Case management, whether as a philosophy of support and intervention, or as a full-time position associated with the behavioral intervention team, is crucial to the BIT’s overall functioning and success. BITs across the nation are investing in case management as a full-time position and resource, as we have seen the presence of a case manager affiliated with the BIT rise from 18% in 2012 to 39% in 2018.\(^1\) Given this increase, it’s important to revisit caseload management and how to leverage for more resources when caseload exceeds what seems feasible for good student care.

We are often asked what an appropriate caseload is for case managers working with the BIT. This is a difficult question to answer, as caseload is tied to so much more than just a number. We know that each case takes a different amount of time – some requiring just one meeting, whereas others require multiple meetings, consultation phone calls, referral coordination etc. Quantifying this can therefore be quite challenging. The NaBITA survey results indicated that case managers handle the following caseloads per academic year: 11% have 0-20 cases, 19% have 21-50 cases, 12% have 51-100 cases, 10% have 101-150 and 33% have over 200 cases. Additionally, the 2017 Annual HECMA Report\(^2\) indicates that the average ratio of case manager to student population is 1:7,115. However, this report also suggests that case managers often feel as though they are stretched too thin and have too many cases to juggle.\(^3\) Respondents on the NaBITA survey commonly responded that having a dedicated case manager contributed to their team’s overall effectiveness. Clearly, case managers do a lot of work on behalf of their students and their teams, but the question remains: what can case managers do when they feel overwhelmed and overtasked?

**Triage Cases**

To effectively utilize your time across all of your cases, it is important that you are able to identify the high-risk cases. To do this, utilize an objective risk rubric to assign a risk level to every case you are managing. Ideally, the case management program utilizes the same risk rubric as the BIT team so that the language and risk identification remain consistent. If your case management program is connected to the BIT, your cases coming from the BIT should already have a risk rating that the team applied during their meeting. Using the risk ratings on every case allows you to quickly categorize the cases into those that need more immediate assistance and those whose needs are less immediate or imminent.

**Be Conscientious of Your Time**

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\(^1\) 2018 NaBITA Survey, Schiemann and Van Brunt, 2018.

\(^2\) Higher Education Case Management Association (HECMA) 2017 HECMA Membership Survey and Analysis Report

\(^3\) Summary and Analysis of Case Management in Higher Education, Molnar, Falter, and Dugo, 2017.
Although it is often hard for those of us who have chosen a helping profession, learning to set limits on how and when to help is crucial. These limits are important for managing your time, providing equitable care to all students, teaching students boundaries and self-care/coping, and for preventing burnout. I recommend setting a limit on how many appointments you schedule per day – being sure to leave room for walk-ins, meetings, and paperwork. Once your schedule is full for the day, be willing to say no and schedule the student on a different day.

**Leverage for Resources**

The data you collect from triaging the cases and setting limits on your calendar will give you the tools you need to leverage for more resources. By triaging cases, and assigning risk levels, you will be able to demonstrate the percentages of high-risk cases you serve and the number of students that need to be seen for walk-in appointments on a daily basis. Additionally, setting limits on your calendar will likely result in lower-risk students having to wait for an appointment – a trend most administrations would not want to continue. With this data, you can make the case for additional staff and increase your case management team.