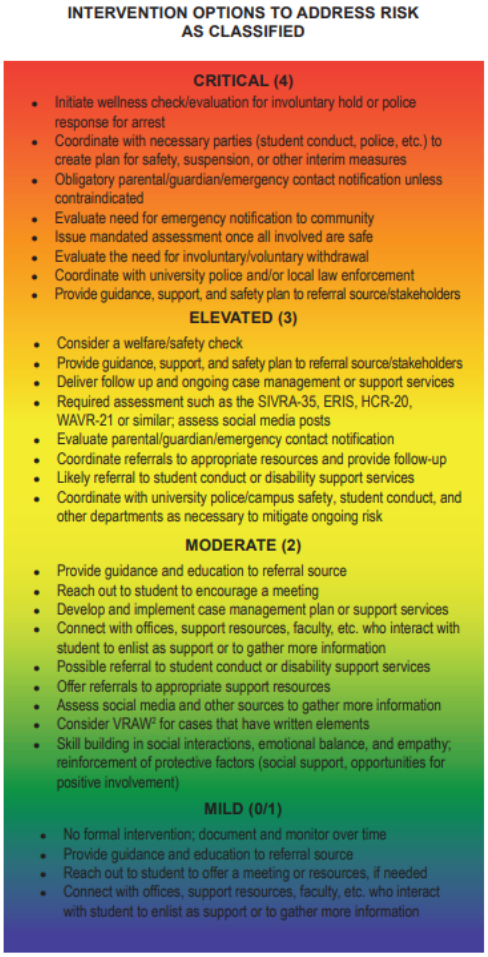
Interventions in Practice

Special thanks to Amy Murphy for contributions to this chapter

The NaBITA Risk rubric provides guidance to both behavioral intervention teams and case managers in determining appropriate interventions based on level of risk. Image 9: The NaBITA Risk Rubric Interventions, provides the graphic representation of intervention options according to risk (Sokolow et al., 2019). As discussed in Chapter 3: Case Management Practice and Process, interventions must respond to the level of risk present so as to ensure the team is not over – or under – reacting to a case.



In this chapter, we will discuss specific strategies for implementing each of these interventions across the risk levels. While case managers are likely to use more interventions than what is listed here, and more than could be encompassed in one book, we use this opportunity to focus in on the ones described on the NaBITA Risk Rubric to provide guidance in implementing these interventions.

Gathering More Information

One of the key components of case management work is researching all possible avenues of information, both prior to meeting with the student as well as after the intake appointment. This ensures that case management planning is efficient, directed, and focused. When determining whether

or not they have enough information to assess risk and create a plan, case managers can ask themselves the following questions:

- What other pieces of information do I need to know about this student to create a case management plan?
- How can I obtain this information?
- Who would have additional helpful information about this student (I.e. other departments, academic colleagues)?
- By when do I need this information?

Consider the following list as potential sources for more information:

- Current faculty
- Academic Advisor
- Residence Life Staff
- Social media or other online sources such as blogs, reddit posts, etc.
- BIT notes or updates
- Treatment providers (when there is a release and the provider can share information)
- Parents
- Athletic coaches, fraternity/sorority life advisors, ROTC supervisors, other affiliations

Referral sources often only know one piece of the puzzle, making gathering information beyond the initial referral critical in developing appropriate action plans. Much of this work is likely to be done by the BIT and it is therefore imperative that case managers coordinate with the BIT so as not to duplicate efforts or silo information. Additionally, students in emotional distress may not be as open with information initially or may not remember all necessary information at the time of the appointment. It may simply be that they do not know what information would be important to share in their appointment. It could also be due to things like shame about presenting symptoms or history of symptoms, stigma about seeking help or acknowledging there is an issue, past traumas, and being in a heightened stress state. The case manager must therefore consider all possible information sources in order to best support the student and ask the right questions in their appointments with students. This is particularly important in Elevated and Critical levels of risk, where there is a more acute timeline for establishing safety.

Advanced Additional Assessments

When students' level of risk is at the elevated or critical levels, there is often a need for more advanced assessments of the student concerns and level of risk (Sokolow et al., 2019). These are often mandated by the BIT or student conduct and, given their ability to build rapport and gather information, case managers are well suited to assist BITs in deploying this intervention.

When students are actively cooperating with the BIT or case management departments and seeking assistance related to the presenting concerns, they are likely to participate in a voluntary assessment protocol. Voluntary assessments are more likely to occur at mild and moderate levels of risk and mandated assessments are likely to occur at elevated or critical risk levels.

First, it is important to understand the difference between mental health assessments and violence risk assessments. Mental health or psychological assessments are most often performed in a clinical environment to inform treatment efforts and diagnosis. Mental health or psychological assessments require specific credentials in counseling, psychology, or social work to complete. The outcome of a mental health or psychological assessment is a diagnosis and appropriate level of treatment, including whether the person meets criteria for hospitalization (Van Brunt & Sokolow, 2018). Violence risk assessments, on the other hand, can be performed by any trained individual to provide information related to an individual's level of lethality and violence risk (Van Brunt & Sokolow, 2018). The outcome of a violence risk assessment is an objective understanding of an individual's specific risk factors for future violence. This type of assessment is helpful as it is not psychological in nature but rather is focused on specific violence risk factors (National Threat Assessment Center, 2018). It is recommended to train at least three (3) individuals on the BIT in violence risk assessments so that you have multiple perspectives available for assessments, specifically counseling, law enforcement, and case management (Van Brunt & Sokolow, 2018).

There are a variety of violence risk assessment tools available to BITs and case managers, including the Structured Interview for Violence Risk Assessment (SIVRA-35) and the Violence Risk Assessment of the Written Word (VRAW^2). The SIVRA-35 is a tool that considers elements of risk associated with targeted violence. It is completed during a structured interview process with the individual of concern. The assessor should have access to information related to the BIT report, academic information, conduct history, previous BIT reports, social media information, and admissions materials to help provide additional context for the assessment. The VRAW^2 is a tool used to evaluate written information of concern, such as emails, social media posts, class writing assignments, journals, etc. It can be completed by reviewing the written information alongside the scales provided in the tool. Both result in low, moderate, and high-risk ratings, but most importantly both provide an objective analysis related to the nature of risk and opportunities for intervention.

Chapter 9: Violence Risk Assessment and Threat Assessment provides a more in-depth look at developing the skills to deploy these interventions.

Encouraging Participation in a Meeting

For many referrals, the most effective way to intervene with the student is to meet with them 1:1. An in-person meeting allows for an individualized assessment and collaborative action planning based on the student's needs and risk factors. However, getting the student to attend and participate in the meeting is often a great challenge for case managers, especially when the meeting is not required or mandated.

Encouraging participating in a meeting involves three key steps:

1) Contacting or reaching out to the student to schedule the meeting
2) Motivating the student to attend
3) Connecting with the student during the meeting in a way that engages their participation

Contacting or Reaching Out to the Student to Arrange the Meeting

Perhaps one of the most critical factors in encouraging participation in a meeting is when and how the case manager reaches out to the student. Cases with the same risk rating should receive similar outreach. There should be consistency within each risk level regarding how case managers contact students including, timeframe, frequency, and method, with timeframe and frequency increasing as risk level increases. Your protocol should also include how often and for how long you continue reaching out to the student. Consider Image 10 as an example outreach protocol based on risk level:

Mild: 4 contact attempts over 11 days	Moderate: 6 contact attempts over 8 days
• 1st day: 1st email and phone call • 7th day: 2nd email and text message • 11th day: Resource letter, close case	• 1st day: 1st email and phone call • 4th day: 2nd email and phone call • 6th day: Phone call and text message • 8th day: Resource letter sent
Elevated: 6+ contact attempts over 3 days	Critical: Unlimited attempts until safety is established
*If concern for immediate safety, arrange wellness check • 1st day: 1st email, phone call and text message • 2nd day: 2nd email, phone call and text message. • 3rd day: 3rd email, phone call and text message. Possible RA visit, pull out of class, etc.	* Establish safety by coordinating welfare check or law enforcement intervention. To arrange meeting/mandated assessment post hospitalization/arrest: • 1st day: 1st email, phone call and text message • 2nd day: 2nd email, phone call and text message. • 3rd day: 3rd email, phone call and text message. Possible RA visit, pull out of class, etc.

This sample protocol demonstrates consistency in timeframe and frequency as well as variability in methods deployed. It is important to vary the method used to contact the student so that every effort to reach them is exhausted. Students are notoriously bad at checking email – if that is the only method ever used to try to reach them, you may be missing out on contact opportunities with many of your students. Consider alternative methods such as text messages, phone calls, waiting for them after class, RA visits, etc. Institutional culture and resources will influence the methods and strategies used. For example, a highly residential, hands-on campus may utilize RAs as a tool for encouraging students to attend a meeting much earlier and for lower risk than what is outlined in the example above. The key is that the case manager outreaches to students in a timely and consistent manner, increasing the likelihood of connecting with students.

Developing a standardized protocol for how and when to reach out to students not only standardizes care, it aids in preventing burnout and exhaustion in case managers. Without a set protocol to guide how and when to reach out, case managers are left to figure this timeframe out repeatedly for each case. A standardized protocol helps the case manager see the steps they need to take and simply follow them, as opposed to having to reinvent the wheel each time.

Motivate the Student to Attend the Meeting

For many students, the meeting with a case manager is voluntary – making how the meeting is presented to the student a pivotal factor in whether the student chooses to attend the meeting. Case managers should be thoughtful about how they present the opportunity to meet so that it is appealing to the student. In offering the meeting, it can be helpful to explain how the meeting can benefit them and what supports or resource the case manager may have to relieve some of their difficulty. Removing stigma and barriers as well as establishing the helpful nature of the process is key in engaging the student in voluntary referrals.

Connecting with the student during the meeting in a way that engages their participation: During the intake appointment, the case manager must then build rapport and gather information regarding the student's strengths and needs. Borrowing from Rogers' Person-Centered Therapy, case managers can build rapport by using reflection, empathy, positive regard, and authenticity (Corey, 2017). Some practical strategies for doing this include engaging in active listening, offering water, tea, snacks, having personal items in your office to build connection, using humor and self-disclosure where appropriate, and finding common ground with the student. Investing in rapport building is key to information gathering.

The information gathering phase of the intake appointment will be much more fruitful if the student trusts the case manager and feels heard by them. When gathering information, case managers should explore all areas of wellness. This intake assessment is similar to that of a biopsychosocial assessment in which the student's psychological, biological, and social factors are explored to determine what might be contributing to their difficulty. In other words, the intake assessment is as comprehensive and holistic as possible. The case manager should move beyond just the issue disclosed in the referral and try to understand the student's strengths and needs across the wellness spectrum. The Case Management Screening Form in the Resources section of this book is an example of a holistic case management assessment. This form can be used by the case manager as a guide to conducting the intake interview. The form should be considered a reminder list of the talking points, and not a script which must be followed verbatim. The assessment should feel like a conversation with the student guiding the discussion and moving the conversation at their own pace. The case manager can use the from as a reference point and a reminder to ask questions and gently steer the conversation toward the different areas of wellness.

Case Management Plans

It is important to remember that a broker/expanded broker model combined with a strengths-based model of case management ensures case management interventions are solution focused and include specific action steps, with the goal of connecting students to appropriate resources that can aid in their academic and personal success. Case managers therefore need to develop clear and concise case management plans that address three key elements:

1. Identified goals for the student
2. Action steps for each presenting concern
3. Resources available to assist with the goal and action

4. Timeline for each action step

By following this 4-step process, case managers ensure that both the case manager and the student are clear on the nature of the relationship, the goals of their work together, and how to move forward in the case management process. For mild and moderate risk levels, the action plan may be more collaborative in nature; both the student and the case manager can brainstorm ways in which the student can access support and create change. This is an empowering approach that allows the student to actively participate in their own success. The case manager can utilize specific questions to elicit ideas from the student, which encourages them to draw upon their strengths to overcome challenges they are facing. Additionally, by including the student in the process, we are helping students develop skill-building and reinforcing protective factors that reduce risk. Some examples may include helping the student craft emails in the case management meeting, encouraging the student to make phone calls in the case management meeting, and creating lists of potential resources that the student can connect with on their own.

For elevated and critical risk levels, the action plan might be more directive and aimed at ensuring safety. The case manager will more likely focus on developing the action plan for the student while also still including the student in the conversation. At higher levels of risk, it is especially important that case managers design clear, simple, and specific action steps that can be implemented swiftly. This can include actions such as contacting law enforcement, coordinating welfare checks with housing and residence life, contacting mental health providers and /or hospitals, establishing risk reduction and safety plans with the student, and reaching out to professors.

For each action step, the case manager and student need to determine an appropriate timeline for completion as well as clear instructions on how the case manager can provide accountability for the actions. For mild and moderate risk levels, the timeline reflects the lower levels of risk and therefore the intensity of interventions. As such, timelines for completing mild and moderate action plans are likely shorter as the needs are less significant. However, for elevated and critical risk levels, the student's level of risk and therefore their needs are significantly more complex. As such, the case management action plan will likely take longer to implement given the need for more significant behavior change and connection to more robust referrals.

Case management plans can include goals, action steps, resources and a timeline for achieving the goal. A sample action plan can be found in the Resources section of this book.

Resource Referrals

One of the many advantages of a case manager is the opportunity to provide seamless and integrated referrals to campus and community resources as an intervention for students. This means that case managers should help create pipelines to resources by eliminating barriers to access and communicating clearly about referral options. To aid in this process, the case manager should maintain a complete list of referral options in both the campus and surrounding community. The case managers should invest in building relationships with these potential referral sources in advance of needing to make their first referral. These relationships will make the process of a "warm hand-off" easier and will foster a strong

connection for the student to the referral source. This chapter will touch on five of the primary resource referrals for a case manager: counseling, medical or psychiatric supports, disability services, academic support, and social service supports.

Counseling Services

When students are experiencing life stress and emotional health struggles on the D-scale, the case manager should consider the need for a referral to counseling for mental health support. It is equally important for students moving up the E-scale to be considered for a counseling referral if appropriate. For example, students demonstrating hardened perspectives and ongoing grievances can benefit from counseling support as much as a student experiencing anxiety and depression. For mild and moderate risk levels, the referral may just be the need for short-term support and assistance from counseling. Here, the case manager is likely *doing with* the student by providing them contact information for the counseling center, discussing it as a resource option and offering to help them make an appointment. As with any referral, it is important that the case manager follow up with the student to ensure that they made the connection with the counselor and that they referral went well.

At elevated and critical, the counseling referral may also be made to help contribute to an optional or mandatory mental health assessment and/or violence risk assessment. As risk levels increase, the counseling unit may provide longer term counseling support or facilitate referrals and ongoing communication to off campus service providers. At these more increased levels of concern, the case manager is likely *doing for the student* by walking them to the counseling center, calling the clinician in to join the case management appointment, or securing a same day appointment at an off-campus provider. Given the risk levels present, the case manager needs to ensure immediate connection to a licensed provider. It can also be helpful for the case manager to speak with the clinician prior to the student's appointment, or to initially join the session, so that the case manager can provide the warm hand-off, express the concerns or risk factors present, and secure the connection to the counselor.

To help facilitate communication between the counselor and the case manager, the case manager should secure a release as part of their referral process. For non-clinical case managers, the release provides permission for the counselor to share information with the case manager (remembr though, the case manager does not need a release to share information with a counselor, as long as that counselor is a staff official) and for clinical case managers, it is likely a reciprocal release allowing information to be shared both ways. It is helpful for the case manager to secure this release while they have the student in the case management office. Often, students forget to talk to their counselor about the release and/or they fail to come back in for another case management appointment. By securing the release before the student leaves the case management appointment, the case manager is ensuring that communication can occur between the counselor and the case manager. Consider keeping releases on hand in your office so that they are readily available when you make the referral.

Counseling units can also consider the use of expanded informed consents that allow for limited communications to the BIT about participation in counseling sessions and/or other specified aspects of the counseling relationship. These expanded informed consents are helpful for counselors to be able to share information with the team.

Medical or Psychiatric Referrals

In addition to counseling, some students may need medical and/or psychiatric supports for concerns. These services can range from basic physical exams to determine if there are underlying medical concerns impacting a student's experience to more advanced psychiatric referrals for medication assessment and treatment. It is never the role of the case manager to suggest a medical diagnosis or mandate medication compliance. However, when a student is experiencing indicators of a medical or psychiatric concern, it is the role of the case manager to make referrals to medical providers who can assess and treat these concerns.

As with referrals to counseling services, it is important to determine the need for a release to allow communication back to the case manager form the medical provider. Often the case manager does not need detailed medical history communicated back to them but rather a simple overview of the treatment plan or just a confirmation of attendance and cooperation. It is important to remember that the medical information or records, once documented in the case management notes, become FERPA records.

Disability Services

A sometimes overlooked resource important to the case manager is a referral to disability services. Many students struggling with mental health concerns or other difficulties may qualify for accommodations and support from an institution's disability services office. While case managers can work with professors to request flexibility around due dates, absences, etc., only the disability support services office can require accommodations. These accommodations can be a crucial piece in mitigating the concerns and assisting the student in reducing the barriers to their success. Case managers should be familiar with the process for obtaining and submitting documentation of a disability – especially psychiatric disabilities. Students often are not aware that they can receive accommodations and it is the role of the case manager to explain disability support services as an option and to connect the student with a staff member in that office for further support and assistance. See Chapter 11: Disability Support, ADA, and Section 504 for more information related to supporting students in connecting with disability support services.

Social Service Needs

For many students, lack of basic needs are the barriers for their success: finances, housing, food, school supplies, etc. While some case managers may have resources such as food pantries, clothing closets, or emergency funds within their institution for these issues, others will need to leverage resources in the community to assist students. Chapter 14 provides in-depth information related to social service supports as an area of practice for case managers.

Tips for Making a Strong Referral

As case managers use resource referrals as an intervention for students, they must consider how they coordinate the referral to best achieve an effective outcome for the student. An effective referral means the student is informed about resources unknown to them or unused by them and chooses to access the

services for assistance. As mentioned in Chapter 3: Case Management Practice and Process, to facilitate an effective referral, case managers should incorporate the following steps:

1. *Discuss the referral with the student*. Be sure to explain how the referral might help them and what they can expect from the referral source.
2. *Assist the student in securing an appointment*. This may be done via phone with the student in your office, by walking them to the resource, or by providing them the contact information and asking that they connect with the resource before your next follow up appointment.
3. *Obtain a release of information if necessary*. Remember, non-clinical case managers do not need a release to speak with staff officials who have an educational need to know but they do need a release to speak to any resource outside of the institution. Furthermore, case managers often make referrals to licensed mental health or medical providers who need a release to communicate back to the case manager.
4. *Provide a "heads up" to the referral source*. It is often helpful to let the referral source know why you've referred the student and how you're hoping they can help. Students can struggle articulating this to the referral source themselves and by providing the information to the referral source ahead of time you are able to maximize their ability to help.
5. *Follow up with the student.* It is important to have at least one appointment (and more if needed) with the student after you've made the referral. This allows you to confirm that the connection to the resource was successful and helpful.

Connecting and Coordinating with Others

While the case manager likely takes the lead related to interventions, they are rarely the only one interacting and working with the student. There are four primary reasons case managers should connect and coordinate with other departments and individuals as a necessary and effective intervention. First, this is an important way to gather more information that may be critical in understanding the context around a student's behavior. Second, the case manager is establishing a circle of support and connection for the student as an intervention in and of itself. Connecting and coordinating with others also give the case manager an opportunity to provide guidance and education to the referral source about how they can be involved in support for the student. Finally, this coordination allows case managers to mitigate ongoing risk associated with some cases as it relies on the areas of expertise of others to mitigate the risk. Connecting and coordinating with others is used at all risk levels, but there are slight differences in the intervention at elevated and moderate risk levels.

Any good intervention requires the three C's: communication, coordination, and connection.

1. *Communication:* The case manager should create an environment of reciprocal communication among the various individuals and departments involved in an intervention for a student situation as well as the referral source. This does not mean "no holds barred" sharing of student information. Instead, the goal is to share enough information for the person to feel comfortable moving forward with an intervention or interacting with a student, but not oversharing unnecessary details of the student's record, diagnosis, incidents, etc. At the same time, the case manager should set an expectation of continued

communication moving forward by discussing when and why the case manager might want to communicate in the future about the student.

2. *Coordination:* The communication and interactions with individuals and departments also help establish a shared trust about the role of the case manager in coordinating effective interventions for future concerns. Case managers do not substitute for other department actions related to a student, but they can be central in coordinating the connections to these other departments.
3. *Connection:* Last, the third "C" reminds us that a critical part of an effective intervention is doing everything we can to enhance connections with the student. This means engaging in active listening to truly understand the student and working to connect them with the right resources to assist them.

At all four levels of risk, the case manager should be connecting with other individuals and departments in the campus community to gather additional information to enhance the ongoing analysis of the situation and to enhance interventions. While the BIT and/or case manager may have already done an initial analysis of the information available to them, a good intervention continues to establish an understanding of the context in which a situation is occurring and the factors that are contributing to the risk associated with a situation. At a mild or moderate risk level, connections may focus more on support resources that close the loop on issues of concern for the student. For example, a case manager might make sure that a mild or moderate risk student is reconnected with an academic advisor or a housing staff member for assistance; thus, bringing these key stakeholders into the case management and BIT process for both information and as the individuals providing the intervention. As we approach the elevated level, it becomes even more critical to be comprehensive in our efforts to gain information about the situation occurring and coordinating actions. This can mean reaching out to entities that do not maintain information in the ways that support department do, such as faculty, athletic coaches, organization advisors, and potentially other students. These individuals may help support ongoing interventions, but they would probably not be the primary aspect of an intervention. Usually by the time we reach the critical risk level, we are quickly gathering information while police and BIT members are deploying more advanced interventions. Our interactions with other departments become more focused on safety planning and efforts to monitor additional escalations of the situation.

Planning for Safety

For cases at the Critical, and sometimes Elevated, level case managers need to be prepared to engage in collaborative action planning regarding the safety of individual students and the community. This requires strong relationships between the BIT, the office of student conduct, campus safety or campus police, and local law enforcement. First, the BIT is the key mechanism for reviewing referrals related to safety concerns and quickly mobilizing all other departments and efforts related to assessing risk and increasing safety. Additionally, student conduct officials as well as local law enforcement have mechanisms at their disposal for implementing safety measures. These can include interim suspension, no-contact orders, bans or trespasses, and timely warnings or notifications to the community. While neither the BIT nor the case manager has the authority to implement these measures on their own, together they can provide timely information to the appropriate offices who have the authority to

implement safety measures. Building relationships and understanding capabilities of other departments should not start when there is a crisis. Rather, it should occur when there is down time to spend on relationship building so that you can invest in getting to know and understand the other resources at your disposal. By increasing the information flow and engaging in collaborative conversations, conduct and law enforcement are empowered to make well informed decisions based on current, real time information.

The most appropriate safety measures will depend on the risk factors, the severity and immanency of the risk, the environmental factors, any precipitating events, and the location and scope of the potential harm. If the risk or threat is isolated, less direct, non-lethal, or non-imminent, it may be mitigated by a location specific ban, or a no-contact order. However, in situations where the risk or threat is lethal, broad in scope, or highly imminent an interim suspension and separation from the institution may be more appropriate.

It is important to note here that simply removing, or separating, the person from the campus does not inherently remove the threat. In some cases, the adage of keep your friends close but your enemies closer certainly applies. First, unless your campus has one point of entry that is always guarded, a separated student can still access campus and cause harm. Second, a separation or other restrictive measure may further isolate the individual and increase their hostility or sense of personal injustice. This is not to say that interim suspensions, no-contact orders, or location-based bans are not appropriate measures to increase safety – they certainly can be. However, schools should weigh the entirety of a situation before enacting them and not use them as a de-facto response. When a zero-tolerance policy is in place, or when it is the standard response to *always* take a particular action, institutions not only become hamstrung in their ability to respond effectively but they run the risk of overreacting and making the situation worse.

When institutions do take remedial action or place restrictive measures on a student, it is important to consider how they deliver the information to the student. Here again collaborative planning between the case manager, the BIT and the offices implementing the safety measures is key. The case manager can be a crucial ally in helping deliver the news to the student in a way that reduces feelings of further isolation or hostility. When safe, an in-person conversation built on rapport and empathy can go a long way in helping maintain some semblance of a positive relationship between the student and the institution – something that could be a protective factor in preventing the student from moving toward violence.

Planning for safety includes not only protective measures with the student threatening the violence, but also with the potential target of violence. Safety planning with the target or victim requires a team approach as well as someone with specific knowledge and training on victim advocacy and violence prevention. When teams meet to discuss safety planning and/or protective factors for the target or victim, consideration should be given to avoiding the phenomenon of group think. It is crucial at this stage for the teams to engage in exploring all possible scenarios, including the “what if” scenarios, and to think out of the box as it relates to protective factors. Team members should be thinking of and suggesting scenarios they may not have been suggested already such as what if the student of concern shows up at the target’s place of work, residence hall, parents’ home on the weekend? By thinking out

of the box, team members increase safety and support measures for the victim. It is important to also meet 1:1 with the potential target following this collective brainstorming in order to engage them in the safety planning. In this meeting, discuss the risk factors with the potential victim or target and brainstorm ways to increase their personal safety. This might include discussing whether they have a set routine each day that the perpetrator is aware of, if the perpetrator has access to their house/residence hall or is aware of where they live, if they tend to park their car in the same place each day when they are on campus, etc. The goal is to assist the potential target or victim in reducing risk by taking actions such as adjusting their schedule, changing their living environment, or making any other adjustments to increase their personal safety.

Welfare and Safety Checks

When used appropriately and guided by an objective risk assessment tool like the NaBITA Risk Rubric, wellness/safety checks are an essential intervention for mitigating immediate safety concerns. On the NaBITA Risk Rubric, for example, this is a suggested intervention when the risk level has reached Elevated or Critical. Establishing safety becomes the primary objective, and case managers are pivotal in coordinating this process.

The purpose of a welfare or safety check is to establish the location of the student, the risk for active suicidal or homicidal ideation, intent, or plan, or to determine if the student is unable to care for themselves due to a significant deterioration in mental health. Generally speaking, the welfare or safety check is used to determine whether the individual meets criteria for inpatient hospitalization.

The first step in coordinating a welfare or safety check is to determine the student's school schedule and residence. If it is during class hours, university officials can go directly to the student's classroom and conduct an onsite assessment. This is something that would be best either before or after the class to maintain some level of privacy and to minimize unnecessary or excessive focus/attention on the student. If it is after class hours, university staff must coordinate with university officials or off-campus law enforcement to conduct a welfare or safety check at the student's place of residence. If it is after-hours, it is important that university housing and other departments, such as Deans on call, have an established after-hours protocol for safety concerns.

Case managers should coordinate either with licensed clinicians at the institution's counseling center, campus sworn law enforcement, or off-campus local law-enforcement to conduct a welfare or safety check given their ability to initiate an involuntary hold if needed. Non-clinical case managers, even if they hold a licensure, should not initiate involuntary hospitalizations as this action would be operating outside the scope of their non-clinical duties. Law enforcement and licensed clinicians should create mechanisms by which they are able to provide updates or referrals to the case manager and/or the BIT following the welfare or safety check.

It is important to recognize that once immediate safety is established, case managers then must coordinate with university police/campus safety, student conduct, and any other campus departments to create ongoing safety planning as well. Following a behavioral health hospitalization, students returning to campus must get caught up in classes, find treatment providers, tell their friends where they have been for the last 3 days, and continue to recover from whatever difficulties led to the

hospitalization in the first place. These students need the support and assistance offered by the case managers in their transition back to campus.

When our systems work perfectly, the BIT and case manager have either been directly involved in the welfare or safety check and subsequent hospitalization or have at least received a referral notifying them of such action when it has been coordinated with an unaffiliated agency. However, there are often times when the student takes themselves to the hospital, they are hospitalized by an off -campus agency, etc., and no one on campus has knowledge of the hospitalization. In these instances, it can be helpful to have pre-established relationships with the local hospitals. If the hospitals know about the BIT and/or the case management program they can work with the student to obtain a release of information and they can make the referral to the case manager for continued follow up.

Fostering relationships with the local hospitals takes time, and it needs to be done intentionally, but the payoff in terms of increased referrals and thus increased support to the student is worth it. At the beginning of each year, case managers should reach out to the area behavioral health units and request a time to meet in person. Discharge planners tend to be overtasked and under resourced and are always looking for more resources for the discharge planning. During this meeting with the hospital, aim to accomplish the following:

1.) Overview your services: Let the staff know what it is that you do to support students. Explain that you are helpful in nature and not punitive so as to dispel any myths that the student would be in trouble. Provide specific examples of how you can help them in their job by also assisting the student in connecting with treatment providers post-discharge and providing supportive care and follow up.
2.) Explain the referral process: Submitting a BIT referral is not a common process for hospital staff. To make a referral, their normal process includes providing a business card or flyer to the patient and telling them to follow up. The BIT process is very different from this as we want the hospital to fill out the referral form on behalf of the student. Provide context for the purpose of this process as well as specific information about how they can complete a referral.
3.) Leave student friendly materials: The staff needs to motivate the student to sign a release in order to make the referral. Students therefore need to understand how the referral helps them and why the release is important. Provide specific examples of how a student might benefit from connecting with you such as assistance communicating with professors, facilitation of connection to resources, etc. Having materials that explain what you do and how you do it will help the staff explain your services to the student so that they will be able to obtain a release of information.
4.) Give them swag: Your goal in this meeting is to foster relationships and make a memorable impact. Bribery with cookies, cupcakes, university swag, or other small items can go a long way in building relationships with hospital staff.

Parent/Emergency Contact Notification

Given the range of responses from parents, and the range in willingness of students to have their parents involved, case managers often struggle with how and when to use this intervention. A thorough understanding of the Federal Education Records and Privacy Act (FERPA), combined with strong case management practice, can provide clarity for this dilemma. First, it is important to understand that

FERPA defines *parents* as “a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian” (FERPA, 1974). We will adopt this definition as we discuss notification of parents here in this chapter. Generally speaking, FERPA requires that students give written consent prior to releasing education records to parents, unless certain conditions have been met.

Case managers can and should use a variety of strategies to obtain a student’s consent to release of records. Gaining consent may be a valuable tool for building rapport and trust with students even the consent is not technically required in all situation. Case managers should seek to partner with students by building rapport and working collaboratively toward established goals. Often, parents can be allies in this process. If a case manager believes bringing the parents into the case management process would be helpful, or is necessary, they should discuss this with the student in a way that motivates the student toward signing a release. Here, delivery is everything. The following strategies are helpful in motivating the student toward involving their parents.

First, explain to the student why you believe communicating with their parents is important and beneficial. Here, look for the hook, or the catch that will appeal to the student. Perhaps involving the parents will provide them with access to additional resources for accessing appropriate levels of care (for example, access to health insurance, financial support, transportation, etc.) Similarly, involving the parents may provide emotional support to the student when they are feeling otherwise isolated. Case managers should find the element that “sells” the concept of involving the parents so that the student sees the benefit in providing consent.

Second, define what information you think it would be helpful to communicate. Even with a signed, written consent, case managers do not have to provide all information from the student’s education record. Clarifying these boundaries with the student by discussing exactly what type of information you would like to share often alleviates some of the student’s fear and hesitation.

Although the simplest way to release any information to parents is with signed, written consent, FERPA does provide conditions under which institutions can disclose information without consent. FERPA outlines many specific exceptions to the consent requirement, not all of which are relevant to case managers. Here we cover the two exceptions which most commonly apply in the case management setting. First, if the student is a dependent for tax-purposes and second, when there is a health and safety emergency.

Under FERPA, institutions may share education records without the student’s consent with parents of students who are considered “dependents” for tax purposes (FERPA, 1974). Although this tax status may be quite common, especially among traditional college-age students, case managers should always verify tax dependency status. This is typically coordinated with colleagues in Student Financial Aid; however, case managers can also request tax documentation from parents directly. Consider whether communicating with the parents helps the student, increases safety and support, or aids in working toward the case management goals. Just because you can communicate with the parent doesn’t mean it is always the right decision.

FERPA's exception for health and safety emergencies is a more commonly used exception for case managers. Under FERPA, institutions may share education records without the student's consent to any individual, including parents, when there is a specific and articulable threat (FERPA, 1974). Generally speaking, the U.S. Department of Education, which is responsible for enforcing FERPA, has always deferred substantially to institutional officials' judgment of what constitutes an emergency so long as the determination is specific, articulable, and significant. In other words, a school official must be able to explain the basis for the belief that a health and safety emergency exists. Some common health and safety exemptions include hospitalization, risk of hospitalization, suicide attempt, significantly/dangerously disruptive incident, demonstrated disconnection from reality and inability to care for oneself, and imminently life-threatening health risks due to substance use, disordered eating, etc.

To aid in making this determination, consider using an objective risk rubric such as the NaBITA Risk Rubric (Sokolow et al., 2019). Use of an objective rubric will provide teams guidelines for determining when a health and safety emergency exists and the language for articulating that determination. Parental contact or notification should be tied to this rubric so that you are always discussing the possibility of parental contact once a student has reached a certain threshold on your rubric. If using the NaBITA Risk Rubric, parental contact under a health and safety emergency becomes an option at elevated or higher. Once the student has reached the threshold on the rubric to discuss parental notification, the case manager needs to decide whether this is an appropriate intervention for the student or case. Some additional elements to consider would be the level of health and safety risk present and whether the parents are a known support or a known risk factor.

Once the determination has been made to contact the parents, the case manager must consider the best strategy for making the contact. If possible, tell the student that the contact is forthcoming to avoid catching the student off guard or feeling as though the case manager violated their trust. Consider at this point whether to allow a student to make the first contact with their parent, with the case manager call to follow or whether to make the call to the parent together with the student. Additionally, allow a student to recommend which parent to contact (if there are two involved). These strategies can be helpful in cases where the student needs support and mentorship regarding communicating with the parent, when the student has a positive relationship with both the case manager and the parent, or if the student needs help advocating for themselves to the parent. This can also be helpful when all parties need to get on the same page and have the same information at the same time in order to avoid either miscommunication or false information.

Always remember that the health and safety exception is time limited to the period of the emergency. This means that case managers need to make timely and sound decisions related to invoking the health and safety emergency. Additionally, the disclosure should be limited to information required to address the emergency. Remember too, that although emergency disclosures can be to parents when circumstances require, the disclosure can also be made to any appropriate parties who need the information in order to protect the health and safety of the student or community (law enforcement, medical professionals, public health officials, mental health professionals, etc.)

Guidance and Education to Referral Source

The success of case management programs and BITs very much depends on the relationships built with referral sources. If referral sources do not trust the case manager, they will not refer. Likewise, if they do not understand the value of referring, or feel as though they are excluded from the process, they will not refer. To encourage buy-in for your program and establish a collaborative, positive relationship with potential referral sources case managers should include guidance, education, and feedback as part of their referral process.

Guidance

Case managers must remember that most referral sources are not familiar with mental health terminology, risk assessment, and how to intervene with students. Most do not have this unique training and skill set. In fact, many referral sources themselves feel overwhelmed and fearful when trying to support distressed and distressing students. They rely on case managers to help guide them through how to have difficult conversations, ways in which they can best support the student, as well as how to manage their own distress in difficult situations. Case managers are instrumental in advising referral sources from a collaborative approach. This helps build trust in the case management program and empowers more members of the campus community to engage in supporting students.

Education

Many referral sources may not understand how case management works or why it is important to refer. Every single referral is an opportunity for case management and BIT programs to provide supportive education about their work. This can include education on how to support students with specific presenting issues, how to have difficult conversations, and behaviors to watch for in their classroom. This can also include education on how the case management process works, how students are supported in the program, and what kind of reasonable outcomes referral sources can expect.

Feedback

This is a crucial component of nurturing referral sources. In our work we have frequently heard frustrations from faculty and staff on various campuses about sending referrals and never hearing anything back – as though the referral process feels like a "black hole" of information. This alienates campus partners, makes them feel unsupported, unheard, and uncertain about what their next steps should be. Case managers should therefore include a standardized feedback process for all referral sources. We recommend that this be no longer than 2 weeks, which allows enough time for the case manager to complete a holistic intake assessment and formulate the risk concerns, the action plan, and how additional campus partners can participate in supporting the student. If your program utilizes an online database such as Maxient or Symplicity, there are even ways to auto populate standard responses that appear on the screen after a referral to let the referral source know you've received the referral and how you plan to communicate moving forward.

Consider the following as a sample confirmation of referral:

> *Thank you for your referral to the Behavioral Intervention Team. We process referrals each weekday and begin outreach to the student via email, phone call, and/or text message as*

appropriate based on the level of concern presented in the referral and through additional information that the team gathers. In many cases, our case managers will offer an appointment to the student to discuss the stressors the student is experiencing and to develop a plan for reducing the distress. If you are a faculty member or staff member at the institution, or anyone else with an educational need to know the information as defined by FERPA, you may receive an update from the case manager or the BIT within the next two weeks regarding the status of the student and your referral.

Should you continue to notice behaviors of concern, or have any follow up questions for our team, please feel free to submit another referral or contact our office.

Summary

Interventions are the backbone of case management work. As such, case managers should be prepared to deliver, high impact interventions that appropriately match the level of risk presented by the student. In order to do this, case managers should be adept at delivering a wide variety of interventions, allowing them to have many tools in their tool kit. The interventions described above should be seen as a starting point, recognizing that there can never be an exhaustive list given the unique students and situations case managers will face.

References

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