D·PREP

SAFETY DIVISION

BIT/CARE STANDARDS

End-of-Term Reports

Introduction

An end-of-term report allows a BIT/CARE team to do more than count cases. It tells the story of the team's work, demonstrates its value to institutional leadership, identifies emerging patterns, and helps guide priorities for the coming year. A strong report should combine information about the team's purpose, membership, training, outreach, referral activity, outcomes, and future goals.

An end-of-term report can also serve as an important advocacy tool for the team. Much of the work of a BIT/CARE team happens quietly and may be largely invisible to institutional leadership unless a significant crisis occurs. A well-developed report helps leadership understand not only the number of cases reviewed, but also the complexity of the work, the preventive efforts happening behind the scenes, and the resources needed to sustain an effective team.

A strong report should begin by briefly reminding readers what the team does and why it exists. CARE Teams operate as a coordinating hub that gathers information, assesses concerns, develops interventions, and monitors their effectiveness. Importantly, it emphasizes prevention, early intervention, and identifying patterns that may not be apparent to any single department.

The report should then help leadership understand how the team operates. This includes membership, representation from key departments, meeting frequency, leadership structure, and specialized expertise available to the team. Also document training and professional development, including initial and ongoing training related to behavioral intervention, suicide, threat assessment, violence risk assessment, case management, and relevant systems or processes.

Community education is another important measure of team activity. Documenting orientations, faculty presentations, residence life training, employee onboarding, safety programming, and other outreach demonstrates that BIT/CARE work extends well beyond the cases discussed during meetings.

The heart of the report should present case and referral data in ways that reveal patterns rather than simply providing totals. Reports should track referrals by concern category and month, allowing the institution to see both the nature of concerns and periods of increased activity. Referral sources are equally valuable because they reveal which parts of campus are actively using the team and where additional education may be needed. Referral numbers should also be interpreted carefully. An increase in referrals does not necessarily mean that a campus is becoming less safe or that students are experiencing more serious problems. Increased referrals may reflect greater awareness of the team, successful outreach, improved confidence in the referral process, or a stronger campus culture of reporting concerns. Similarly, a decrease in referrals should not automatically be interpreted as evidence that concerns have declined.

Finally, an effective report should look forward. Outcomes can help show what happened following intervention, while identified gaps should become concrete goals for the next semester or year. For example, if referral data show that very few referrals come directly from students, the team might identify student awareness of the referral process as an area for improvement and establish a specific outreach goal for the following year.

A note about reporting periods: This framework can be used for an end-of-semester, end-of-term, or annual report. Whatever period is selected, identify it clearly and use equivalent reporting periods when making comparisons. Generally, compare a fall semester with another fall semester rather than a full academic year, and explain significant differences in the length or scope of reporting periods.

The 7 Key Elements of a Report

1 Mission and Team Purpose

Briefly describe the team's role, scope, and connection to student success, well-being, and campus safety. Begin with a brief description of why the team exists and what it is responsible for doing. This helps senior leaders, faculty, and other readers understand what follows. A CARE/BIT team should serve as a coordinating hub that gathers information, assesses concerns, develops individualized intervention plans, and monitors the effectiveness of those responses. The description should also emphasize prevention and early intervention rather than waiting for situations to become crises. This is also an opportunity to tie the team's mission to the institution's overall mission and highlight its impact on retention.

The report does not need to reproduce the entire mission statement or policy manual. A short section should clarify the population served, the types of concerns considered, and the team's relationship to student support, campus safety, and institutional coordination. This is especially helpful when leadership or campus personnel may misunderstand the team as primarily a disciplinary, counseling, or emergency-response function. This section can also help correct common misunderstandings about the team. If the BIT/CARE team is routinely viewed as a disciplinary body, a mental health response team, or a resource used only when someone presents an immediate safety concern, the end-of-term report provides an opportunity to reinforce the team's broader role in early identification, coordinated support, assessment, intervention, and prevention.

2 Team Structure and Membership

Identify membership, leadership, departmental representation, meeting frequency, and important changes during the year. Describe who participates and how the team functions. Include the chair or co-chairs, core membership, important consulting members, departments represented, meeting frequency, and any significant changes in membership or structure during the reporting period. Highlight the team's multidisciplinary nature and the range of expertise through areas such as student affairs, counseling, public safety, academics, human resources, disability/accessibility services, residential life, and other institutional functions. Specify coordination with other campus committees, such as the threat assessment team, campus crisis response, risk management, Athletics, Greek Life, or community coalitions.

Teams should consider reporting actual participation in addition to formal membership. A roster may show broad institutional representation while masking inconsistent attendance or participation gaps. Measures such as average attendance, consistently represented departments, changes in participation, and underrepresented areas of expertise can provide a more accurate picture of how the team is functioning.

This section can also identify operational developments such as implementing a new database, changing case-management assignments, revising protocols, or expanding services. These details help demonstrate that the team is an organized institutional function rather than simply a recurring meeting.

3 Training and Professional Development

Summarize team training, tabletop exercises, conferences, assessment tools, and continuing education. Document how the team has maintained and expanded its competency. This might include specialized training on topics such as behavioral intervention, suicide prevention and intervention, threat assessment, violence risk assessment, case management, relevant legal or regulatory issues, and case-management systems.

An end-of-term report might identify the number of training hours completed, major topics covered, tabletop exercises conducted, conferences attended, or new assessment approaches introduced. More importantly, connect training to operational need. For example, an increase in threatening communications may lead to additional training in threat assessment. An increase in complex mental-health referrals might reveal the need for additional case-management or suicide-intervention education. This turns training from a list of activities into evidence of continuous quality improvement.

Training hours alone provide a limited picture of team development. Where possible, teams should also identify what changed as a result of training. This might include revised protocols, greater consistency in assessment, improved documentation practices, adoption of a new assessment approach, or changes in how cases are discussed and managed. The goal is not simply to demonstrate that training occurred, but to show how professional development strengthened team practice.

4 Campus Education and Outreach

Document faculty, staff, student, and departmental training along with marketing and awareness efforts. BIT/CARE work extends well beyond the cases discussed during meetings. The report should capture the team's efforts to help the larger campus community recognize concerns, respond appropriately, and make referrals**.** This may include outreach to new faculty and staff, resident assistants, orientation leaders, students, library personnel, athletics, academic departments, student organizations, and other campus groups.

Teams should summarize presentations, orientations, awareness campaigns, website improvements, referral guides, Red Folder-type resources, and departmental consultations. Consider reporting both reach and gaps**.** A team that trained 600 employees accomplished something meaningful, but a more useful question may be whether it missed important groups or whether referrals increased after particular outreach efforts.

Teams should also look for potential referral gaps or "referral deserts." Departments or populations that have frequent contact with students but generate very few referrals may warrant closer examination. Examples might include athletics, adjunct faculty, graduate programs, online programs, student organizations, international student programs, or satellite campuses. Low referral numbers do not necessarily indicate low levels of concern. They may reflect limited awareness of the team, uncertainty about what to report, lack of confidence in the process, or barriers to making a referral.

5 Referral Volume and Trends

Report total cases and examine trends by month, semester, concern type, risk level, or other meaningful categories. This is often the most visible portion of the report, but treat raw case totals as the start of the analysis, not its conclusion. Depending on the institution's practices and data, referrals might be categorized by areas such as academics, conduct, psychological or emotional concerns, suicidality, substance use, medical concerns, threatening or disruptive behavior, basic needs, interpersonal concerns, and other circumstances. Examining referrals over time can also reveal variations in demand across the academic year.

Depending on the team's data system, useful measures might include total referrals, unique individuals, repeat referrals, level of concern, presenting issue, semester or month, location, and changes from prior years. The goal should be to identify the story inside the numbers. For example, did referrals increase? Did more cases involve academic distress? Are cases becoming more complex? Are certain periods of the semester consistently producing higher demand? Trend information can inform staffing, prevention programs, training, and resource allocation.

Case totals should also be interpreted within institutional context. Comparing the raw number of BIT/CARE cases across institutions is rarely useful without considering enrollment, residential population, team scope, reporting practices, referral thresholds, and how a "case" is defined. Even year-to-year comparisons within the same institution can become misleading if definitions, reporting systems, or team practices have changed. Note significant changes in how data are collected or categorized in the report.

6 Who Is Referring and Who Is Being Referred

Examine referral sources to identify gaps, disparities, and outreach opportunities. Knowing who makes referrals can be almost as important as knowing how many referrals the team receives. Useful referral-source categories may include faculty, residence life, public safety, student services, academic offices, staff, students, family members, and other sources. Referral-source data can reveal where the CARE/BIT process is well understood and where additional outreach may be necessary. For example, very few referrals from faculty, athletics, students, or particular campuses may not mean those populations have fewer concerns. It may indicate limited awareness or uncertainty about how to use the team.

Where appropriate and consistent with institutional policy, teams may also review broad demographic or student-status data. Examine this data carefully to identify possible disparities or access concerns, not to imply that membership in a particular group represents risk. When disparities appear in referral data, they should generate questions rather than immediate conclusions. Differences may reflect patterns in who has contact with reporting systems, institutional practices, residential status, access to resources, faculty or staff interactions, or other factors not captured in the team's data. Where the available information cannot explain a disparity, the report should identify it as an area for further examination rather than offer an unsupported explanation. Examining referrals regarding specific populations and/or majors (international, athletes, Greek life, engineering, etc.) can identify when referrals could be encouraged earlier and guide skills training.

7 Outcomes, Lessons Learned, and Next Steps

Describe case outcomes where appropriate, highlight significant trends or system needs, and identify 2–4 measurable priorities for the coming year. The strongest reports end by answering, "So what?"

Where data are available and appropriate to report, teams may examine outcomes following referral, such as continued enrollment, graduation, voluntary withdrawal or separation, involuntary separation, connection to support services, successful case closure, or other meaningful indicators. Select outcome measures carefully; the purpose is not necessarily to show that the team alone caused a particular result, but to better understand what happened after referral and intervention. Outcomes in BIT/CARE work are rarely simple measures of success or failure. A closed case does not necessarily mean that every concern has been resolved. Continued enrollment is not automatically a successful outcome, just as voluntary withdrawal or leave is not necessarily unsuccessful. Likewise, referring someone to a resource does not establish that the individual engaged with or benefited from that resource. Teams should select outcome measures that provide useful information while recognizing the limits of what those measures can demonstrate.

Just as importantly, the team should use its data to identify priorities for the next year. For example, if referral-source data show that students rarely refer themselves or their peers, increasing student awareness may become a specific goal. If a particular department generates few referrals despite regular contact with students, targeted education or consultation may be appropriate.

Teams should identify a small number of meaningful lessons and translate them into 2–4 measurable priorities**.** These might involve improving outreach, strengthening follow-up, increasing training, addressing referral gaps, improving documentation, expanding case-management capacity, or adjusting team membership.

The key principle is to move from "Here is how many cases we had" to "Here is what the data tells us about our campus, our team, and what we should do next." An end-of-term report should function as both a rearview mirror and a roadmap.

Why Teams Struggle to Produce End-of-Term Reports

Systematic data collection and using findings to set future goals has real value. The specific obstacles below are a practical synthesis of common BIT/CARE operational challenges.

Challenge	What It Looks Like	How to Overcome It
Poor or inconsistent data collection	Cases are documented differently, important fields are blank, or staff cannot easily retrieve usable statistics.	Establish required case fields and standardized categories at the beginning of the year, not when the report is due. Use a centralized database whenever possible.
Waiting until the end of the year	Someone is handed the task in May and must reconstruct ten months of activity from meeting notes and memory.	Create a simple reporting dashboard and review key metrics monthly or each semester. End-of-term reporting then becomes compilation rather than archaeology.
Reporting numbers without meaning	The report says, "We had 217 cases," but provides little interpretation of what changed or why it matters.	For every major data point ask: What does this tell us? Why might it matter? What should we consider doing differently?
Difficulty defining outcomes	Teams can count referrals but struggle to demonstrate whether their work made a difference.	Track reasonable indicators such as engagement with resources, case resolution, retention/status when appropriate, interventions completed, follow-up, and changes in risk or concern. Avoid claiming that the team caused outcomes that cannot be established.
No clear ownership of the report	Everyone assumes someone else is tracking training, outreach, referrals, and outcomes. Information becomes fragmented across departments.	Assign a reporting lead and divide responsibility throughout the year. One person may track cases, another training, another outreach, while the chair coordinates the final narrative.
Changing definitions or reporting practices	If the definition of a case, concern categories, referral thresholds, or database fields change, comparisons can become difficult or misleading.	Maintain consistent definitions whenever possible. When definitions or reporting practices change, document the change and explain how it may affect comparisons with previous years.
Collecting data without a clear purpose	Teams add fields to case records because the information might eventually be useful, creating burdensome documentation and large amounts of data that are rarely analyzed.	Start with the questions the team wants its data to answer. Collect information that supports those questions, team operations, assessment needs, and institutional requirements. Collecting more data does not necessarily mean you understand your team any better.

BIT/CARE Team End-of-Term Report Template

[COLLEGE/UNIVERSITY NAME]

Behavioral Intervention Team/CARE Team
Annual Report | Academic Year 20XX–20XX
Prepared by: [Team Chair/Co-Chairs]
Date: [Date]
Reporting Period: [August 20XX–June 20XX]

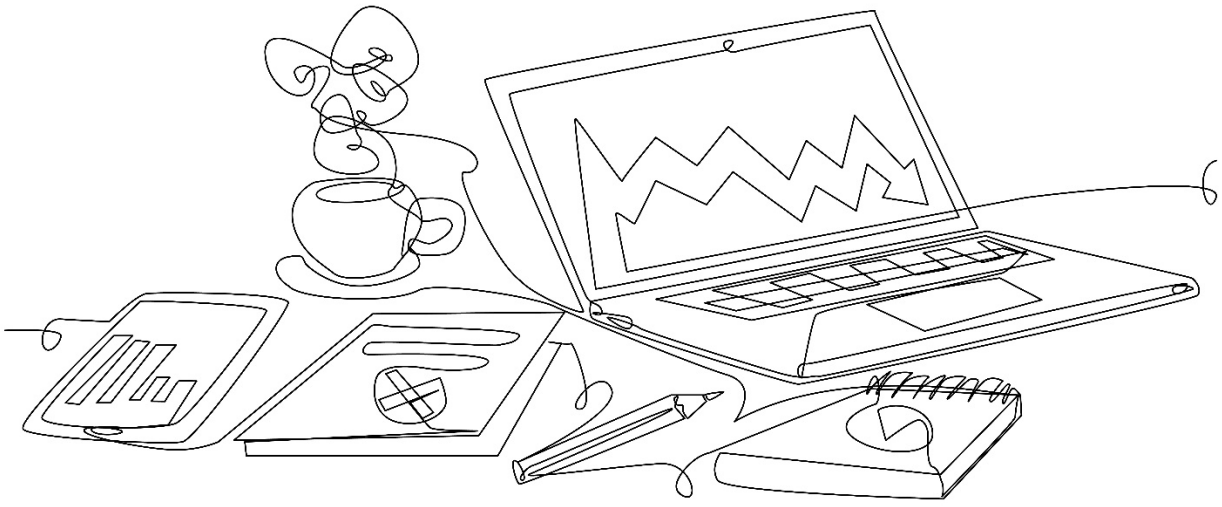
Executive Summary

Write the executive summary for a reader who may not read the rest of the report. Senior leaders should understand the team's year from this section alone. At minimum, the executive summary should answer three questions: What happened? What does the data suggest? What should the institution or team do next?

The [Team Name] supports the college's commitment to student success, well-being, and campus safety through coordinated identification, assessment, intervention, and follow-up concerning students or other individuals experiencing significant challenges.

During the 20XX–20XX academic year, the team reviewed [###] referrals involving [###] unique individuals. Major themes included [briefly identify 2–3 trends]. The team also provided [###] educational programs, completed [###] hours of professional development, and strengthened collaboration with [departments/resources].

Based on this year's data and team review, priorities for the coming year include [priority one], [priority two], and [priority three].



Mission and Team Purpose

Team Mission
[Insert the team's mission statement or a brief summary.]

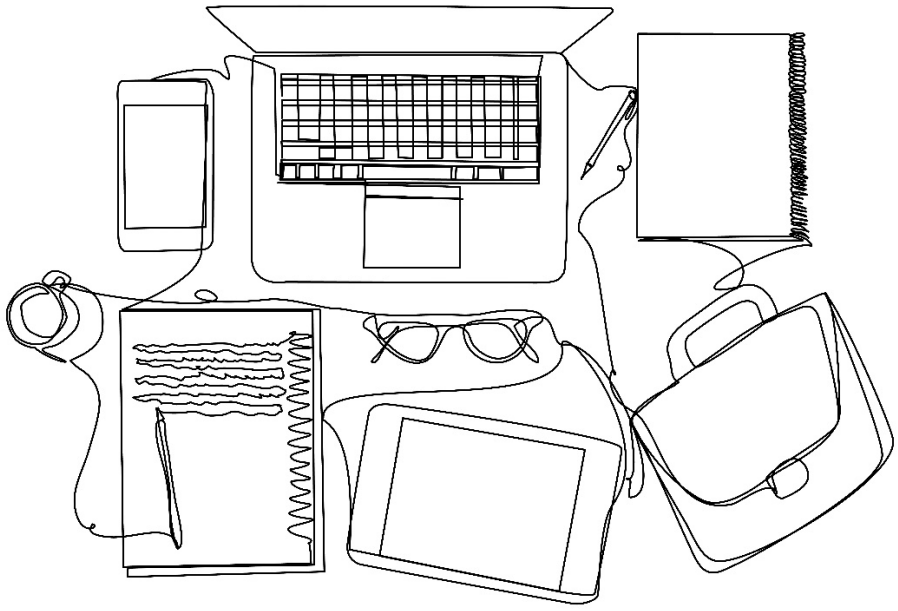
Role of the Team
The [Team Name] serves as a centralized, multidisciplinary resource for receiving and reviewing concerns about students whose behaviors or circumstances may affect their academic success, personal well-being, or the safety of the campus community.

The team works collaboratively to gather information, assess concerns, coordinate interventions, connect individuals with appropriate resources, and monitor situations when continued follow-up is warranted.

Scope of Work
Include a brief description of the types of cases typically addressed, such as:

- Academic or personal distress
- Mental health and well-being concerns
- Suicidal or self-harm concerns
- Disruptive or concerning behaviors
- Threatening or violent behaviors
- Substance-related concerns
- Significant life, financial, housing, or relationship stressors
- Complex situations requiring multidisciplinary coordination

Categories should reflect the institution's actual referral and case-management practices rather than forcing cases into a generic set of categories. Teams should also clarify whether data reflect the concern identified by the person making the referral, the team's assessment after reviewing the case, or both. A case initially referred as disruptive behavior, for example, may ultimately involve academic distress, mental health concerns, basic needs, interpersonal conflict, or several overlapping concerns.



Team Structure and Membership

Team Leadership

Role	Name/Position
Chair	[Name/Title]
Co-Chair/Vice Chair	[Name/Title]
Case Manager/Coordinator	[Name/Title]
Administrative Support	[Name/Title]

Core Team Representation

Department	Name/Position
Dean of Students	[Name/Title]
Counseling/Wellness	[Name/Title]
Campus Safety/Police	[Name/Title]
Student Conduct	[Name/Title]
Residence Life	[Name/Title]
Academic Affairs	[Name/Title]
Accessibility Services	[Name/Title]
Title IX/Institutional Equity	[Name/Title]
Case Management	[Name/Title]
Other	[Name/Title]

Meeting frequency: [Weekly/Biweekly/etc.]
Average attendance: [XX%]
Number of meetings held: [###]

Significant Changes This Year
Briefly identify membership changes, staffing changes, restructuring, new consultant roles, database improvements, revised procedures, or other operational developments.

During the spring semester, the team added representation from Athletics and Accessibility Services and revised its core/consulting-member structure to improve participation in case-specific work.

Training and Professional Development

Summarize the ways the team maintained and developed its competency during the reporting period.

Role	Date	Participants	Focus
BIT/CARE Framework			
Threat Assessment			
Suicide Assessment/Response			
Tabletop Exercise			
Case Management			
Conference/Webinar			

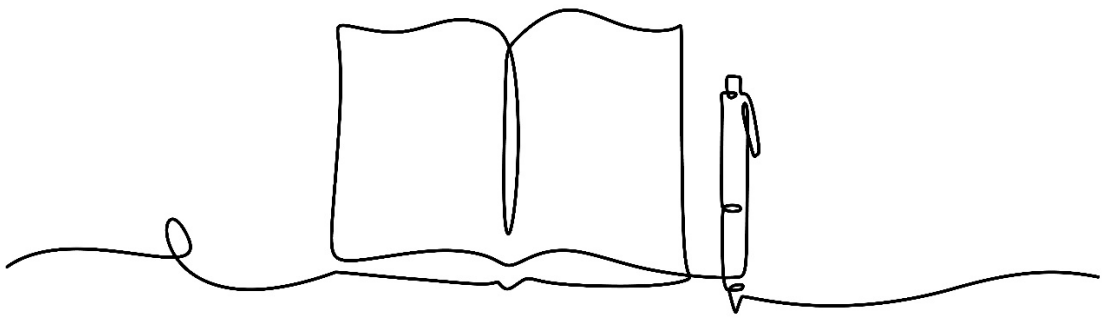
Training Summary

During the academic year, team members participated in approximately [###] hours of professional development. Training focused primarily on [key themes]. The team identified future training needs, including [topics].

Campus Education and Outreach

Describe efforts to increase campus awareness of concerning behaviors, referral options, available resources, and the role of the BIT/CARE team.

Role	Date	Participants
New Faculty	CARE/BIT Orientation	
Residence Life	Recognizing and Referring Students of Concern	
Faculty	Red Folder Training	
Staff	Responding to Students in Distress	
Students	How to Help a Friend	
Campus Safety	Collaborative Response Training	



Outreach Summary

Do not let the table tell the story by itself. Whenever possible, accompany major tables or charts with an interpretation explaining what readers should notice. Identify meaningful changes, patterns, or unexpected findings. Offer possible explanations only when they are supported by available information; identify unanswered questions when the data is unclear. The numbers are only useful if you help the reader understand what they mean and what, if anything, the team should do differently because of them.

During 20XX–20XX, the team provided [###] presentations reaching approximately [###] members of the campus community. The team focused on [groups or departments]. Outreach resulted in [increased referrals, improved awareness, expanded partnerships, etc.].

Referral Volume and Trends

Overall Activity

Measure	20XX–20XX	Previous Year	Change
Total referrals			
Unique individuals			
Repeat referrals			
Cases carried over			
Cases closed			

Referrals by Semester

Semester	Referrals	% of Total
Fall		
Spring		
Summer		
Total		100%

Referrals by Primary Concern

Concern	Number	%
Academic distress		
Mental health/well-being		
Suicidal/self-harm concern		
Disruptive behavior		
Threatening behavior		
Substance use		
Relationship/interpersonal		
Basic needs/financial		
Other		

Key Trends

Use this section to interpret the data rather than repeat it. Teams should distinguish between case volume and case complexity. A team may receive fewer referrals than the previous year while experiencing a substantially greater workload if cases require more assessment, coordination, follow-up, consultation, or safety planning. Conversely, an increase in lower-level referrals may reflect successful early identification and outreach. Case volume alone should not serve as a proxy for team workload or the seriousness of the concerns being managed.

Referrals increased 18% from the previous academic year, with the most substantial growth in academic distress and significant personal stressors. October and February remained the highest-volume months. The team also observed more cases involving multiple simultaneous concerns, suggesting greater case complexity rather than simply higher referral volume. Referral Sources

Referral Source	**Number**	**%**
Faculty		
Residence Life		
Campus Safety		
Counseling/Wellness		
Student Conduct		
Students/Peers		
Family		
Athletics		
Other		

Population Information
Include only demographic or student-status information that is appropriate, useful, and consistent with institutional practices. Possible categories include:

Student Status	Number	%
First-year		
Sophomore		
Junior		
Senior		
Graduate		
Other/Unknown		

What the Data Suggests
When examining population data, consider the size of the underlying population. For example, knowing that 25% of referrals involve first-year students has limited meaning without knowing what percentage of the student population is first-year. The same principle applies when examining residential students, graduate students, international students, athletes, or other populations. Where possible, use appropriate comparison data before describing a group as overrepresented or underrepresented in referrals.

Faculty and Residence Life remained the largest referral sources. Referrals from students remained relatively uncommon. This suggests an opportunity to expand student-facing education concerning how and when students can seek help for peers.

Outcomes, Lessons Learned, and Next Steps

Case Outcomes
Teams should select outcome measures that can be reliably documented and avoid implying causation when it cannot be established.

Outcome	Number
Connected with campus resources	
Continued enrollment	
Voluntary withdrawal/leave	
Graduated	
Referred to outside provider	
Conduct/intervention process	
Continued team monitoring	
Other	

What We Learned

This section does not need to present every aspect of the year as a success. A useful end-of-term report identifies areas where the team struggled, where an initiative did not produce the intended result, or where systems need improvement. Examples might include inconsistent follow-up, difficulty reaching a particular population, gaps in team expertise, documentation problems, or an outreach strategy that did not increase awareness or referrals. Identifying these issues shows institutional learning and lays the groundwork for meaningful priorities in the coming year.

This year's data suggests that the team is well utilized by faculty and residence life but remains less visible to students and several administrative departments. The team also experienced an increase in complex cases involving several overlapping concerns, requiring greater coordination among counseling, academic affairs, case management, and campus safety.

Priorities for 20XX–20XX

Priority	Action	Measure of Success
Improve student awareness	Conduct student-facing referral campaign	Increase student referrals/awareness
Strengthen faculty education	Expand Red Folder training	Train 75% of academic departments
Improve case documentation	Standardize required database fields	95% completion rate
Increase team competency	Conduct two tabletop exercises	Two exercises completed annually

Use report data to drive future priorities. For example, if only one of 100 referrals originates from a student, increasing student awareness should be a goal for the following year.

Closing Summary

Where appropriate, the closing summary should identify what the team needs from institutional leadership. If the year's data demonstrate a need for additional staffing, training, technology, case-management capacity, outreach resources, policy changes, or leadership support, state that need clearly and connect it to the findings presented in the report.

The [Team Name] continues to provide an important mechanism for early identification, coordinated support, assessment, intervention, and campus collaboration. The 20XX–20XX reporting period demonstrated [1–2 major successes] while identifying opportunities to strengthen [1–2 areas].

The coming year will focus on [priority], [priority], and [priority], with continued attention to ensuring that campus community members know what to notice, when to refer, and how to connect individuals with appropriate support.

Optional One-Page Dashboard

For senior leadership, provide a one-page visual dashboard at the beginning of the report showing:

Referrals:	[###]
Unique Students:	[###]
Trainings:	[###]
People trained:	[###]
Top referral source:	
Top concern:	
Busiest month:	
Retained/connected to support:	[###]

That gives administrators the windshield view first, while the seven sections provide the road underneath.