

Summary and Analysis of Case Management in Higher Education

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Abstract

This article is a summary and analysis of our Higher Education Case Management Association (HECMA) 2017 HECMA Membership Survey and Analysis Report. The report is a review of case management data collected from 252 individual respondents from institutions across the United States and Canada, and was the largest HECMA membership survey to date. In this review, we discuss key findings and detail the significant growth in case management and Behavioral Intervention Team (BIT) procedures. We discuss the evidence supporting the strong need for clear role definition, including how and where both case management positions and BITs operate within the landscape of higher education. Finally, best practice recommendations are also provided.

Introduction

The field of case management is a functional area of student affairs, an area that is still developing while at the same time rapidly expanding within higher education. It is a highly specialized field that requires training in federal and state laws, an expertise in mental health issues, a strong grasp of institutional policies and procedures, and the ability to assist and intervene with a variety of at-risk student populations.

Further, as mental health needs continue to grow, and exceed, the capacity of college counseling centers, the clear need for a comprehensive approach to managing distressed or distressing students has been identified (Wilson, Powell, Woodley, Nelson-Moss, Blamey & Thibodea, 2013). Prior to the development of specific case management roles on college campuses, university administrators were often tasked with embedding case management work within their already long list of job duties. However, as federal laws and guidance on interventions for mental health and threat to self/others have changed, and consequently, the scope of case management practice expands, this is no longer the most efficacious method for managing distressed and/or distressing students. Once institutions began to recognize the benefit of having dedicated positions for case management functions, the field broadened beyond just those students experiencing mental health challenges to include a variety of at-risk student populations (Van Brunt, Woodley, Gunn, Raleigh, Reinach & Sokolow, 2012).

As the field of case management expands, so do the expectations of the role itself, and case managers are finding that they are being asked to wear multiple hats in their work with students (Dugo, Falter & Molnar, 2017). Case managers report continuous growth in the scope of their responsibilities, often beyond the original intention of the position. Within the field, scope-creep, or expansion of responsibilities, has been identified as a common theme by case managers. The expansion of roles without clear limits raises concerns about conflicts of interest in existing job duties, large student-to-staff ratios, and the resulting difficulties that case managers may be facing as the key position on campus supporting students experiencing distress from a variety of personal, social, and academic challenges. To ensure consistency nationally as well as optimal services to college students, we believe that there is a strong need for clear and precise standardization of policies and procedures, as well as for clarification around how the case management field fits within the higher education setting.

More broadly, the Case Management Society of America (CMSA) defines "case management" as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes" (Case Management Society of America 2012, para.1). According to Van Brunt et al. (2012), case management in higher education can be more specifically defined as a solution-focused approach to assisting students with a wide variety of needs. It is action-oriented and

future-focused, looking at what can be done moving forward rather than what has happened in the past (Van Brunt et al, 2012).

Case management in higher education dates to as early as 2000, when the first student affairs case manager role was created at the University of Miami (Zilmer, et.al 2016). In 2006, the demand exceeded capacity, and a second position was created. The Virginia Tech tragedy in 2007 brought to light the prevalence of campus mental health issues and the need for specific threat assessment and behavioral intervention procedures (Van Brunt et al, 2012). As discussed by Wilson et al. (2012), the Virginia Tech Review Panel published recommendations in 2007 that provided guidance on specific areas of campus safety and mental health concerns for students on campus. This report included specific language on how universities are responsible for sharing information when health and safety issues arise, and how they should review/revise their existing policies related to recognizing and assisting students in distress and intervening when a distressed student poses a danger to themselves or others (Wilson, Powell, Woodley, Nelson-Moss, Blamey & Thibodea, 2013).

Thus, the field of higher education case management began to form, with the first case management roundtable hosted at Virginia Tech in 2008, the creation of a grassroots case management organization in 2009, and then finally, the creation of the Higher Education Case Management Association (HECMA) in 2011 (Zilmer, et. al 2016). HECMA is the founding organization for higher education case managers, and aims to provide its members with both a professional identity and the resources to advance their knowledge and research within the field of case management at postsecondary institutions (Higher Education Case Management Association 2015, para 1). HECMA currently defines the role of case managers in higher education as "serving their university and individual students by coordinating prevention, intervention, and support efforts across campus and community systems to assist at-risk students and students facing crises, life traumas, and other barriers that impede success" (Higher Education Case Management Association 2013, para. 3). As case management positions continue to be created at institutions across the U.S., HECMA membership continues to grow, with the organization boasting more than 500 members in 2017 and an annual conference held at various locations throughout the U.S. Case management is clearly a rapidly expanding field, and HECMA is one of the preeminent professional organizations assisting with the momentum.

As HECMA's membership grew through the years, the leadership team began collecting data to better understand its members and their needs. While smaller, more focused surveys have existed throughout HECMA's lifespan, the two largest predecessors to the 2017 Membership Survey were the "The Landscape" and the "The Journey" surveys, administered in 2012 and 2014, respectively, by the organization's leadership (Larson, J.J., 2012 & 2014).

In 2016, led with a charge from the HECMA Quality Improvement Committee, we aimed to create a sustainable model for assessing

current and future trends, as well as a baseline for best practices in case management. This model included a foundational set of questions that allows HECMA to track changes in demographics, scope of practice, needs of the membership, and best practice recommendations moving forward. The *2017 Membership Survey and Analysis Report* was published in August 2017 to the HECMA membership.

Survey Purpose and Instrument

This survey was the largest survey HECMA has implemented in its six-year history. It was designed with the intention of creating a sustainable survey instrument that could be used biennially as a baseline for longitudinal data. HECMA has implemented smaller, more focused surveys on case management topics, as well as the previously mentioned, two larger membership surveys conducted in 2012 and 2014, all of which were reviewed to provide a foundation for this survey and to ensure consistency. Three main focus areas of the survey are: 1) demographics of the institutions of higher education (IHEs) in which case managers are employed; 2) the scope of the case management practices, either in a standalone case management office/unit or as part of an existing office; and 3) demographics of the case managers themselves. The survey's 81 questions aimed to cast a broad net to better understand these three areas with both qualitative and quantitative questions. Therefore, while there are many areas (including involuntary/voluntary withdrawal procedures, caseload and volume of referrals, salaries, and role responsibilities) that could be explored in-depth, the goal was to obtain a broader snapshot of the three main focus areas rather than collect extensive data on very specific policies and procedures.

The targeted audience for this survey was the current HECMA membership. We asked all members to complete the survey (not just one representative per institution), which helped provide multiple views and perspectives on institutional policies and practices. Open-ended questions allowed for further insight into these individual perspectives.

We used CampusLabs in partnership with assessment experts at Northwestern University for data collection. The survey was open for 18 days in March 2017 and was sent out via the membership listserv, which averaged 490 members during the active span. Two free Annual Roundtable (HECMA 2017 conference) pre-conference sessions were offered as incentives for those who completed the survey in the first seven days. Response rates met our response goals, with 34.3 percent completing the entire survey, and 51.4 percent of the membership taking at least part of the survey. The survey remained anonymous, with respondents being asked only their institution's name and their position title. We were careful to not provide data or responses from which one could potentially extrapolate who the individual respondent was based on the feedback provided.

Survey Limitations

As with any survey methodology, we recognize that there are limitations to the data provided by this project. The 2017 HECMA Membership Survey was sent to all of HECMA members, and therefore, there could be

multiple case managers from one institution reporting on the same information. While we did this intentionally, we recognize that this could also affect our results. Additionally, we acknowledge that the language of the report should reflect the fact that not all participants operate solely as case managers. Some may have multiple duties, with case management just being one piece. Therefore, we have intentionally used the term "respondent" in this report, as not all respondents may be full-time case managers. However, in future surveys, we also recognize the importance of asking respondents questions that provide more clarity around the percentage of case management duties of their roles (i.e., providing some case management duties as part of another position versus being identified as the case manager for the campus).

Despite these limitations, the 2017 HECMA Membership Survey is still the largest survey to date specific to case management in higher education. We therefore believe that the survey data and corresponding report can be seen as the beginning: an opportunity for further in-depth research into trends and current practices in multiple areas, including the relationship between case management and BITs, compassion fatigue and professional burnout, affective self-care, large student-to-CM ratios, legally sound in/voluntary withdrawal of students, conflicts of interest within the role, appropriate role definition and scope, effects of CMs not reflecting the student body demographics they serve, and more.

Case Management and IHE Demographics

The survey requested demographic information for both the respondents' IHEs and the respondents themselves. More than one-third (18) of U.S. states represented had just one or two respondents. The highest responses by state came from New York (18) and California (30). Overall respondent numbers by state do correlate to which U.S. states have the most IHEs. While respondents were at IHEs with a wide range of student population size overall, 88 percent of respondents were at IHEs with residential populations under 10,000 students.

Key Location/IHE Statistics

- 181 unique IHEs participated.
- Forty-four percent were in urban areas, 42 percent in suburban areas, and 14 percent in rural locations.
- Student populations ranged from just over 900 to 77,000.
- Sixty-three percent of respondents indicated that they were at public, four-year institutions, 33 percent were at private, four-year schools, and only 4 percent were at community colleges.
- Nearly half (46 percent) were housed in the Dean of Students' Office, and 21.7 percent were in a Counseling Center.
- Only 7 percent were in an office branded as case management.

*Population data was initially asked in ranges but IPEDS data was used for computational purposes.

Key Respondent Statistics

- There were 252 unique respondents, 168 of which completed the full survey.

- Fifty percent had a title of “Case Manager/Coordinator.”
- Eighty-nine percent of case managers identified as female.
- Eighty-one percent of respondents self-identified as Caucasian, white, or of European descent.
- Nearly all (96 percent) were full-time employees.
- Seventy-two percent worked in a non-clinical student affairs role (e.g., Dean of Students or other student affairs position).
- Twenty-four percent worked in a clinical role (e.g., student health or counseling center).
- Nearly half (48 percent) had a clinical license, but 20 percent of those licensed did not operate under their license in their current roles (i.e., a licensed clinical social worker employed in a Dean of Students’ Office).

The data further indicated that most of the case managers responding came from a mental health (63 percent) or student affairs/higher education (37 percent) educational background. Seventeen of the 27 respondents that reported “other” came from a social work background. Additionally, 84 percent reported their highest level of education as a master’s degree, followed by 8 percent with a doctorate. Seven of the 14 respondents who reported having a doctorate degree had titles such as Assistant/Associate Dean of Students, AVP, etc.. However, it is unclear from the survey results whether those with Dean of Students or AVP titles consider a portion of their role to be case management.

Clinical vs. Non-Clinical Case Management

HECMA defines case managers as clinical or non-clinical. We feel that this is an important distinction to make due to the significant difference in scope of role. In the survey, 72 percent of respondents reported that their role was non-clinical, followed by 24 percent with a clinical role, and 2 percent in an academic case management role. If respondents identified themselves as having a clinical role on the survey, they were directed to an additional set of questions about their scope of practice. Survey results indicate that clinical case managers tend to be licensed practitioners working in college counseling centers, and often fulfill some clinical or counseling responsibilities (e.g., triage, intake, etc.), as well as more traditional clinical case management roles, such as referral to outside providers and coordination of treatment plans. Non-clinical case managers identified as having either a mental health or higher education background, and worked in more traditional student affairs offices such as the Dean of Student’s Office or residential life. While there is often some overlap in responsibilities (e.g., post hospitalization assistance, monitoring compliance with treatment plans, etc.), the roles differ in some important ways. One of the major distinctions is that clinical case managers often operate in the context of a counseling or health center and are therefore able to offer students confidential services. They are bound by confidentiality laws and cannot engage in the same level of outreach to professors and other academic resources as non-clinical case managers. Though non-clinical case managers operate under the guidelines of the Family Educational

Rights and Privacy Act and therefore strive to maintain privacy of student concerns, services should not be represented as confidential and allow for broader outreach and communication with both on-campus and off-campus constituents.

Clinical training can be highly beneficial to non-clinical case managers, who are often navigating complex student concerns. However, non-clinical case managers should not represent themselves as mental health providers. Forty-eight percent of respondents reported having a current license. However, 20 percent of respondents indicated that they maintain licensure but do not operate under their license in their current roles, which means that only 28 percent of case managers who responded operate under their license and can therefore represent themselves as mental health practitioners.

Supporting students who are experiencing mental health or medical concerns is an area of overlap between the two roles. As mental health concerns have ballooned on college campuses, both clinical and non-clinical case management positions are designed to manage students with mental health diagnoses; however, they may play different roles in the support and processes related to students with acute mental health crises. We found that overall:

- Eighty-six percent of respondents reported that they provide post-hospitalization assistance.
- Seventy-three percent of respondents coordinated wellness or welfare checks.
- Sixty percent of respondents monitored compliance with treatment plans.
- Fifty-four percent of respondents maintained a list or database of referrals.

There are clear roles and responsibilities for many clinical case managers who are housed in counseling centers, as they are guided by laws of confidentiality and have the support of a counseling center staff. However, the data suggests that non-clinical and clinical staff alike are providing either crisis counseling or support, and given the low percentage of respondents who provide clinical intake, counseling, and group therapy, we believe these responses are from respondents who identify themselves as clinical staff.

- Forty-nine percent of respondents provided crisis counseling or support.
- Twenty-three percent of respondents provided clinical intake or assessment.
- Seventeen percent of respondents provided individual counseling.
- Twelve percent provide group therapy or support.

While non-clinical case managers often assist with mental health crises and concerns about threat to self/others, they are also better positioned to assess student needs in a larger context, such as financial aid, academic difficulties, or food/housing insecurity concerns. Additionally, non-clinical case managers can use their

positions to advocate for services or policies for students. For example, we asked respondents to report on their ability to advocate for and/or implement policy changes that impact students of concern (e.g., withdrawal policies). Sixty-two percent of non-clinical case managers indicated that they did so within the context of their roles, whereas only 8 percent of clinical case managers saw that as being within the scope of their role.

Case Management Caseload

While it is difficult to calculate a reliable number for the student population to case manager ratio on a campus, we used data points from the survey to give the best estimate of an overall average student to case manager ratio. We calculated that the average student to case manager ratio is 7,115:1, with 75 percent of respondents indicating that they were either the sole case manager or that there was one other case manager on their campus. The following chart displays the change in ratio based on number of case managers per IHE (15,810:1 for IHEs with one case manager to 9,146:1 for IHEs with two case managers). With 75 percent of IHEs having just one or two case managers, it is evident that a 12,576:1 average ratio for that group whose roles have high-touch points could easily be too much to handle.

The estimated annual referrals to a case manager’s department ranged from 0 to 9,000, with 57 percent reporting between one and 300. Twelve percent of respondents indicated that they had more than 91 open cases at a time. However, the practice of opening and closing cases is still not well defined within the field, and this could account for the high variability.

Given the complex nature and frequent acuity of student concerns, it is important to recognize that the number of open cases may not accurately reflect the amount of work being done on behalf of students by case managers. For example, 95 percent of respondents indicated that they worked with students who have

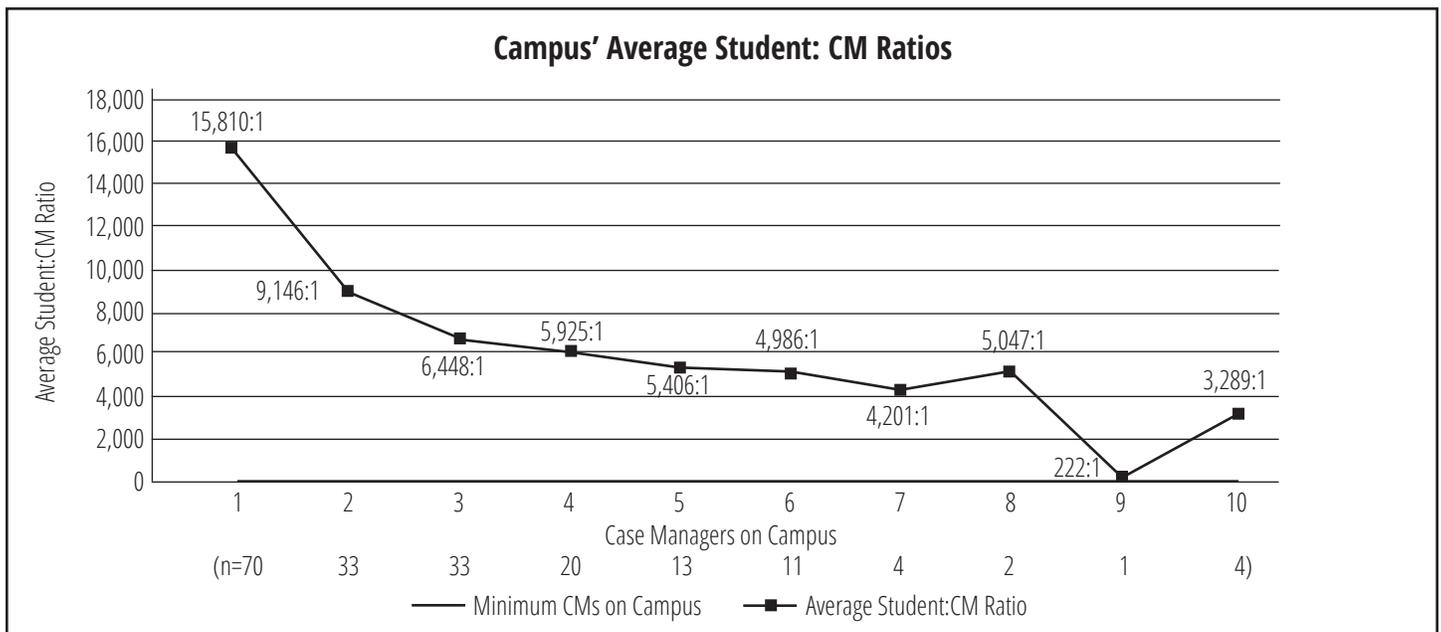
experienced suicidal ideation/attempt. In such situations, case managers are likely to be involved in on-going support of students who are at risk of self-harm, communicating with families, consulting with providers and monitoring adherence to treatment while simultaneously serving on the threat assessment team or BIT. Further, 58 percent of respondents indicated concern about caseload and balancing duties. As the field continues to grow, this could be an area of further exploration to ensure high quality interventions to students using case management services.

Case Management Scope of Practice

Much like any functional area at a university, case management is operationalized quite differently from institution to institution. In this survey, we asked respondents 29 separate questions about the types of student situations, policies, and procedures that helped set the scope of practice for case management at their institution.

According to the definition of “case management” by HECMA, at its core, case management positions are designed to assist both students and their institutions by finding ways to support students’ well being while simultaneously ensuring the safety of the students and the campus community. Case managers therefore often work with students in distress at a time in which personal issues correlate to academic and behavioral concerns. Direct support, internal and external referrals, and follow-ups are a large part of the landscape of the position.

Questions addressed some of these topical areas in an effort to accurately define common practice, but there is not necessarily yet a consensus in the field on *best practice* for case management scope. Methods for voluntary withdrawal, the use of involuntary withdrawals, and the use of holds upon reentry from mental health hospitalizations are also a big part of the role, but are still controversial and consistently discussed and debated by those working in the field.



The following table shows the common items in the scope of practice for case management:

Support Provided for...	% of Respondents
Emotional/mental health concerns	96.8%
Suicidal ideation or attempt	95.1%
Death of Student	84.9%
Students who have been victims of crimes	84.3%
Medical/health concerns	82.2%
Academic concerns, including excessive class absences	80.0%
Missing student	74.6%
Title IX concerns	65.4%
Physical injury	64.9%
Academic accommodations or short-term flexibility	64.3%
Hate crimes/bias issues	61.6%
Arrest of student	50.8%

As expected, supporting students who are experiencing medical/mental health concerns is a key component of case management responsibilities, with 95 percent of respondents reporting this to be a primary part of their role.

Support with emergency resources was also reported as a large component of many respondents' roles. Sixty-two percent of case managers reported that they coordinated housing resources, 59 percent indicated that they coordinated food resources, and 52 percent reported coordinating student emergency funds. We asked these respondents to indicate whether they coordinated these resources themselves or whether they directly provided the resources, and found that the percentage of those coordinating were 7–10 percent higher than those providing; indicating that many are likely the liaison to separate offices that offer these supports.

Student advocacy is also an important responsibility for case managers. Sixty-four percent reported using data/tracking trends to advocate for students, 74 percent reported advocating for and/or implementing policy changes that affect students, and 95 percent reported working directly with campus constituents to advocate for individual students.

Case Management and Title IX

In response to the "Dear Colleague Letter" of 2011, issued by the Department of Education's Office for Civil Rights (OCR), Title IX resources and supports on campus have grown exponentially. Students have been educated about consent and institutional policies

against gender-based sexual harassment and sexual violence, and faculty and staff members have also been educated about their roles in mandated reporting. Case management roles are designed to be seen as approachable and safe, which would provide a platform for students to share deeply about situations in their lives that are creating distress. In some cases, that distress could be related to Title IX issues. We explored this topic in the survey, and found that 167 respondents provided information on their relationship to Title IX on their campus. Of those, 37 provided detailed responses about their experiences working with Title IX via open-ended questions included in the survey

Key Title IX Findings:

- About one-third of the 167 respondents stated that they received initial reports of Title IX cases.
- Sixty-eight percent reported providing general support for students in the process.
- Forty percent reported providing survivor/victim support, and thirty-nine percent reported providing respondent support.
- Twenty-six percent of respondents did not play a role in Title IX concerns explicitly.

The open-ended questions revealed that some case managers have extensive training and experience working with victims of sexual assault and domestic violence, while others stated that any student involved in Title IX situations were referred to their victim advocate program for reasons of confidentiality.

Respondents also shared that they coordinated information flow within need-to-know groups such as the BIT and/or threat assessment team. Multiple respondents shared that as case managers, they were part of institutional task force/committees/advisory boards on sexual and relationship violence.

Respondent feedback also mirrored the growth of Title IX seen on national listservs and job posting sites, as multiple campuses reported having case managers specifically focused on Title IX cases, with some positioned in those offices. This is an area in which we expect to see additional growth if federal and state laws and institutional policies continue to focus on ending sexual violence in college-aged individuals.

Fewer than 6 percent of the 167 of respondents reported that they are campus Title IX investigators and/or judicial/conduct officers for the Title IX process. These few respondents primarily reported having larger institutional duties; holding professional titles such as Assistant/Associate Dean of Students/VP for Student Affairs, etc. While the survey did not delve deeply into the specifics of overall responsibilities for each respondent, we are concerned that such roles create conflicts of interest, which may reduce student confidence in the process and could constitute a liability for the institution.

We highly encourage all case managers to have intentional conversations with Title IX representatives to understand the role they

should play in supporting students who may be victim/survivors, as well as those who are alleged to have committed violations. We also recommend that case managers pay careful attention to the real or perceived conflict of interest for those that are in any student conduct decision-making role when dealing with issues of sexual assault, dating/relationship violence, harassment, or stalking.

Case Management Relationship with Threat Assessment/BIT Teams

We also explored the responsibilities of case managers in relation to the various teams on campus. We recognize that there are differing opinions nationally on having multiple students of concern teams, and many IHEs have moved to having more than one team to manage and monitor student concerns or threats. For the purpose of the survey, we asked questions about Behavioral Intervention Teams, sometimes called CARE teams, and Threat Assessment Teams (TATs), to try to delineate the levels of student concerns. Sixty-three percent of campuses reported having more than one team to monitor student concerns. Eighty-six percent of respondents shared that they provided follow-up/case management to the students discussed at BIT/CARE meetings, 59 percent provided referrals to BIT/CARE teams, 58 percent participated on BIT/CARE meetings (not as Chair), and 31 percent stated that they chaired the BIT/CARE team. Non-clinical case managers had a much higher likelihood of connection in all categories than their clinical peers.

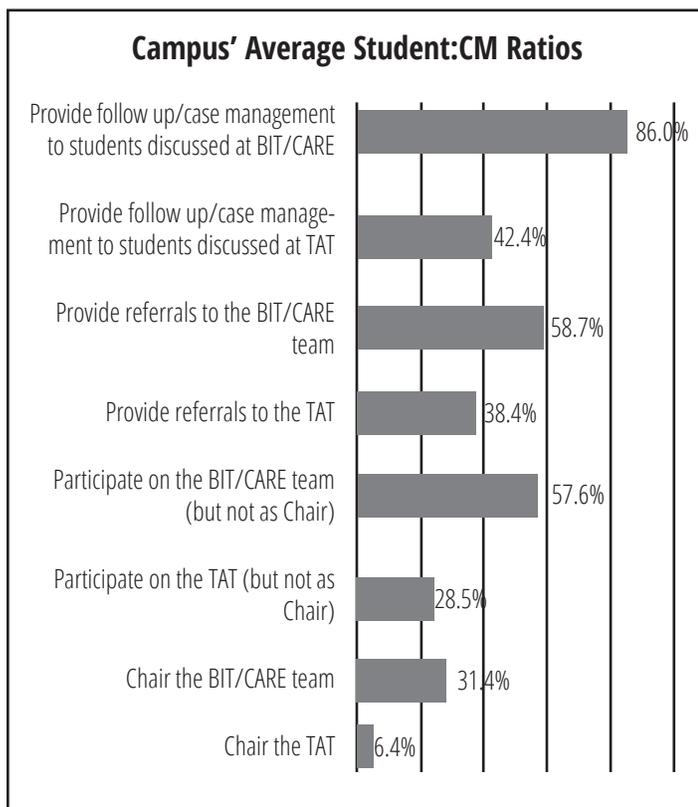
As 86 percent of respondents indicated that their role included follow-up for students discussed at BIT meetings and 42 percent indicated

that they conducted follow-up for students discussed at TAT meetings, the results suggest case managers have become a crucial part of managing students who pose threats to themselves or others on their campuses. Due to their unique role on campus in supporting distressed and/or distressing students, case managers are well positioned to support and follow up with the students discussed at these meetings and report back to the team on progress towards mitigation of the concern and support for the student.

Case Management Procedures and Marketing

Eighty-eight percent of case manager respondents shared that they had been in the position less than five years and were the sole case manager on campus. Further, we found that only 55 percent of respondents reported that their department/program had a dedicated operational budget, and of those, 40 respondents shared with us the amount they had within an annual budget outside of salary and benefits for their position. Using this information, we found the average budget to be about \$16,500 U.S. dollars. This was calculated after removing the bottom and top two amounts, as the budgets ranged from double digit numbers to almost a half a million dollars for one institution. Some respondents commented that they didn't know the breakdown of their budget, which indicated to us that they might not have access to or be in control of the allocated funds.

Funding was reportedly used in a variety of ways, with professional development (90 percent) being the largest cited. Fifty-five percent of respondents also indicated that their budget was used for technology, which could range from laptops to case management software licensing, and 54 percent reported using their funds for programming, which more generally helps educate campus communities about the case management role as well as when and how to refer or consult about a distressed or distressing student.



Case Manager's Perspectives on the Role

All professional jobs endure stressing moments, but anyone who has worked in or alongside a person doing case management can understand and articulate that students share deep personal narratives, including moments of self harm, harm/violence from others, and a variety of other difficult topics. Case managers also hold inside knowledge of evolving campus situations from missing students, items in the media, and deaths (Dugo, Falter & Molnar, 2017). We therefore believe that identifying and adhering to self-care methods is extremely important, and we asked multiple questions about this topic. We felt honored to receive such open, heart-felt responses.

When asked to quantify the weight of their caseloads, 52 percent of respondents said it was too much, 43 percent said it was just right, and only 5 percent stated that it was too little. Fifty-five percent of respondents shared that they did not have enough resources (e.g., professional development, staffing, etc.) to carry out their job responsibilities effectively. More than one-third (37 percent) of respondents shared that they felt like the responsibilities of their role sometimes created a conflict of interest. In terms of feeling supported, those

case managers who felt less supported by their institutions tended to feel less supported by their supervisors. While certainly not the circumstance for every case manager, these responses point to the importance of professional support at all levels.

There were 145 respondents who answered the question, "What are the biggest challenges of your job?" This particular open-ended question elicited a significant amount of feedback, with a few general themes garnering roughly equal responses in numbers. The biggest challenges reported by participants were balancing the growing responsibilities of the position (17 percent), a lack of clear role definition and/or policies (15 percent), the volume of work and/or caseload (14 percent), and the lack of resources/staffing (12 percent). Additionally, 11 percent of respondents reported that the acuity of cases was challenging, 5 percent reported struggling with creating a new program, and 2 percent reported issues with time management. When asked about the most challenging aspects of the job, respondents shared the following narratives:

- "Managing a large caseload and knowing that I can't give every student the attention and follow-up that they truly need."
- "...not having enough staff to adequately serve the number of students in need."
- "...the ever-expanding pool of potential referrals. More and more cases, with limited resources."
- "The many hands and departments that work with students and how that support sometimes overlaps and the student gets overwhelmed."

Best-Practice Recommendations

After careful review of the data, we created the following recommendations:

1. With 89 percent of respondents identifying as female and 81 percent identifying as Caucasian, white, or of European descent, we as a field clearly need to pay more attention to recruitment, mentoring, employee evaluations, professional development, and other factors related to hiring practices of traditionally marginalized groups. When expanding case management programs on a campus, such as by adding additional roles, IHEs should strongly consider the language used in position descriptions and job postings, review how/where they communicate openings, and how/what questions are part of interviews, etc. The field of higher education and case management should strive to employ a staff that mirrors the diversity of our student populations.
2. Interestingly, while women made up 88.7 percent of case managers; male-identified case managers had a 10.7 percent higher chance of chairing the BIT. We recommend that IHEs actively engage women in leadership development to help advance their positions in critical roles related to campus threat assessment.
3. With 72 percent respondents indicating that their role was "non-clinical" and 20 percent reporting that they maintained licensure but did not operate under their license in their current role, we recommend that licensed,

non-clinical CMs are intentional and transparent about the services they provide. It is important for supervisors and case managers to be cognizant of the legal and ethical boundaries of those who are licensed and working in a non-clinical role, as rules of confidentiality, mandatory reporting (such as in Title IX cases), and potential areas of conflicts of interest in role definition may cause confusion or misunderstanding for students. Though non-clinical case managers may have the skills to provide more traditional assessment and therapy, they should exercise caution in engaging at-risk students populations and make referrals to appropriate clinical providers.

4. Despite the growth in demand for case management services in higher education, only 55 percent of respondents reported a dedicated budget, with an average of \$16,500. We therefore suggest that IHEs allocate a dedicated budget to case management programs. Doing so demonstrates recognition of the importance of the program, defines it as a separate functional area, and allows for the tracking of unique and specific expenses. The budget should consider funding for areas such as technology, professional development, marketing, and training.
5. While there may not be an established best practice ratio of student to case managers, case management by definition will require CMs to have multiple points of contact with students, as well as with institutional and community resources, leading to high touch points around each student. Some cases are acute and complex and involve in-depth use of resources, including case managers' skills, which should be well honed. High student to case manager ratios does not allow for effective support and can lead to triaging student situations rather than providing the in-depth care and support students need. We recommend that the field of case management begin to look at tracking not just referrals and caseloads, but also hours spent or contacts made with and on behalf of students, so that case managers are better able to advocate for the necessary resources to support students of concern. Further, if IHEs have just one CM, we recommend that others at the institution be cross-trained to assist in times of high caseload, vacations, sickness, or times of unplanned extended absences.
6. The creation of a case management manual can be a daunting task if you do not already have one in place, but we believe that it should be a core component of every case management program. The manual can provide a mission, vision, and focus for the program, set boundaries, provide guidance around referrals from campus partners, and encourage clarity on programs and procedures. This is an essential tool when/if training is needed for new members of the team, when doing an assessment and/or review of your program, and for determining appropriate growth strategies for the program.
7. Based on the fact that one-third of the 167 survey respondents stated that they received initial Title IX reports, and 68

percent of respondents reporting some kind of involvement in the Title IX process, we created the following recommendations for case management and Title IX:

- Non-clinical roles should be mandated reporters of Title IX information.
- Ensure equity: Provide support for both the survivor/victim/complainant *and* respondents.
- Avoid conflicts of interest: If your full-time role is case management, your position should be removed from Title IX-related student conduct decision-making processes.
- Work in collaboration with campus or community victim advocate programs.
- Get involved in providing input to campus advisory boards that provide (non-case specific) guidance on Title IX education, outreach, policy, etc.
- Develop the ability to secure students' appointments in on-campus counseling centers, especially in crisis moments related to Title IX cases.

Discussion

We hope that this survey data can assist IHEs with being intentional and strategic when creating case management positions, as well as when evaluating current case management programs, structures, and resources. As indicated by the survey responses, case managers wear many hats at institutions, and are often involved in some of the most challenging and potentially litigious student concerns. Case managers must constantly tend to the students they serve while also thinking about institutional policies and procedures. The case managers surveyed shared through open-ended questions and responses that the main challenge of the role is that scope-creep adds to an ever-growing caseload, typically without additional resources being allocated. Case managers then must be selective with their time and resources, and often resort to triaging cases and responding to the most distressed students rather than providing student assistance for a broader range of concerns.

We recommend that IHEs looking to include case management services on their campuses consider this feedback and work towards creating an office of case management — an umbrella label that can run a variety of programs for distressed and distressing students, as well as other at-risk student populations. Even with an office of one, this approach eliminates scope-creep and ensures that IHEs are building a strong foundation for support services that can scale to the growth of at-risk student populations and the institutions themselves. Additionally, this approach assists with the formalization of mission statements, procedural manuals, and other documents, to create a more standardized and finite scope of practice. When there is not a defined scope of practice, case managers can easily become a catch-all for all complaints, BIT cases, or situations that don't fall directly into the role of another office, which can lead to quick burnout as

well as liability concerns. Finally, case manager roles should be clearly defined, and all measures should be taken to make sure that case managers are not placed in conflicting roles that create ethical and boundary violations.

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