

Case Management Models

Tulane University

Gonzaga University

Case Management Study

Best Practices

The Evolution of Case Management in Higher Education

- Pre-Virginia Tech Era
 - Care Teams
 - Cases “managed” all over the place or not at all
 - No formal threat assessment
- Post-Virginia Tech Era
 - Formalized Behavioral Intervention Teams
 - Case management positions begin to be created (or individuals designated to manage cases)
 - Formal threat assessment as part of the BIT or as a stand alone mechanism

AUCCCD 2010 Survey

- Some Data (17 schools, Enrollment ranged from 1100 to 48,000, with definite clusters around 6-10K, 15-20K, and 25K plus. No obvious patterns.
- Most frequent title is Case Manager (10). Others include Case Referral Coordinator, Emergency Case Manager, Clinical Case Manager, Case Management Specialist, Community Resource Specialist, Social Worker, Staff Counselor.

AUCCCD 2010 Survey

- Most frequent reporting channel is Director of the counseling center (8). Others include Assistant Director of the counseling center, dean of students, vice chancellor, associate vice chancellor, assistant director for psychiatry.
- Does the case manager manage both on/off-campus referrals? 16 yes, 1 no.
- Does the case manager collaborate with your local hospital ER? 15 yes, 2 no

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Case Management Models

- Counseling Center Models
- Administrative Models
 - Student Affairs
 - Behavioral Intervention Team
 - Student Conduct
 - Emergency Management
 - Provost’s Office
 - Human Resources

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Case Management in Counseling

- With the increase of drug therapy in the 1960’s an emphasis on protecting the human rights of the mental patients, the de-institutionalization movement began.
- The community mental health movement became a centerpiece of President John F. Kennedy’s congressional program.
- There were shifts in insurance coverage for the mentally ill provided by the Comprehensive Mental Health bill (1964), and Medicare/Medicaid Acts (1966).

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Case Management in Counseling

- Development of Community Psychology & Case Management models of care
- Case Management models that support:
 - In a strength based fashion
 - Psychological as well as financial
 - “It takes a village”
 - Collaborative treatment team (meds, therapy, living environment, family, care coordination)

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Student Affairs

Within Student Affairs, case management aims to:

- Connect a student with resources
- Help students move beyond behavioral issues
- Provide accountability
- Offer a framework for good self-care
- Ensure consistency of response

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Case Management Models

Counseling Model

- Primary focus on the individual
- Connecting to treatment and focus on communication between medical providers
- Assessment of obstacles and obtaining solutions

Administrative Model

- Primary focus on balancing individual and community needs
- Mandated meetings that may rely on Code of Conduct if needed
- Provides accountability for self care

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Tulane

- Students at Risk Meeting monthly until fall of 2008
- Case Management position created summer of 2008 (dual report to provost's office & VPSA)
- Behavioral Intervention Team created and approved by provost in August of 2008



Tulane

- Assist in campus wide crisis management and emergency response
- Provide case management to students identified as high risk
- Oversee the re-entry process for students on medical leave of absence
- Assist students in accessing resources or navigating university systems
- Coordinate mandatory/involuntary leave actions



Tulane

- Provide formal referrals to both on and off campus resources
- Facilitate medical leaves of absence
- Plan & implement faculty and staff training focused on identifying and responding to students at risk
- Chair weekly behavioral intervention team meetings



Tulane

- Maintain records of students at risk
- Serve as a contact person for external constituents on behalf of the university (parents, hospital administrators, community partners etc)



Gonzaga

- Case Manager position created in 2009
- Reports to Dean of Students
- Student Care/Concern team has met weekly for over 20 years; case manager was added as a member of this team
- Works with referrals from staff, faculty and other students



Case Management at Gonzaga

On Campus

- Behavioral Intervention Team
- Counseling Center
- Disability Office
- Health Center
- Academic Advising
- International Student Programs
- Study Abroad
- Security
- Residence Life
- Athletics

Off Campus

- Sexual Assault /Domestic Violence Advocacy Agencies
- Local hospitals & clinicians
 - Psychiatric, eating disorders, etc...
- Substance Use Assessment Agencies



Case Management Study

The sample:

- 73% of the respondents were at public institutions, 27% were at private institutions
- 100% were at 4 year institutions
- Institution size ranged from less than 5,000 to over 40,000

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Case Management Study

Do you have a behavioral intervention team for faculty/staff?

- 32% Yes
- 59% No
- 18% Other

If yes, do you have overlapping members of student and faculty/staff BIT?

- 32% Yes
- 14% No

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Are case notes kept separate from BIT notes?

- 22% yes
- 67% no

Does your university have an involuntary health related withdrawal?

- 64% yes
- 36% no
- 5% other

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Case Management Study

Is your BIT authorized to make mandated assessments?

- 71% yes
- 14% no
- 14% other

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Case Management Study

Who conducts mandated assessments for your behavioral intervention team?

- 53% counseling center
- 32% private practitioner
- 16% community mental health agency
- 11% BIT or TAT member
- 47% other

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Case Management Study

If you have a separate BIT and TAT, do they have overlapping members?

- 61% yes
- 28% no
- 28% other

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Building a Comprehensive Community Provider Network

- Importance of understanding university's limitations
- In-patient hospitalizations
 - Notification of hospitalization
 - Communication with inpatient unit
 - Notification of release
 - Aftercare

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Identifying Community Providers

- Why community providers?
- Things to consider
 - Insurance issues
 - Proximity
 - Willingness to communicate
 - Willingness to see mandates clients

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Community Provider Network

- Setting up mechanisms for communication
 - May be provider-specific
 - Doesn't have to be formal
 - May include multiple players
 - May evolve as the relationship evolves

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Consent

- On campus vs. off campus
- Balancing need to know with need to protect the therapeutic relationship
- General forms
- Double-sided consent

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Best Practices within Case Management

- Medical Withdrawal Process
- Involuntary Medical Withdrawal Process
- Online Reporting System
- MOU's
- Community Partners
- Post-hospitalization Protocols

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Things to Consider

- Location of case management function at your institution
- Internal versus external hires
- Promotion of this position at your institution
- Gaining support for this position at your institution

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Resources Available for Participants

- Model Case Manager Job Descriptions
 - Counseling Center Model
 - Admin Model
- Post-Hospitalization Protocol
- Sample Involuntary or Mandatory Medical Withdrawal Protocol
- Medical Withdrawal Procedure
- Sample Community Provider Questionnaire & Consent form

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Questions

- Case management is useful as it provides a service to catch those cases that seem to exist between the silos of counseling, DOS, judicial affairs and residential life.
- A key discussion point is where the case management position is housed---counseling, student affairs, attached to the BIT, judicial affairs and residential life?

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Questions

- Funding for the position---shared between departments? A newly created position attached to the BIT (perhaps attached to a BIT budget request or tied to other crisis expenses such as HD cameras, blue lights, outdoor warning systems---crisis prevention vs. crisis response---we need both)
- Scope of authority of the position--can they require compliance and have sanctions? Do they refer to judicial affairs? Or are they more focused on providing assistance?

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Questions

- How communication is designed? Think about---
 - Releases being signed at the start (easier then trying to do it mid process)
 - How much information is shared?
 - Helping the individual vs. risk to the community (think of mandated child abuse reporting)--- counselors often err on the side of the individual-- -student affairs/conduct/residential life have a more community oriented approach (one is not better---how to set the balance)

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Q/A

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