

National Association
for Behavioral Intervention
and Threat Assessment

Case Management for the BIT

University of Wisconsin

Agenda



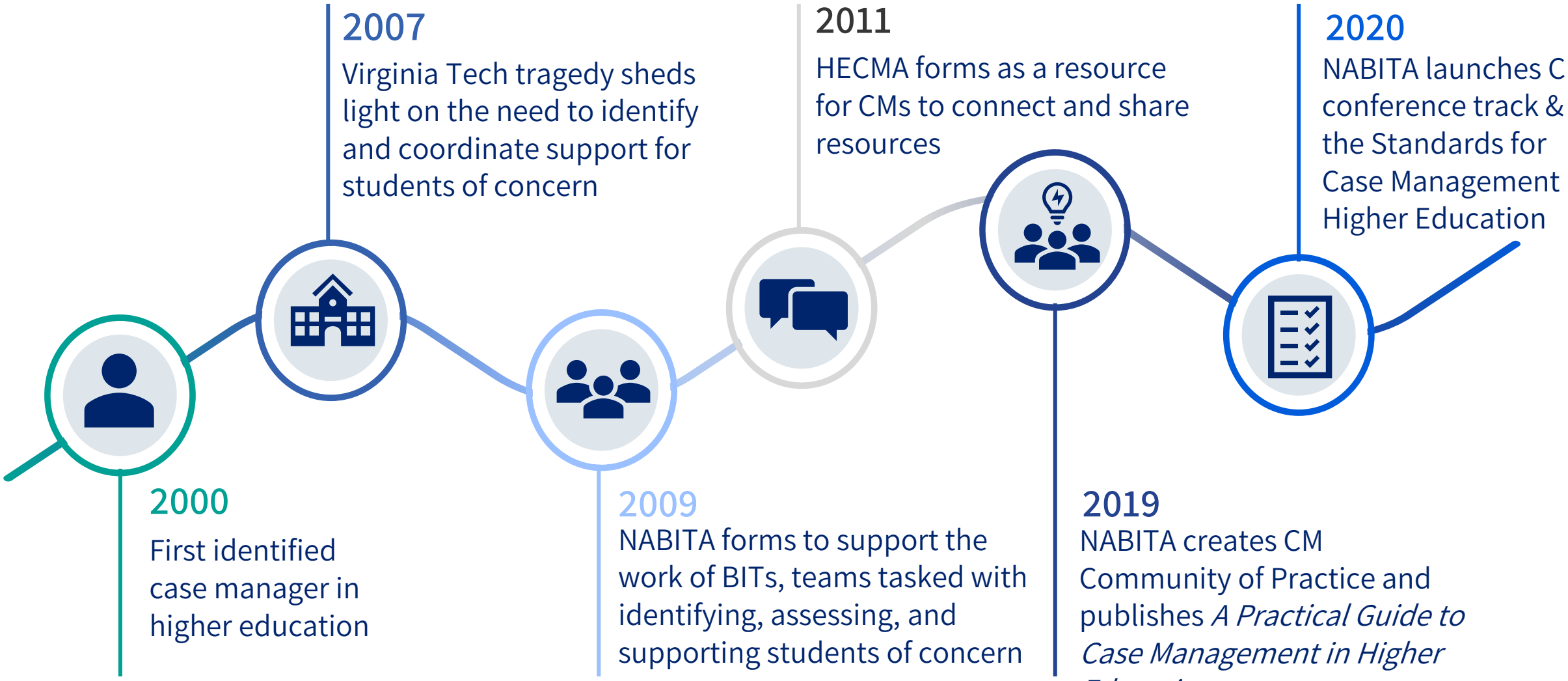
1. Case Management Overview
   - CM History
   - CM Standards
   - CM Models
2. Case Management Process
   - Assessment
   - Outreach
   - Service Delivers
   - Case Review
3. Case Study

National Association for Behavioral Intervention and Threat Assessment

Case Management Overview

- History of CM
- Development of Standards
- Case Management Models: Process vs Position, Clinical vs Non-Clinical

History of Case Management



2000
First identified case manager in higher education

2007
Virginia Tech tragedy sheds light on the need to identify and coordinate support for students of concern

2009
NABITA forms to support the work of BITs, teams tasked with identifying, assessing, and supporting students of concern

2011
HECMA forms as a resource for CMs to connect and share resources

2019
NABITA creates CM Community of Practice and publishes *A Practical Guide to Case Management in Higher Education*

2020
NABITA launches CM conference track & the Standards for Case Management in Higher Education

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Standard 13: Teams ***invest in case management as a process***, and ***often a position***, that provides ***flexible, need-based*** **support for students** to overcome challenges.



NABITA Standards for Case Management written for those operating in a ***non-clinical case management position***.

These Standards can be used by those in a ***case management position*** or those engaging in ***case management as a process***.

Case Management Standards

Structural Elements

Process Elements

Quality Assurance & Assessment Elements

Clinical Case Manager

- Has clinical license (LCSW, LPC, LMHC, etc.)
- Hired by school to practice mental health treatment
- Governed by state confidentiality
- Notes kept in privileged database



Non-Clinical Case Manager

- May or may not have a clinical license
- Hired by school to offer support, and resources
- Governed by FERPA
- Notes kept in BIT or similar database

Case Management as a Process

Leverages existing team members

Operationalizes the Intervention phase of the BIT



Provides direct services to the individuals referred to BIT

Facilitates a connection to Resources

Case Management as a Position

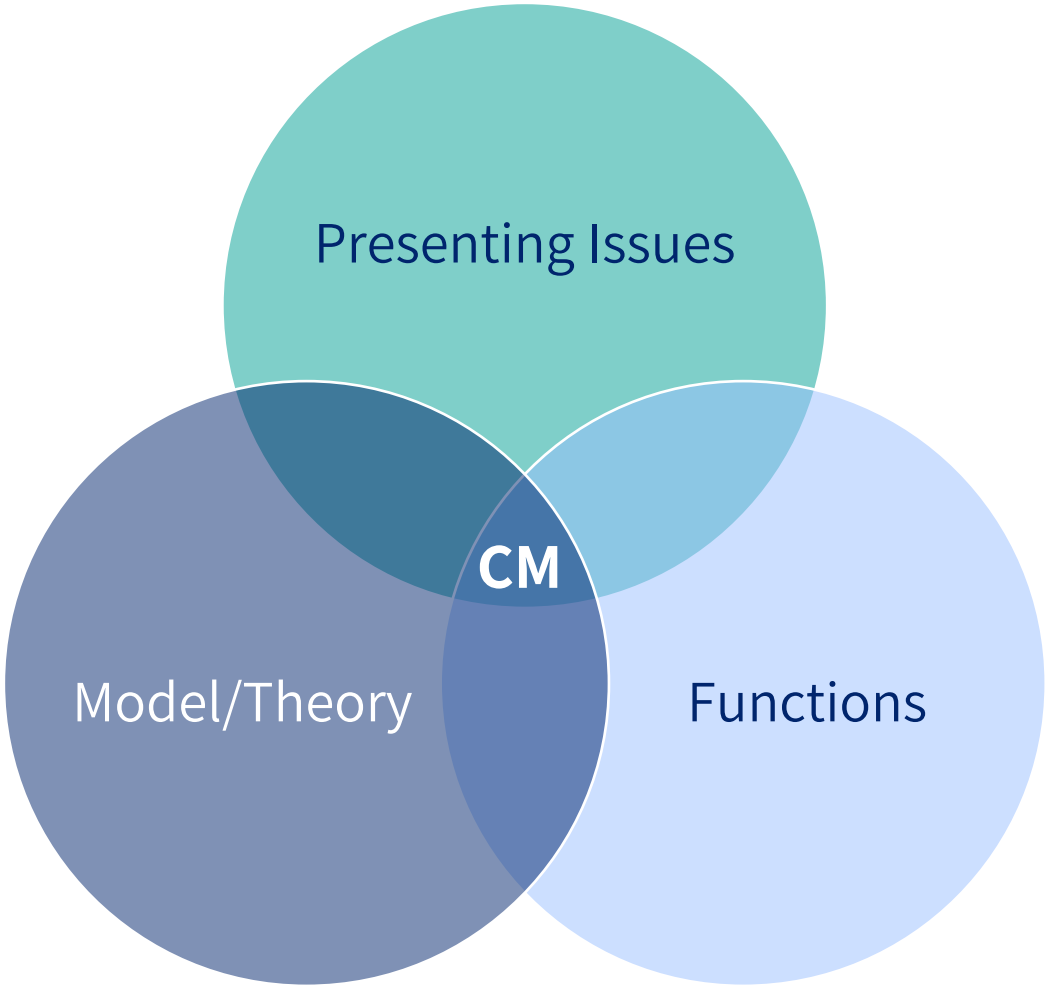


- Provides a full-time staff member for supporting students
- Increases the opportunity to connect to resources, reduce risk, and change student behavior through direct services
- Allows for a well-trained expert to provide services
- Strengthens the team's ability to deploy interventions

What is Case Management?

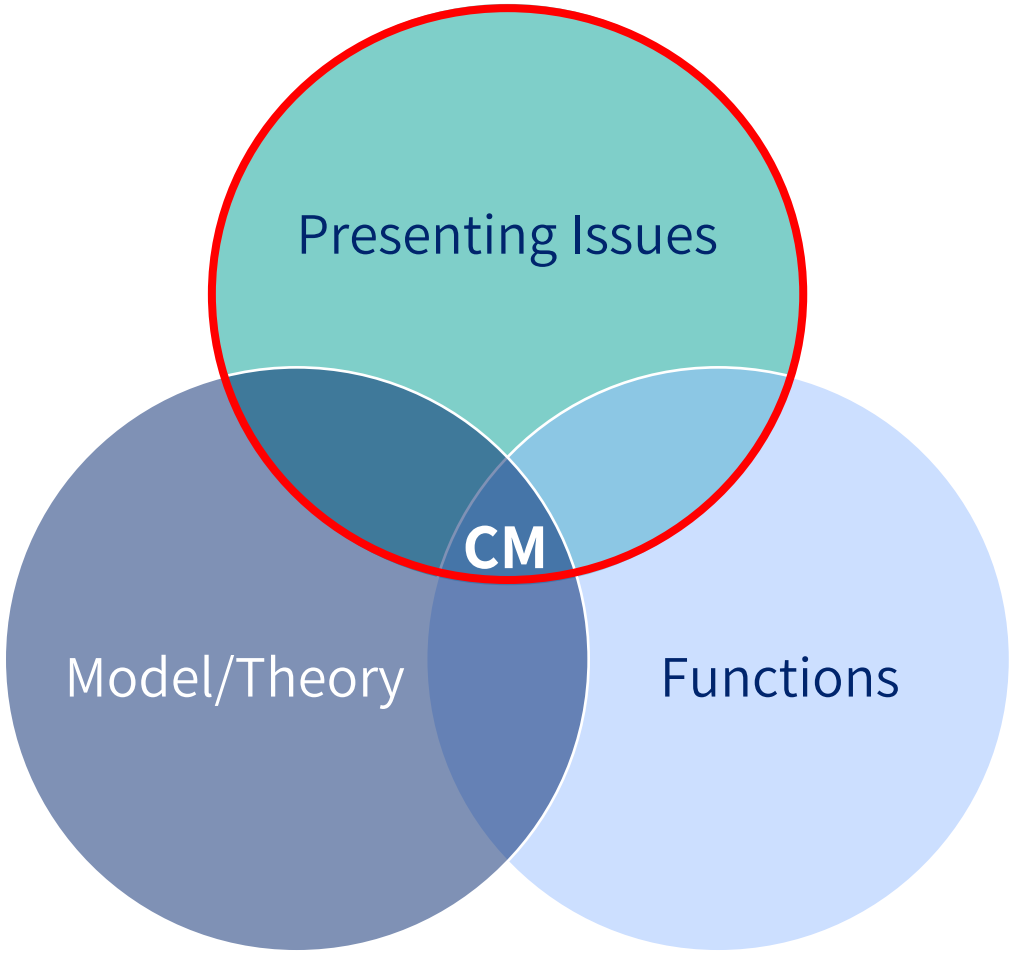
Case managers provide ***goal-oriented*** and ***strengths-based assessment***, ***intervention***, and ***coordination of services*** to students experiencing ***academic***, ***personal***, or ***medical difficulties***.

Case Management Philosophical Framework



Case Management Philosophical Framework

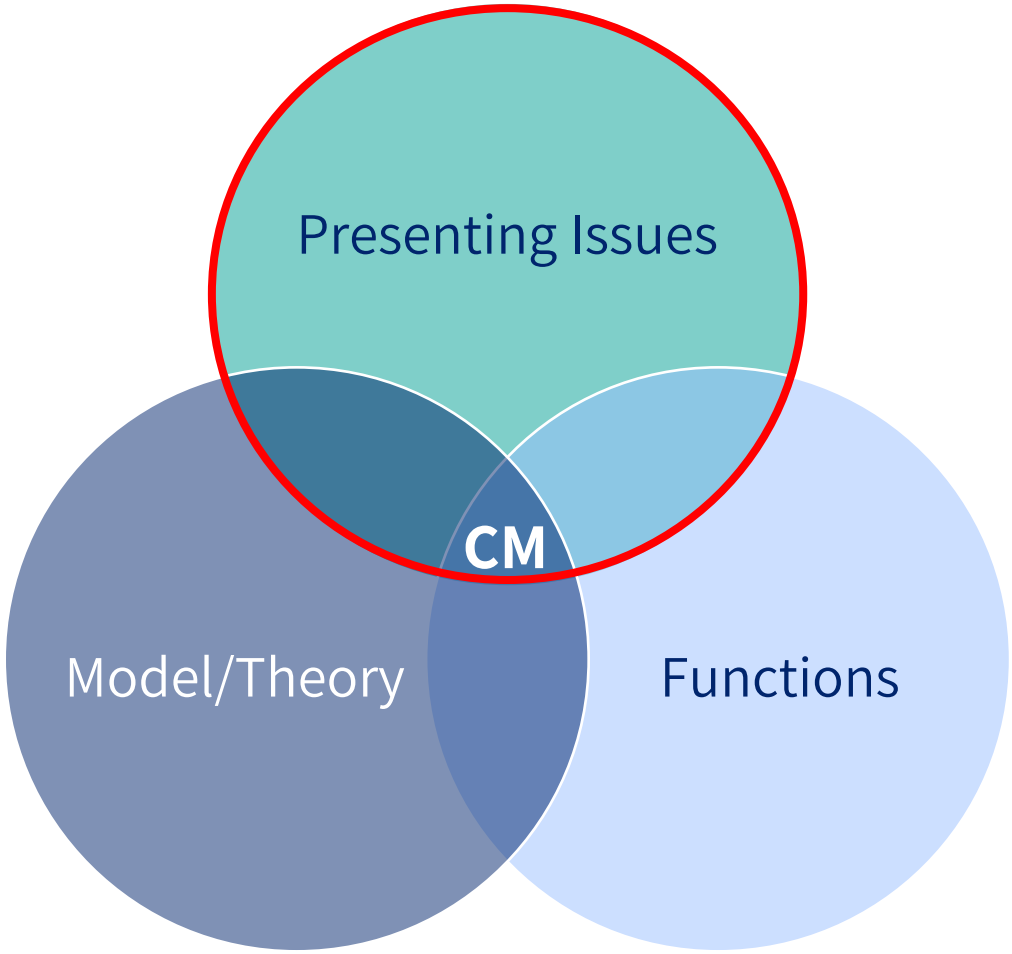
Which presenting issues do you address?



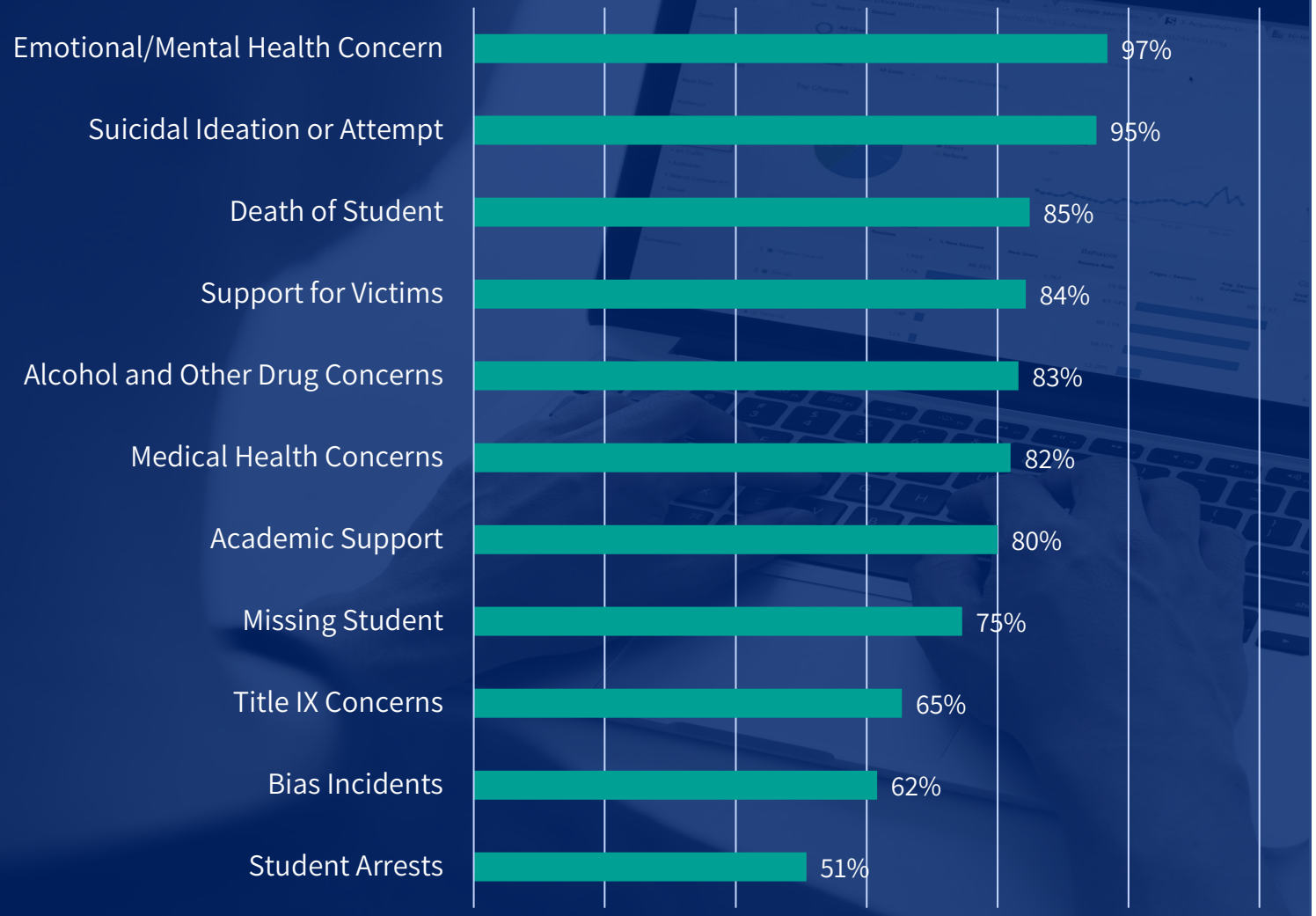
Case Management Philosophical Framework

Presenting Issues

- Emotional/Mental Health Concerns
- Substance Use Concerns
- Social Service Needs
- Medical Concerns and Withdrawals
- Behavioral Issues
- Crisis/Emergency Response
- Interpersonal Concerns



Presenting Issues



62%
of case managers

Coordinate housing resources

59%
of case managers

Coordinate food resources

Source: Dugo, M, Falter, B., Molnar, J. (2017). 2017 HECMA membership survey & analysis report. Higher Education Case Manager's Association

Case Management Philosophical Framework

Assessment

Coordination of Services

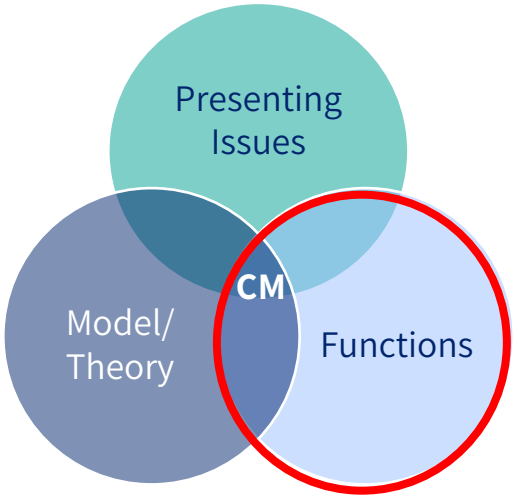
Advocacy

Case Management Functions

System Negotiation

Follow up Services

Documentation

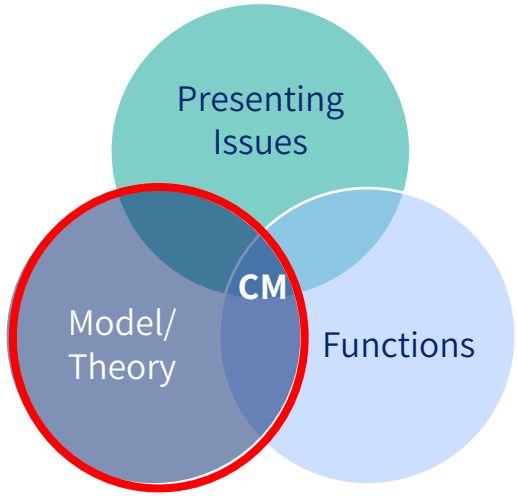


Case Management Philosophical Framework

Expanded Broker Case Management Model

Strengths-Based Case Management Model

TIED TO THE BIT



Source: Adams, S., Hazelwood, and Hayden (2014) Student affairs case management: Merging social work theory with student affairs practice. Journal of Student Affairs Research and Practice. *51*(4), 446-458

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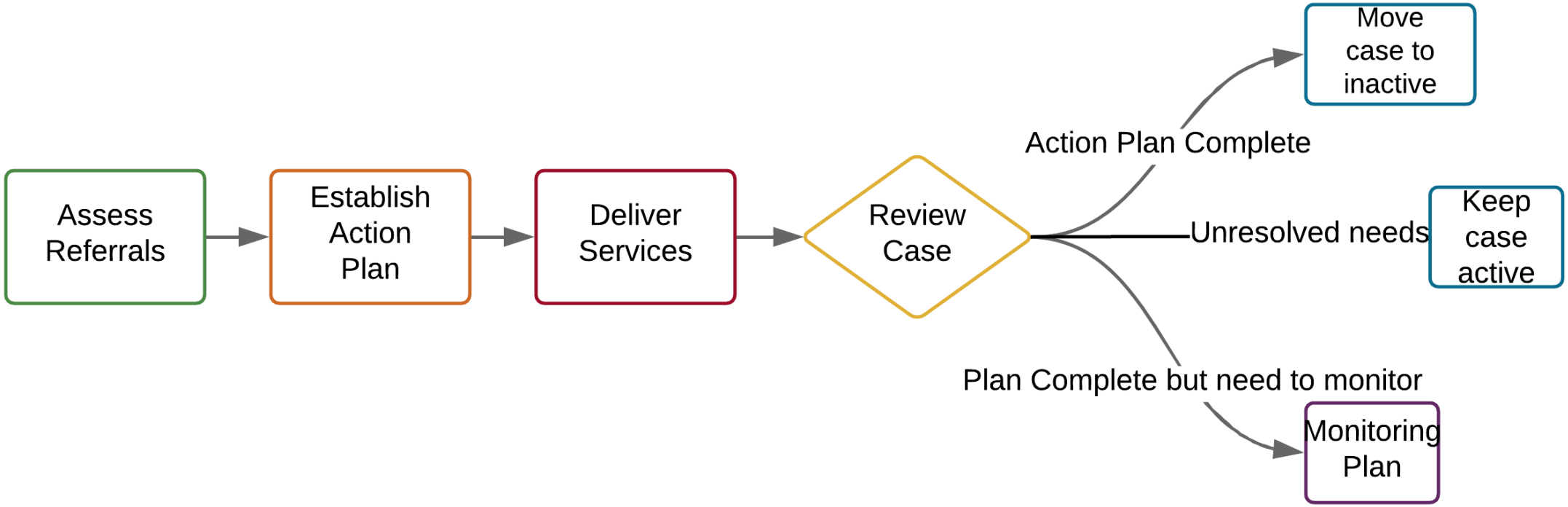
Case Management Process

Case Management Process

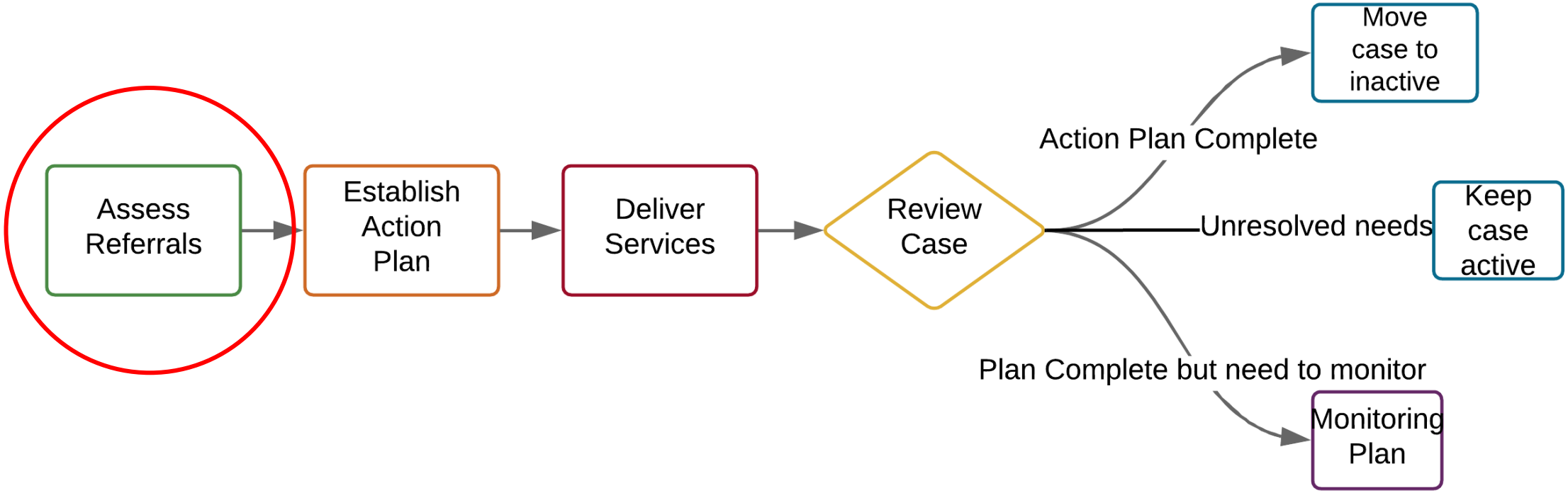


1. Assessment
2. Outreach to the Student
3. Delivering Services
4. Closing or Monitoring a Case

Case Management Process

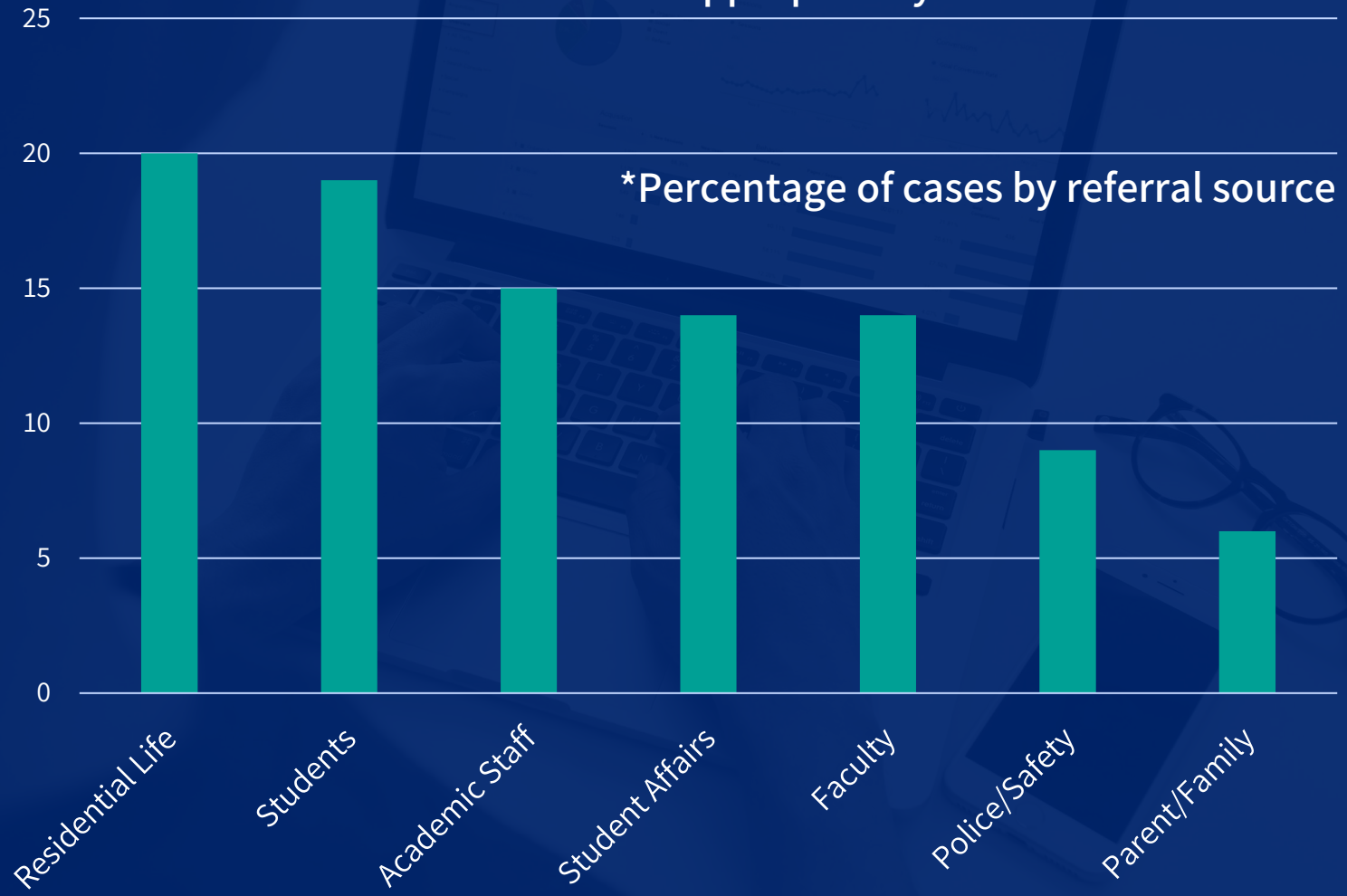


Case Management Process



Referrals

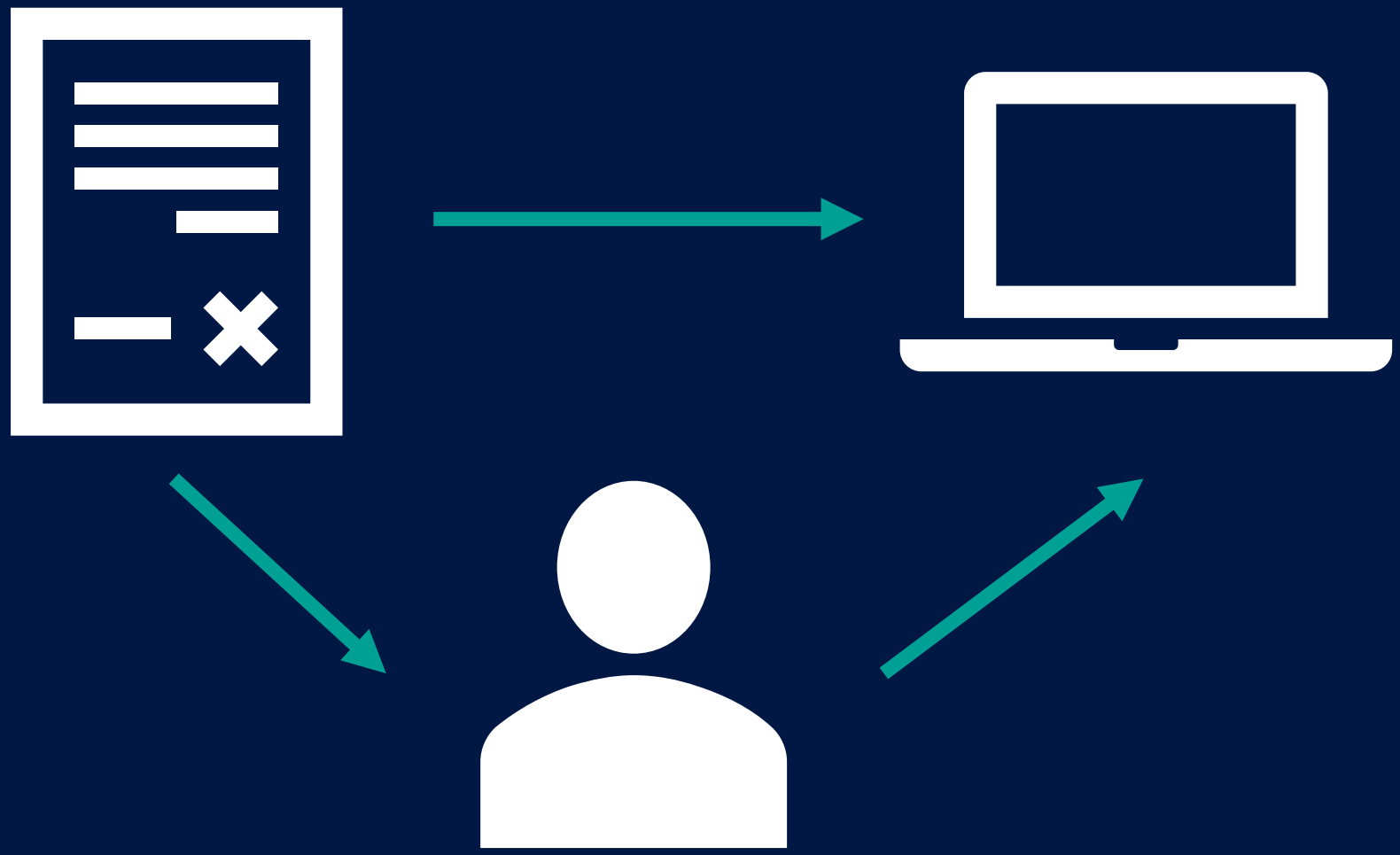
Referrals are actively sought and received through defined referral structures from various entities and all referral information is appropriately documented.



Common Referral Methods

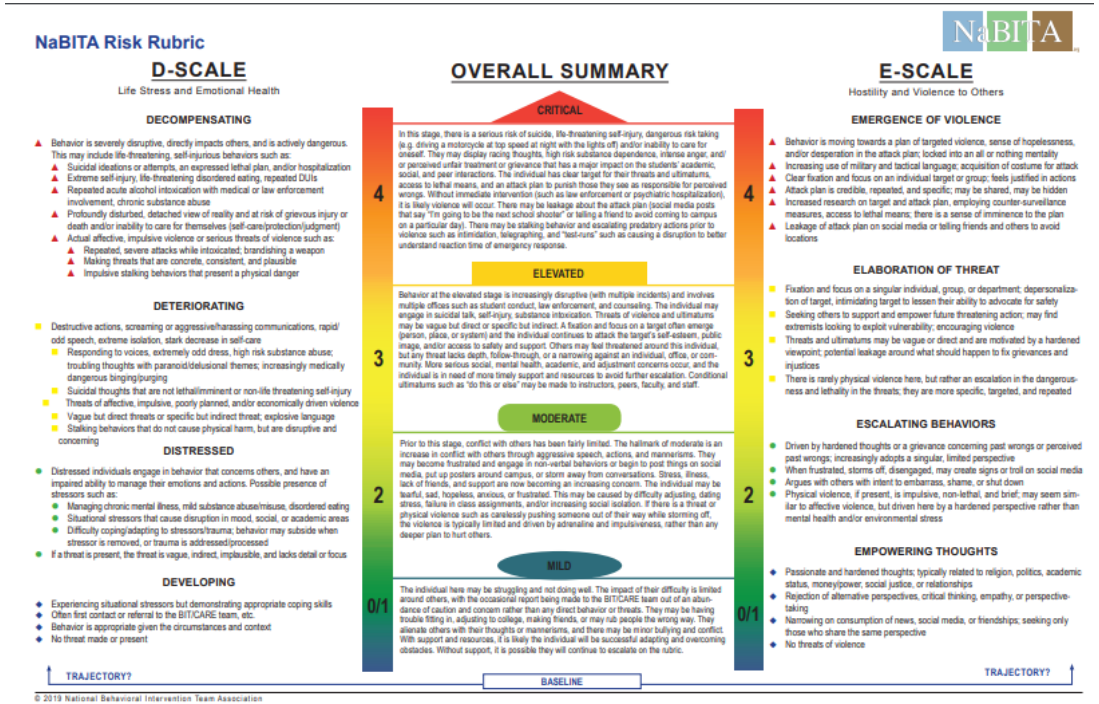
- Phone
- Email
- Web Form

Source: Dugo, M, Falter, B., Molnar, J. (2017). 2017 HECMA membership survey & analysis report. Higher Education Case Manager's Association

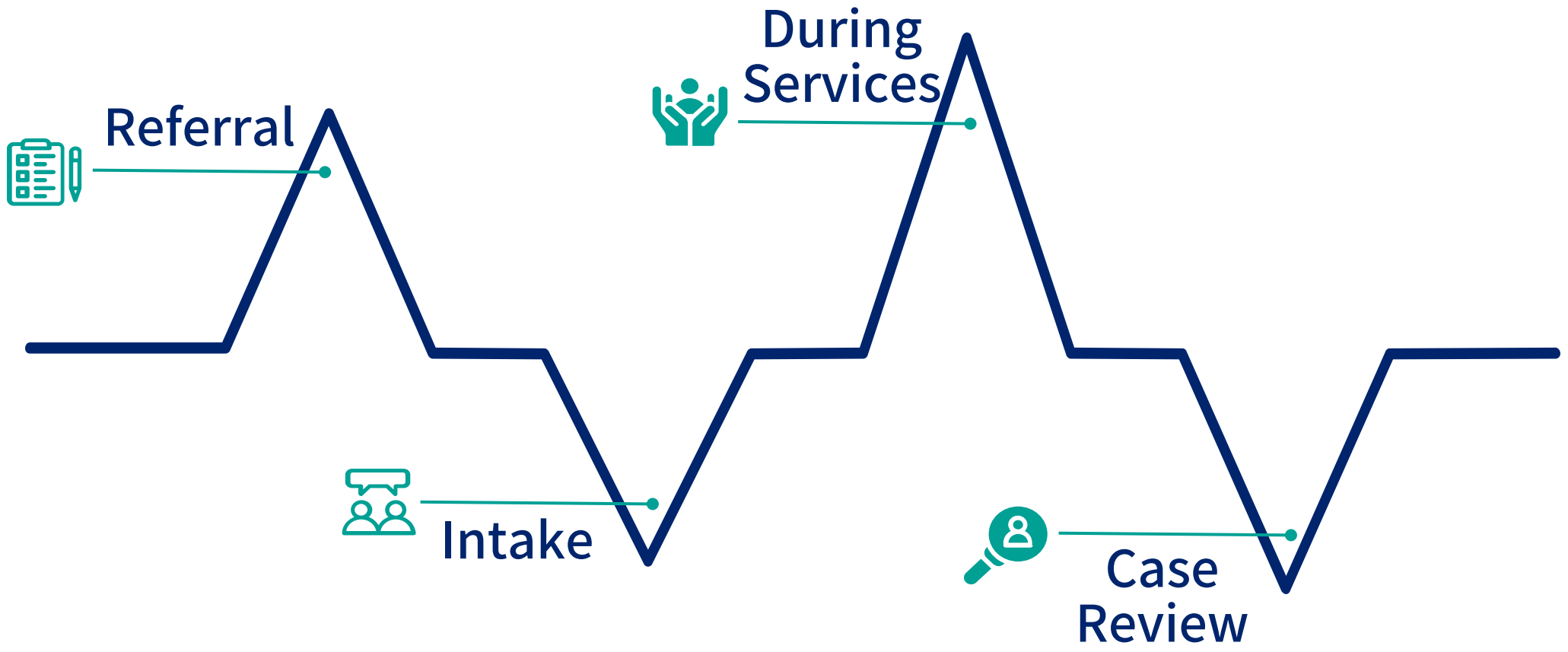


Assessment

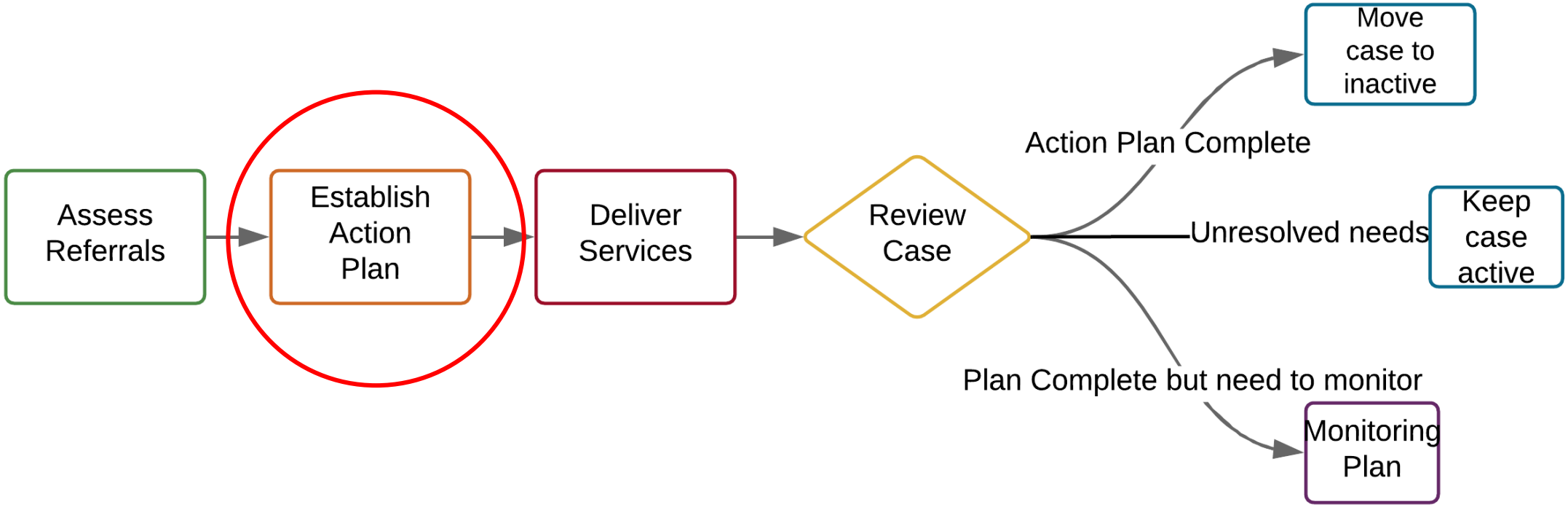
Case managers use an **objective risk rubric** to assess **all initial referrals** and engage in **ongoing assessment** throughout a case, **appropriately documenting** the initial risk rating and any subsequent rating changes.



Initial and Ongoing Assessment



Case Management Process



Action Plan for Outreach

Case managers attempt to contact students after receiving and assessing a referral based on a standardized outreach protocol:

- Risk Level
- Method
- Frequency



Outreach Timeline

Sample Outreach Protocol

Mild: 5 contacts over 11 days

- 1st day: 1st email and phone call
- 7th day: 2nd email and text
- 11th day: Resource letter, close case

Moderate: 7 contacts over 8 days

- 1st day: 1st email and phone call
- 4th day: 2nd email and phone call
- 6th day: 3rd phone call and a text
- 8th day: Resource letter sent, case review

Elevated: 9+ contacts over 4+ days

*If concern for immediate safety, arrange wellness check

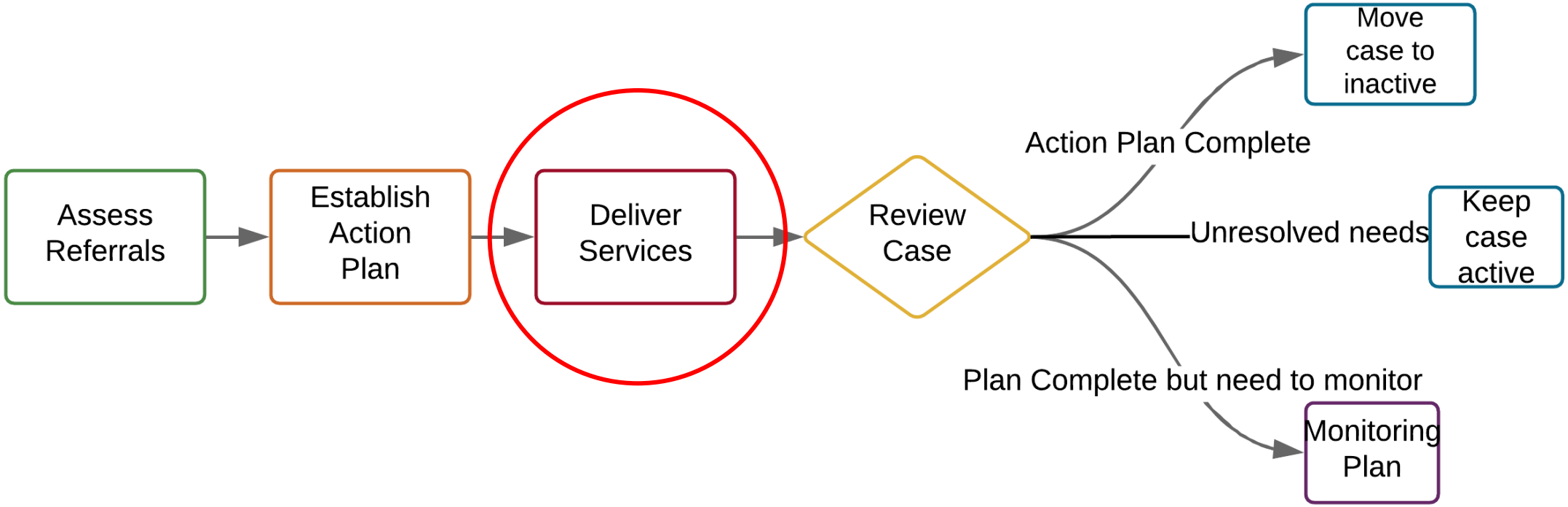
- 1st day: 1st email, phone call, and text
- 2nd day: 2nd email, phone call, and text
- 3rd day: 3rd email, phone call, and text Room visit, pull out of class, etc.
- 4th day: Staff for next steps: conduct referral, continued contact

Critical

*Establish safety immediately. To arrange meeting/mandated assessment post safety check:

- 1st day: 1st email, phone call, and text
- 2nd day: 2nd email, phone call, and text
- 3rd day: 3rd email, phone call, and text. Room visit, pull out of class, etc. Staff for next steps

Case Management Process



Scope of Services: What You Do



- Intake
- Follow-Up
- Video/Phone
- Walk-in
- Crisis Response

- Mental Health Provider
- Medical Provider
- Disability Support
- Academic Support
- Social Services

- Treatment Providers
- Professors
- Referral Sources
- Student Conduct
- Parent/Guardian
- Others involved

- Attendance and participation in meetings
- Mandated Assessments
- Reciprocal Referrals

Intake Appointments



Gather Info

Gather holistic information on all wellness domains

Assess

Assess the student's strengths and needs

Address Referral Concerns

Discuss the presenting concern or referral information

Action Plan

Develop an action plan for future case management work

Follow-Up Services

Case managers encourage and secure follow-up contact and/or appointments based on the action plan designed to address presenting and ongoing risk factors and assist the student in reducing barriers to success.

REFERRAL AND SERVICES COORDINATION

Case managers provide SEAMLESS & INTEGRATED referrals to campus and community resources to assist students in accessing services.

Referrals for Wrap-Around Support



Mental Health
Licensed, clincal counseling treatment

Social Services
Housing, food, legal resources

Academic
Tutoring, academic advising, writing center

Medical/Psychiatric
Physical exams, medical treatment, psychiatric medication

Disability Support
Disability screening and accommodations

Barriers to Resource Connection



Financial

- Emergency Funds
- Awareness of low-cost or free resources
- MOU w/providers for low-cost or free services



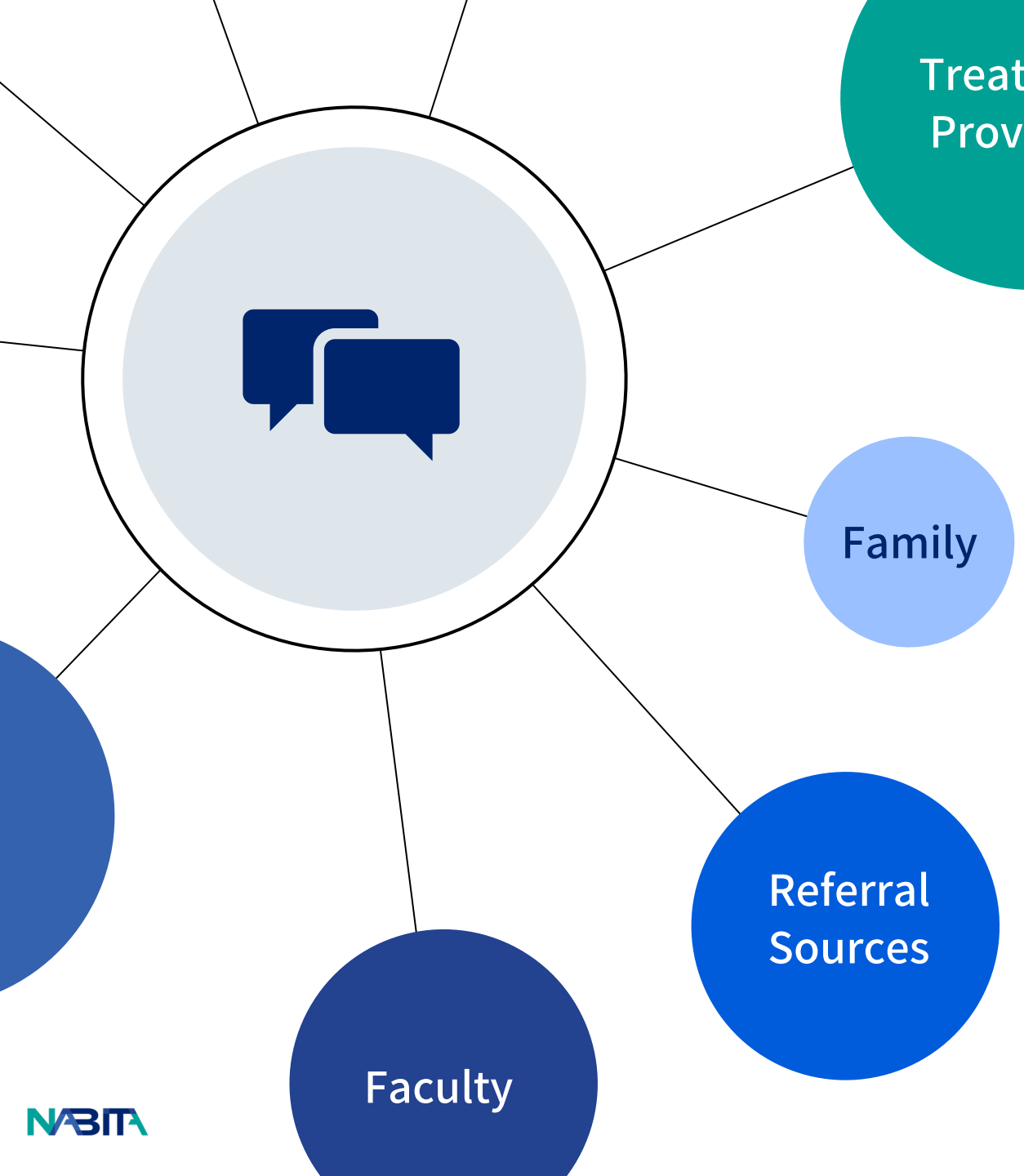
Transportation

- Emergency Funds
- Taxi vouchers
- City bus information
- Campus shuttle for common community resources

Consultation And Collaboration



Case managers offer guidance to, and collaborate with, individuals who are engaged in the support network for a student to ensure continuity of care and reduce siloed information.



Consultation and Collaboration

- Reciprocal communication with key partners
- Two-way process for sharing and collecting information
- Ensures consistent and non-duplicative support
- Should be intentional and built into the action plan

Integration with BIT

Case management services are DIRECTLY CONNECTED TO THE BIT through the case manager's active PARTICIPATION ON THE BIT and through a RECIPROCAL REFERRAL PROCESS by which CM students are referred to BIT and BIT students are referred to CM

CM Participation on the BIT

CM as Chair

Chairing the BIT is part of their primary job responsibilities in addition to serving as case manager or overseeing a case management program.

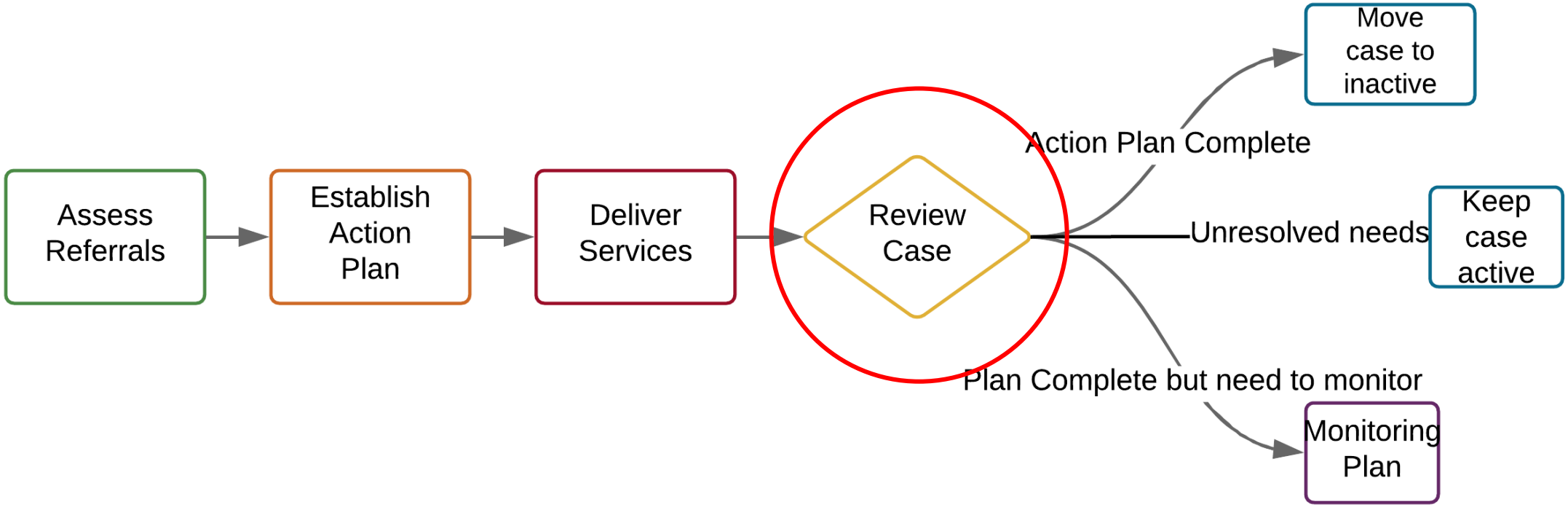
CM Attached to BIT

Serves as a dedicated case manager on the BIT. Manages a caseload of students, often a mix of non-BIT and BIT students.

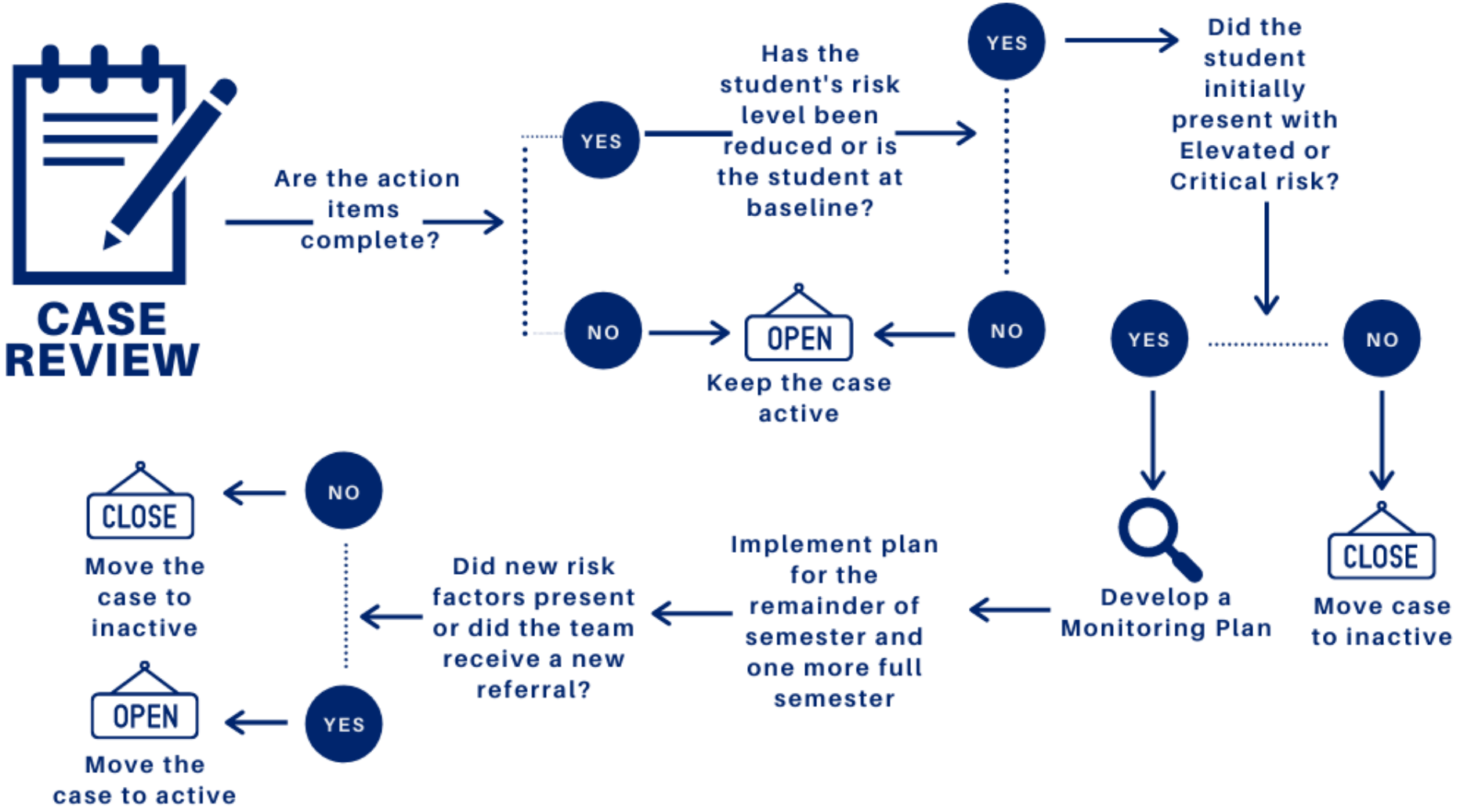
CM as a Process

Teams that do not have a designated case manager position need to engage in case management as a process by which they assign the BIT cases to team members for intervention.

Case Management Process



Case Review Process

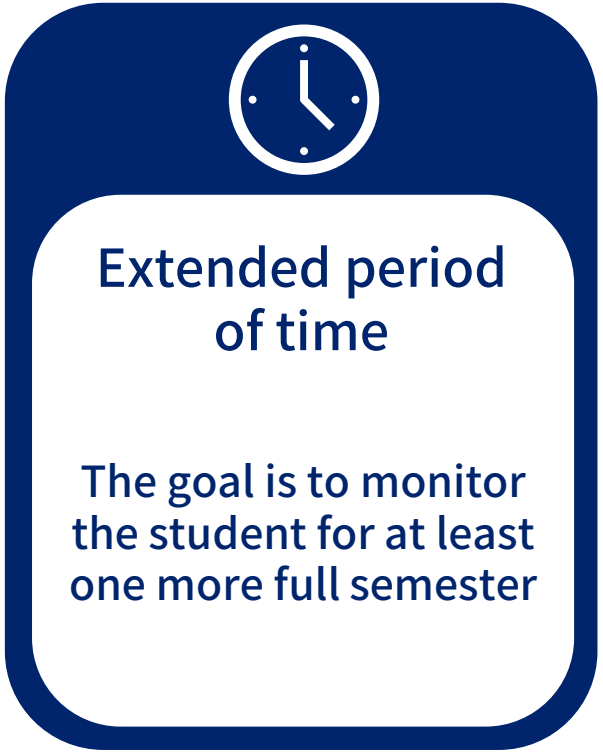


Case Monitoring

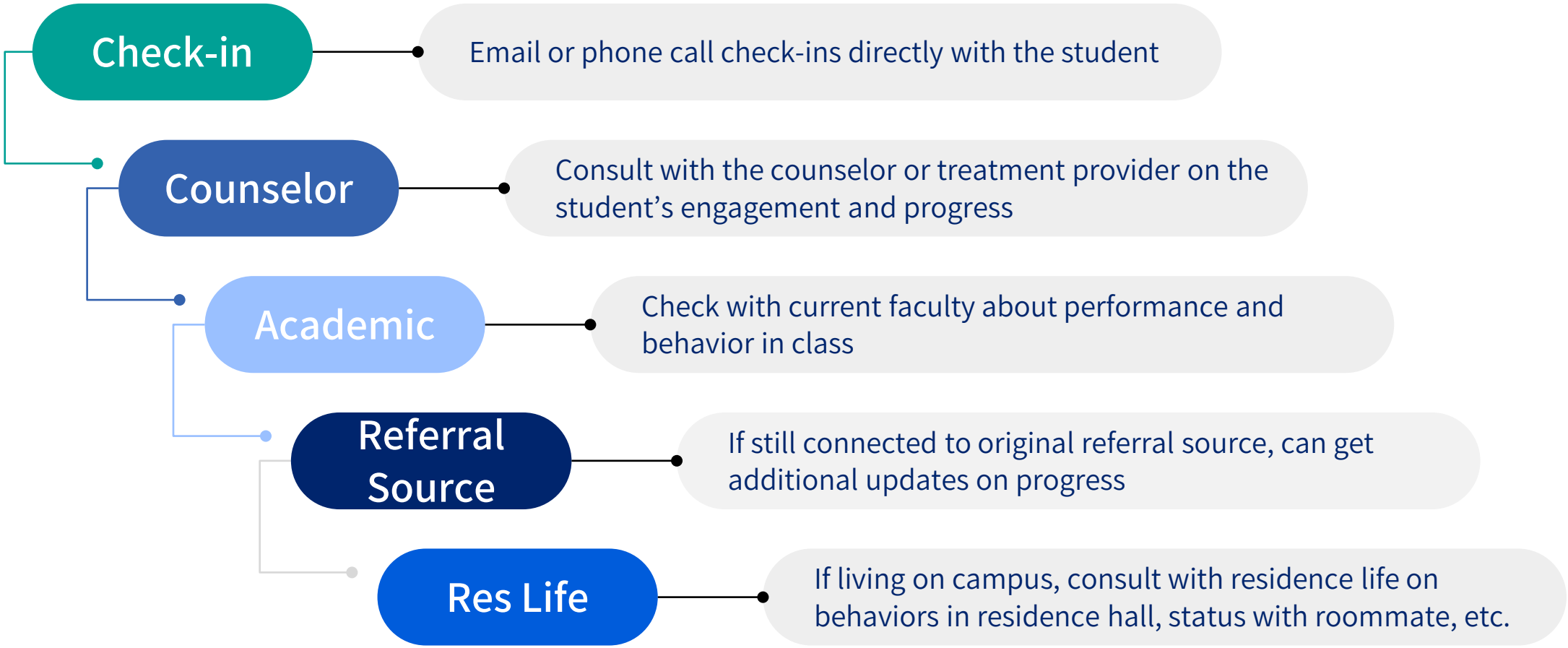
After active case management for high-risk students, case managers develop a monitoring plan.





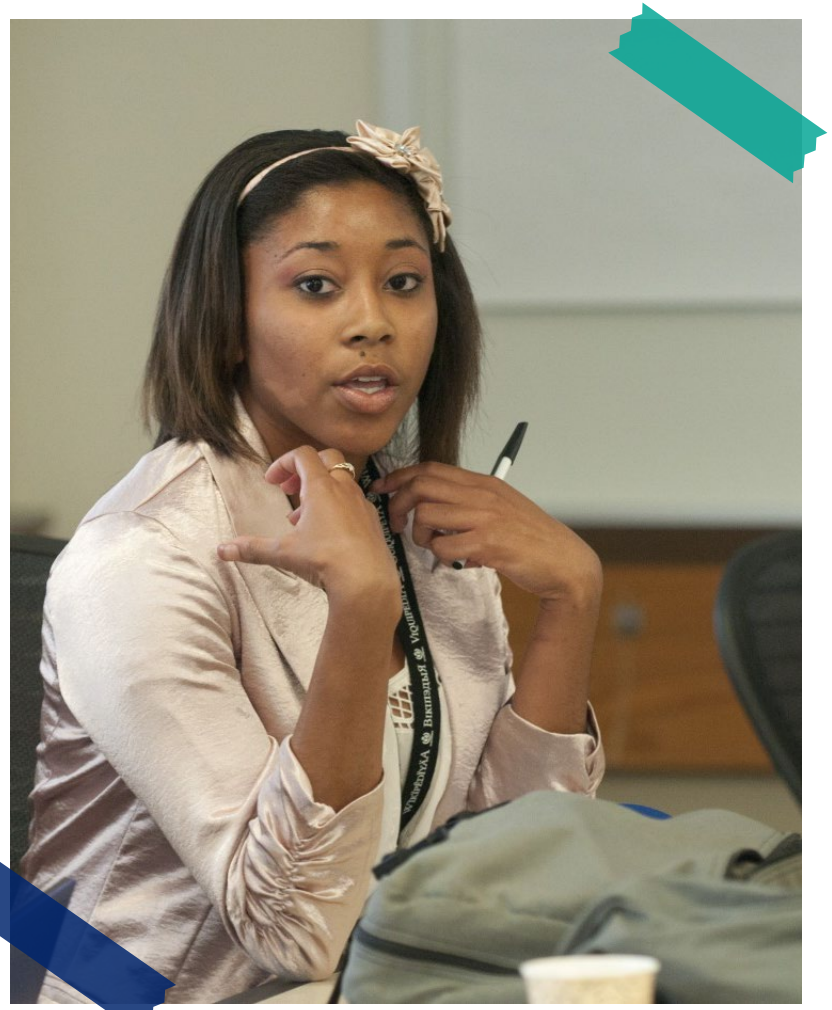


Common Monitoring Plan Elements



Jayne

Jayne is a sophomore student who self-referred to case management because her girlfriend broke up with her 3 weeks ago and she is having a hard time. Another friend referred her to CM, as that friend found the office helpful. Jayne explained that since the breakup she has been “really sad” and felt like she needed to talk to someone.



STEP 1 Assess Referral

Intake Information

Academics: Jayne is a sophomore with a **3.2 GPA**.

Jayne explained that she was doing "okay" in her classes this semester until the breakup.

Since the breakup 3 weeks ago, she has not gone to class except for an exam where she did poorly.

Jayne explained that she feels overwhelmed by the idea of having to go back to class, face her professors, and try to get caught up in class.

Social Support: Jayne describes her ex-girlfriend as her best friend and main source of social support.

Since the breakup, she has been isolated from her friends because they have all "taken sides" and chose her ex.

Jayne reports feeling isolated and lonely. Jayne explains that her parents do not know that she is bisexual and that if they found out "they'd freak."

Intake Information

Physical Health: Jayne reports lack of appetite since the breakup, only eating minimal food throughout the day. Although she reports constantly feeling tired, she reports not sleeping much at night as she “can’t stop thinking about everything.”

Financial/Social Services: Jayne does not work, has access to a car, and receives a stipend from her parents to pay for “whatever she needs.” Jayne reports no barriers in this area.

Environmental wellness: Jayne lives on campus and likes her roommate. Despite keeping the secret from her parents, she feels safe and comfortable going home to live with them during school breaks.

Substance Use: Jayne reports occasional alcohol use, citing drinking usually once or twice on the weekends with friends. Jayne reports no other substance use.

Conduct/Legal: None

Intake Information

Emotional Wellness: Jayne explains that she has been sad and more tearful since the breakup than she expected.

According to Jayne, she was diagnosed with Major Depressive Disorder in high school after a suicide attempt following a breakup.

Jayne has been on Zoloft for depression since high school but has not attended counseling while in college.

Given prior suicide attempt, assessed for current suicidality. Jayne's prior suicide attempt involved taking her mom's pain medication that she found in the bathroom.

Currently, Jayne reports experiencing some vague suicidal thoughts including thinking about how/where to get enough pills. She considered taking her Zoloft the other day but decided that she "probably didn't have enough for it to work anyhow."

Intake Information

Jayne explained that she doesn't really want to die but that she hates feeling this way and wants it to stop.

Jayne explained that she remembers what it did to her family last time she attempted, and she doesn't want to put them through that again.

She states that the thoughts she had the other day scared her and that she would rather get help instead of killing herself and that is why she came in for help.

Worked with Jayne on planning for safety and she stated that making this appointment was a "huge step" and helped her feel like she had options. She stated she could talk to her roommate or her friend down the hall if she felt like she was not able to keep herself safe.

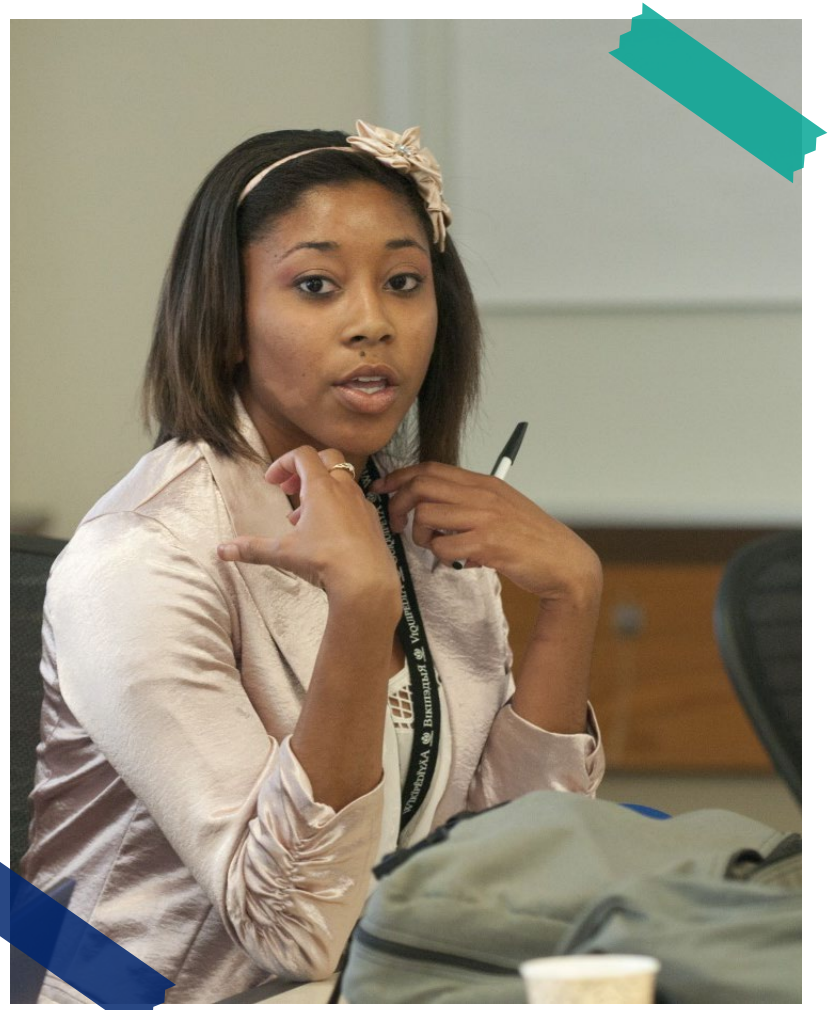
Additionally, provided Jayne with the on-call number at the counseling center and she said should would feel comfortable calling them for help if she needed it.

Jayne

STEP 2 Reassess Risk Post-Intake

STEP 3 Identify Risk and Protective Factors

STEP 4 Develop Plan for Follow-Up



Jayne Case Study

During case management with Jayne, you work with her on getting back on track academically, connecting with counseling resources, and finding additional social supports.

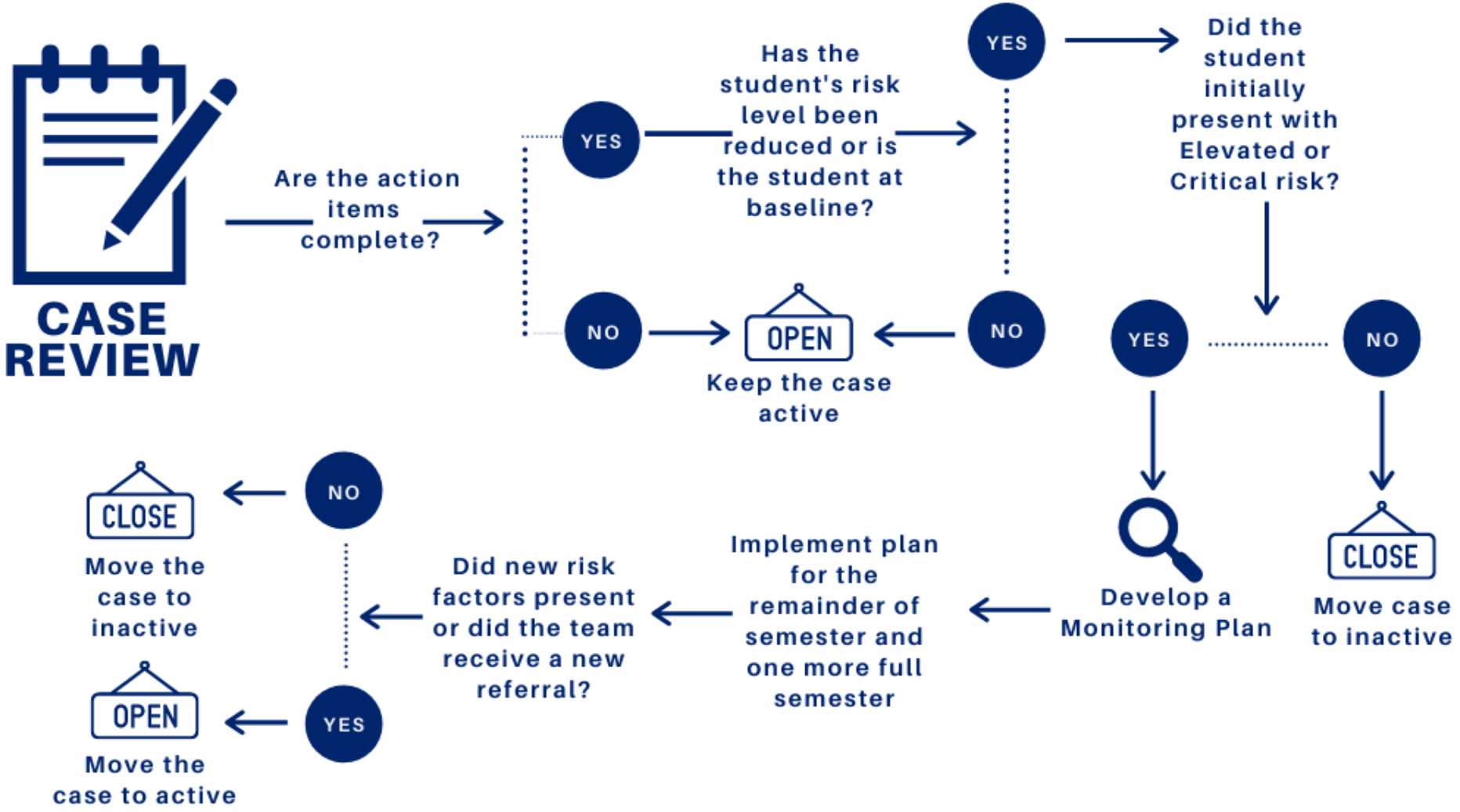
Jayne's professors work with her to get caught up in her classes. She was unable to retake the exam she did poorly on but the professor explained that there are enough other projects in the class for Jayne do okay.

Jayne has become closer with her roommate since the breakup and has started hanging out more with her and her friends more often.

She still feels lonely at times and misses her old group of friends but is starting to make new ones.

Jayne has been regularly attending counseling appointments and continues taking her medication. She reports a reduction in suicidal thoughts and positive connection with her therapist.

Case Review: Jayne



Monitoring Plan

NOVEMBER	Moving case to monitoring plan.
DECEMBER	Email to student to check in. Check in with faculty and counselor.
JANUARY	Welcome back email to student. Remind to schedule with counselor.
FEBRUARY	Check in with counselor
MARCH	Email check-in with student Check academics/midterms
APRIL	Check in with counselor
MAY	Email check-in with student before finals.
JUNE	Re-staff case for case review.

THANK YOU

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