

If there is a centralized process of receiving BIT referrals, and the case manager is receiving referrals from BIT members or their supervisors, what is the criteria for a case management case? On the other hand, if it is the case manager who is managing incoming BIT referrals, what is the criteria of a case going to a BIT?

I hate to say, however, it really depends on the school's resources, mission, and where/how case management is defined (e.g. more counseling versus more conduct, privileged communication based on licensure or FERPA/FIPPA governed support). Some schools require their case managers to take a central role in triaging all incoming cases, and would be hard to separate from the BIT process. Other schools (often those with more resources) have a separate case management program, with a more dedicated and centralized referral process. Overall, there are three phases of BITs - data gathering, applying a risk rubric, and intervention. Case managers often work in the intervention areas. I would suggest that cases with mild/moderate scores on the NaBITA risk rubric be referred more commonly to a case manager as a voluntary process, with a focus on counseling and support. Elevated, severe, and extreme cases are more likely mandated, and have a higher conduct connection and monitoring compliance with sanctions.

What is the role of the case manager on BIT? If the case manager is working with students, does the BIT serve as an advisory group to report back to? What purpose does BIT serve if the case manager is already assessing for risk?

Again, it depends on the school. I've seen both. It also depends on the case manager's background. There are some that are more clinically trained and live within the counseling center. Others are more focused on support and advocacy apart from licensed mental health support and live within the BIT, general student affairs, or conduct. Some schools use the case manager in a risk assessment phase (second phase of BIT) and others focus more on monitoring compliance (longer term intervention phase). I would suggest the NaBITA [Case Management and Intervention Certification Course](#) for ongoing management and intervention skills related to student compliance, and the [Advanced Violence Risk Assessment Certification Course](#) for assessing ongoing risk.

Do you have any suggestions for case managers who are registered/licensed social workers regarding information sharing, etc. that are expected to be part of the BIT?

There are two answers to this question. The first depends on what they are hired for. You may have a licensed mental health clinician or social worker hired by the school, but their work is not considered licensed mental health treatment. It is advantageous that they are licensed, but that isn't part of what they do and how they keep records. Other case managers may be hired in a licensed capacity to do more clinical work with

students. In this case, the case manager falls under state confidentiality law, and faces the same challenges as a counselor or psychologist in terms of information-sharing. This has been written about extensively in [The Book on BIT](#) and [Best BITs: Topics in Campus Behavioral Intervention & Violence Prevention](#), but the most basic advice is to either obtain a release of information or use an expanded informed consent document that gives the licensed staff more permission to share in emerging risk scenarios. I don't believe registered social workers would fall under the same distinction, and their work falls more under FERPA in terms of records.

Some schools have a BIT, Early Alert Program, case managers and counselors, etc. Should the person managing incoming BIT referrals respond to every referral that comes in to avoid legal risk? What does that response look like?

The key is to have someone trained on a research-based, objective risk rubric and responding to referrals consistently. So again, it depends on the school's resources and how they choose to set up the case management function within the BIT. Each referral should be triaged with a consistent and research-based risk rubric. Another great resource for advice and training of case managers is the [Higher Education Case Managers Association](#) (HECMA).

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