Behavioral Intervention Team (BIT) Procedure

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GREAT BASIN COLLEGE RESOURCES		
Security, University Police Joe Micke 775.934.4923 joseph.micke@gbcnv.edu		Student Retention and Advising Jason Brick 775.327.2077 jason.brick@gbcnv.edu
Behavioral Intervention Team BIT 775.385.9829 gbc-bit@gbcnv.edu		Student Recruiting Olivia Rice 775.327.2337 olivia.rice@gbcnv.edu
Accessibility Services/Title IX Arysta Sweat 775.327.2336 arysta.sweat@gbcnv.edu		Admissions and Records/Registrar Cristina Clark 775.327.2092 cristina.clark@gbcnv.edu
Human Resources 775.327.2349 gbc-hr@gbcnv.edu		Controller's Office Tami Potter 775.327.2091 tami.potter@gbcnv.edu
Vice President of Student Affairs, VPSA Matt Aschenbrener 775.327.5215 matt.aschenbrener@gbcnv.edu		Director of the Learning Commons Carrie Meisner 775.327.2154 carrie.meisner@gbcnv.edu
Environmental Health & Safety Jeffrey S. Hills 775.385.9829 jeffrey.hills@gbcnv.edu		Director, Financial Services Scott Nielsen 775.327.2098 scott.nielsen@gbcnv.edu
Dean of Arts and Letters Dean Straight 775.327.2140 dean.straight@gbcnv.edu		Student Life - SGA James Kendall 775.327-2395 james.kendall@gbcnv.edu
Dean of Health Sciences Stacie Warnert 775.327.5869 stacie.warnert@gbcnv.edu		Winnemucca Center Director Jana Nettleton 775.327.5873 jana.nettleton@gbcnv.edu
Dean of Online Education Karl Stevens 775.327.2184 karl.stevens@gbcnv.edu		Ely Center Director Shemayne Pitts 775-327-5309 shemayne.pitts@gbcnv.edu
Dean of Industrial Technology Dave Stoddard 775.327.2286 dave.stoddard@gbcnv.edu		Pahrump Valley Center Director Christopher Salute 775-327-2036 christopher.salute@gbcnv.edu

INTRODUCTION TO THE GBC BIT

The Behavioral Intervention Team (BIT) is designed to assist faculty, staff, and administration with students experiencing elevated levels of distress and those exhibiting behavioral problems. The BIT is not an administrative, treatment, or disciplinary body. It does not judge, discipline, or impose sanctions on any member of the campus community. In an effort to address campus safety needs, Great Basin College (GBC) has established the Behavioral Intervention Team.

The Behavioral Intervention Procedure has been developed in accordance with the National Association of Behavioral Intervention and Threat Assessment (NABITA/SIVRA) model.

- **What is BIT?**

BIT will assist in keeping the GBC College Community safe, connect distressed students with available support services, and present various seminars for students. BIT's primary goal is to act preventively rather than reactively with students in distress.

- **What We Do**
  - Provide consultation and support to members of the College Community in assisting the individual(s) who display concerning or disruptive behaviors;
  - Respond to reports by gathering information to assess situations involving individual(s) who display concerning or disruptive behaviors and engage with the reported individual(s) in a process aimed at correcting the disturbing behavior;
  - Recommend appropriate intervention strategies;
  - Connect individuals with available campus and community resources;
  - Monitor the ongoing behavior of individual(s) who have displayed disruptive or concerning behavior.

The committee is not intended to address random conduct matters that occur in the classroom, but a consistent behavior problem/pattern that is noticeable in a student.

- **BIT Members**

The BIT consists of a team of professionals from several GBC units, including:

- Vice President of Student Affairs
- Director of Accessibility / Title IX Coordinator
- Security and University Police
- Environmental, Health, & Safety Manager
- Director, Admissions & Records and Registrar
- Director of Student Life and Housing
- Assistant Director, Student Services
- Administrative Assistant
- Director of the Learning Commons
- CTE Student Advisor/Placement Coordinator
- Retention Specialist & Student Advisor
- Teaching Faculty
- Center Directors

A designee of the above may serve in the representative's absence or if the representative is unavailable. The specific composition of the BIT depends on the nature of the behavior problem that is being addressed. Additional members from the campus community may be included in the BIT meetings as needed.

- **Meetings**

The BIT meets weekly to address reported behaviors, campus interventions, or training/collaboration meetings. The team also focuses on developing situations and topics related to concerning behaviors and appropriate intervention. These discussions include trends and patterns in reported behavior, best practices in intervention, and available resources. Additional meetings are held as needed to assess, intervene, and monitor concerns brought to the attention of the BIT.

- **Potential Outcomes of BIT Reports**

As a result of a report and assessment, the BIT may:

- Recommend no action, pending further observation;
- Assist faculty or staff in developing a plan of action;
- Refer the student to existing on-campus support resources;
- Refer the student to appropriate community resources;
- Make recommendations consistent with college policies and procedures.

ASSISTANCE AND CONSULTATION TO THE COLLEGE COMMUNITY

While interacting with individuals across GBC, faculty, staff, and students may be confronted with situations in which an individual is disruptive or displays behavior that may be intimidating or threatening to others. A person may also behave in ways that signal other kinds of distress, such as tearfulness or withdrawal and isolation. The BIT is designed to assist in these situations by responding to reports with information gathering, assessment, consultation, and referral to resources. The BIT relies on the participation of the entire GBC College community in its mission of preventing violence and responding to individuals in need of assistance.

Appendices A and B provide guidelines for faculty and staff in responding to inappropriate student behavior and for reaching out to distressed or difficult students. While these guidelines provide general information and guiding principles, the BIT is available for in-depth consultation about any troubling situation.

- **Reporting Process**

The overall goal of the Behavior Intervention Procedure is to promote a safe environment for all students, faculty, staff, and administration, and to focus on student learning and student development. By encouraging all members of the campus community to report behaviors that are concerning, BIT will be able to reach out to intervene, provide support,

and connect them with resources that can assist them. As such, BIT asks that the campus community report concerning "red flag" behaviors.

A "red flag behavior" is a questionable, suspicious, or inappropriate behavior that may be presented through an individual's appearance, spoken or written words, or specific actions. Examples of "red flag behaviors" include

- Behavior(s) that regularly interfere with the classroom environment or management;
- Notable change in academic performance – poor or inconsistent preparation;
- Notable change in behavior or appearance;
- Impairment of thoughts – verbally or in writing;
- Aggressive behaviors toward others or an inability to set limits or redirect focus;
- Poor decision-making and coping skills;
- Inappropriate or strange behavior;
- Low tolerance;
- Overreaction to circumstances;
- Lack of resiliency;
- Writings and comments endorsing violence; unusual interest in violence;
- Indirect or direct threats in writings or verbalizations;
- Lack of empathy and concern for others; inability to care;
- Anger management problems;
- Threats to others;
- Appearance of being overly nervous, tense, or tearful;
- Expression of suicidal thoughts or feelings of hopelessness;
- Withdrawal and isolation;
- Appears to have alcohol or drug use or dependency.

- **BIT Incident Report**

The Incident Report (See Appendix E) is designed to enable faculty, staff, and students to voluntarily report "red flag behaviors" that may raise concerns and incidents of misconduct at GBC. An incident, in this context, is an event that does not warrant immediate

intervention. In an emergency that requires immediate intervention, contact GBC Security at 775.934.4923 or 911 if needed.

The Incident Report will provide a mechanism for responding to individual incidents and will document patterns of disruptive behavior. It will also provide aggregate data on the nature and frequency of disruptions at GBC. This report provides a standardized method for recording observations of troublesome behaviors and for alerting staff to potential concerns.

There is also a Behavioral Intervention Incident Report Form at **BIT Request Form**. In accordance with the GBC Student Code of Conduct, information provided in the Behavior Intervention Team Incident Report Form may also be considered in determining appropriate disciplinary action through the VPSA.

ASSESSMENT

While there is no single set of warning signs that will reliably predict behavior or campus violence, the assessment process looks for behavioral evidence that someone is planning or preparing to act out inappropriately or conduct some type of threat. The assessment will attempt to distinguish between threatening and non-threatening cases to ensure the safety of the distressed person and any others potentially involved, as well as to resolve concerns that initiated the inappropriate behavior.

Assessment assists in the early identification of situations that may pose a threat to others, creates a baseline of information against which to assess future behavior, and provides a means to implement interventions to increase the likelihood of a positive and safe resolution.

- **Information Gathering**

Once an Incident Report is received by BIT, the team implements the assessment process. The most appropriate time to include the individual in the process will be considered on a case-by-case basis.

In general, BIT will gather preliminary information regarding the concern, and then a team member may interview the referred person as part of the initial assessment process. The interview will provide an opportunity for the individual to share their concerns about the situation and ask for assistance in solving it. Information collected in this initial interview will help determine appropriate intervention strategies.

This process may include any of the following data gathering processes:

- Interviews with all parties available with information about the situation;
- Interview with the person alleged to have displayed inappropriate or concerning behavior;
- Assessment by a student counseling, mental health professional, or a drug and alcohol professional;
- Interview with any identified potential targets of inappropriate or concerning behavior;
- Contacting a student's parents or family member;
- Review of a student's academic and disciplinary history;
- Implementation of the Threat Assessment Checklist (Appendix G) and other threat assessment models appropriate to the situation.

- **Levels of Risk**

Based on all data gathered, the BIT will use the following information to determine the level of risk that the behavior or situation poses to the individual and to others. The BIT will use the NABITA Risk Rubric's D-Scale, E-Scale, and General Interventions sections to determine the appropriate risk level, rating them on a 0 – 4 scale.

- **Mild Risk –** There is no serious threat to the person of concern or others. At this level, any concerns between individuals can generally be resolved by addressing the conflict or dispute between them. Counseling and follow-up support may be recommended. Generally, in this situation, the individual can acknowledge the inappropriateness of the behavior and engage in behavior to make amends with the other party. These individuals may be experiencing mental health or substance

abuse problems, but their conduct is not in violation of the GBC Student Code of Conduct.

- **Moderate Risk –** At this level, there may be a threat to self or others that could be conducted, although there is no evidence that the person has taken preparatory steps. These individuals may be experiencing mental health or substance abuse problems and displaying disruptive behaviors.
- **Elevated Risk –** At this level, there appears to be an imminent and serious danger to the safety of the person of concern or others. Specific steps have been taken or will be taken to carry out a plan to harm.
- **Critical Risk** - In this stage, there may be a serious risk of suicide, life-threatening self-injury, dangerous risk-taking (e.g., driving a motorcycle at top speed at night with the lights off), and/or inability to care for oneself. Racing thoughts, substance dependence, intense anger, and perceived unfair treatment or grievance may create a major impact on the individual's academic, social, and peer interactions. The individual may have a clear target for their threats and ultimatums, lethal means, and an attack plan to punish those they see as responsible for perceived wrongs.

INTERVENTION STRATEGIES

Based on the individual's behavior and the BIT's assessment, the BIT may make any of the following recommendations for intervention. Recommendations are made in consultation with the appropriate college department or administrator, who takes any final action. Mediation/Guidance for behaviors that do not violate GBC's Student Code of Conduct, the BIT, and/or the Vice President of Student Affairs (VPSA) (or their designee, henceforth) may intervene to provide guidance, support, and mediation of disputes, and resolve situations and prevent escalation.

Referral to a Disciplinary Process – The BIT will refer a student to the VPSA when it is determined that a student's behavior may violate GBC's Student Code of Conduct.

- **Mild Interventions**
  - No formal intervention; document and monitor over time;
  - Provide guidance and education to the referral source;
  - Reach out to the student to offer a meeting or resources, if needed;
  - Connect with offices, support resources, faculty, etc., who interact with the individual to offer support or to gather more information.
- **Moderate Interventions**
  - Provide guidance and education to the referral source;
  - Reach out to the individual to encourage a meeting.
  - Develop and implement a case management plan or support services;
  - Connect with offices, support resources, faculty, etc., who interact with students to enlist as support or to gather more information;
  - Refer to student conduct or disability support services;
  - Offer referrals to appropriate support resources;
  - Assess social media and other sources to gather more information;
  - Consider VRAW2 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)
- **Elevated Interventions**
  - Consider a welfare/safety check;
  - Provide guidance, support, and a 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, WAVR-21, or similar; assess social media posts;
  - Evaluate parental/guardian/emergency contact notification;
  - Coordinate referrals to appropriate resources and provide follow-up;
  - Referral to student conduct or disability support services;

    - Coordinate with university police/campus safety, student conduct, and other departments or external law enforcement as necessary to mitigate ongoing risk.
- **Critical Interventions**
    - Initiate a wellness check/evaluation for involuntary hold or police response for arrest;
    - Coordinate with necessary parties (student conduct, police, etc.) to create a plan for safety, suspension, or other interim measures;
    - Obligatory parental/guardian/emergency contact notification unless contraindicated;
    - Evaluate the need for an emergency notification to the 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 a safety plan to referral source/stakeholders.
- **Additional Intervention Outcomes**
    - **Voluntary Withdrawal from Classes –** Based on discussion with a counselor or member of the BIT, a student may choose to temporarily take time away from the college to deal with other concerns. The student may re-enter GBC during any future semester, in accordance with GBC policy.
    - **Immediate Temporary Interim Suspension –** The BIT may recommend to the VPSA that students determined to be at high risk for danger to self or others be temporarily barred from the college based on imminent safety concerns. Other measures may be implemented as needed. Any immediate interim suspension will be effectuated using the process in the Board of Regents Handbook, https://nshe.nevada.edu/regents/policies/ Title 2, Chapter 10, Section 10.4.10.
    - **Criminal Charges –** Individuals who have engaged in behavior that may violate local, state, or federal law may be referred for criminal prosecution. University Police will ensure that a comprehensive investigation is conducted and determine whether probable cause exists for the filing of criminal charges.

- **Follow-Up and Monitoring –** In addition to any of the specific intervention strategies described previously, the BIT will determine a plan for follow-up monitoring of concerning behavior. This may include checking with faculty and staff regarding student behavior and periodic meetings between the individual and a BIT member.

- **Involuntary Administrative Withdrawal of Students**

  GBC cares deeply about the health, well-being, and overall success of all members of the College community. However, there are circumstances in which GBC may need to remove a student to preserve their health and safety and/or the health and safety of the community, as described below. Involuntary withdrawal of a student may be effected through the process in the Board of Regents Handbook, Title 2, Chapter 10, Section 10.4.10.

- **Criteria for Involuntary Withdrawal**

GBC may require the temporary withdrawal of a student when any condition in the Board of Regents Handbook, Title 2, Chapter 10, Section 10.4.10 (a) – (d) is met. Those conditions may be met if the following occurs:

- There is a reasonable basis to believe, based on a case-by-case, objective assessment of the student's behavior and other relevant information, that the student's medical, psychological, or substance-related condition, after reasonable attempts at accommodation, if appropriate, have failed, prevents the student from safely and/or effectively participating in GBC's academic programs and/or the residential life of the campus; or
- There is a reasonable basis to believe, based on a case-by-case, objective assessment of the student's behavior and other relevant information, that as a result of the student's medical, psychological, or substance-related condition, after reasonable attempts at accommodation, if appropriate, have failed, the student has threatened, or poses a significant risk of threatening, the health or safety of others; or causes or threatens to cause property damage; or engages in behavior that is unduly disruptive of others in the GBC community. (Behavior that is "unduly

disruptive" includes, but is not limited to, conduct that interferes with, or poses a significant risk of interference with, the emotional or physical well-being of others and/or the academic, residential, extracurricular, or social activities of others.)

- **Before the Withdrawal**

Any involuntary withdrawal must follow the process in the Board of Regents Handbook, Title 2, Chapter 10, Section 10.4.10. As part of that process, GBC administration may undertake the following:

The student may be asked to sign a release authorizing the disclosure of the student's medical and/or other information from the student's physician, mental health providers, family, or others having a legitimate need to know. In addition, a medical evaluation by a health professional chosen by the College may be requested (See below). The results of the evaluation will be shared with the student and, with student consent, Accessibility Services/Title IX, College General Counsel, and the Vice President of Student Affairs (VPSA) (or their designee).

- **Evaluation by a Health Professional**

If provided, the VPSA will review the medical information from the student's health care provider(s) regarding the withdrawal, which information may inform GBC's decision to lift a temporary withdrawal or to pursue a permanent withdrawal pursuant to the Board of Regents Handbook Title 2, Chapter 10, Section 10.4.10. If additional medical information is required, the VPSA will select an appropriate health professional to evaluate the student, notify the student of the time and place of the evaluation, and request the student to participate.

The health professional will be asked to determine if the student meets the standard for temporary involuntary withdrawal and prepare a report for the VPSA to summarize the professional's opinion.

When the health professional meets with the student, the student will be requested to sign a release allowing the results of the evaluation to be made available to the student,

Accessibility Services/Title IX, and the VPSA. Failure to do so may inform any ultimate decision to seek permanent withdrawal following the process in the Board of Regents Handbook Title 2, Chapter 10, Section 10.4.10.

With a student release, the health professional may submit a written report of the evaluation to the VPSA, and a copy shall be provided to the student. The report may include recommendations for further consideration (e.g., withdrawal, treatment, a behavioral contract, or a lighter academic load). The recommendations are not binding.

- **Rendering a Decision on Permanent Withdrawal**

Following a temporary emergency withdrawal, the decision to permanently withdraw a student must be the result of the process in the Board of Regents Handbook Title 2, Chapter 10, Section 10.4.10. The VPSA or other appropriate faculty may advocate for permanent withdrawal if appropriate. In determining whether to do so, the VPSA will consider all relevant information, including, but not limited to:

- The medical information provided by the student;
- The written report by the health professional requested by the VPSA (if applicable);
- A recommendation from the BIT (if applicable);
- Other individuals as appropriate (e.g., medical professionals, college officials, public safety, family members, etc.);
- A written submission by the student if the student chooses.

The VPSA will also consider, if appropriate, whether there are reasonable accommodations that would effectively mitigate the risk of harm (to self or others) or property damage and would allow the student to effectively participate in GBC's academic programs and/or the residential life, as applicable.

If the VPSA determines, based on the available information, that the student does not meet the criteria for involuntary withdrawal, this process will be terminated. The student will be notified in writing. The VPSA may decide to take other appropriate actions, including referring the matter to Accessibility Services/Title IX.

If the VPSA determines that seeking permanent involuntary withdrawal is appropriate based on the information available, GBC may seek such withdrawal through the process in the Board of Regents Handbook, Title 2, Chapter 10, Section 10.4.10. The provisions of the Board of Regents Handbook, Title 2, Chapter 10, will control this process.

- **Appeal**

Any appeal of a determination that a student should be withdrawn involuntarily must follow the process in the Board of Regents Handbook Title 2, Chapter 10, Section 10.4.7.

- **Readmission**

Students who are involuntarily withdrawn from the GBC may seek readmission following the process in the Board of Regents Handbook Title 2, Chapter 10, Section 10.4.9(l).

- **Written Return Plan**

  At the discretion of GBC's president, granting a request for readmission may be conditioned on a written return plan, which may include the following:

  - A description of the student's understanding of the problem that led to the involuntary withdrawal and how those circumstances have been addressed during the leave;
  - Evidence of the student's willingness to engage in continuing treatment and follow-up care, if applicable;
  - An indication of what resources and support the student will use to prevent the problem(s) from recurring; and
  - Sufficient evidence to demonstrate that the threat or conduct of concern has been addressed and that the student is ready and able, with or without reasonable accommodation, to return to the college and adhere to all GBC policies.

- **Relevant Medical Information**

  At the discretion of GBC's president, granting a request for readmission may be conditioned on the student providing GBC with the following:

- A recommendation for readmission and supporting documentation from the students' treating health care provider (e.g., physician, psychiatrist, and/or licensed counselor) that they can return and participate fully in academic life (with or without reasonable accommodation);
- Information regarding recommendations for continued treatment or follow-up care from the health care provider;
- Evidence that the student has complied with treatment recommendations that were made during the medical withdrawal;
- Recommendations from the health care provider for any necessary accommodations, if applicable; and
- A signed release authorizing the disclosure of the student's medical and/or other information between the student's physician, mental health providers, family, and the VPSA, or others having a legitimate need to know. GBC may also require the student to submit an independent medical evaluation performed by a health care provider selected by the college and/or require the student to provide additional information necessary to determine whether the student should be readmitted at that time.

All medical documentation submitted on behalf of the student must be on letterhead and provided by the health care provider directly to the VPSA. Medical documentation provided by an international health care provider must be from a health care provider approved by the US Consulate.

Decisions on readmission requests are made on a case-by-case basis, so the College may require different information than that described above as deemed appropriate and necessary in a particular case.

The President will consider the student's request for readmission after receiving the supporting information described above, as well as any other information that the student wishes to submit. In considering the request, the VPSA, in consultation with other staff, will determine whether there is a sufficient basis to establish the following:

- The medical condition that led to the students' withdrawal has been adequately addressed and/or managed such that the student is qualified to participate in the academic safety and/or effectively and/or residential life of the college (with or without reasonable accommodation);
- The student no longer poses a threat to the health or safety of others or to property, or poses a threat of undue disruption to members of the college community.

Reasonable deviations from these procedures may be necessary in special circumstances.

- **Feedback to Referring Individual**

The BIT may provide feedback to the referring individual to inform them of the resolution of the situation and any ongoing follow-up in which they may need to be involved. All feedback regarding students will be in accordance with FERPA (Family Educational Rights and Privacy Act) guidelines.

RECORD KEEPING

- All BIT records will be stored in the confidential database, Maxient, and the G-Drive BIT Folder. Each of these has restricted access to only approved BIT members.
- All records created or maintained pursuant to this procedure are student educational records protected by the Family Educational Rights and Privacy Act (FERPA). To the extent this procedure contemplates sharing any student record with external law enforcement or other appropriate parties or within GBC, such sharing shall only be with those with a legitimate educational interest in the record or with those who are within a FERPA confidentiality exception.

APPENDECIES

APPENDIX A – RESPONDING TO STUDENT MISCONDUCT: GUIDELINES FOR FACULTY AND STAFF

GBC recognizes the important role faculty and staff play in setting the educational tone of their classrooms and living-learning environments. Setting clear guidelines for behavior and following clear protocols for classroom disruption can go a long way toward ensuring a safe and productive learning environment. In addition, the BIT is a resource for dealing with concerning or problematic behavior.

- **Tips for Preventing Misconduct in the Classroom**

Set clear standards for behavior in your classroom and online environment. Just as faculty members determine academic standards and evaluate student performance according to those standards, it is recommended that faculty members determine and clearly communicate social conduct standards for their classroom (no chatting in class, reading newspapers, sleeping, using cell phones, etc.). For courses with online components, it is recommended that expectations regarding electronic communications be included. Provide specific information in the syllabus regarding your classroom expectations, in addition to a reference to the Student Code of Conduct. Taking these steps not only sends a message to potentially disruptive students but also communicates to all other students that you will ensure a classroom environment free from disruption.

- **Recommendations for Responding to Misconduct in the Classroom**

Please note that progression through these steps depends upon the level and repetition of misconduct. Ideally, most incidents of misconduct will be remedied at Step 1 or Step 2 (Step 3: Direction from the Dean)

1. Provide an oral warning to the student at the time that inappropriate behavior occurs. Consider reminding the entire class of your expectations.
2. Talk to the student individually after class or ask them to schedule a meeting with you. If you are not able to talk with the student individually before the next class

period, you may contact the student by phone, e-mail, or letter. During the discussion with the student, clarify your expectations for classroom conduct and seek the student's cooperation in meeting those expectations. Indicate that further incidents may result in the student being asked to leave class and that if such a response is necessary, a report will also be submitted to the Office of the VPSA for further disciplinary action. DOCUMENT all information relevant to the student's misconduct. You may wish to file a behavior concern and complete a behavior report form for behaviors that raise "red flags" beyond ordinary classroom disruptions. NOTE: Steps 1 and 2 may both occur during a single class period if a student fails to correct the behavior after being warned by the instructor.

If the oral warning does not remedy the situation and the inappropriate behavior continues:

3. If the behavior persists beyond the oral warning or is so disruptive that immediate action is necessary, ask the student to leave the class for the remainder of the class period. If the student refuses to leave the class, call College Security/Police at 775.934.4923. If necessary, temporarily adjourn until the police arrive. If continued exclusion from the class is deemed necessary by the instructor, a conference between the Instructor, the Dean, the VPSA, and the student must be held as soon as possible to determine if further action is warranted. DOCUMENT all relevant information. Provide a copy of the documentation to the Department Chair and to the Office of the VPSA. File a report of the incident or concern with the Office of the VPSA.
4. Upon receipt of the behavior report form, the BIT will investigate the incident and make recommendations. In addition to review by the Behavioral Intervention Team, the investigation may include meetings with the student, faculty member, and Department Chair. The faculty member and Department Chair will be informed of the results of the investigation. If disciplinary action is to be taken, a student has the right to a formal hearing on the charges and actions through the Office of the VPSA.

- **Meeting with an Angry or Potentially Threatening Student**

Do not meet alone with a student whom you feel may be a threat to your personal safety. Instead of asking to meet after class, schedule a specific appointment so you have time to prepare for the meeting. You may call a member of the BIT for consultation or assistance before the meeting.

Alert and confer with your Department Chair and/or colleagues as to when the student will be meeting with you, and ask one of them to either be on standby or to join in the meeting.

- **A Note on Due Process**

To comply with a student's right to due process regarding disciplinary actions, it is important that GBC:

- Provide information describing the nature of the misconduct, including information on what section of the Student Code of Conduct the student has violated;
- Provide the student with a reasonable opportunity to correct the behavior;
- Provide a procedure to appeal the assessment of the conduct and any disciplinary actions taken.
- Student Code of Conduct: The Student Code of Conduct is designed to clarify expectations for student conduct on campus (academic and social). Faculty and staff should be aware of the Student Code of Conduct and feel comfortable referring to it. The Code is available on the GBC website at GBC: Rights and Responsibilities - Conduct

APPENDIX B – RESPONDING TO STUDENTS IN DISTRESS: GUIDELINES FOR FACULTY AND STAFF

The college years can be incredibly stressful for many. In the contemporary climate of competition and pressure, some students adequately cope with these stresses, but others find that stress becomes unmanageable and interferes with learning. The GBC faculty and staff play an especially important role in being aware of and responsive to students who may appear to be having challenges. You have an important relationship with each of your students.

This relationship can be a powerful vehicle that you can use to encourage someone to seek help. At the same time, without mental health training, many may feel unprepared to address signs of distress or problematic behavior in their students. The following is intended to provide helpful guidelines for dealing with such situations. In addition, the BIT welcomes your questions on issues regarding behavior that concern you.

- **Students in Distress**

All of us experience problems, and usually it takes only a short time to recover and develop a more positive attitude and the ability to cope with whatever situation has presented itself. Sometimes, however, the problem persists, and we begin to see signs of ongoing distress and poor coping. These signs may include the following:

- Drop in grades or performance;
- Excessive procrastination;
- Disappearance from class or regular activities;
- Excessive weight gain or loss;
- Withdrawal and isolative behavior;
- Focus on suicide or harmful behaviors;
- Neglect of appearance or hygiene;
- Strange or bizarrely inappropriate behavior;

- Inappropriate dependency;
- Impaired speech or disjointed thoughts;
- Unstable mood, including depression, irritability, anxiety, and tearfulness.

These behaviors may be related to ongoing depression or anxiety and may be due to problems in relationships, past trauma, addictions, eating disorders, grief, and loss, etc.

In any emergency, call GBC Security/Police 775.934.4923.

- **What to Do**

When you observe behavior that points to ongoing distress, addressing it with the student can go a long way toward supporting and encouraging the person to get the help they need. Don't assume that someone else in the student's life will intervene. You are always welcome to contact the BIT or the Office of Student Conduct about your concerns before you meet with your student. Student Conduct can assess the appropriate referral needed for the student.

If appropriate, talking with your student in private about what is upsetting to them may help them feel more comfortable and open with you. Be direct about your concerns, focusing on the student's behavior and your concerns for their welfare. Listen to the students' concerns while acknowledging the limits on your ability to help. You must also be aware of your own comfort level. Some faculty and staff members might feel comfortable talking with a student about the loss of a loved one or some other distressing situation. Others panic at the sight of tears and do not know what to do to be helpful. Know your own boundaries and refer to the Counseling Center when necessary. Let your student know that additional help is available through the Counseling Center.

- **Referring to the Counseling Center**

When one of your students shares difficulties that are beyond your ability to help, or when a student's behavior suggests serious emotional problems, it may be best to refer the student to the Counseling Center.

Let your student know that you are concerned about their welfare, but that the problem is beyond your field of expertise. Indicate that counseling may help them deal with the situation more effectively. Finally, suggest an initial meeting with a counselor to see if it may be useful. You cannot force a student to seek help, but your expression of concern can be a powerful influence on your student's choice.

Sometimes simply giving someone a name to call is sufficient; at other times, making a call to BetterMynd while you are meeting with a student is effective. If you are not sure that the student will follow through, you may want to call and arrange a meeting with a counselor or walk the student to the counselor for the first time. Your goal is to ensure that the student and the counselor make contact.

You may walk your student to the Counseling Center at any time during regular business hours. While your student is with you, encourage them to make an appointment by calling the Counseling Center at 775.327.2336.

- **Referring to the BIT**

You may feel that talking with and encouraging a distressed student provides the boost that the student needs. You may find that a student is grateful to know about services in the Counseling Center. You may find that the student follows through on your referral, and you observe a positive change in them. On the other hand, you may encounter situations that continue to concern you, where students are not responsive to your concern, the behavior persists or escalates, and your own internal "red flags" are raised. In any of these situations, contact the BIT (gbc-bit@gbcnv.edu). The BIT is here to assist you in these problematic situations or in situations where you are uncertain.

When you observe behavior that points to ongoing distress, addressing it with the individual can go a long way toward supporting and encouraging the person to get the help they need. Do not assume that someone else in the person's life will intervene. You are always welcome to contact the BIT or the Accessibility Services/Title IX about your concerns before you talk with the individual.

APPENDIX C – COMPLYING WITH FERPA

The Family Education Rights and Privacy Act, otherwise known as FERPA, provides students' rights of access to their education records and ensures that such records will not be disclosed to others without their prior written consent. Implicit in FERPA is the high value students are entitled to place both on their private education records and upon their freedom to choose when to make public their own records. FERPA protection, however, is not absolute.

Recently enacted changes to FERPA give GBC officials greater flexibility in releasing student information in the case of a health and safety emergency. The changes to FERPA clarify disclosures in a health and safety emergency, remove strict construction of this exception, and allow disclosure if there is an articulable and significant threat to the health or safety of a student or other individual(s). In health and safety emergencies, FERPA permits sharing of information amongst university officials and with outside entities in order to protect the health or safety of the student or other individuals. Since the BIT is responsible for identifying, responding to, and supporting at-risk students, please be advised that health and safety emergencies may require disclosure of student education records to protect the health or safety of the student or other individuals.

Please know that student privacy is a high priority of the BIT. Records and proceedings of the BIT are kept confidential and shared only on a "need to know" basis in a manner that is consistent with FERPA and GBC policy and procedures. These changes also require the college to record information concerning the circumstances of the emergency and a list of State and local educational authorities, federal officials, and agencies that may make further disclosure of the student's education record without consent.

APPENDIX D – VICTIMS OF ALCOHOL OR DRUG-RELATED CRIME

Even though certain individuals may not be the person using alcohol or drugs or violating the law, they can certainly be a victim of an alcohol or drug-related crime. In fact, millions of people each year are victims of alcohol or drug-related crime, including millions of young people.

- Each year, more than 600,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
- 95% of all violent crime on college campuses involves the use of alcohol by the assailant, victim, or both.
- 90% of acquaintance rape and sexual assault on college campuses involves the use of alcohol by the assailant, victim, or both.
- Every day, 36 people die, and approximately 700 are injured, in motor vehicle crashes that involve an alcohol-impaired driver. Drinking and drugged driving are the number one cause of death, injury, and disability among young people under the age of 21.

- **Frequent Types of Drug Abuse on College Campuses**

According to the U.S. Department of Education, 35% of the new freshmen population will comprise the bulk of new drug users and potential drug abusers on college campuses. 43% of the overall college student body has either tried or is currently addicted to at least one of the top ten drugs found on college campuses. The accessibility alone makes it much easier to experiment with a variety of controlled substances. Listed below are the most common drugs used on college campuses and their effects.

1. Alcohol, also referred to as liquor, booze, wine, and beer, is the most widely controlled substance used on college campuses. The most prominent effect of alcohol is dependency, and according to national statistics, 15% of college freshmen are alcoholics or enrolled in an AA program ending their freshman year.

The symptoms of alcohol intoxication include, but are not limited to, slurred speech, blurred vision, awkwardness or loss of coordination, poor judgment, and highly volatile behavior.

2. Today, stimulants or uppers are both abundant and widely used among college students and are among the most volatile of the drugs available on college campuses. Most college students who abuse stimulants do it to avoid sleep and study for long periods of time, but other reasons can include increased energy, heightened sexual stimulation, and loss of weight. Some side effects of stimulants include increased heart rate, irritability, insomnia, psychosis, paranoia, loss of appetite, and migraines. More severe conditions associated with prolonged use of stimulants include strokes, convulsions, muscle tremors, and heart attacks, to name a few. Here are four common stimulants used at college: Amphetamines, aka uppers, speed, bumble bees, black beauties, and pep pills can be taken orally, injected, snorted, or smoked.
3. Methamphetamine is taken orally, snorted, injected, or smoked. It is also sometimes referred to as: meth, crystal, crank, fire, ice, croak, crypto, glass, and white cross.
4. Ecstasy or herbal ecstasy is considered a sexual stimulant and is commonly found at "raves" or large trance dance parties and taken in pill form. It is also known on the streets as: XDC, Xphoria, X, Rave energy, Cloud 9, Herbal X, sex-stacy, and Adam.
5. Cocaine, crack, codeine, and V are all either snorted, smoked, injected, or taken orally. Cocaine, or crack, has also been known to be mixed with other drugs, such as marijuana, to create a substance called a "Primo". Other names for cocaine or crack include crank, snow, and nose candy.
6. Hallucinogens, such as LSD, PCP, and mushrooms, are all controlled substances. Most hallucinogens can be taken orally, snorted, smoked, or even drunk in tea. Students abusing hallucinogens will display signs of very low motor function, including but not limited to droopy eyes, constant smacking of the lips, maintaining a sluggish gait, and frequently nodding off. Additionally, students report that they

have frequent out-of-body experiences on the drug and often experience extreme panic attacks.

7. Marijuana, which is also referred to by nicknames such as chronic, blunt, weed, bud, Mary Jane, or herb, is considered to be the second most widely used drug on college campuses. Aside from alcohol, 65% of student drug abusers smoke or otherwise imbibe in marijuana. Marijuana can be mixed with other controlled substances, also commonly used on college campuses. For example, dipping the marijuana joint into PCP creates what is called on the streets, as "A lovely" or "lovely joint". Commonly, marijuana is known to increase appetite, causing what many refer to as the "munchies". Additionally, students may have bloodshot eyes, dry mouth, loss of coordination, and short-term memory loss, to name a few of the attending symptoms.

APPENDIX E – BIT INCIDENT REPORT

To submit a BIT report, go to Great Basin College: Security - Home, Defining BIT, Reporting, and select BIT Request Form.

You will be asked to submit the following information:

- **Campus Location**
  - Elko
  - Winnemucca
  - Ely
  - Pahrump
  - Online
- **Student Information**
  - NSHE ID;
  - First and Last Name.
- **Referrer Information**
  - Referrer Full Name
  - Witness Full Name (Optional);
  - Email Address
  - Phone #.
- **Incident Details**
  - Incident Date;
  - Alerts/Concerns;
  - Incident Description;
  - Explanation.
  - Submit Report.

Once you have submitted your report, make sure to watch your email for any potential follow-up questions or additional information needed from the BIT. If you have any

questions or additions to your report after you have submitted it, please call the BIT at 775.385.9829 or email gbc-bit@gbcnv.edu

APPENDIX F – HELPING A DISTRESSED COLLEAGUE

A coworker is often the first to observe signs of distress or trouble. Be aware of the following indicators of distress. Early recognition, intervention, and referral are keys to getting someone help. Look for patterns or changes in behavior, not just isolated symptoms.

- **When to Be Concerned**
  - Dramatic changes in personal hygiene, work performance, or social behavior;
  - Isolation or withdrawal, alienating members of their support systems;
  - Excessive fatigue/sleep disturbance;
  - Intoxication, hangovers, or the smell of alcohol;
  - Disoriented or seeming “out of it.”
  - Garbled, tangential, disconnected, or slurred speech.
- **Signs and Symptoms of Distress**
  - Self-disclosure of personal distress, such as family problems or financial difficulties, or talk of grief or suicide;
  - Unusual/disproportional emotional response to events;
  - Colleagues expressing fear, concern, or worry about a coworker;
  - Irritability or unusual apathy.
- **Safety Risk Indicators**
  - Unprovoked anger, hostility, or aggressive behavior;
  - Physical violence (shoving, grabbing, assault);
  - Implying or making a direct threat to harm oneself or others;
  - Stalking or harassing behavior;
  - Making threats via email, text, or phone;
  - Extreme anxiety or panic;
  - Talk of guns or other dangerous, violent topics.

- **What You Can Do**

If you find yourself worried or alarmed about an employee who is troubled or distressed, you have resources:

- Speak with your supervisor or manager;
- Contact Human Resources;
- Submit a BIT Report.

APPENDIX G - THREAT ASSESSMENT CHECKLIST

	Observed or Known Behaviors	Scale 0 - 4
1. ☐	Communicated a Threat	
2. ☐	Target	
3. ☐	Access to Means	
4. ☐	Planning Behaviors	
5. ☐	Grievances	
6. ☐	Hate-Based or Ideological, Hardened Beliefs	
7. ☐	Interest in Violence, Violent Content, or Causing Harm	
8. ☐	Researched Past Attacks	
9. ☐	Suicidality	
10. ☐	Disconnection from Reality	
11. ☐	Substance Abuse	
12. ☐	Personality Traits	
13. ☐	Noticeable Behavior Changes	
14. ☐	Access to and Experience with Firearms	
15. ☐	Homelife Experiences	
16. ☐	Social Experiences	
17. ☐	Work/School Experiences	
18. ☐	Personal or General Stressors	
19. ☐	Criminal History	
20. ☐	Disciplinary History	
21. ☐	Violent Behavior Not Involving Criminal or Disciplinary Actions	

APPENDIX H - ELKO CAMPUS EMERGENCY CONTACTS AND MENTAL HEALTH RESOURCES

Behavioral Intervention Team
BIT
775.385.9829
gbc-bit@gbcnv.edu

Security, University Police
775.934.4923
campus.security@gbcnv.edu

Human Resources
775.327.2349
gbc-hr@gbcnv.edu

Elko County
Elko Mental Health
775.738.8021

Northeastern Nevada
Behavioral Health Dept.
775.748.2038
www.lifepointhealth.com

Accessibility Services/Title IX
Arysta Sweat
775.327.2336
arysta.sweat@gbcnv.edu

Mental Health Clinic
Public Health Department
775.738.8021

Elko VA Clinic
775.738.0188
https://www.va.gov/salt-lake-city-health-care/locations/elko-va-clinic/

APPENDIX I - WINNEMUCCA CENTER EMERGENCY CONTACTS AND MENTAL HEALTH RESOURCES

Winnemucca Center Director
Jana Nettleton
775.327.5873
jana.nettleton@gbcnv.edu
Behavioral Intervention Team
BIT
775.934.4923
gbc-bit@gbcnv.edu
Security, University Police
Joe Micke
775.934.4923
joseph.micke@gbcnv.edu
Accessibility Services/Title IX
Arysta Sweat
775.327.2336
arysta.sweat@gbcnv.edu
Human Resources
775.327.2349
gbc-hr@gbcnv.edu

Humboldt General Hospital
JaNita Jensen, LCSW, QMHP
775.375.1299
https://www.hghospital.org/
Humboldt General Hospital
Sean Elder, APRN, CNP, PMHNP-BC
775.375.1299
https://www.hghospital.org/
The Family Support Center
Staff Contacts
775.623.1888
https://thefamilysupportcenter.org/
Telehealth
Contact Name
775.982.6200
telehealth@renown.org

APPENDIX J - ELY CENTER EMERGENCY CONTACTS AND MENTAL HEALTH RESOURCES

Center Director
Shemayne Pitts
775.327.5309
semayne.pitts@gbcnv.edu

Behavioral Intervention Team
BIT
775.934.4923
gbc-bit@gbcnv.edu

Security, University Police
Joe Micke
775.934.4923
joseph.micke@gbcnv.edu

Accessibility Services/Title IX
Arysta Sweat
775.327.2336
arysta.sweat@gbcnv.edu

State Rural Community Health Services
Ely Clinic
775.687.2040

Social Services
White Pine County
775.293.6528

Human Resources
775.327.2349
gbc-hr@gbcnv.edu

APPENDIX K - PAHRUMP CENTER EMERGENCY CONTACTS AND MENTAL HEALTH RESOURCES

Center Director
Christopher Salute
775.327.2036
christopher.salute@gbvcnv.edu

Behavioral Intervention Team
BIT
775.934.4923
gbc-bit@gbcnv.edu

Security, University Police
Joe Micke
775.934.4923
joseph.micke@gbcnv.edu

Accessibility Services/Title IX
Arysta Sweat
775.327.2336
arysta.sweat@gbcnv.edu

Human Resources
775.327.2349
gbc-hr@gbcnv.edu

Pahrump Behavioral Health Center
Pahrump, NV
775.751.7406

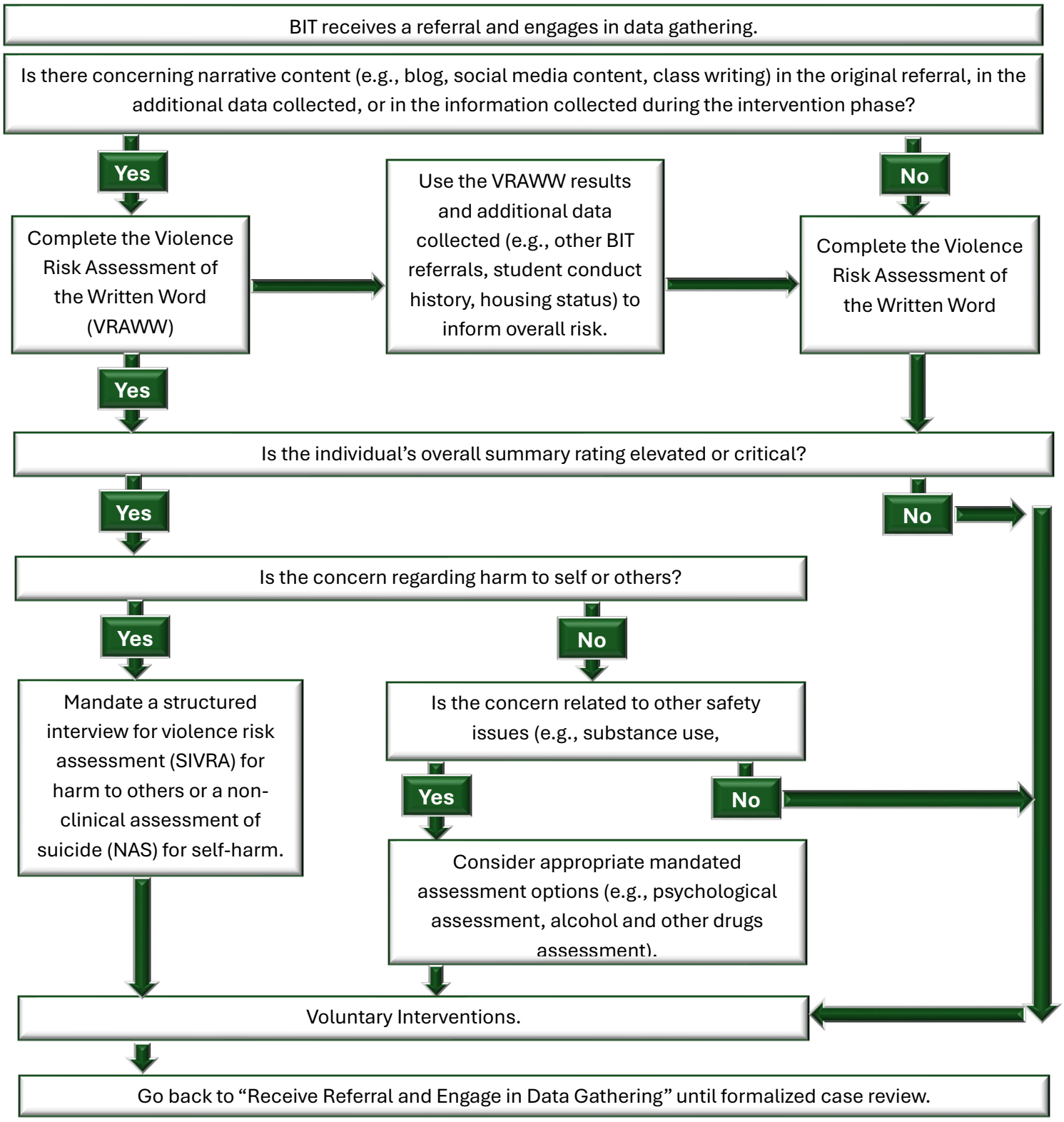
Keney Behavioral Health Services
Pahrump, NV
775.990.1642

Nye County Health and Human Services
Pahrump, NV
775.751.7095

Mental Health Clinic
Public Health Department
Pahrump, NV
775.738.8021

Serenity Behavioral Health, LLC
Pahrump, NV
775.751.5211

APPENDIX L – RISK ASSESSMENT FLOW CHART



NABITA RISK RUBRIC

D-SCALE: LIFE STRESS AND EMOTIONAL HEALTH

DECOMPENSATING

- ▲ Behavior is actively dangerous and potentially lethal
- ▲ Impaired ability to engage in basic/essential daily tasks that presents an imminent risk to their safety or the safety of others based on:
  - △ Episodic or ongoing life event or chronic condition
  - △ Communications, thought patterns, and/or behaviors that are illogical, tangential, or based on things others cannot see or hear
- ▲ Unwelcome or repetitive communications/contact that present an imminent safety risk to the recipient
- ▲ Substance use, or other addictive/risky behaviors, that present an imminent risk to their safety or the safety of others
- ▲ Specific and direct threat of potentially lethal violence that is impulsive
- ▲ Potentially lethal physical contact towards others
- ▲ Imminent suicidal ideation or suicidal ideation that includes a potentially lethal plan
- ▲ Life-threatening suicide attempt or non-suicidal self-injury that is life threatening

DETERIORATING

- ■ Destructive or significantly disruptive actions/communications
- ■ Impaired ability to engage in basic/essential daily tasks based on:
  - □ Episodic or ongoing life event or chronic condition
  - □ Communications, thought patterns, and/or behaviors that are illogical, tangential, rapid, or irrelevant
- ■ Unwelcome or repetitive communications/contact that are disruptive and concerning to the recipient
- ■ Substance use, or other addictive/risky behaviors, that:
  - □ Create significant or frequent negative consequences or
  - □ Present significant but non-life-threatening safety risk
- ■ Vague, indirect, or non-lethal threat of impulsive violence
- ■ Minor physical contact towards others
- ■ Suicidal ideation that is not imminent or lethal
- ■ Non-life-threatening, non-suicidal self-injury
- ■ Significant impairment in mood, relationships, academic/work performance, etc.

DISTRESSED

- ● Limited ability to regulate emotions or actions
- ● Struggles to manage or cope with episodic or ongoing life event or chronic condition that does not impact their ability to engage in basic/essential daily tasks
- ● Moderate difficulties with mood, relationships, academic/work performance, etc.
- ● Interpersonal relationship difficulties or difficulties interacting/communicating with others
- ● If a threat to self or others is present, it is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- ⬣ Healthy or safe coping skills related to an episodic or ongoing life event or chronic condition
- ⬣ Minimal to no difficulties with mood, relationships, academic/work performance, etc.
- ⬣ Has a need for resources or services to address a barrier or stressor
- ⬣ No threat to self or others present

NONE

CRITICAL

ELEVATED

MODERATE

MILD

E-SCALE: HOSTILITY AND VIOLENCE TO OTHERS

EMERGENCE OF VIOLENCE

- ▲ Specific, direct, and potentially imminent lethal threat of violence to others
  - △ Threat to others as retaliation to resolve grievances, or to address ideologically hardened/hate-based beliefs
  - △ Individual, group, organization, or location identified as a target for the communicated threat
- ▲ Behavior, writing, and/or communication indicates attack planning behaviors
- ▲ Unusual/concerning interest in violence/violent content with a clear, articulated plan to emulate/replicate violence
- ▲ References past attacks/attackers that demonstrate a clear, articulated desire to emulate/idolize the past attack/attacker

ELABORATION OF THREAT

- ■ Threat of physical harm to others that is either vague or non-lethal
  - □ Threat or ultimatum as retaliation to resolve grievances or address ideologically hardened/hate-based beliefs
  - □ Individual, group, organization, or location identified as a target for the threat or ultimatum of physical harm
- ■ Unusual/concerning interest in violence/violent content with a potential desire to emulate/replicate violence
- ■ References past attacks/attackers with a potential desire to emulate/idolize the past attack/attacker
- ■ Engages in aggressive or harmful behavior toward animals or individuals perceived as vulnerable

ESCALATING BEHAVIORS

- ● Grievances concerning perceived/actual mistreatment and/or injustices
- ● Clearly non-violent ultimatums/consequences to resolve grievances
- ● Ideologically hardened or hate-based beliefs that create disruption/conflict by shaming, objectifying, or intimidating others
- ● Increased agitation, defiance, or oppositional behavior regarding grievances
- ● Unusual/concerning interest in violence/violent content without a desire to replicate/emulate

EMPOWERING THOUGHTS

- ⬣ Ideologically hardened/hate-based beliefs that create conflict with others but do not disrupt, shame, objectify, or intimidate others
- ⬣ Difficulty taking the perspectives of others or demonstrating empathy
- ⬣ Increased isolation and/or forming new connections centered around shared feelings of being mistreated, excluded, or misunderstood
- ⬣ Narrowing relationships and consumption of information (e.g., news, social media)to only those that share the same perspective
- ⬣ No threat or ultimatum communicated or present

NONE

D-SCALE INTERVENTIONS

DECOMPENSATING

- ▲ Initiate an immediate welfare/safety check
- ▲ Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - △ Assist with any academic/work reduction, voluntary withdrawal/leave, or other measures and resources to improve academic/work
  - △ Address situational stressor/barrier or facilitate referrals to resource
  - △ Engage in safety planning and/or skill building to promote harm reduction, impulse control, healthy coping skills, emotional regulation, protective factors, and/or distress tolerance

DETERIORATING

- ■ Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - □ Assist with any academic/work reduction, voluntary withdrawal/leave, or other measures and resources to improve academic/work
  - □ Address situational stressor/barrier or facilitate referrals to resources
  - □ Engage in safety planning and/or skill building to promote harm reduction, impulse control, healthy coping skills, emotional regulation, protective factors, and/or distress tolerance

DISTRESSED

- ● Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - ○ Assist with any academic/work reduction, voluntary withdrawal/leave, or other measures/resources to improve academic/work
  - ○ Address situational stressor/barrier or facilitate referrals to resources
  - ○ Engage in skill building to promote harm reduction, impulse control, healthy coping skills, emotional regulation, protective factors, and/or distress tolerance

DEVELOPING

- ⬣ Assign a staff/team member to reach out to the individual to offer assistance/ resources to address situational stressor/barrier

GENERAL INTERVENTIONS

CRITICAL

- ▲ Notify emergency contact or other appropriate party
- ▲ Engage in immediate safety planning or offer support to impacted parties
- ▲ Mandate an individualized risk assessment
  - △ Use results to determine and implement interventions to mitigate risk
- ▲ Coordinate with law enforcement/campus safety and/or discipline/ conduct to facilitate information-sharing to implement safety/disciplinary measures
- ▲ Coordinate with accessibility/disability support services to facilitate information-sharing to implement accommodations

ELEVATED

- ■ Evaluate the need for a welfare/safety check
- ■ Evaluate the need for notification of emergency contact or other appropriate party
- ■ Engage in safety planning or offer support to impacted parties
- ■ Evaluate the need for a mandated individualized risk assessment(s)
  - □ If performed, use results to determine and implement interventions necessary to mitigate risk
- ■ Coordinate with law enforcement/campus safety and/or discipline/ conduct to facilitate information-sharing to implement safety/disciplinary measures
- ■ Coordinate with accessibility/disability support services to facilitate information-sharing to implement accommodations
- ■ Provide guidance to the referral source detailing how they can support or respond

MODERATE

- ● Coordinate with discipline/conduct, accessibility/disability support services or other departments to facilitate information-sharing, accommodations, or other supports
- ● Provide guidance and education to the referral source detailing how they can support or respond
- ● Request that an institutional/community resource reach out and offer support/resources

MILD

- ⬣ No formal intervention from a team member
- ⬣ Provide guidance to the referral source detailing how they can support or respond
- ⬣ Request that an institutional/ community resource reach out and offer support/resources

E-SCALE INTERVENTIONS

EMERGENCE OF VIOLENCE

- ▲ Initiate an immediate BOLO/welfare/safety check
- ▲ Coordinate with appropriate parties to determine need for a campus/ community notification, lock-down, or other emergency response measures
- ▲ Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - △ Assist with any academic/work reduction, voluntary withdrawal/leave, or other measures/resources to improve academic/work
  - △ Encourage connection to non-violent solutions, outlets, or hobbies
  - △ Provide support in addressing grievance or difficulty in a non-violent manner
  - △ Facilitate referrals to institutional/ community resources to address grievance or to provide support/resources
  - △ Engage in skill building to promote healthy coping skills, improve communication skills, reinforce protective factors, and increase impulse control, empathy, and/or perspective taking

ELABORATION OF THREAT

- ■ Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - □ Assist with any academic/work reduction, voluntary withdrawal/leave, or other measures/resources to improve academic/work
  - □ Encourage connection to non-violent solutions, outlets, or hobbies
  - □ Provide support in addressing grievance or difficulty in a non-violent manner
  - □ Facilitate referrals to institutional/community resources to address grievance or to provide support/resources in a non-violent manner
  - □ Engage in skill building to promote healthy coping skills, improve communication skills, reinforce protective factors, and increase impulse control, empathy, and/or perspective taking

ESCALATING BEHAVIORS

- ● Assign a trained staff/team member to encourage a meeting with the individual and implement a case management plan to:
  - ○ Provide support in addressing grievance or difficulty in a non-violent manner
  - ○ Facilitate referrals to institutional/community resources to address grievance or to provide support/resources in a non-violent manner
  - ○ Engage in skill building to promote healthy coping skills, improve communication skills, reinforce protective factors, and increase impulse control, empathy, and/or perspective taking
  - ○ Encourage connection to non-violent outlets or hobbies

EMPOWERING THOUGHTS

- ⬣ Assign a staff/team member to reach out to individual to offer assistance/ resources to address communication skills and encourage empathy and perspective taking