical student behavior and mental health issues or incidents. The National Behavioral Support and Intervention Team Association (NaBITA) created the Threat Assessment Tool (Appendix C) which the BSIT will utilize in determining an appropriate course of action.

Extreme Risk Protocol

In the event of an extreme risk (see on-line Threat Assessment Tool for guidance) both BSIT members and referring students, staff, or faculty are to contact Public Safety at 792-4196 (if on campus) or to call 911 if off campus.

If a member of the BSIT becomes aware of an extreme risk referral that the BSIT was already involved in, the member will submit documentation of the referral including any available information regarding the student and the outcome. Documentation will be updated in the Maxient record.

BSIT members may not be aware of referrals outside the MUSC community (e.g., calls to 911).

Documentation will be maintained in a centralized database (Maxient).

Mild, Moderate, Elevated, Severe Risk Protocol

- If anyone in the MUSC community becomes concerned about a student's behavior, he/she should submit a referral through one of the following mechanisms:
 - On-line reporting link identified on the BSIT website
 - Contact the BSIT chairperson as identified on the BSIT website
 - Contact the BSIT representative in the student's college as identified on the BSIT website or any other BSIT team member

- When a referral is submitted through Maxient, the college representative is automatically notified via secure email with secondary notification to the BSIT Chair.
- The BSIT Chair will assign a member of the BSIT to function as a case manager. It is recommended that the case manager be the BSIT member from the college in which the student is matriculated unless there is good cause for the chair to appoint an alternative case manager.
- The case manager will collect all available information regarding the student and the situation. When possible, the case manager and/or BSIT Chair/team member will meet with the student in person to gather information and discuss concerns. A case will be opened in Maxient and the information will be documented in Maxient.
- The case manager will report to the committee at the regularly scheduled meeting unless the situation requires more immediate attention in which case the case manager will request the chair convene an urgent meeting. A quorum of two members is sufficient to make recommendations.
- In all cases, it is incumbent upon the representative from each college to inform his/her dean (or the dean's designee) of all actions concerning students from his/her college. All referrals and subsequent information are confidential unless dictated by State and Federal law. The deans will receive information regarding their students only. They are not to receive information on students from other colleges unless an extreme risk exists.
- For most referrals, a consultation with Counseling and Psychological Services (CAPS) is recommended but not required. The BSIT case manager will contact the referred student(s) and encourage him/her/them to participate in an assessment at Counseling and Psychological Services (CAPS). Students will be offered to sign a Release of Information to facilitate limited information between BSIT and CAPS (Appendix B)
- All information regarding a student of concern will reside in Maxient and accessible only by the chair, members of the BSIT, and the BSIT administrator.

Documentation & Records

The BSIT team keeps records in the Maxient database, which are separate from the student conduct records. Records from BSIT Team meetings are entered primarily by the Case Manager or the BSIT Team Chair/administrative support to ensure consistency in the creation of records. During the week, core members also have access to the Maxient database to update cases.

Records are kept for seven years in the Maxient database, unless there is a pressing issue that necessitates specific notes be kept longer. This is done at the discretion of the BSIT Team Chair. Examples of this would include a student completing extended study on campus beyond seven years, or a student with elevated or above risk who leaves campus and presents a likelihood of return in future years.

Records are to be kept secure, and team members are expected to keep records safely firewalled and protected. Records should not be transmitted by email with identifying student, faculty, or staff information. Records should not be kept on unsecure USB or thumb drives. Information kept on laptop and computer systems should be under password protection.

Documentation may include the following items:

- Interview documentation (persons involved, faculty, staff, etc.)
- Assessments by mental health professionals as released by the student
- Interviews/contact with parents, family members, or others
- Academic and disciplinary history
- Threat assessment
- Previous criminal charges and background checks including anything included in the public record; National Crime Information Center (NCIC) findings (Note: Documentation is required to justify inquiries.)
- All communications received from the student including interviews, release of information forms, etc.)
- Medical files as released by the student
- Available campus information (international programs, student programs, etc.)

Record Requests

In the event that students request to see their Maxient records, those records will be made available within one week to the student, but with the names of other students and/or reporting sources redacted. A printed copy of their record will be presented to them at no cost. The BSIT Team Chair (or that person's designee) will review the records with students prior to them leaving with the records.

Record Expungement/Removal

Student can request to have their BSIT Team notes expunged. This would either entail the complete deletion of the record from the Maxient system or the creation of a flag that precludes the notes from being shared with others when requested.

There are several reasons why students may request that their notes be expunged:

- concerns that the notes would be discovered as they apply for political office,
- the need to gain security clearance from the government or law enforcement for a job,
- to ensure they are not blocked from a teaching or healthcare position, or
- a student learns of the documentation and is not comfortable having these records exist.

In the review, these reasons must be balanced against the ongoing relationship between the student and the college. The University doesn't want to lose data they may need again in the future

At the heart of the BSIT Team's work is the concept that collecting early alert information may allow for early prevention. By casting this net wide, the BSIT Team will create files on students who likely will not escalate beyond their initial incident of concern. For instance, imagine a professor reports a tearful student in class whose girlfriend broke up with him. While we would want the professor to pay attention to these types of scenarios, it would be reasonable to assume this is a low-level mild risk on the NaBITA Threat Assessment Tool. If the student learns of this record, it would be equally reasonable for them to request a removal or expungement of the record.

When an expungement request is submitted, the Chair of the BSIT Team will appoint two members, chosen based on the aspects of the specific case, to make up a review committee. They will discuss the request and come to a decision about the appropriateness of the removal of the records. This process will be completed within two weeks. For example, given the case described above, the team members may be from counseling and/or academic affairs.

The two members of the review committee will consider the following in making their determination:

- Low-level risk (i.e., mild and moderate), one-time events should be strong candidates for expungement. Higher risk events that have repeated over time are not good candidates for expungement.
- Events that occurred more than a year ago with no subsequent events or concerns should be considered for expungement. Events that have occurred recently (e.g., in the past few weeks or months) or have been repeated are not good candidates for expungement.
- The review committee should contemplate the likelihood of needing the information being requested for expungement in the future.

In the event that the record is not approved for expungement, efforts should be made to explain this decision to the student and consider the appropriateness of adding a summary or note to the file to provide a more positive context to the student's current behavior (assuming the student is in good standing). The BSIT Team may also consult with General Counsel at the college to gain another opinion about the decision.

The committee retains the authority to expunge, amend, or keep the note as it is. This provides for a more robust discussion with the student when the needs of the university to keep essential data and the desire of the student to have the data removed come into conflict.

Data Management

Once submitted, a report to the team will be electronically forwarded to the BSIT Team Chair and selected members of the team for review and discussion during a preliminary response meeting. The report will become part of the Maxient database used for the assessment of persons of concern and to generate report data.

Maxient allows BSIT Team members to review referrals and dispositions of academic and non-academic misconduct and identify patterns of behavior. BSIT Team members are informed as they join the team and reminded during regular trainings that many of these records are very dynamic in nature. What the team believes to be true today may change as a situation unfolds. Much care should be taken not to form judgments or use the information in decision-making outside of BSIT Team.

In addition, none of the data may be distributed or viewed by personnel outside the core or inner circle membership of the team without first consulting with the Chair. Making notes in cases files is limited to core members of the team (refer to Appendix K.)

While specific findings may be communicated to the dean to provide information and make recommendations; access to the BSIT student file will be restricted to the current BSIT members and administrator.

MUSC Communication Plan

The MUSC communication plan starts with the website which provides information about the MUSC BSIT and active link to the reporting form. The information on this site will include information about the role and responsibilities of the BSIT; identify the committee team members, including their contact information and the college/service they represent; and, provide answers to frequently asked questions. Clearly indicated on this page will be information instructing persons to call 911 or campus police in the event of an emergency.

MUSC Community Training

Members and administrator of the BSIT will be trained in the use of confidential information and sign a

confidentiality agreement. Members will be given access to the NABITA website, emails, training webinars, and web conferences.

Information about the BSIT will be conveyed to the Deans and Associate Deans of each college by the Associate Provost for Education Innovation & Student Life during regularly scheduled meetings. Each college's website will contain a link to the main BSIT page. Faculty will be made aware of the BSIT through their deans at town hall meetings and via faculty listservs.

Students will be made aware of the BSIT during orientation programs, via links on the student life homepage, and through their student government representatives who will be fully informed through meetings with the Associate Provost for Education Innovation & Student Life and the Executive Director of Student Programs. BSIT information is included in the OurDay student mandatory module part II. Additional opportunities include branding the function of the BSIT with a recognizable icon to promote reporting, participating in various MUSC events (e.g., Student Activities Fair), and providing contact information on student handouts. At the request of the dean, the BSIT may facilitate faculty training.

Quality Assurance

End of Year Report

Evaluation of the effectiveness of the BSIT will be an ongoing process with a formal report developed at the end of the school term each year and submitted to with the Associate Provost for Education Innovation & Student Life. Effectiveness evaluations may include but not be limited to faculty and student knowledge of the BSIT and its purpose and procedures (as measured by email surveys), number of "hits" on the BSIT website, number of students referred to BSIT and for what purpose, and number of student disturbances or offences (e.g., suicide attempts, drug use, sexual offences, etc.) on campus as reported by MUSC's Department of Public Safety.

Review and Revision of Procedures

The BSIT will review all procedures annually. Revisions will also be made on an ongoing basis, as needed, based on majority vote of the team.

Review of Membership and Terms of Office

The Chair will review the membership composition of the BSIT in January of each year to insure an adequate representation of all interested parties and colleges throughout MUSC. BSIT membership will be ongoing with no limits on terms of office. Members who resign will be replaced by the Associate Provost for Education Innovation & Student Life who will seek recommendations from the college dean of the resigning member.

Appendix A: Confidentiality Agreement

Annual Confidentiality and Training Agreement Behavioral Support and Intervention Team (BSIT)

I, _____ understand that the Medical University of South Carolina has established BSIT to assist in addressing situations where students are displaying behaviors that are concerning, disruptive, or threatening in nature that could potentially impede their own or others' ability to function successfully or safely. These policies and procedures are designed to help identify persons whose behaviors potentially endanger their own or others' health and safety or are disruptive to the educational or administrative processes of the university.

Please initial each statement below

___ I understand the mission, goals, policies, and procedures of BSIT, and agree to participate in meetings and training to the best of my ability.

___ I understand that all records associated with BSIT are subject to FERPA:

Information from the education records of a student may be disclosed to University officials with a legitimate educational interest. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted such as an attorney, auditor, or collection agent; a person or a student serving on an official committee such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A University official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

___ I understand that many of the records are dynamic in nature and may not have been resolved, adjudicated or otherwise completed at the time I view them. As such, much care should be taken not to form judgments or use this information in decision making, without first checking with the Office of the Dean of Students.

___ I understand that none of the BSIT records can be viewed, shared, or discussed with any non-BSIT member, due to their dynamic nature.

___ I understand that any requests by a non-BSIT member to view or print a BSIT record must be made to and approved by the Office of the Dean of Students, as some information may need to be redacted for non-BSIT consumption to comply with FERPA.

Signed (BSIT member): _____

Date: _____

Appendix B: Limited Release of Information – CAPS

Authorization Form

This form when completed and signed by you authorizes Counseling and Psychological Services (CAPS) to release protected information from your clinical record to the person/agency you designate.

I, _____, authorize _____ and/or his or her clinical
(patient name) **(CAPS provider)**

supervisor at CAPS and/or the Director of CAPS and/or the administrative staff at CAPS (cross out if not applicable) to release to and/or receive from:

(individual(s) to whom information is being released)

The following information:

- All information obtained
- Attendance at therapy
- Diagnoses
- Treatment recommendations
- Adherence to treatment recommendations
- Lab results
- Urine drug screens and other biological markers related to substance use
- Prognosis
- Psychological suitability for continuing in academic program
- Ability to function in class work
- Ability to function in clinics
- Recommendations regarding medical leave of absence
- Letter summarizing my care
- Results of testing and recommendations
- Other _____

I am requesting the release of this information for the following reasons:

- At the request of the individual (all that is required if you do not desire to state a specific purpose)
- At the request of the program
- Other _____

This authorization shall remain in effect until (fill in expiration date): _____
(date)

You have the right to revoke this authorization in writing at any time by sending such written notification to the CAPS office. However, your revocation will not be effective to the extent that CAPS has already taken action in reliance on the authorization.

I understand that CAPS generally may not make services conditional upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party. (For example, if I am required by my Dean or Program Director to receive psychological evaluation or treatment.)

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

(Signature of Patient)

(Date)

(If the authorization is signed by a personal representation of the patient, a description of such representative’s authority to act for the patient must be provided.)

Appendix C: NaBITA Threat Assessment Tool



NABITA Risk Rubric

D-SCALE

Life Stress and Emotional Health

DECOMPENSATING

- ▲ Behavior is severely disruptive, directly impacts others, and is actively dangerous. This may include life-threatening, self-injurious behaviors such as:
 - ▲ Suicidal ideations or attempts, an expressed lethal plan, and/or hospitalization
 - ▲ Extreme self-injury, life-threatening disordered eating, repeated DUIs
 - ▲ Repeated acute alcohol intoxication with medical or law enforcement involvement, chronic substance abuse
 - ▲ Profoundly disturbed, detached view of reality and at risk of grievous injury or death and/or inability to care for themselves (self-care/protection/judgment)
 - ▲ Actual effective, impulsive violence or serious threats of violence such as:
 - ▲ Repeated, severe attacks while intoxicated; brandishing a weapon
 - ▲ Making threats that are concrete, consistent, and plausible
 - ▲ Impulsive stalking behaviors that present a physical danger

DETERIORATING

- Destructive actions, screaming or aggressive/harassing communications, rapid/odd speech, extreme isolation, stark decrease in self-care
 - Responding to voices, extremely odd dress, high risk substance abuse; troubling thoughts with paranoid/delusional themes; increasingly medically dangerous bingeing/purging
 - Suicidal thoughts that are not lethal/imminent or non-life threatening self-injury
 - Threats of effective, impulsive, poorly planned, and/or economically driven violence
 - Vague but direct threats or specific but indirect threats; explosive language
 - Stalking behaviors that do not cause physical harm, but are disruptive and concerning

DISTRESSED

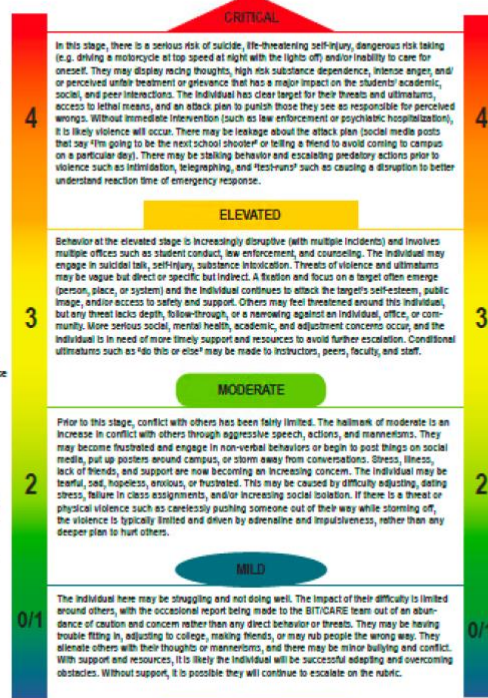
- Distressed individuals engage in behavior that concerns others, and have an impaired ability to manage their emotions and actions. Possible presence of stressors such as:
 - Managing chronic mental illness, mild substance abuse/misuse, disordered eating
 - Situational stressors that cause disruption in mood, social, or academic areas
 - Difficulty coping/adapting to stressors/trauma; behavior may subside when stressor is removed, or trauma is addressed/processed
- If a threat is present, the threat is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ◆ Experiencing situational stressors but demonstrating appropriate coping skills
- ◆ Often first contact or referral to the BIT/CARE team, etc.
- ◆ Behavior is appropriate given the circumstances and context
- ◆ No threat made or present

↑ TRAJECTORY?

OVERALL SUMMARY



E-SCALE

Hostility and Violence to Others

EMERGENCE OF VIOLENCE

- ▲ Behavior is moving towards a plan of targeted violence, sense of hopelessness, and/or desperation in the attack plan; locked into an all or nothing mentality
- ▲ Increasing use of military and tactical language; acquisition of costume for attack
- ▲ Clear fixation and focus on an individual target or group; feels justified in actions
- ▲ Attack plan is credible, repeated, and specific; may be shared, may be hidden
- ▲ Increased research on target and attack plan, employing counter-surveillance measures, access to lethal means; there is a sense of imminence to the plan
- ▲ Leakage of attack plan on social media or telling friends and others to avoid locations

ELABORATION OF THREAT

- Fixation and focus on a singular individual, group, or department; depersonalization of target; intimidating target to lessen their ability to advocate for safety
- Seeking others to support and empower future threatening action; may find extremists looking to exploit vulnerability; encouraging violence
- Threats and ultimatums may be vague or direct and are motivated by a hardened viewpoint; potential leakage around what should happen to fix grievances and injustices
- There is rarely physical violence here, but rather an escalation in the dangerousness and lethality in the threats; they are more specific, targeted, and repeated

ESCALATING BEHAVIORS

- Driven by hardened thoughts or a grievance concerning past wrongs or perceived past wrongs; increasingly adopts a singular, limited perspective
- When frustrated, storms off, disengaged, may create signs or bill on social media
- Argues with others with intent to embarrass, shame, or shut down
- Physical violence, if present, is impulsive, non-lethal, and brief; may seem similar to affective violence, but driven here by a hardened perspective rather than mental health and/or environmental stress

EMPOWERING THOUGHTS

- ◆ Passionate and hardened thoughts; typically related to religion, politics, academic status, money/power, social justice, or relationships
- ◆ Rejection of alternative perspectives, critical thinking, empathy, or perspective-taking
- ◆ Narrowing on consumption of news, social media, or friendships; seeking only those who share the same perspective
- ◆ No threats of violence

↑ TRAJECTORY?

10.00 x 11.00 in. NATIONAL ASSOCIATION FOR BEHAVIORAL INTERVENTION AND THREAT ASSESSMENT

INTERVENTION OPTIONS TO ADDRESS RISK AS CLASSIFIED

- CRITICAL (4)**
 - Initiate wellness check/evaluation for involuntary hold or police response for arrest
 - Coordinate with necessary parties (student conduct, police, etc.) to create plan for safety, suspension, or other interim measures
 - Obligatory parental/guardian/emergency contact notification unless contraindicated
 - Evaluate need for emergency notification to community
 - Issue mandated assessment once all involved are safe
 - Evaluate the need for involuntary/voluntary withdrawal
 - Coordinate with university police and/or local law enforcement
 - Provide guidance, support, and safety plan to referral source/stakeholders
- ELEVATED (3)**
 - Consider a welfare/safety check
 - Provide guidance, support, and safety plan to referral source/stakeholders
 - Deliver follow up and ongoing case management or support services
 - Required assessment such as the SIVRA-35, ERIS, HCR-20, WAWR-21 or similar; assess social media posts
 - Evaluate parental/guardian/emergency contact notification
 - Coordinate referrals to appropriate resources and provide follow-up
 - Likely referral to student conduct or disability support services
 - Coordinate with university police/campus safety, student conduct, and other departments as necessary to mitigate ongoing risk
- MODERATE (2)**
 - Provide guidance and education to referral source
 - Reach out to student to encourage a meeting
 - Develop and implement case management plan or support services
 - Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information
 - Possible referral to student conduct or disability support services
 - Offer referrals to appropriate support resources
 - Assess social media and other sources to gather more information
 - Consider VRAW for cases that have written elements
 - Skill building in social interactions, emotional balance, and empathy; reinforcement of protective factors (social support, opportunities for positive involvement)
- MILD (0/1)**
 - No formal intervention; document and monitor over time
 - Provide guidance and education to referral source
 - Reach out to student to offer a meeting or resources, if needed
 - Connect with offices, support resources, faculty, etc. who interact with student to enlist as support or to gather more information



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