



Higher Education Case Managers Association (HECMA)

2017 HECMA Membership Survey & Analysis Report



Mona Dugo • Ben Falter • Jamie Molnar

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INTRODUCTION

This report outlines the responses to the Higher Education Case Managers Association (HECMA)'s 2017 Membership Survey as well as provides direction to individuals and institutions who are creating or aiming to strengthen case management roles/programs on college and university campuses. The report will outline specific and summarized responses from nearly 80 questions as well as provide information on best practices and recommendations for further research.

Purpose, Background, and History

HECMA's membership has grown on average more than 30% annually since formalization as an organization in 2012. Multiple surveys have been created throughout to better understand membership and its needs. While smaller more focused surveys have existed, the two larger predecessors to the 2017 survey were the 2012 "The Landscape" and the 2014 "The Journey."

Led with a charge from the HECMA Quality Improvement Committee, the three survey team members aimed to create a sustainable model for assessing current and future trends and best practices nationally. To accomplish this, the survey team developed a base set of questions which will allow us to track changes in demographics, scope of practice, and needs/best practices (three main sections of the proposed survey structure) of our membership.

Survey Team

- Mona Dugo, Northwestern University
- Ben Falter, San José State University
- Jamie Molnar, University of South Florida Saint Petersburg

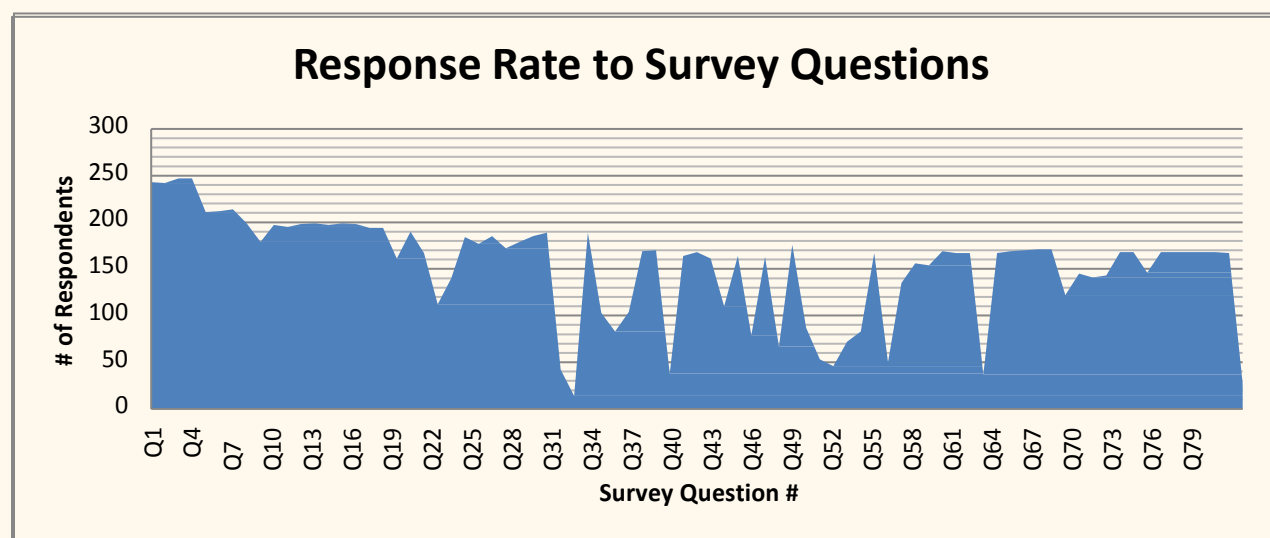
Special thanks to Paul Tongsri, HECMA Operations and Strategic Planning Chair, for his guidance while we worked to build a sustainable model for this and future membership surveys.

The Higher Education Case Managers Association Strategic Operations committee has prepared the 2017 HECMA Membership Survey & Analysis Report for the use of its members and those interested in the field of post-secondary case management. Each individual obtaining this Survey Report shall not sell, license, or republish this report. We encourage case managers and others in the institutions of higher education to use information in this report to further the field and to assist in making data-driven decisions. HECMA respectfully requests that the use of any data and analysis contained in this report be cited as noted below:

Dugo, M.; Falter, B. and Molnar, J (2017). "2017 HECMA Membership Survey & Analysis Report."
Higher Education Case Managers Association (HECMA).

Implementation of Survey

The survey team utilized CampusLabs in partnership with Northwestern University for the hosting and data gathering of the survey instrument. The survey was open for 18 days from March 9th through March 27th, 2017. The survey was designed for all individual HECMA members to participate. Membership at the time of the survey closing was 489 members, of which 34.3% completed the survey. There were 252 individual respondents of whom 168 (66.67%) completed the full survey. As an incentive, members who completed the survey in the first week were able to enter win two free HECMA pre-conference sessions for the annual roundtable in June 2017; those entries were kept separate from the survey data. In total there were 81 questions (some questions were provided conditionally upon the responses from previous questions [30, 33, & 36]).



Executive Summary



As the field of case management expands, case managers often wear multiple hats in their work with students. Case managers have to continually contend with scope-creep and conflicts of interest existing in the job duties. Additionally, Institutions of Higher Education often have large student to case management staff ratios and yet case managers are key to supporting students at our colleges and universities who may be experiencing distress from a mix of personal, social, and academic challenges.

This report analyzes the responses to the Higher Education Case Manager Association (HECMA) 2017 membership survey. The survey was sent to approximately 490 members via the organizational listserv during an eighteen day period in March 2017 in which more than one third of the membership completed the instrument consisting of over eighty questions. The survey covered various areas including institutional demographics, the scope of the case management program/office, and the background & demographics of the individuals in case management roles.

This membership survey was developed not just to gain data from current members, but to build a sustainable model for asking the same or similar questions in the future to gain important longitudinal data. To that aim, the survey team [Mona Dugo of Northwestern University, Ben Falter of San José State University, & Jamie Molnar of University of South Florida Saint Petersburg], a subset of the HECMA Quality Improvement Committee, took great lengths to use past HECMA and other surveys as well as work with experts in assessment at Northwestern to ensure we had a strong survey instrument.

Key findings:

- 9 US states reported zero case managers (CMs). 36% of US states had only 1 or 2 Case Managers responding (n=242).
- Those in case manager roles are most often women. Similar to gender, respondent demographic information showed a disproportionately low number of people of color CMs to the numbers of students of color in US colleges.
- The student to case manager ratio is many thousands to one which makes us consider how effectively we can be assisting such a large population in general as well as in times where an incident in our community may affect a large number at the same time.
- Sizable number of CMs have, but do not operate under licensure in their current role.

- Though structure and title of case management programs varied greatly, the majority of CMs are located in Dean of Students offices or campus counseling centers
- Institutions of Higher Education (IHE) seem split in use of whether to have involuntary withdrawal.



Throughout the full report readers will note the survey team places importance on the use of the data in forging best practices for topics from allocation of stand-alone budgets, Title IX interactions/supports, voluntary leave policies, etc. These are noted throughout the document and in the summary with a green check icon. Best practice recommendations were developed with consideration of the benchmarking data in this report, guidance from the Office of Civil Rights (OCR), as well as ethical and practice considerations.

In many ways the report can be seen as a beginning and opportunity for further in-depth research into trends and current practices in multiple areas including: burn out from professionals, effective self-care, large student to CM ratios, in/voluntary withdrawal of students, conflicts of interest within the role, effects of CMs not reflecting the student body demographics they serve, and more.

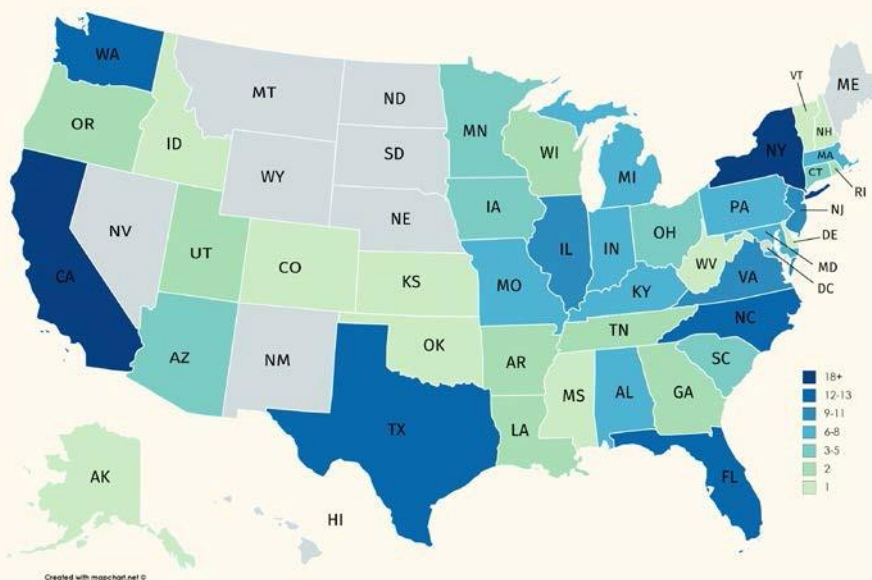
Through providing data to support best practices and by fostering additional research, this document, its authors, and the membership of HECMA is helping solidify case management's role within higher education as a functional area.

We hope you find the full report helpful and utilize it to progress case management within higher education.

Where We Work: A Look Into Our Institutions of Higher Education

Location & Type of Institutions

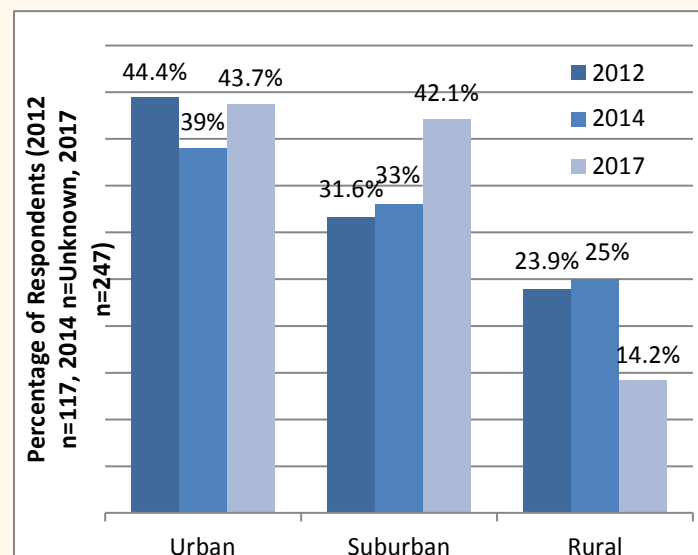
HECMA membership is not restricted to any state or country. Most of our membership is within the United States. Survey respondents self-identified from having positions in 41 US states as well as four individuals from Canada (n=242). The shading on the map indicates number of case managers in the US state from darker states with higher amounts; grey indicating zero reported case managers. New York (18) and California (30) had the most case managers represented.



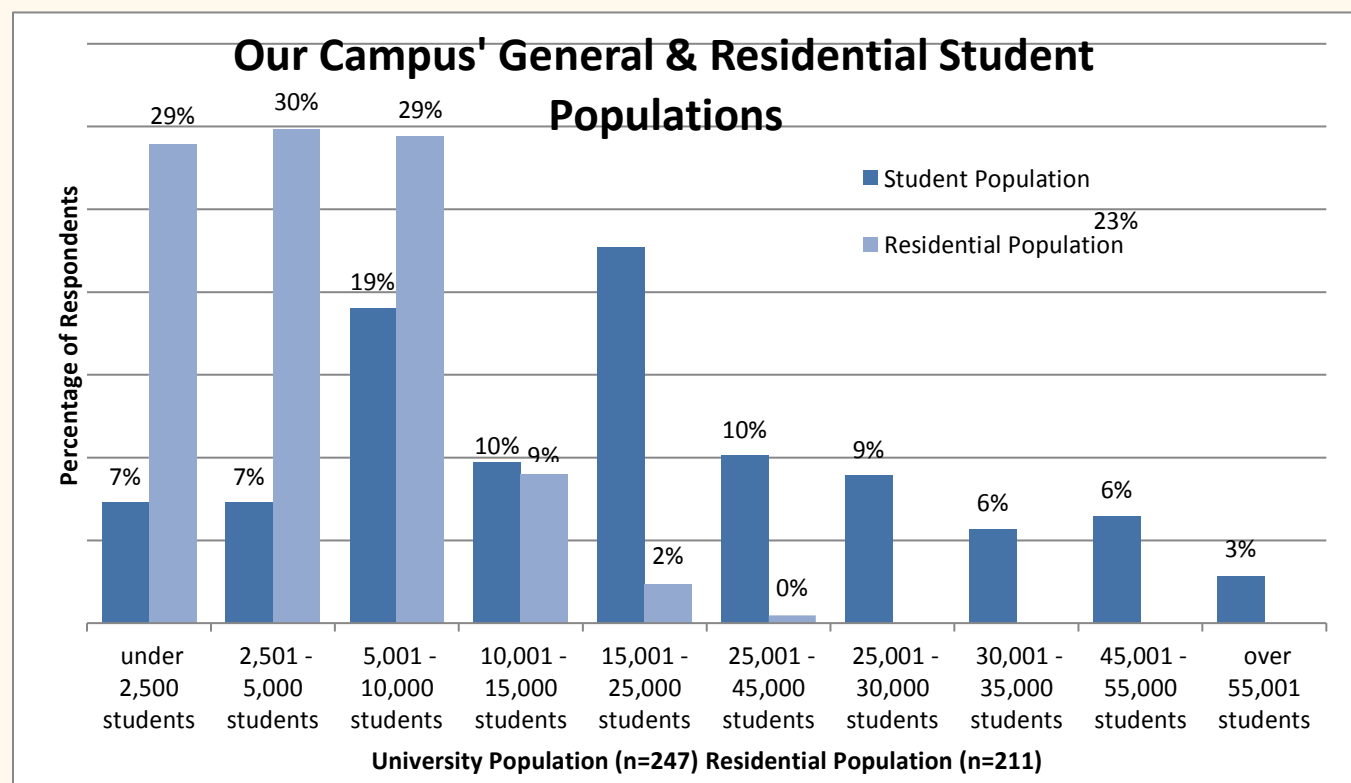
	# of CM	US States
	1	AK, CO, DE, ID, KS, MS, NH, OK, VT, WV
	2	AR, GA, LA, OR, RI, TN, UT, WI
	3-5	AZ, SC, IA, CT, OH, MN
	6-8	AL, MO, MI, PA, MA, MD, KY
	9-11	NJ, IL, VA
	12-13	TX, FL, NC, WA
	18+	NY & CA

Geographic Region

Membership in Urban and Suburban regions make up a larger percentage than in the 2014 HECMA survey. The question was not included in the 2014 Survey, therefore we cannot know if membership merely shifted by percentage or if a drop in membership from rural areas occurred.



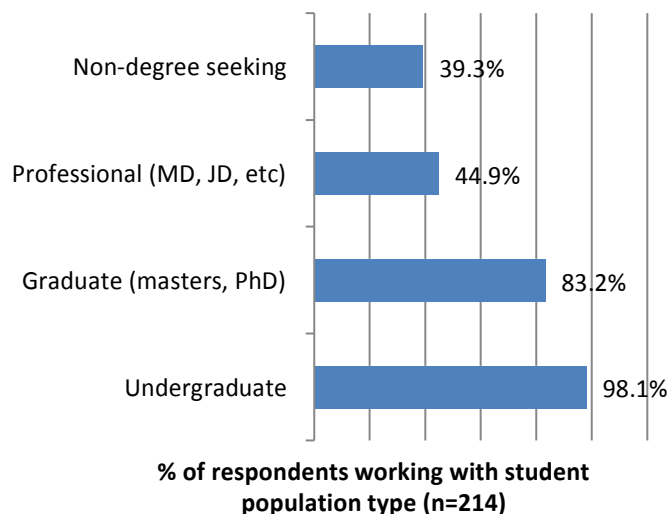
Student Population & Institutional Type



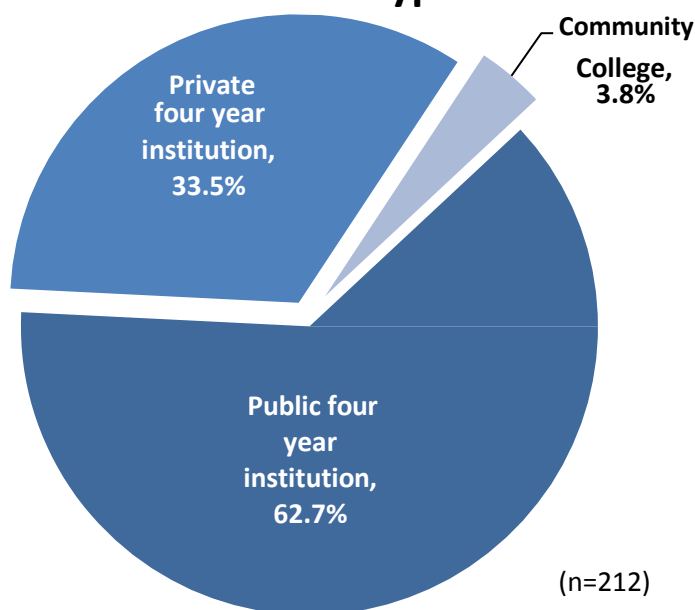
Respondents (n=243) shared they were from 181 unique Institution of Higher Education with a variety of residential and student population sizes. We asked respondents to share their institution's student population size (n=247) as well as how many students reside in institution provided/operated housing (n=211). We can see from the results that the majority of our campuses under 10,000 students are highly residential. Campuses of 10-15,000 appear to be equally represented by residential and commuter-based populations. Most case managers who responded to the survey serve the entire campus population; both residential and non-residentially based students.

Respondents (n=214) also shared that they work with multiple types of student populations on campus. Case managers often need to know multiple institutional policies and practices, which often are differentiated by student type. Undergraduate students, unsurprisingly, make up the highest response group with 98.1% of our case managers working with that population. Followed by graduate (masters, PhD) at 83.2%, professional (MD, JD, etc.) at 44.9% & 39.3% working with non-degree seeking students.

Student Population Level



Institution of Higher Education Type



Of the 212 respondents, 62.7% indicated they are at a Public four year institution, 33.5% at a private four year, and only 3.8% are at community colleges. The National Student Clearinghouse's 2014 data shows that 42% of all undergraduate students are at US community colleges; 35% Public four-year; 15% Private four-year; 7% for-profit.¹ We must ask ourselves how are we supporting students at community colleges, what does this indicate in terms of resource allocation and individuals wearing multiple hats, as well as what outreach can HECMA do to community colleges?

¹ Ma, J., & Baum, S. (April 2016). Trends in Community Colleges: Enrollment, Prices, Student Debt, and Completion. *College Board Research: Research Brief*, 1-3. Retrieved June 2, 2017, from <https://trends.collegeboard.org/sites/default/files/trends-in-community-colleges-research-brief.pdf>.

Where We Work: A Look Into Our Case Management Offices/Programs

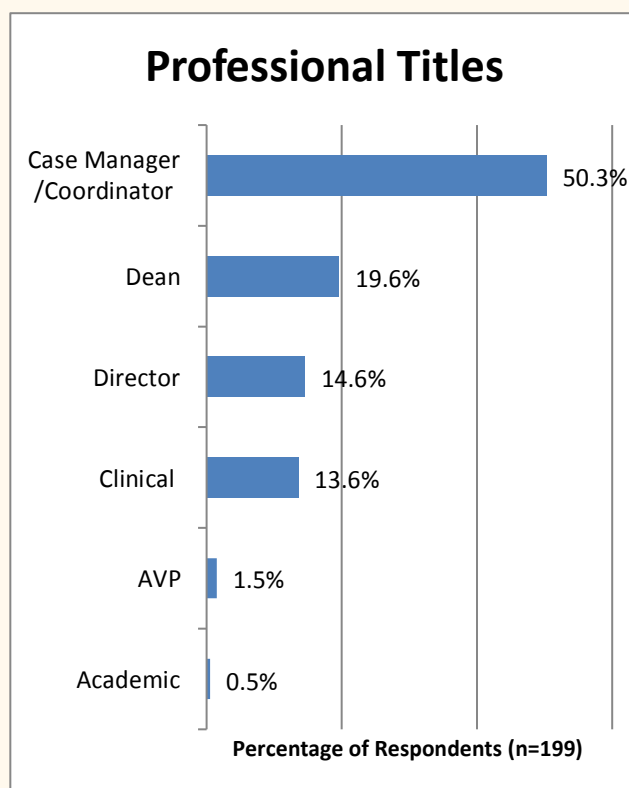
Professional Titles & Office/Unit Names

The connection between professional titles, the physical location of office space, and reporting structures inform how students and other campus partners respond to case management support and services. In the membership survey we asked multiple questions to better understand the design of case management programs.

When we asked for respondents (n=199) to share their professional title we found that 50.3% are a 'Case Manager / Coordinator' followed by Dean at 19.6% and Director at 14.6%. The most commonly used words in titles were student, success, outreach, support, intervention, CARE, services, advocacy. Some respondents are in broader roles where case management is one of several functions within the scope of their position.

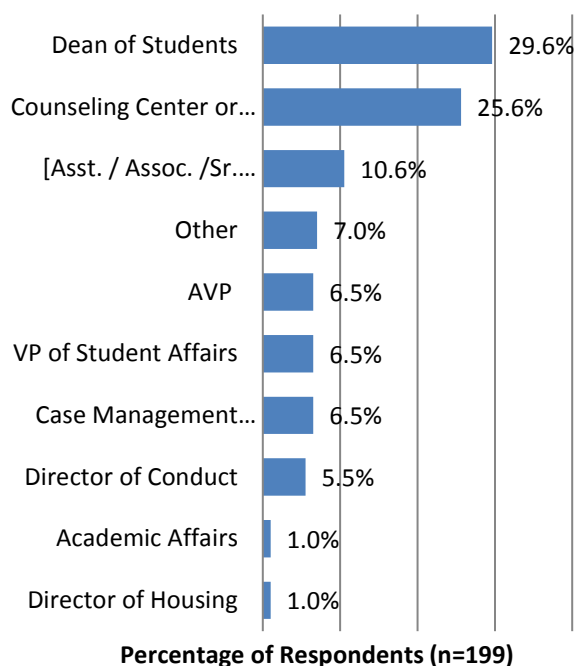
For campuses that have multiple case managers some have titles that reflect a specific focus area (e.g. "Housing Case Manager") or hierarchy (e.g. "Senior Case Manager").

When creating new roles or adjusting position descriptions, we recommend careful consideration of the title of the role so it can be easily understood by stakeholders both internal and external.

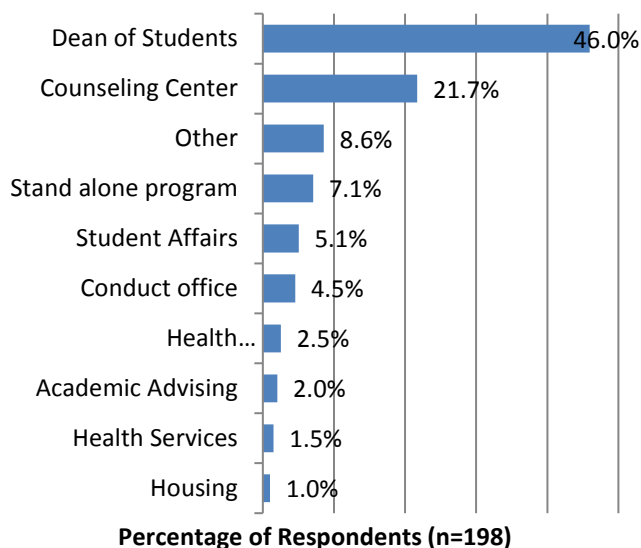


Case managers are found throughout university settings but the vast majority of respondents (n=198) shared the department /office where their position is located is within the Dean of Students (46.0%) or Counseling Center (21.7%). Additionally, the reporting structures mirror the titles as 29.6% of CM's report to the Dean of Students, 25.6% report to the Counseling or Health Center. As programs expand we may see an increase in the 6.5% that report to a Director of the Case Management program.

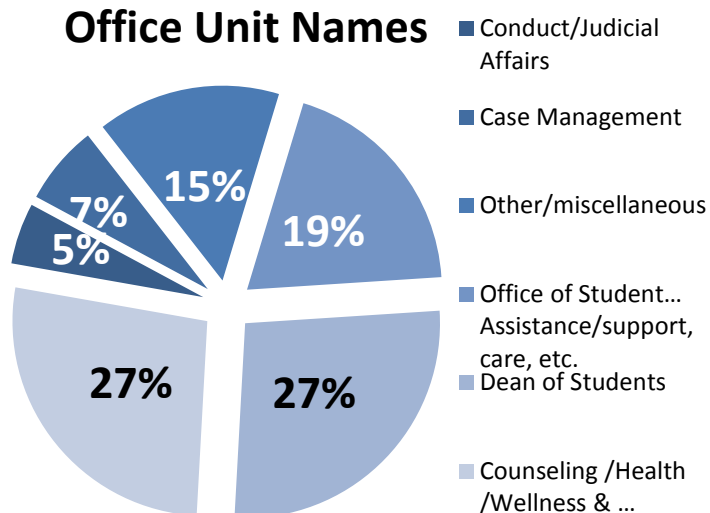
Direct Supervisor



Department where Case Manager Position is Located



Office Unit Names



Respondents (n=197) also shared their office /unit name. Once again Dean of Students had a large proportion 26.9%; tied with Counseling / Health / Wellness office titles at 26.9%. Only 6.6% were directly in a Case Management branded office unit.

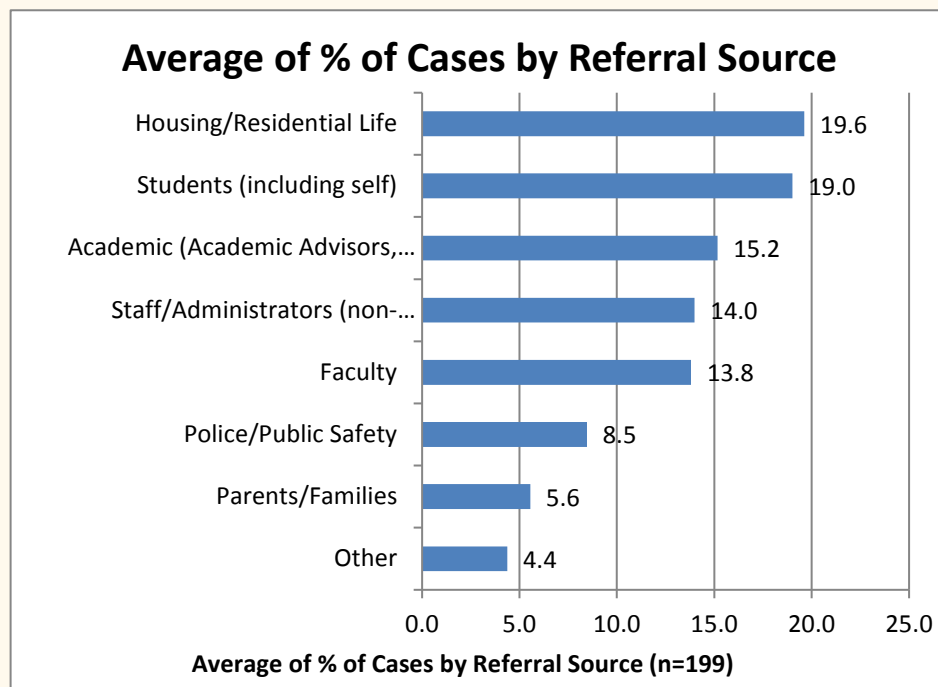


Best Practice: Professional Titles & Office Names

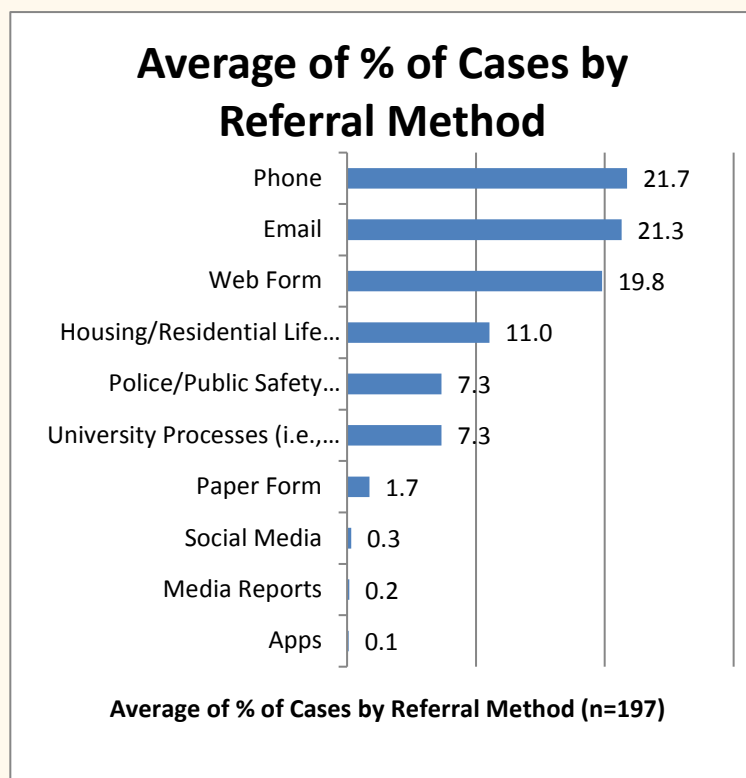
- Consider being consistent with the fields you will recruit from so that postings on job sites/listervs gain traction
- Consider if your role is designed to be broad or focus on a specific program
- Ensure titles/office names allow for flexibility and future growth

Case Referrals & File/Case Management Systems

While referral sources may vary by institution, most case managers would agree that outreach and education around case management services is a necessary part of the job. **Capturing who is referring student cases can be easy for those who use case management software and online reporting forms.** We asked respondents to estimate the percentage of cases' initial or primary referral source:



Respondents (n=190) shared that Housing/Residential Life (19.6%) and students (including self-reports) (19.0%) were the highest referral sources when we averaged the estimated percentages.



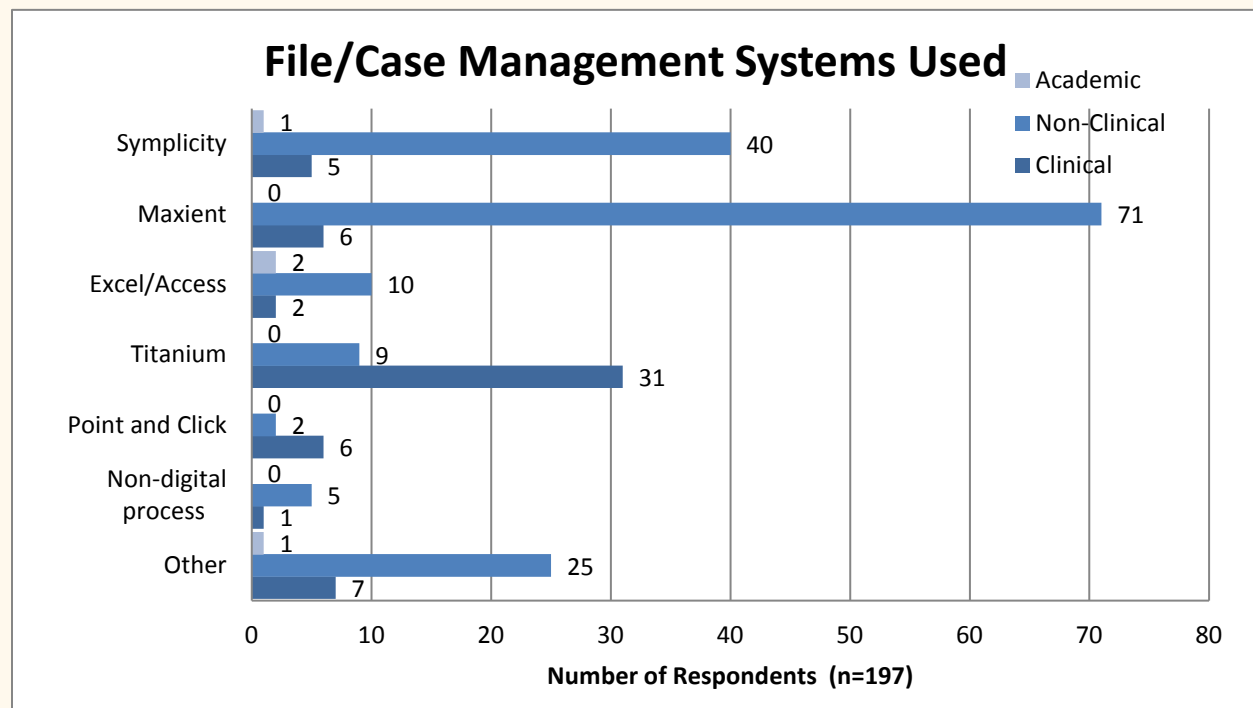
One institution estimated that 98.0% of their reports come from students, while 132 respondents said they get 20.0% or less of their reports directly from student referrals. **The variation speaks to the importance of diversifying outreach methods to reach multiple audiences.**

The method in which case managers receive reports [based on averages of estimated percentage of reports] showed that phone (21.7%), email (21.3%), and web forms (19.8%) were the leading methods.

We asked what type of file/case management programs case managers

used. Individuals were able to select multiple. Maxient & Simplicity's case management systems

represent over half of the total types of systems used and some case managers use multiple systems. We had a number of respondents report using other software/systems, some designed for other uses, including: Conduct Coordinator (2), Datatel/Colleague (1), eClinical (2), Mediat (3), On Base (1), PAVE (3), Point N Click (1) StarFish (4), StarRez (1), Titanium (1), TutorTrack (1); Seven case managers are using a home-grown system. Some respondents are working with modules directly within their campus information system, including Banner (1) and PeopleSoft (1). Respondents were able to select multiple answers as we have found that cases might be saved in different systems depending on the student case type.



Anonymous Reporting

Case managers receive referrals from many sources. For those that have online reporting forms, email addresses, or phone numbers there can often be an avenue for anonymous reporting. 74.4% of respondents (n=145) shared they have a means for anonymous reporting of student concerns (whether advertised that way or not).

Clinical & Non-Clinical CM roles appeared to have similar responses in ability to receive anonymous reports. Community Colleges (n=8) were 37% more likely to not have anonymous reporting.

Employees at institutions of higher education should have a clear understanding of their legal and policy requirements to report specific areas of concern about students. Depending on the country, US state, etc. many employee roles have a duty to report, are mandated reporters, or would be seen as a Campus Security Authority (CSA) by the US Federal Government. These individuals should understand under what circumstances they are permitted to file an anonymous report.



Best Practice:

Anonymous reporting may open the door for student peer reports or others who fear retaliation for coming forward with valuable and actionable information about a potentially concerning student or situation.

The down side of anonymous reporting is that it does not allow for follow up questions, but at least provides an avenue for those who would not otherwise report a concern.

Employees of the IHE should have a clear understanding of the legal and policy requirements surrounding mandated reporting status.

Budgets & Funding Uses

A number of case manager respondents shared that they have been in the position less than five years and are the sole case manager on campus. On many such campuses case managers may not have dedicated budgets and operate with funds from outside department/division monies. Only 55.1% (n=167) of respondents stated their department/program has a dedicated operational budget. Of those with an operational budget, forty respondents shared the dollar amount in their annual budget (outside of salary and benefits). The average budget was approximately \$16,500. This was calculated after removing the bottom and top two amounts as budgets ranged from double digit numbers to almost a half of million for one institution. (n=50)

Some respondents commented they don't know the breakdown of their budget indicating they may not have access to or be in control of the allocated funds.

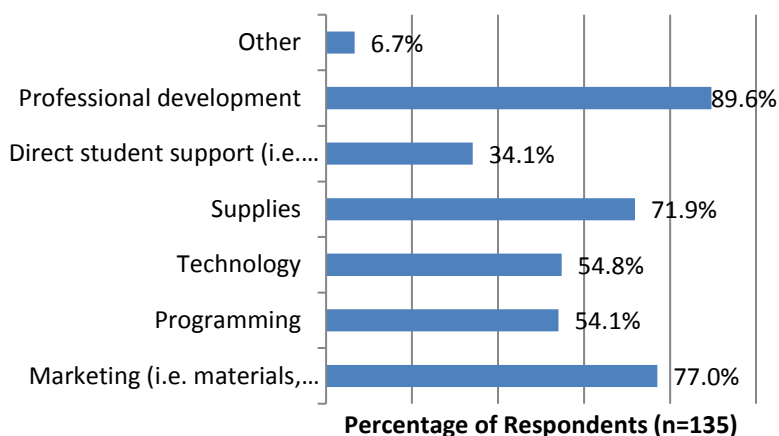
Funding was used in a variety of ways, with professional development (89.6%) being the biggest. Respondents (n=135) also indicated that technology (54.8%), which could range from laptops to case management software licensing, was high as well as programming (54.1%) which helps our campus communities understand the role as well as when to refer or consult about a student of concern.



Best Practice:

CM should be allocated a dedicated budget as that indicates the importance of the program, defines it as a separate functional area, as well as allows for the tracking of unique and specific expenses. The budget should consider funding for areas such as technology, professional development, marketing, training, etc.

Use of Funding



Numbers of Case Managers in IHE, In Unit, and Student/CM Ratios

Case managers in higher education often function as an office of one, even when they are physically located within other units. In the 2017 survey we asked how many case managers are within the respondent's unit and how many are outside.

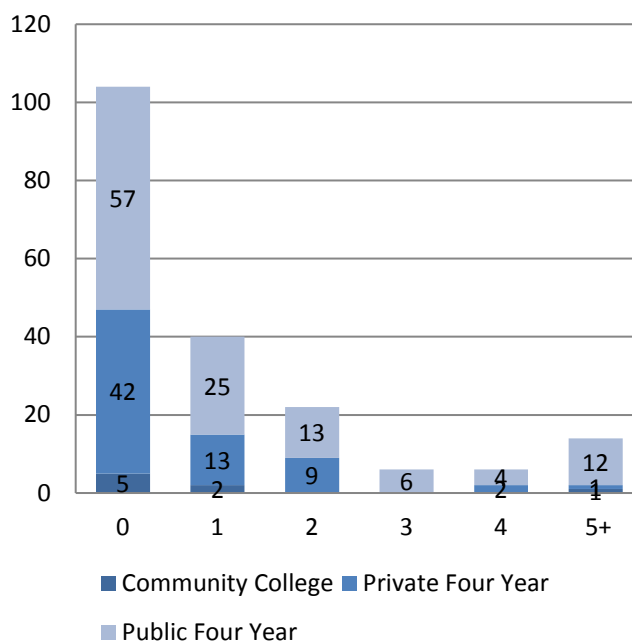


Alone or with one other case manager is the reality for 75% of respondents.

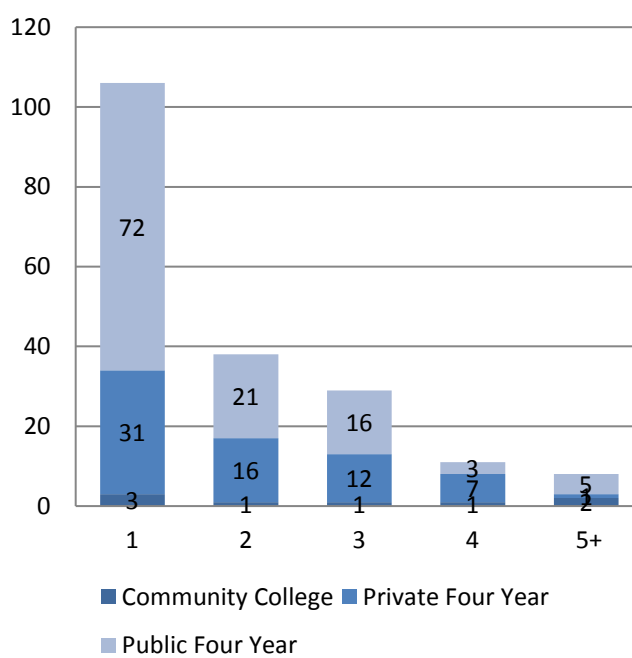
54.6% of respondents (n=194) stated that there are no other case managers outside their unit; of the m 66.0% (n=70) were the lone case manager on their campus.

Of the case managers with peers outside their unit, 40.7% were out of Counseling / Mental Health Services (57) followed by, Student Conduct (25), Health Services (19), Housing and Residential Life (12), Title IX (10), Student Disability Services (10), & Health Promotion and Education (7).

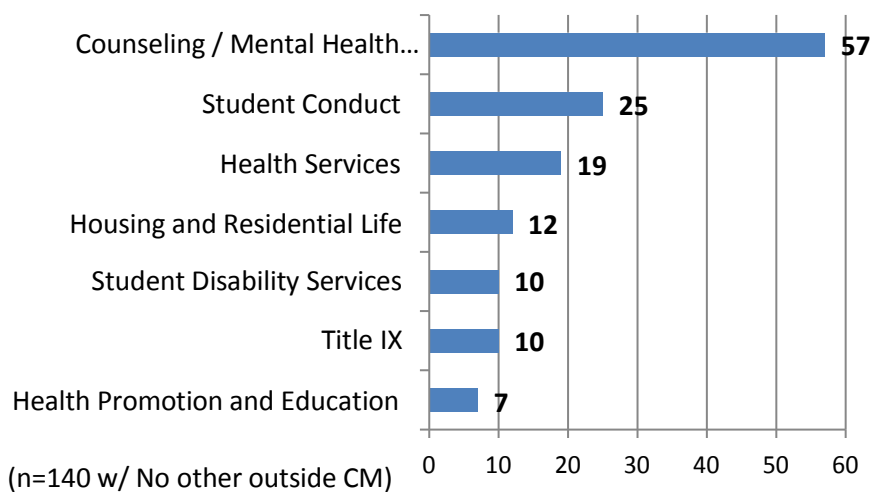
Case Managers outside the Unit



Case Managers within the Unit



Location of CMs in Outside Units



Case managers and those that supervise or support them should be diligent to ensure that they are they not working in silos. **Case management is predicated on strong communication and collaboration around resources and support.** On campuses with multiple case managers, staff should take care to meet regularly both to communicate about students of concern but also

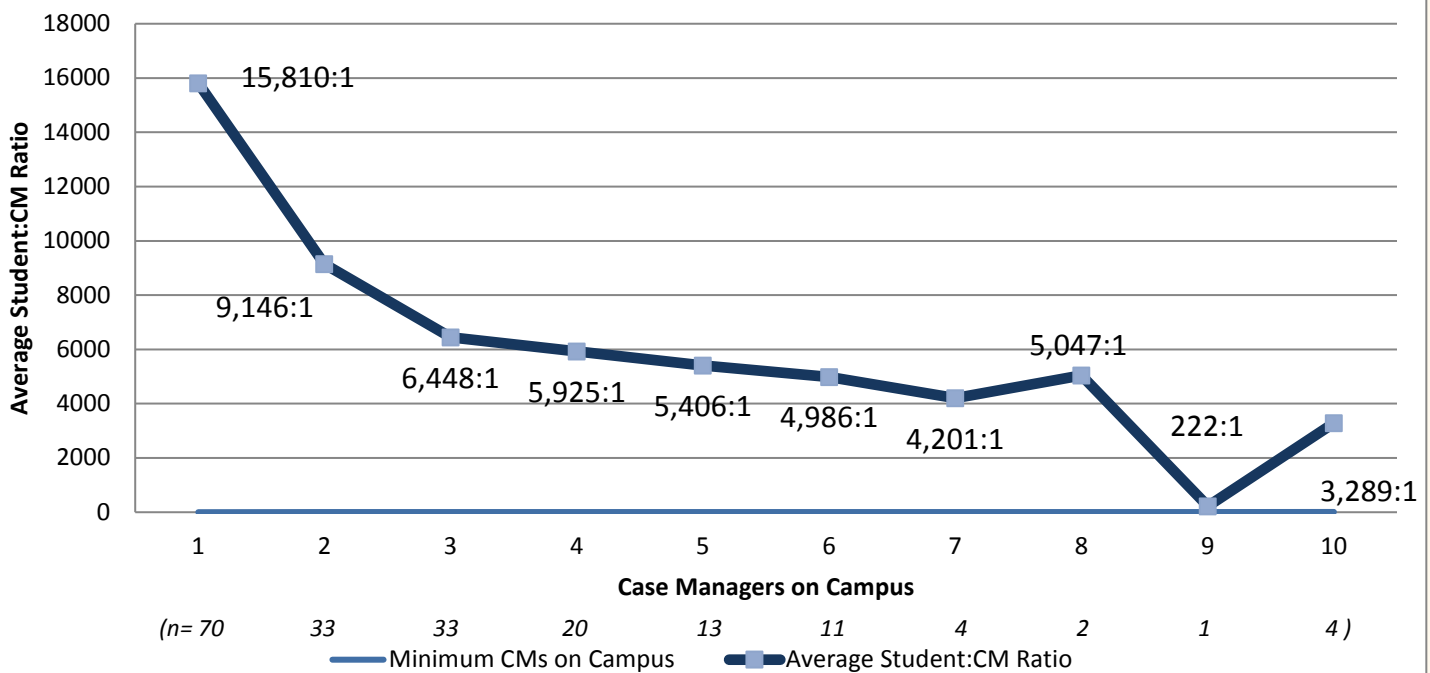
to provide a culture of support and shared responsibility among the staff (self-care is discussed at greater length in a future section).

Since many case managers work on campuses with no or few other case managers it is also important to recognize the number of students that a position is designed to support. Here we've calculated the overall average student to case manager ratio as 7,115:1 (n=191)². The chart on the following page indicates how the average ratio quickly adjusts from 15,810:1 for IHE w/ One Case Manager to 9146:1 for IHE w/ Two Case Managers. Since 75% of campus have just one or two case managers we can see that a 12,576:1 average ratio for that group is clearly too much to handle for that number of staff.

**Overall
Average
Student/
CM Ratio
7,115:1**

² Note: Due to the way respondents were asked to share their campus size the survey team had to manually locate all respondent's campus population size and use that in conjunction with the number of case managers in unit and outside their unit. Units which indicated 5+ were calculated at five therefore the chart displayed indicates 'minimum' CMs on Campus.

Campus' Average Student:CM Ratios



Best Practice:

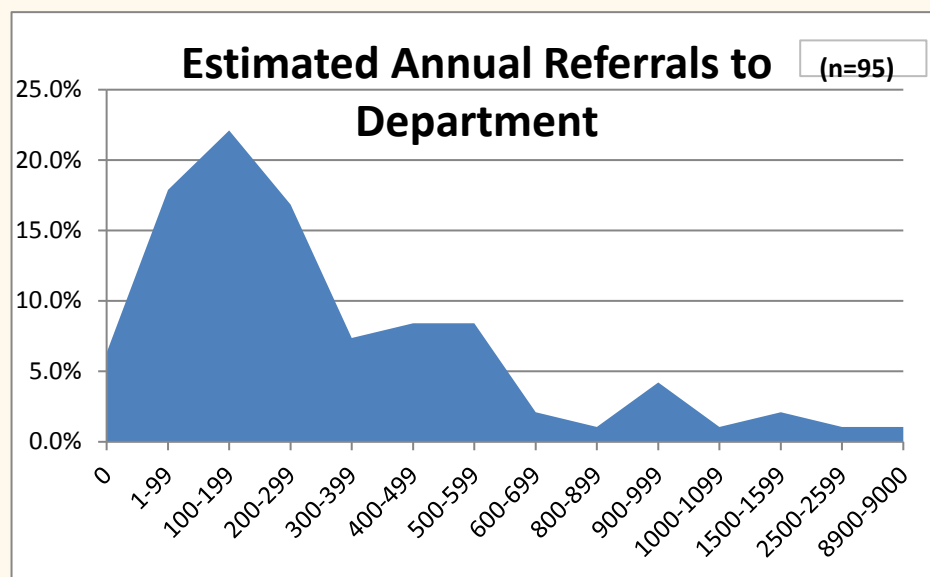
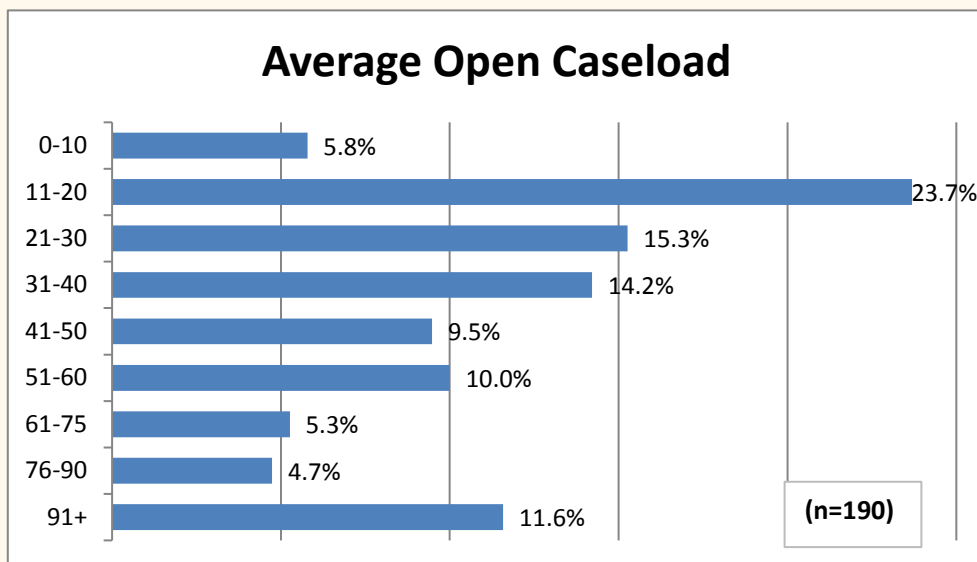
Number of CM at a IHE. While there may not be an exact best practice ratio we should consider that CM roles have high touch-points, some cases involve in-depth use of resources, and CM's are utilized in urgent situations. High student : CM ratios may not allow for effective support and can lead to triaging student situations vs providing the care and support students need. When IHE have just one CM they should also consider how are others cross-trained to assist in times of high-caseload, vacations, sickness, or times of unplanned extended absences.

Caseload and Referral Volume

Given the reality that a high student to case manager ratio exists in most institutions, it is important to look at the volume of cases that case managers have open/active as well as the volume of case referrals they receive.

While almost a third of respondents shared they have less than 21 open cases,

almost a third reported having more than 50 open cases. We did not choose to look at number of contacts or meetings case managers have with students on their caseload, though we know that some students require more intense time and service than others. Furthermore, we know the field is just starting to establish some common practice around opening and closing cases, which also may account for some of the variability.



The estimated annual referrals to a case manager's department ranged from 0 to 9,000; with 56.8% between 1-300. (n=95).

Depending if there are

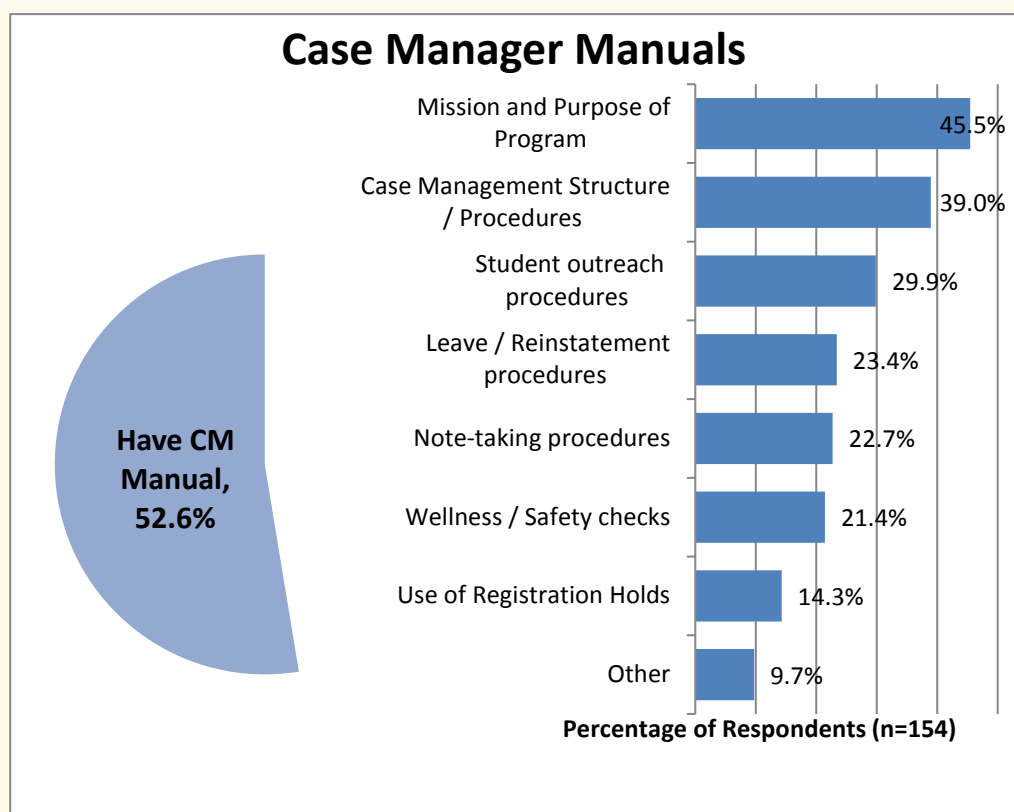
other case managers, administrative staff, or persons on team handling the case referrals, reviewing and processing cases in database systems can take considerable time outside of the cases which necessitate meeting with students directly.

Case managers should consider tracking the number of referrals to the department as well as open and active cases . As case management programs expand on college campuses, case

managers will be better able to advocate for additional resources if they can demonstrate a ratio of referrals to staff. We'd encourage more conversations around when to keep cases open/active, having written procedures, and case notes when adjustments are made as well.

Case Management Manuals

A case management manual can help give focus to the role, set boundaries, as well as encourage clarity on programs and procedures. They are a great tool to use when training new members of the team or doing an assessment of the program. We are pleased to see that over half, 52.6% of the members responding (n=154) do have a program procedures manual in place. Of those individuals' manuals, we see that higher percentages report having the layout of their program (mission/purpose 45.5% and structure 39.0%) included but fewer individuals report having more detailed procedures such as leave/reinstatement 23.4% or wellness/safety checks 21.4% outlined.



Multiple members shared that they are currently in the process of drafting a CM program manual, some citing that their position is new and not yet developed. Case managers may step into a role and be asked to develop the system themselves. Some shared

that their manual is more focused on their Behavioral Intervention Team, which may indicate that CM roles have been implemented out of specific programs/teams. Others shared that sections in their manuals include common referrals, guidelines for supporting students with various issues (e.g. mental health, medical, academic, family, etc.), relationships with partner offices, training elements, assessment, database/technology use, scheduling appointments, letter templates, releases of information, post-hospitalization procedures, etc.



Best Practice: Case Management Manuals

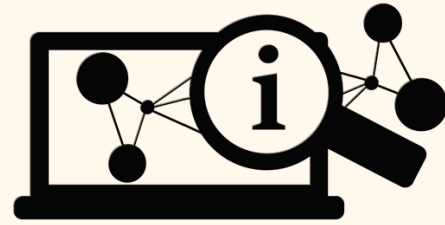
The creation of a Case Management Manual can be a daunting task if you do not already have one in place. A CM manual can help give focus to your program, set boundaries, as well as encourage clarity on programs and procedures. They are a great tool when/if you are training new members of the team or doing an assessment of your program.

If you don't have one yet, set time for you and key stakeholders to brainstorm institutional specific information, collect or create (sometimes we simply need to write down what we have been doing) procedures, gather related policies and resources. Consider looking at the questions in this scope of practice section of the membership report as a starting place.

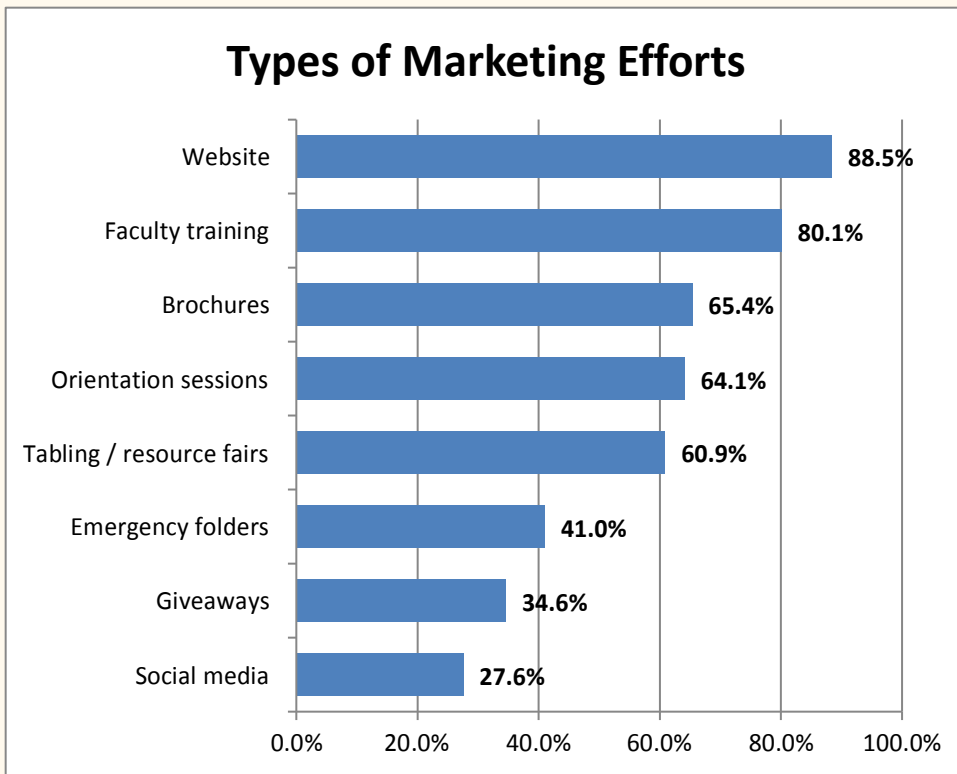
If you already have one be sure to review it annually for updates and revisions; incorporate contemporary topics and resources.

Marketing

With marketing funds being present in a full 77.0% of the respondent's (n=135) budgets we also asked which types of marketing efforts case managers use on their campuses. While some of these efforts might have little budgetary impact it is helpful to see where CMs have been able to dedicate resources or see specific means important to reaching out to students, faculty and staff.



With 88.5% of the (n=156) respondents stating they use a website as part of the marketing efforts it might be helpful to explore in the future if those individual CMs are simply listed on a website a staff person/directory section, included as a member of a behavioral intervention team, or if those



websites spell out the case management role for students interested in connecting for support or reporting concern about a peer.

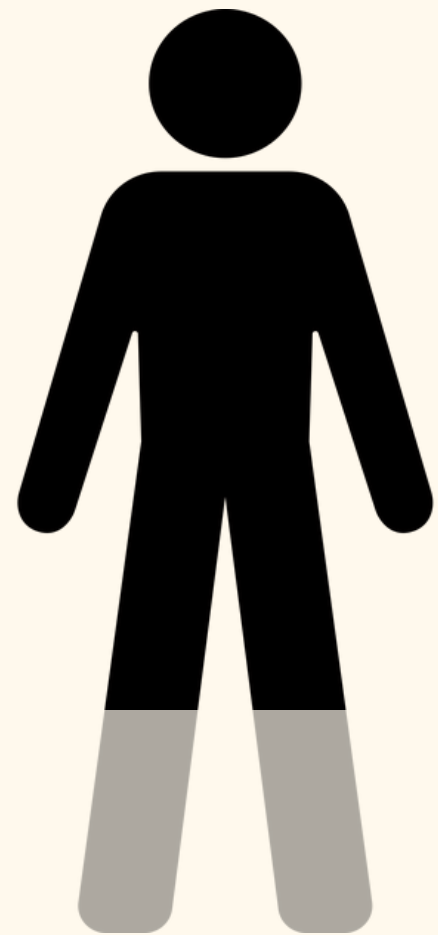
Many case managers (80.1%) report faculty training as a means of marketing their role which is important as faculty represent a large reporting sources for the cases managed.

Who Are We: A Look into Higher Education Case Managers

We asked a series of questions about the specific demographic features of the respondents of the survey. Given the diversity of the college student population, it was important for us to gain information about diversity among respondents.

Type of Case Management Role

In the 2017 survey we asked respondents (n=198) which best described their case management role. 72.2% of respondents shared they were in a Non-Clinical Student Affairs (Dean of Students, other student affairs area, etc) CM role, followed by 24.2% in a Clinical (student health, counseling center, etc) CM role, and 1.5% in an Academic (college, dept or academic support program, etc) CM role. 2.0% responded as 'other.'



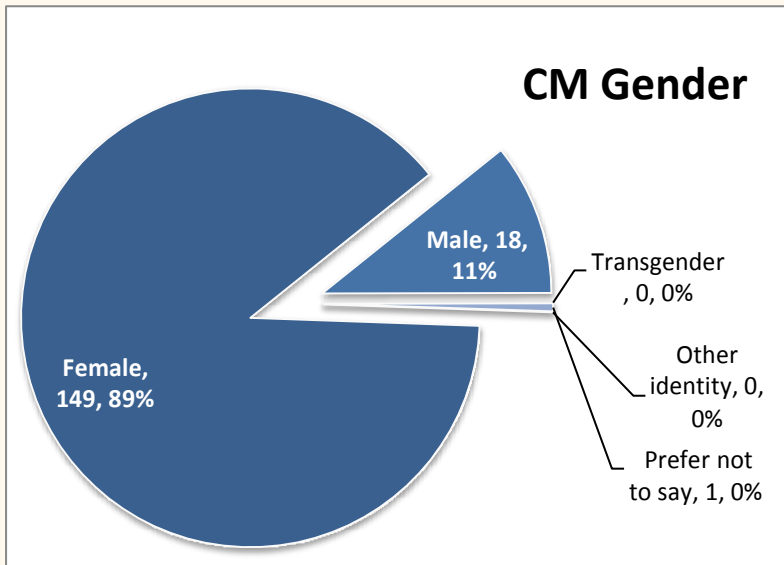
75.8%

**Are in a Non-Clinical,
Academic, or Other
Case Management Role**

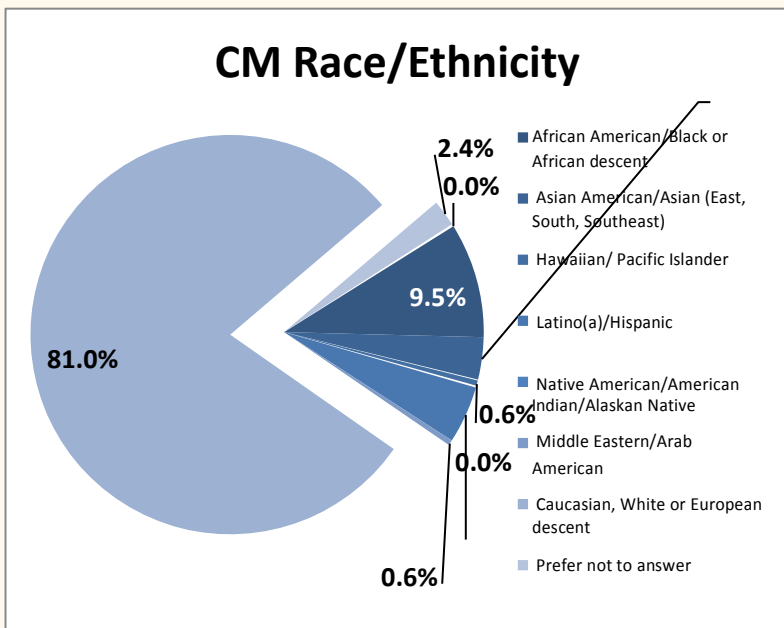
Demographic Profile of Case Managers

To gain a better understanding of the people who fill our roles, we asked questions on gender and race/ethnicity. All of those who completed the entire survey answered both questions (n=168). A total of 168 CMs responded to both questions, 100% of those that completed the survey.

Respondents could select multiple identities for both questions; which some did for race/ethnicity.



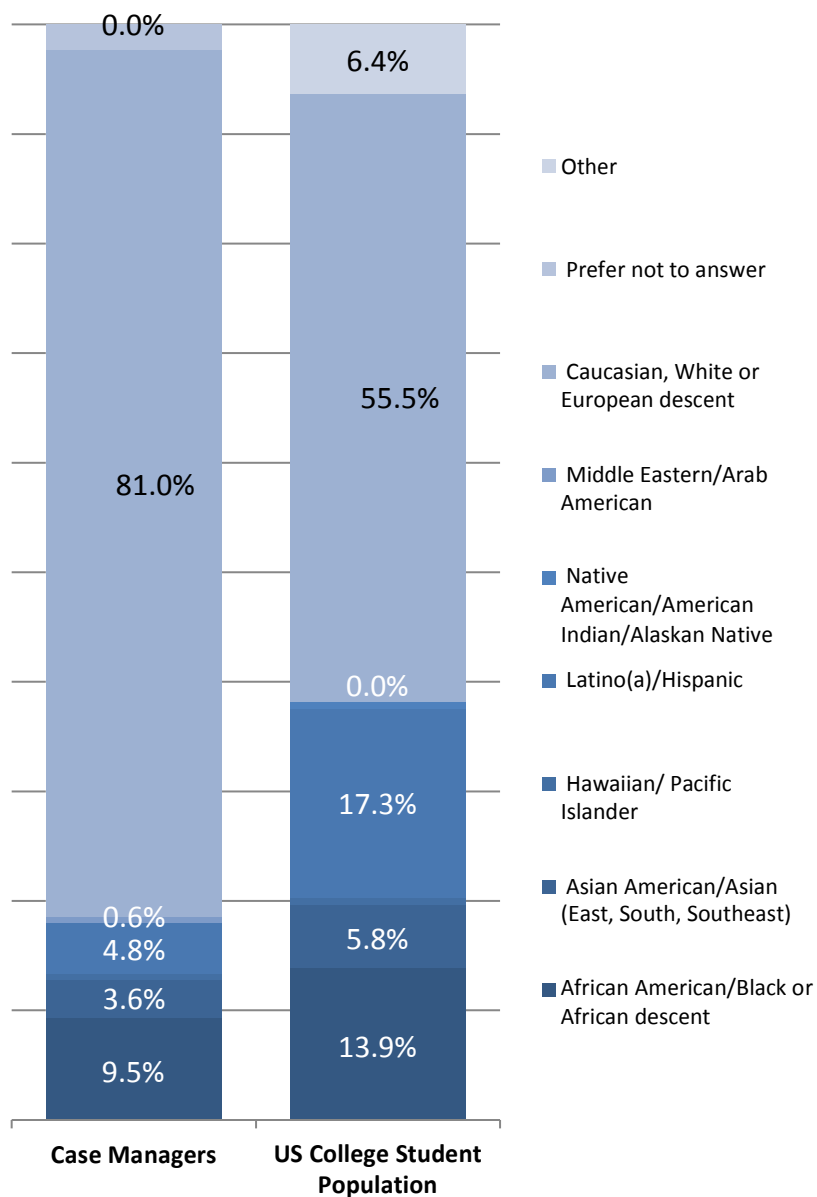
While women make up 88.7% of case managers; male identified case managers have a 10.7% higher chance of chairing the Behavioral Intervention Team.



Data from both our gender and race/ethnicity questions clearly indicate that as a field we need to pay more attention to recruitment, mentoring, employee evaluations, professional development and many other factors that affect the conscious or unconscious bias we may have in

our hiring practices. As we strive to create inclusive campuses, it is important for students to see themselves in campus staff, especially those who attain leadership positions.

Race/Ethnicity of Case Managers Compared US College Student Population



Here you see the race/ethnicity of respondents (n=168) compared to the US college student population. There is a notable racial/ethnicity identity gap between practitioners and the students they see as clients. The lack of case managers of color is disproportionate to the numbers of students of color in US colleges.^{3 4}



Best Practice:

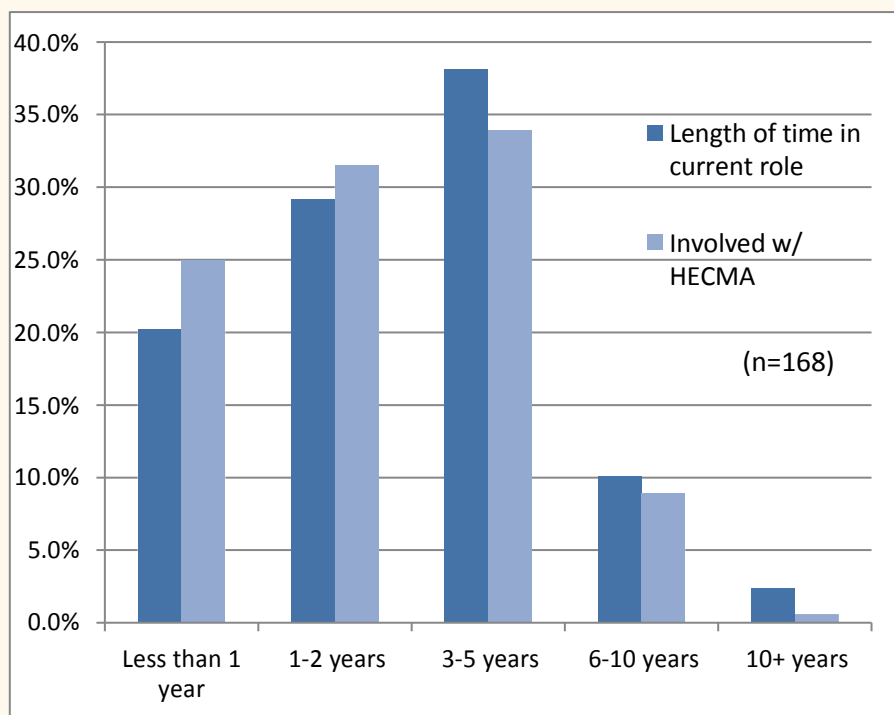
Recruiting, retaining, and promoting people of color in case management roles to reflect the diversity of our campus populations must be discussed and championed by those who are creating the positions as much as those who are part of human resource management.

When expanding case management on a campus such as adding additional roles IHE should strongly consider the language used in position descriptions and job postings, review how/where they communicate openings, how/what questions are part of interviews, etc.

³ HECMA respondents could self-identify with multiple identities and information from the 'The Condition of Education 2016' study did not indicate race for Middle Eastern/Arab American. Racial demographics are based on US identifiers while HECMA does have internationally based CMs.

⁴ Kena, G., Hussar W., McFarland J., de Brey C., Musu-Gillette, L., Wang, X., Zhang, J., Rathbun, A., Wilkinson Flicker, S., Diliberti M., Barmer, A., Bullock Mann, F., and Dunlop Velez, E. (2016). *The Condition of Education 2016* (NCES 2016-144). U.S. Department of Education, National Center for Education Statistics. Washington, DC. Retrieved [date] from <http://nces.ed.gov/pubsearch>.

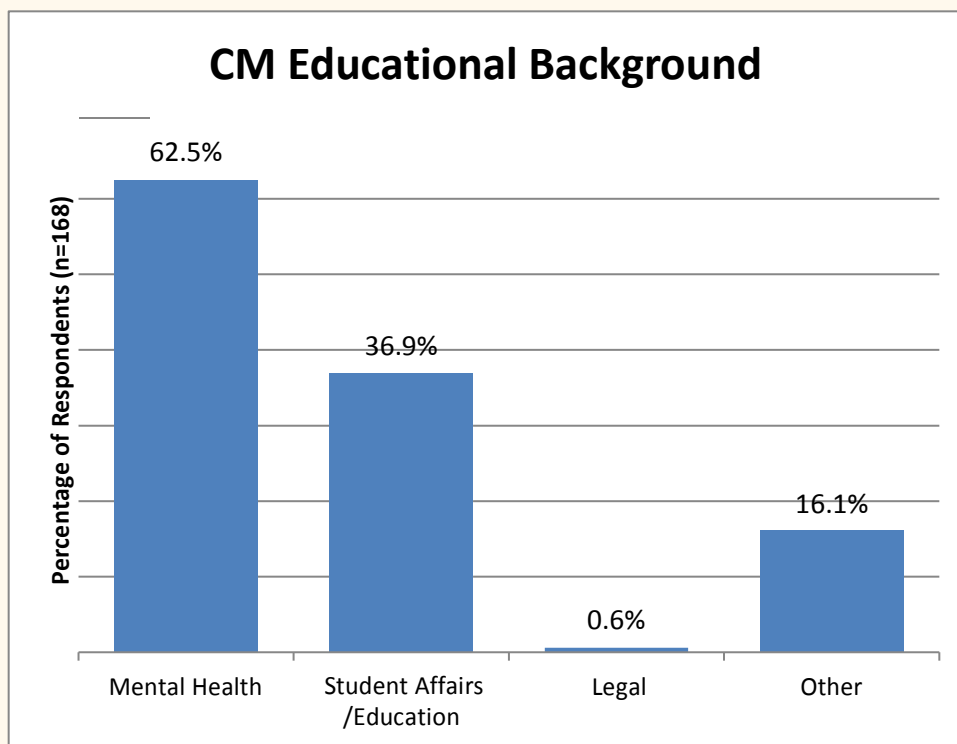
Years of Service & Educational Background



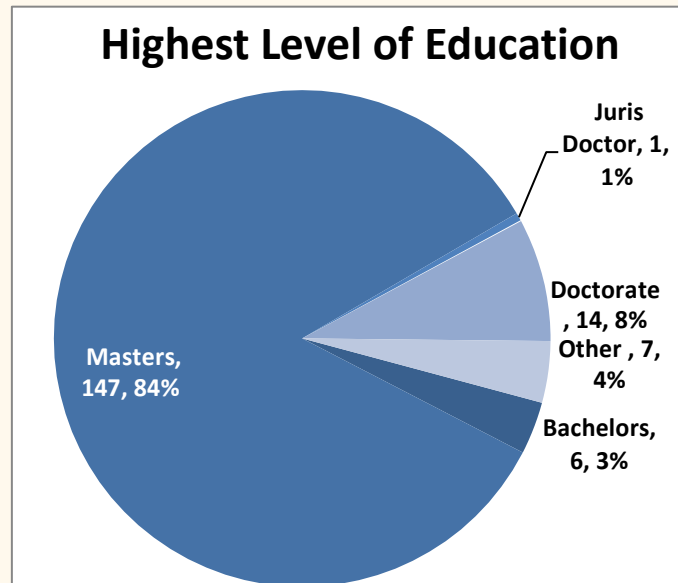
In general we see that the percentage of respondents (n=168) who are members of HECMA is similar to the percentage of respondents length of time in current role.

The vast majority (96.4%) of respondents (n=168) are Full-Time employees. Only 1.8% (3) identified as Part-Time and 1.2% (2) identified as Temporary/Contract employees.

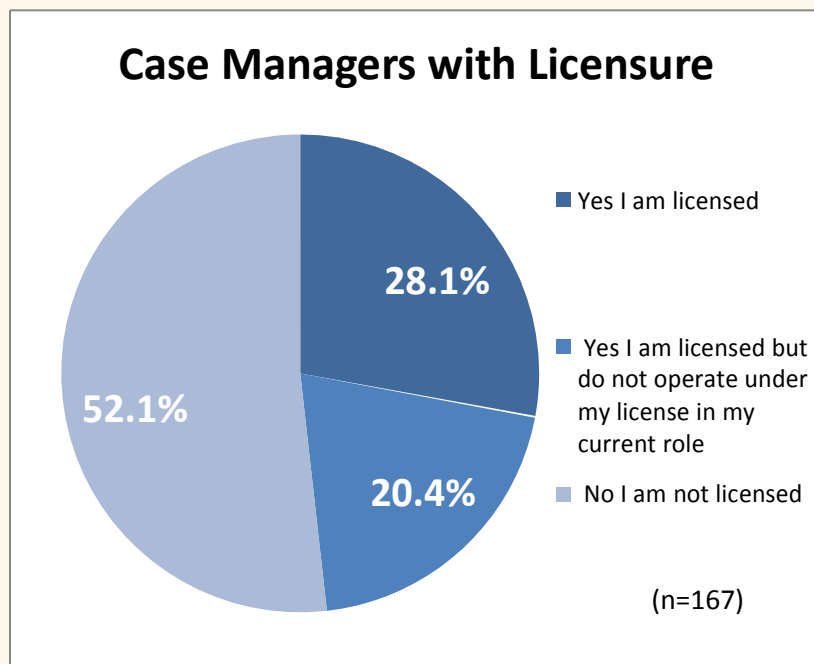
The majority of case managers responding (n=168) come from a mental health (62.5%) or student affairs/education (36.9%) educational background. Seventeen of the 27 respondents stating other come from a social work background specifically.



The majority (84%) of respondents have a masters degree as their highest level of education, followed by 8% with a doctorate. Seven of the 14 who have a doctorate degree have titles such as Assistant/Associate Dean of Students, AVP, etc.



Here we see 48.5% of the respondents (n=167) are licensed, however, 20.4% of the those licensed do not operate under their license in the current role.



Best Practice:

Licensed practitioners often have a skill set that is helpful in a case management role

It is recommended that licensed, non-clinical case managers be mindful of state law and cannot present themselves as therapists and must be upfront with students about their role limitations.

It is also important for supervisors to be cognizant of the legal boundaries of those who are licensed and working in a non-clinical role.

Salary

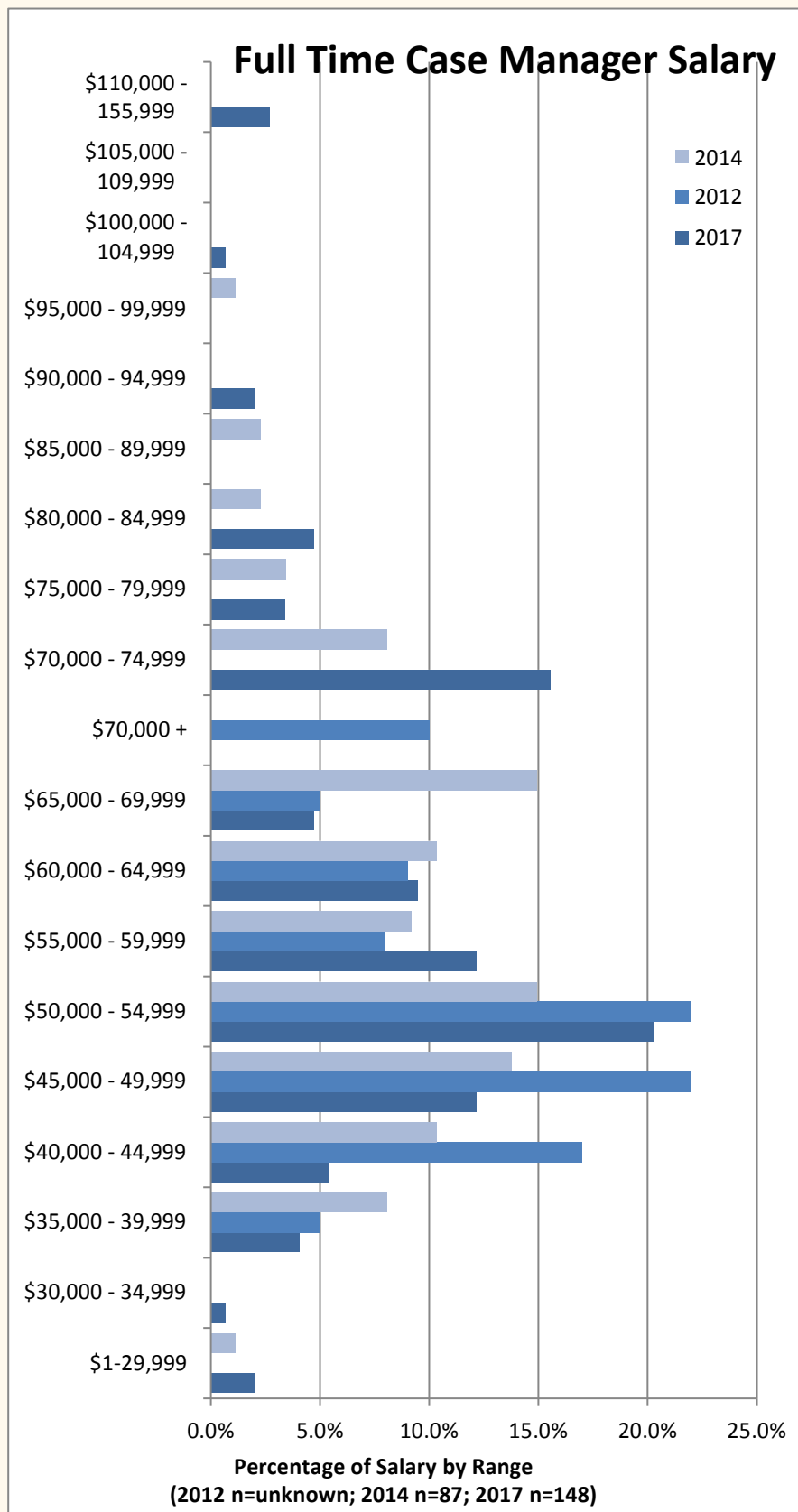
A wide range of factors go into the salary of case managers from educational background to cost of living in a region. To begin with, we have provided a comparison of salaries collected based on data from this and prior surveys of the membership.

The 2017 average salary across all respondents was \$59,805.

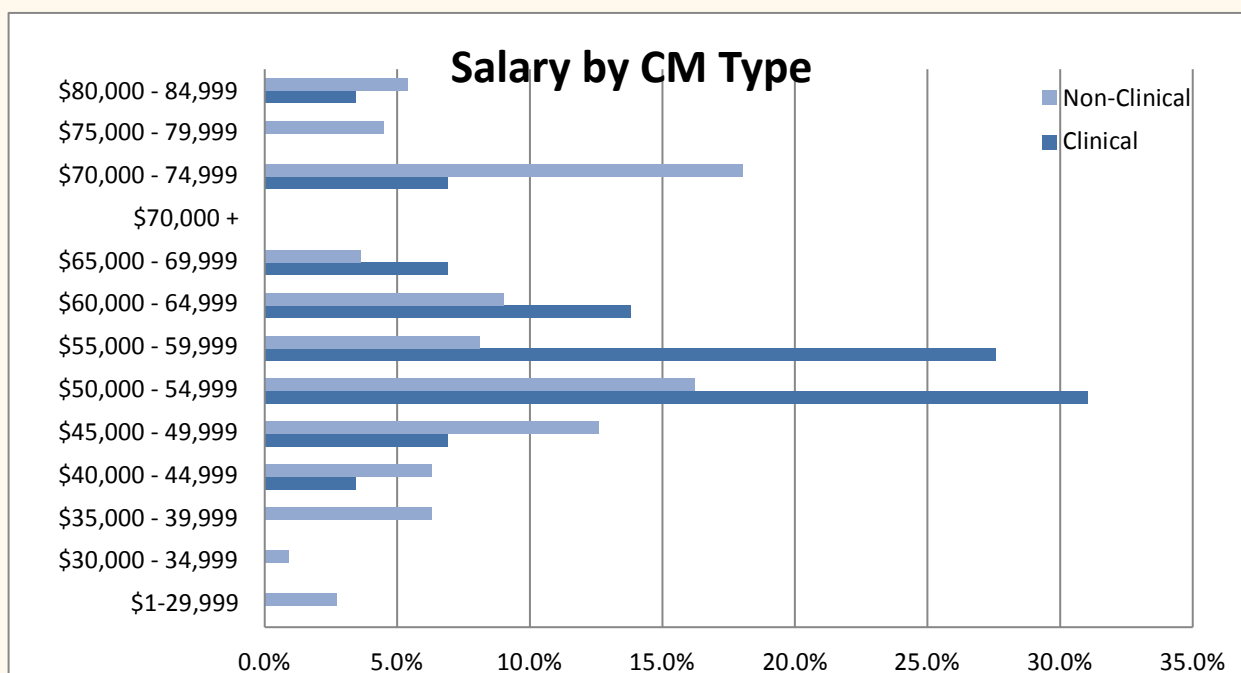
Respondent data shows that 29% of those members who responded make \$70,000 or more a year. In 2012 and 2014, this number was, only 10% and 17% respectively.

Respondents from urban schools (n=64) had a slightly higher average salary (\$330) than respondents from suburban schools (n=62). Meanwhile, respondents from suburban schools had a substantially higher (\$4,370) average salary than respondents from rural schools (n=21). One factor that may play a part in this difference is the cost of living decrease from urban to suburban to rural communities.

Respondents who identified as 'Caucasian, White or European descent' CMs (N = 115) made an average of \$4,632 more than case managers who self-identified as a CM of color (N=529). Male



identified case managers who submitted salary info (n=16) made an average of \$3,139.92 more than female identified (n=130) counterparts.



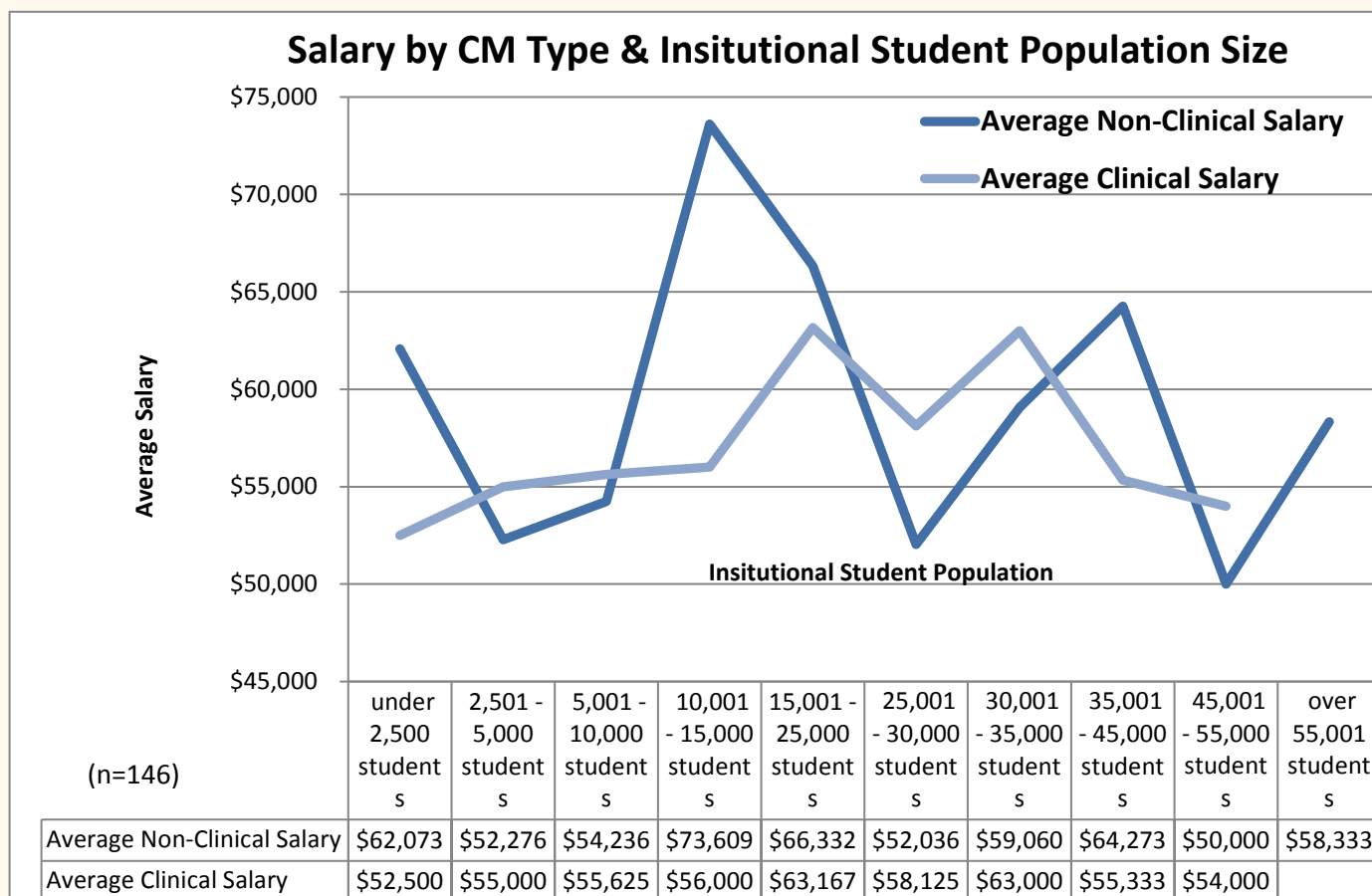
Non-Clinical Case Managers (n=110) averaged a \$60,488 and Clinical CMs (n=28) \$57,571. An additional 6.3% of non-clinical CM salaries ranged above the \$85,000 displayed on the chart above.

The average salary for case managers has increased since the 2014 survey data; the chart below indicates increases in overall, non-clinical, and clinical roles⁵. All areas saw positive changes.

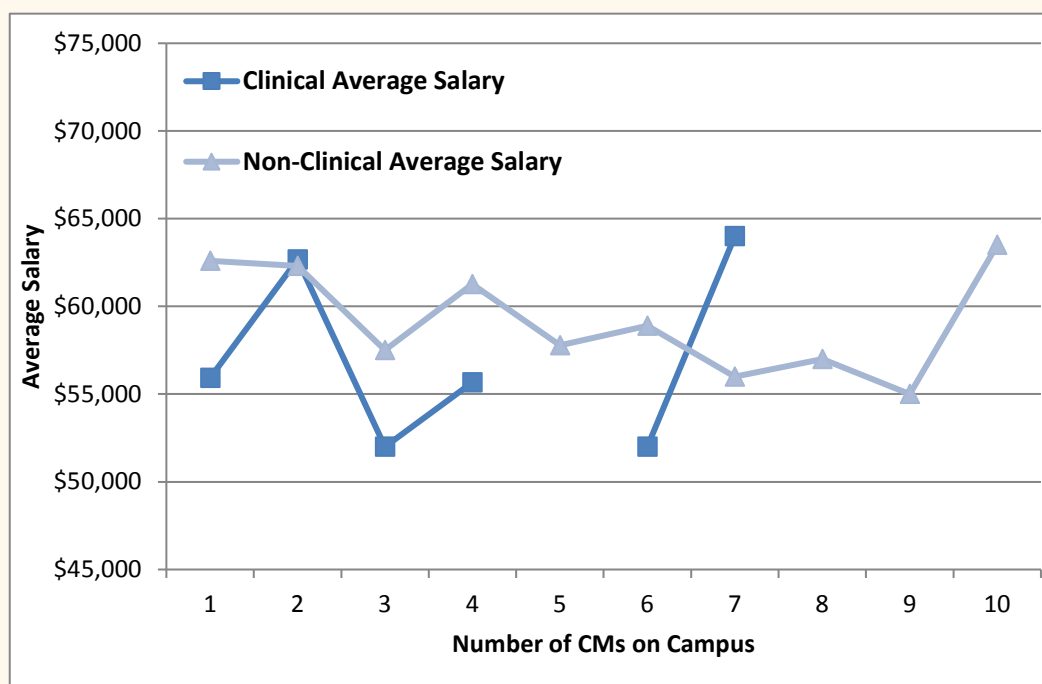
	Average Dollar Amount Change	Average Percentage Change
Overall	\$ 3,089.32	5.2%
Non-Clinical	\$ 2,969.67	4.9%
Clinical	\$ 1,687.05	2.9%

While the majority of respondents are in full time roles on 12 month contracts it is important to share that we had 3 'part-time' CM report salary with average at \$37,000 as well as eight respondents report nine month contracts with average salary of \$52,000.

⁵ Note that both in the 2014 & 2017 membership survey we asked salary for Academic Case Managers, but not enough data was submitted to constitute reporting out.



On this chart we view average full time salary by CM Type & Student Population (n=146). There is a notable spike in non-clinical salary at institutions with a population between 10,000-15,000 students.



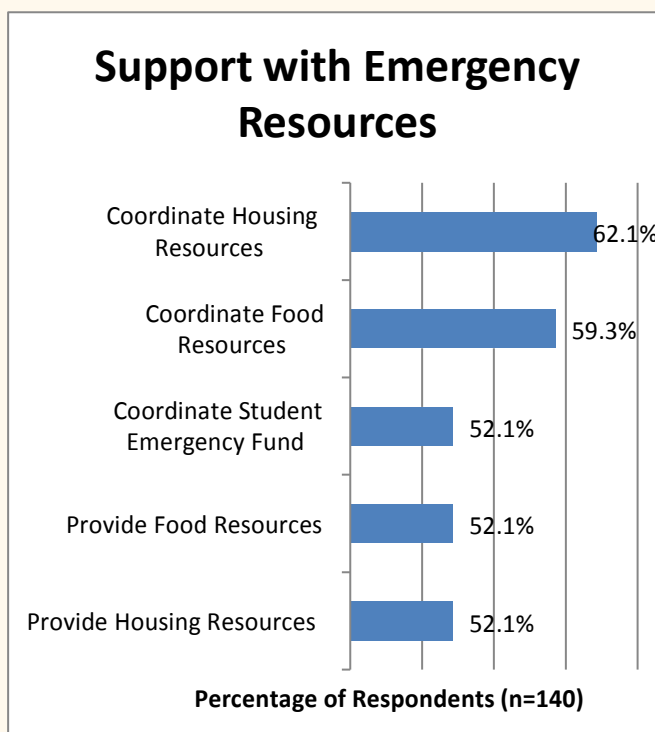
The clinical and non-clinical average salary compared to the number of case managers on a campus is displayed here.

Scope of Practice

The 2017 membership survey asked more than twenty-five questions relating to the scope of practice of case management on our campuses. For some, the questions might have been straightforward and easy to answer as case management units have established practices around common concerns. For others, case management may still be evolving: programs are being added or expanded, individuals are being asked to wear additional 'hats', and positional power might look different.

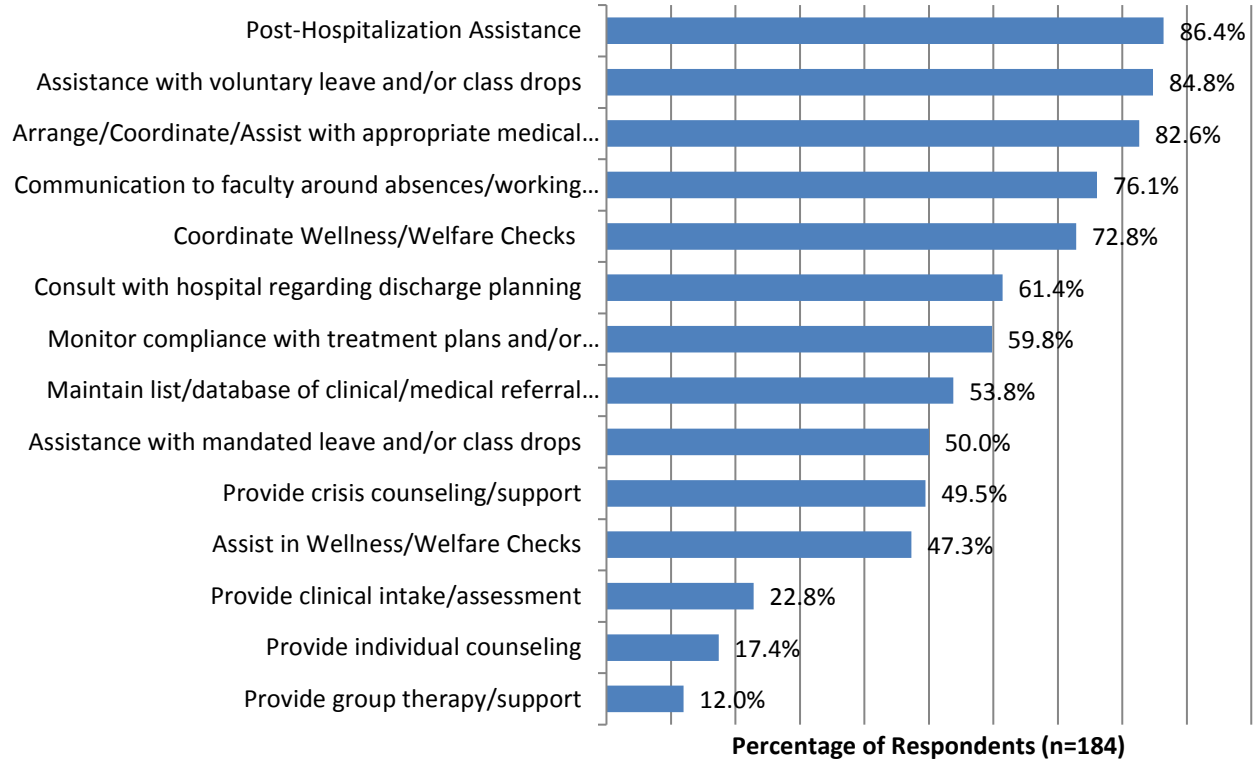
While responsibilities related to Title IX and campus withdrawals are covered elsewhere in this report, it should be noted here that they are also part of the fabric of many case management programs.

With increased attention nationally, institutions appear to be solidifying the ways they support students around food and housing insecurities. Case manager roles are often one of the key campus supports for such situations. Over half of the respondents (n=140) shared that their case manager responsibilities/job functions include providing or coordinating food and housing resources (52.1-62.1%) as well as coordinating student emergency funding (52.1%).



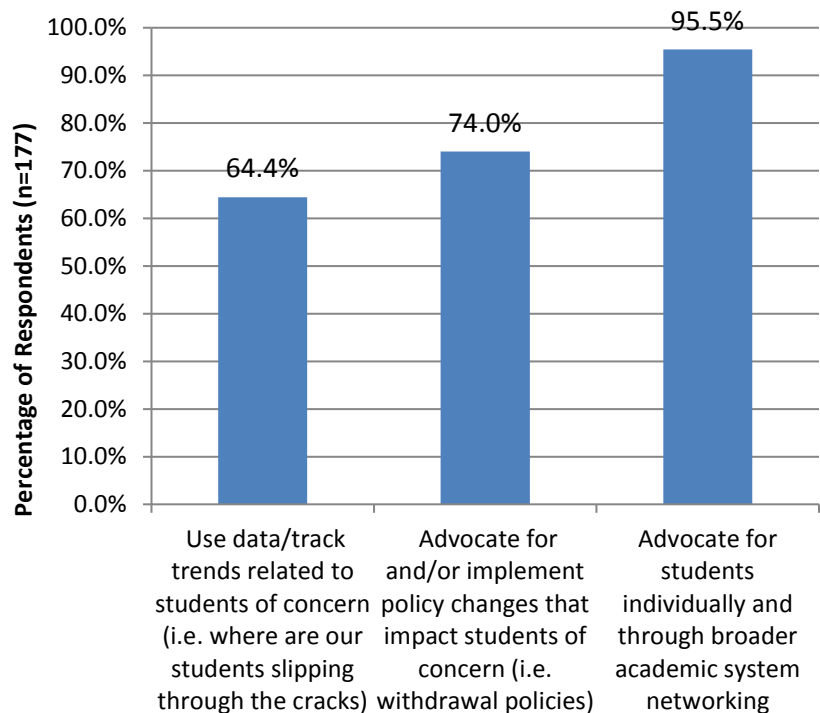
Supporting students who are experiencing medical/mental health concerns is key to many of the case manager's responsibilities. Fourteen separate support roles were outlined and displayed on the following chart in relation to the percentage of the respondents (n=184) who assist in that manner. Post hospitalization assistance was the highest at 86.4% followed by assistance with voluntary leave and/or class drops at 84.8%. At the lower end of the responses we found that most CMs do not play a role in providing individual counseling (17.4%) and providing group therapy/support (12.0%) which may indicate that institutions have more delineation in roles, separation with use of clinical & non-clinical roles and those who are licensed.

Support with Students Experiencing Medical/Mental Health Concerns



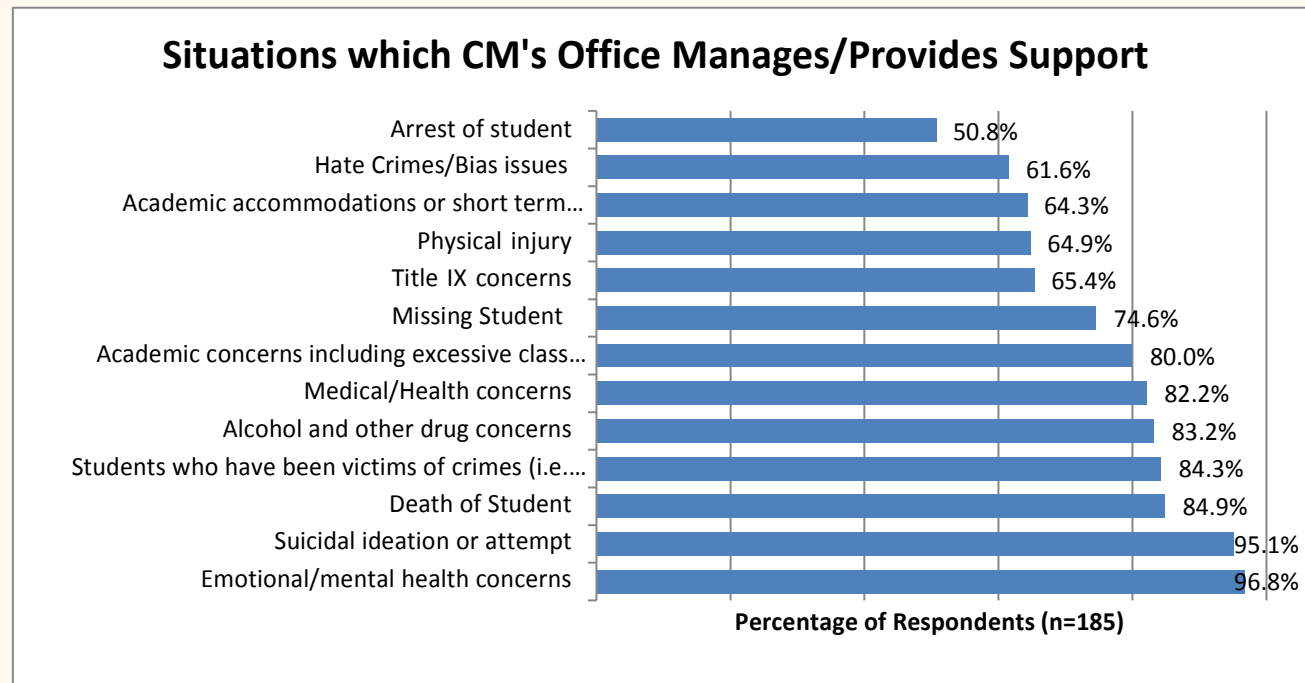
While there are many ways to advocate for students, the membership survey asked respondents (n=177) about three types of advocacy and found that 64.4% use data/tracking trends, 74.0% advocate for and/or implement policy changes, and 95.5% work directly to advocate on behalf of an individual student.

We found that at least a third of respondents (n=179) had policies and/or procedures on



common job functions in case management.

Case management provides support on a variety of student concerns. The respondents (n=185) of this survey indicated they are involved in students who have sustained physical injury (64.9%) or experiencing medical/health concerns (82.2%). While only 50.8% work with students who have been arrested; mostly likely this would be if the reason for arrest fell beyond the scope of the conduct office.

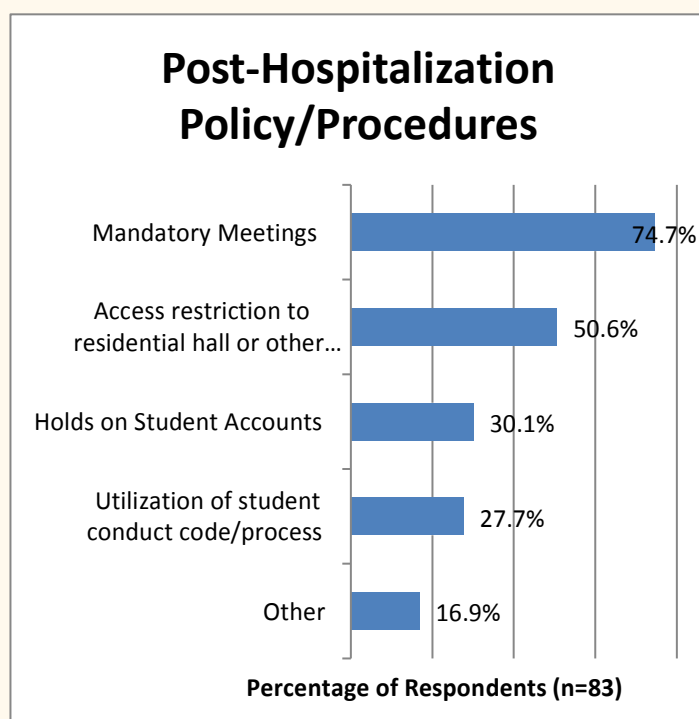


Clinical Case Manager Outside Referrals

Of the clinical case managers responding (n=42) only a third (33.3%) track the number of students who follow through with outside referrals. Of those who do track only fourteen individuals (n=14) shared an estimate of percentage of students who follow up with referrals, of that 59.1% of students reportedly track referrals. This number seemed low and likely reflects the amount of time needed to follow up with students who have been provided with resources. As case managers have to make triage decisions, this aspect of the job may not receive proper attention.

Post-Hospitalization Policies and Procedures

While 57.2% of respondents (n=187) shared that their institutions have policies/procedures for post-hospitalization care of students who are planning on returning to classes, fewer case managers play a part in that process. Respondents reported playing a role in post hospitalization processes with 41.9% non-residential & 50.3% with residential students (n=178).



Policies and procedures on campus appear to not always be equitable as only 48.5% of respondents (n=103) report that their post-hospitalization policy / procedure applies to both mental health and physical health hospitalization.

Meeting with students to understand the factors that necessitated hospitalization, assessing current risk, and encouraging future treatment is important. The use of mandatory meetings (74.7%) and access restrictions to residential halls or other campus resources (50.6%) are among the highest percentages of tools used to encourage treatment /check ins with students as part of post-hospitalization

policy/procedures (n=83). The use of holds on student accounts (30.1%) and utilization of student conduct code/process (27.7%) often come hand in hand. While the survey asked about mandatory meetings it might have made the assumption that most campuses had non-mandatory meetings with case managers upon return. Responses varied greatly regarding how case managers track students on leave and few institutions reported clear policies on the process. However, there are several variables that could account for this, including where the case manager is housed and if they are part of the formal withdrawal process. Some respondents shared that meeting with counseling center staff, documentation from medical professionals, treatment compliance, family notification, and development of success/care/action plan is part of a return to campus.

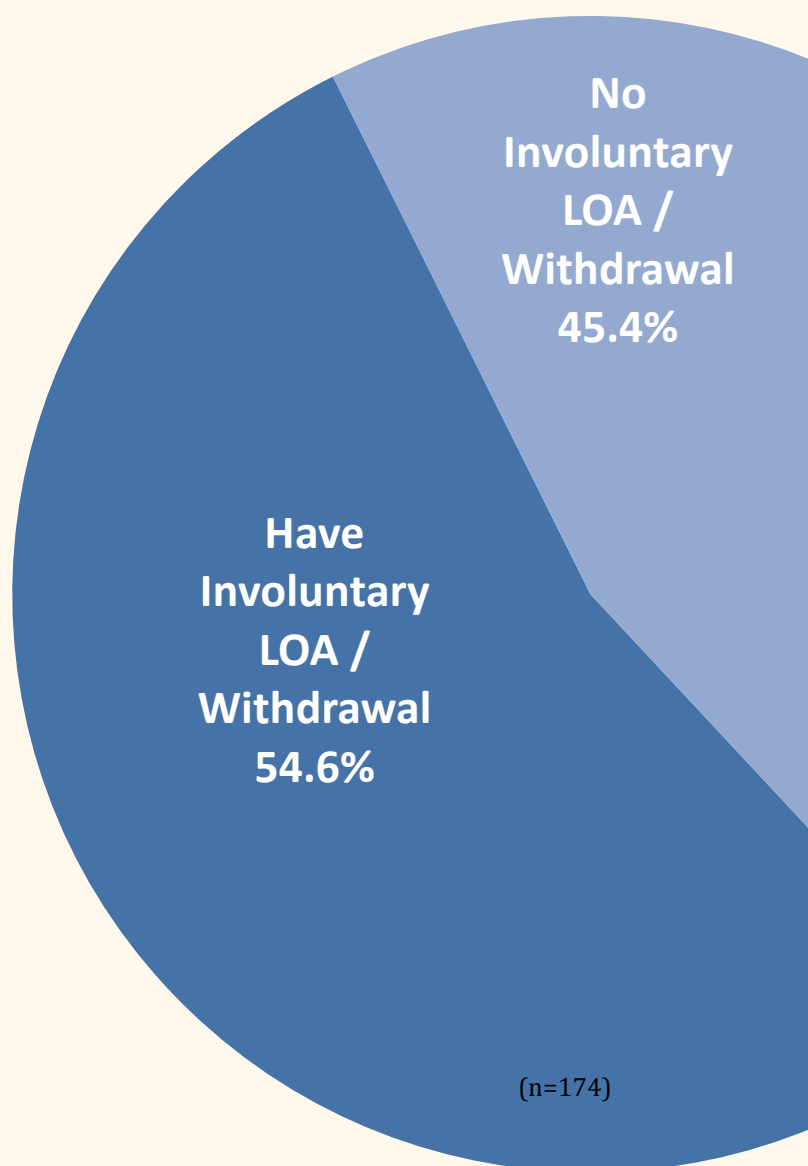
Of the 67 responses, 63% encourage but do not require students to meet with the non-clinical case manager, 8% encourage a meeting with the Dean of Students, and 8% stating that it is managed by counseling and psychological services (CAPS) staff. Only 5% require a release of information for the treating provider and another 5% place hold on student accounts.

Involuntary Withdrawals

Involuntary withdrawals is currently a hot topic within the field and has been of particular interest since recent guidance provided by Office of Civil Rights (OCR) prevents institutions from placing any barrier to a student's education based on mental health history. Of 176 respondents, 54.6% stated that their institution has an involuntary withdrawal policy and 45.4% of respondents indicated their institution does not currently have an Involuntary LOA policy. Further, of the 54.6% that do have this policy in place, roughly half (54.0%) include a mandated assessment as part of the process (46.0% do not require mandated assessment).

Because of the debate in the field around mandated assessment, the survey team thought it important to probe further about respondents' practices regarding involuntary withdrawal. Of the 53 respondents who indicated their institutions have an involuntary LOA policy, 52.8% stated that an off-campus provider administers the mandated assessment, 32.1% reported the counseling center administered the assessment, and 15.1% stated that another on-campus entity performed the assessment (professor, health center director, licensed clinician outside of counseling center, etc.). Further, of 46 respondents, 41.3% require the student to pay for the mandated assessment, 28.3% reported the institution pays for the cost, and 30.4% reported "other." This "other" category included respondents stating the following:

- "...depends on... situation, including income, urgency, enrollment, and type of assessment request,"
- "not sure / don't know,"



- “Student has choice of our counseling center or a provider of their choice, they pay for the assessment if outside our counseling center.”
- “Provider is included in student fees.”

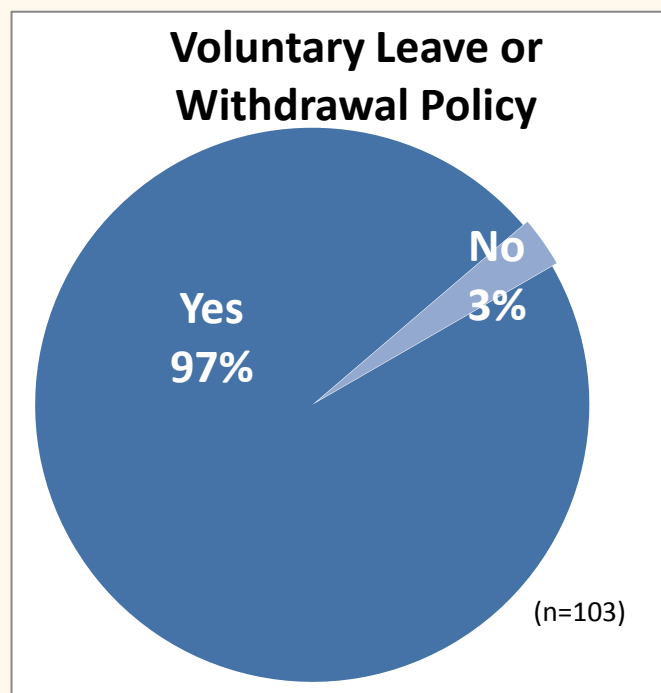
More generally, institutions seemed to have similar responses about the appeals process for the involuntary withdrawal. Of 72 respondents, 80.6% have an appeals process in place, 75.0% have the option for students to take voluntary leave, and 61.1% offered a tuition and/or housing refund of some kind.

When asked who has the authority to enact the involuntary withdrawal policy, an overwhelming majority (61.4%) indicated that this task is carried out by the VP of Student Affairs or some other high level administrator. The conduct office was the next most reported office, with 42.2% of schools using this office to enact the involuntary withdrawal, followed by “Other” at 24.1%, which primarily cited the Dean of Students, the CARE/Behavioral Intervention Team (BIT) at 21.7%, and the Threat Assessment Team at 19.3%.

Withdrawal and Leave of Absence Policies and Procedures

Voluntary Withdrawals

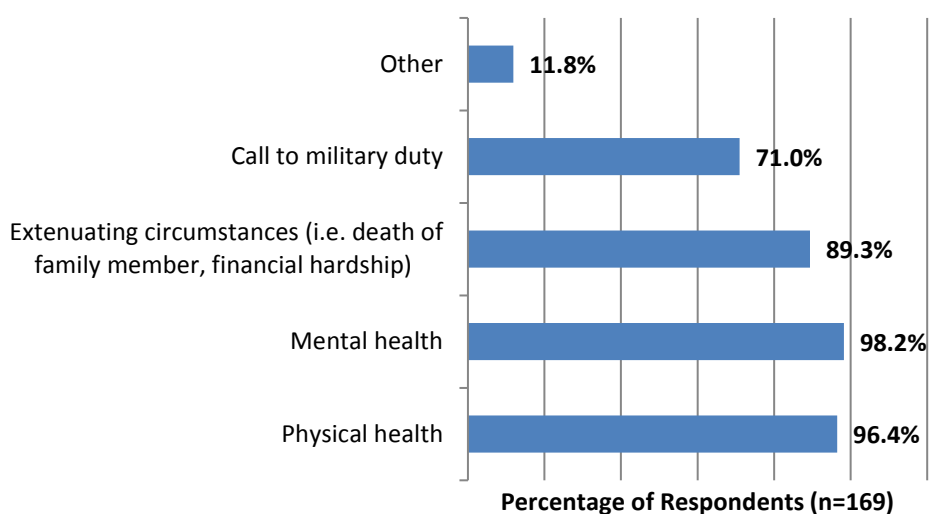
Most institutions offer a voluntary withdrawal policy that covers multiple reasons for a leave in the midst of an academic term. Almost all policies cover leave for reasons related to mental or physical health conditions, while slightly fewer accept extenuating circumstances such as military service or financial hardship.



When asked the question, 97% of respondents (n=103) responded that their institution offers a voluntary leave of absence policy.

As indicated above, the leave policies varied somewhat on the types of circumstances their policies covered. 169 Case Managers responded to the question, which of the following does your voluntary leave of absence or withdrawal process cover. There were 620 responses to this question, indicating that most institutions have voluntary withdrawal policies that cover multiple reasons for leave.

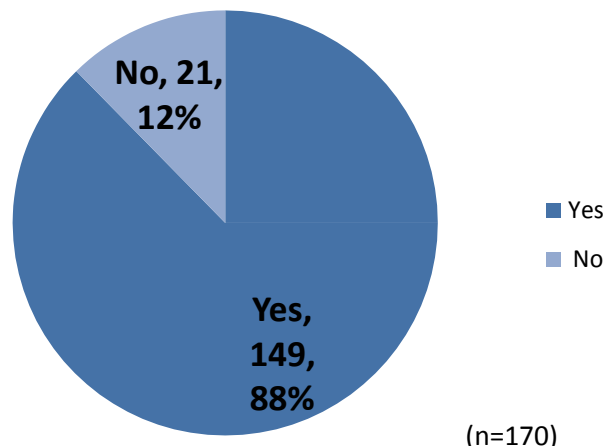
Of note, slightly higher rates of respondents indicated the leave policy covers mental health (98.2%) than physical health related (96.4%) leaves, though OCR guidance suggests that the policy should be the same for physical and mental health concerns.



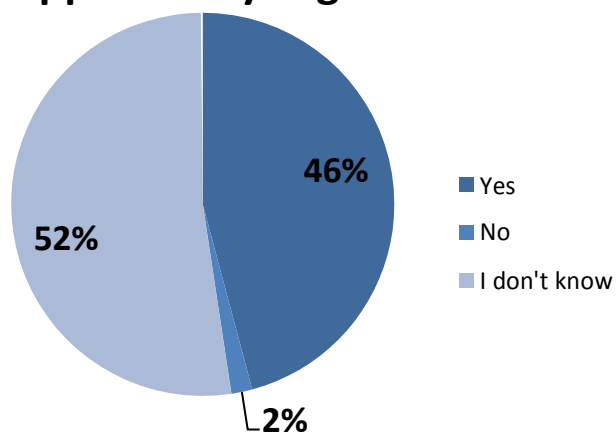
The same question was posed to respondents in the form of a simple 'yes' versus 'no' response. When asked if the same voluntary withdrawal policy applies to mental and physical health concerns, 12% (n=170) reported that their institutions did not have the same process in place for both kinds of concern.

Furthermore, when asked if the voluntary leave process was approved by General Counsel, only 46% of Case Managers responded 'yes' with the majority (52%) responding "I don't know." We have speculated that the "I don't know responses" may be attributed to lack of case manager involvement in the process or the process already being in place when the case management division was established. Whatever the reason, we strongly encourage casemanagers to understand the voluntary leave policy and check with General Counsel to see if they have been involved in the creation of the policy.

Same Process for Physical & Mental Health Conditions



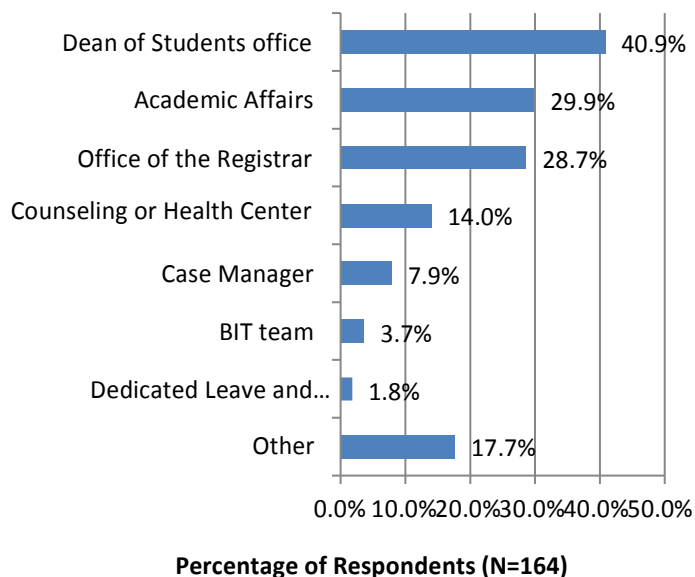
Voluntary Leave Policy Approved by Legal Counsel



When asked how leave petitions or reinstatements are approved, most case managers shared a range of paths or processes that students can use to take a voluntary withdrawal.

164 individual case managers responded to the question of who approves the leave, with 237 responses, indicating that at some institutions there may be more than one path to a voluntary leave. The Dean of Students Office was the most common response at 40.9%.

Roles Approving Petition and Reinstatement Requests

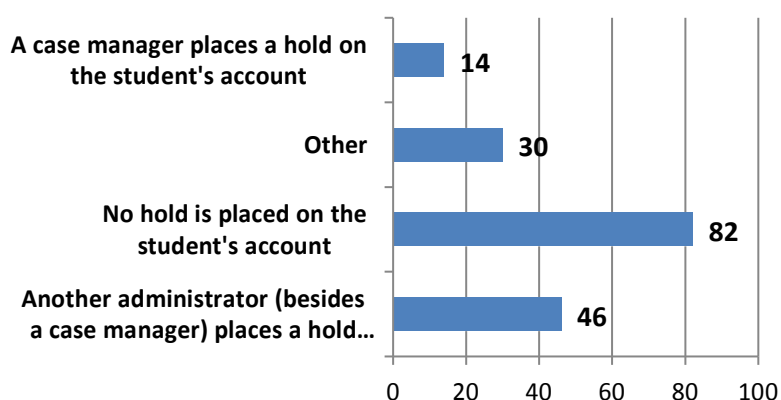


The “other” category included some themes. Seven respondents indicated that their institutions used a multidisciplinary team to review petitions for leave. Three institutions indicated their Assistant Vice President’s reviewed and approved leaves.

The differences in voluntary leave processes also likely reflects the question, which allowed for different kinds of leave such as academic, family loss, financial hardship, mental or medical health, military service, etc.

Case managers were also asked whether registration holds are used to block future registration of students who are on a voluntary leave (assuming there is some kind of reinstatement process). When asked whether holds were placed by Case Managers during a medical LOA, 161 case managers responded with 172 responses. Based on the answers, the majority of Case Managers do not place a hold on a student’s account when they are on leave. Most of the “Other” responses indicated “it depends” or “I don’t know.”

Individuals Placing Holds on Student Accounts





Best Practice:

Medical Leave of Absence policies should always:

- Be written and accessible to all students
- Be the same process for physical and mental health conditions
- Individualized to meet the unique medical/mental health needs of each situation, within the parameters of the policy

Case managers were asked in an open ended question to describe documentation required for students to apply for a medical leave of absence.

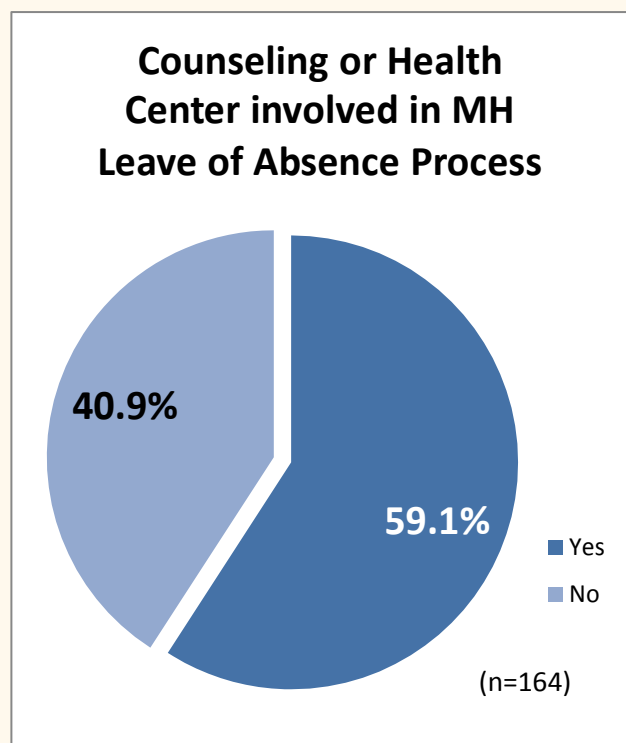
110 Case Managers responded with brief text comments. While it is difficult to code all 110 responses, we felt it was important to start to gather some data on the various processes employed by institutions. Several themes emerged.

- Of the 110 responses, 64 responses indicated that some kind of medical documentation from a licensed provider (either on campus provider or community provider) was required. In addition, many of those 64 responses also required some kind of personal statement or essay indicating the reason for the medical leave of absence request.
- Eleven Case Managers reported that no documentation is required for students to take a medical leave of absence.
- Seven Case Managers reported that students complete a form that requires signatures from multiple departments in order to take a medical leave.
- Three Case managers reported that students do not need to provide documentation when taking a medical leave but are required to submit documentation from a provider when returning from a medical leave, attesting to the student's readiness to re-engage in the environment.

Another common theme, regardless of the process, was that several case managers indicated that students could withdraw from courses up to a certain deadline with no process, but after a certain point in an academic term, had to engage a process for a late leave or withdrawal. Generally students had to submit documentation indicating some kind of extenuating circumstance or medical condition.

There were institutional differences on the role of college counseling and health service centers in the voluntary leave process (i.e. meet with students, review paperwork, provide recommendations for approval, etc.). The question, 'does your college counseling or health center provide

documentation for a voluntary medical leave?’ comes up frequently on the HECMA list serve with varying results. In this survey, 59.1% indicated ‘yes’ and 40.9% had a ‘no’ response (n=164).



However the comments section indicates that the issue is not as black and white. The following quotes indicate some common themes:

“All situations regarding medical or psychiatric withdrawal are different. Documentation of a need for the withdrawal may come from a wide range of sources.”

“Not all students would be seeking documentation through Counseling and Health Services. We usually only provide documentation when student has been actively seen throughout the semester and medical withdrawal becomes part of a treatment plan. Other students seeking to withdraw may consult with case manager, but will be referred for other documentation from their own physician or other evaluation from off

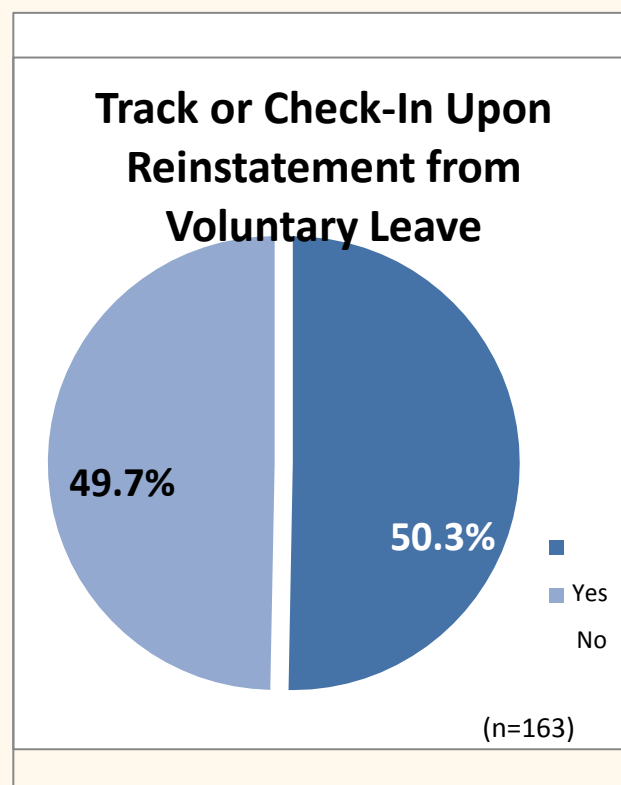
campus resources.”

Reinstatement From a Voluntary Leave of Absence

Respondents were evenly split when asked about tracking or checking in with students who have returned from a voluntary leave with 49.7% (n=163) indicating they do not follow students after a leave and 50.3% indicating they have some role in tracking students who have returned from a leave. The vast majority of Case Managers indicated their role as supportive.

The following quote may represent the case manager role:

“We are not required to be involved but often are.”

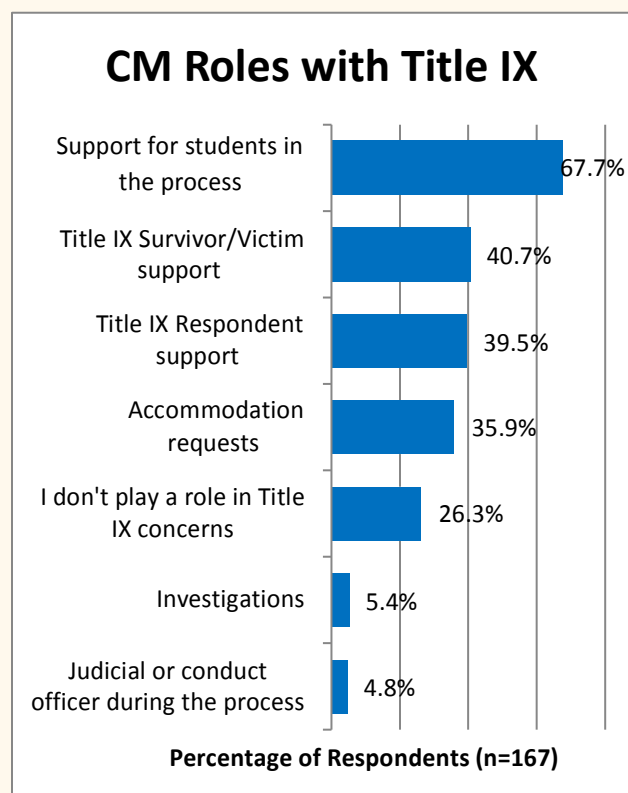


Relationship to Title IX

Title IX of the Education Amendments Act of 1972 is a federal law in the United States that stipulates "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance." The US Department of Education's Office for Civil Rights (OCR) enforces Title IX which covers sexual harassment and sexual violence.



For our international members, we recognize Title IX is a US based federal law, but that many of you also have legal and policy guidelines for sexual assault, dating/relationship violence, harassment, stalking or related concerns. While statistics in this section focus on US Title IX the points conveyed cross borders.



While most campuses have established protocol for who/where to report Title IX concerns, respondents in this survey were asked if they were a recipient of initial reports about student Title IX concerns. Of the full respondents (n=167) 29.6% indicated they received initial reports.

Regardless of any institutional protocol the unique nature of case management work entails that students share deeply and quickly in session; sometimes that sharing unveils that a student may be involved in a situation which falls into the purview of Title IX.

Respondents in the survey shared openly about their roles in relation to Title IX⁶. In fact respondents shared that a few campuses have a case manager within their Title IX unit.

Respondent data showed highest responses in

'supporting students in the process' and directly with the survivor/victim or respondent supports. Some however shared that they have no explicit role with Title IX (26.3%; n=167).

⁶ Note: We did ask respondents (n=112) a similar question to the chart data on this page. That focused on their role in relation to Title IX Respondent Support (59.8%) and Title IX Survivor/Victim Support (67.9%) and in this question saw slightly different answers than the above. We wanted to disclose this information here out of transparency.

“It has been a challenge sorting through the conflicts of interests and multiple hats I have to wear.” ~[CM at mid-sized State University]

There were six individuals (3.6%) who serve as a Title IX or Deputy Title IX Coordinator for their campus; those respondents were all in VP of Student Affairs, Senior/Assistant/Associate Dean levels.

Respondents also shared that they coordinate the flow of information within need-to-know groups such as Behavioral Intervention Teams, CARE Teams, and Threat Assessment Teams. Multiple people shared that as a case manager they are part of institutional task force/committees/advisory boards on sexual and relationship violence. Roles with campus educational efforts were also common.

Others’ work involves communicating with faculty for accommodation requests. The educational background and knowledge expertise of some case managers sometimes means that they are go-to people for such cases; one case manager stated “I have extensive training and experience working with victims of sexual assault and domestic violence so students experiencing these types of issues are typically referred to me.” Some indicated that they provide support and work with a student in the Title IX process if they otherwise would have been a student of concern, but that primary support would come from another office. Some campus’ case managers do not work directly with students in Title IX situations stating “Any student working with Title IX is referred to our Victim Advocate Program due to confidentiality.”

Much as Title IX is evolving in our [US] national scene, colleges and universities are developing better and more transparent policies and procedures by investing in new Title IX positions. Higher education case managers need to be sure to work alongside or within Title IX offices to help provide cohesion for the institution and support where appropriate for the students involved. One respondent may have put it best when asked “Is there anything else you would like to tell us about your role in relation to Title IX concerns?” there response was that it is a “Work In Progress ...”

“I have extensive training and experience working with victims of sexual assault and domestic violence so students experiencing these types of issues are typically referred to me.” ~[CM at large community college]



Best Practice: Title IX & Case Management

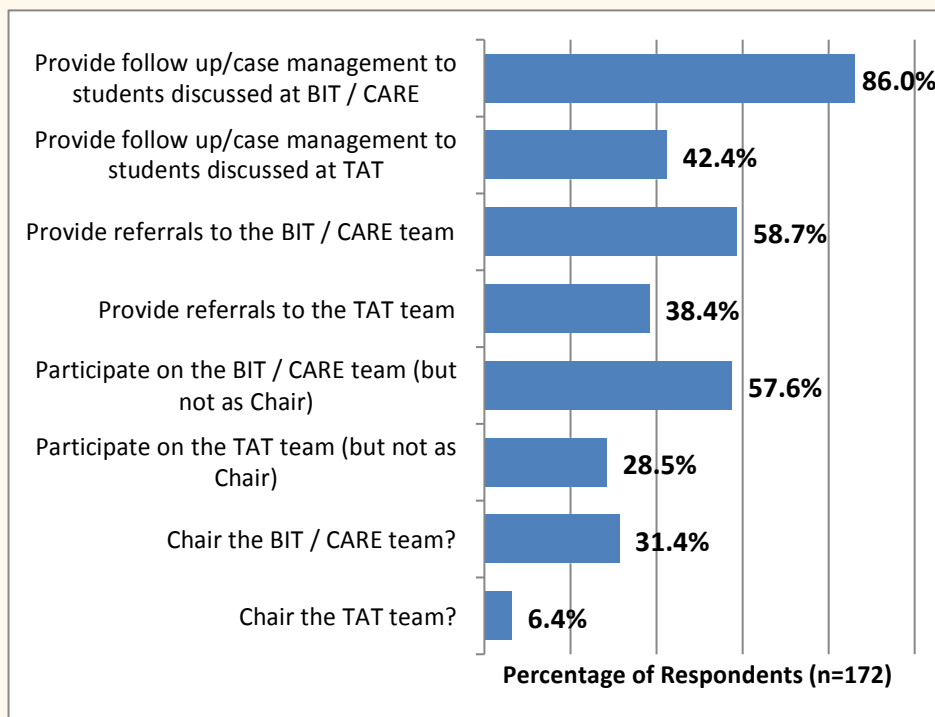
We highly encourage all members to have intentional conversations with Title IX to understand the role case managers should play in supporting students who may be victim/survivors as well as those who are alleged, paying careful attention to the real or perceived conflict of interest for those that are in any student conduct decision making role when dealing with issues of sexual assault, dating/relationship violence, harassment, or stalking.

Further recommendations on best practice are:

- Non-Clinical roles should be mandated reporters of Title IX information.
- Provide equity in your system: Provide support for respondents if you provide for Survivor/Victim/Complainant.
- 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 process.
- Collaborate: Work in collaboration with campus or community Victim Advocate Programs.
- Involvement: Sit on or have ability to provide input to campus advisory boards dealing with Title IX issues.
- Have ability to secure student's appointments in on-campus counseling centers.

Threat Assessment / Behavioral Intervention and CARE Teams

Students of concern are supported and managed through multiple types of teams across our campuses. The majority of campuses (63.2%; n=185) report having more than one team to monitor student concerns (such as Behavioral Intervention Teams, CARE, or Threat Assessment Teams). Case Managers play varying roles amongst the types of teams that exist on their campus. The chart on this page indicates the case manager's relationship to the team.



63.2% of institutions have more than one team to monitor student concerns (i.e. a TAT and a BIT/CARE team). (N=185)

Support & Self Care

All professional jobs endure stressing moments but anyone who has worked in or alongside a person doing case management work will understand and articulate that students share deep personal narratives including moments of self-harm, harm/violence from others, case managers hold inside knowledge of evolving campus situations from missing students, items in the media, and deaths. The importance of being supported, finding and sticking to methods of self-care are highly important. In this membership survey we asked multiple questions to the membership and were honored to have such open heart-felt responses.



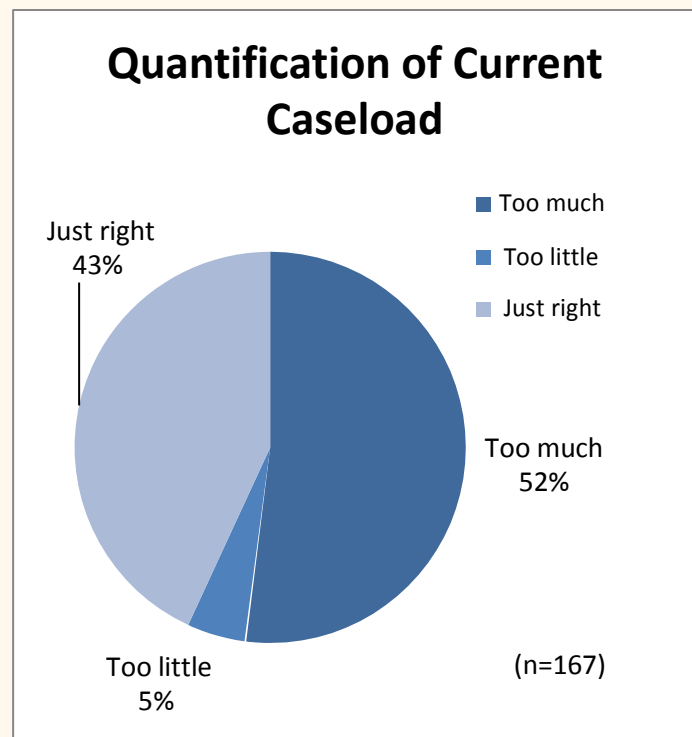
Caseload, Resources, Conflicts of Interest & Support

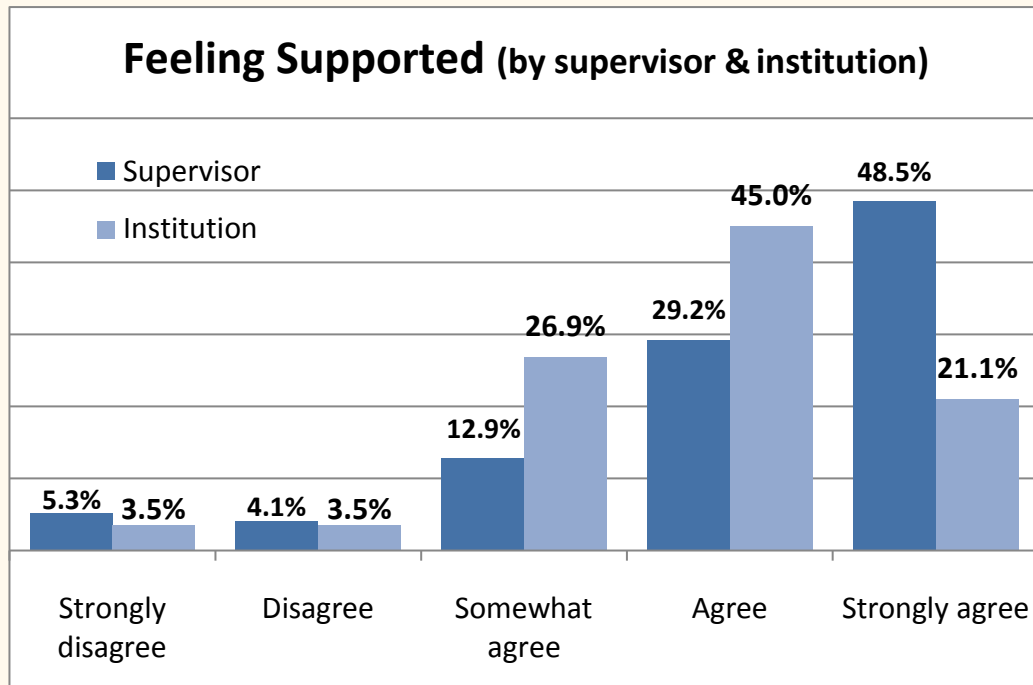
When asked to quantify the weight of the caseload 52.1% said it was too much, 43.1% said it was just right and only 4.8% stated it was too little.

The need to advocate for expansion of case management services and education/training on those on campus who can provide interim or remedial support is also advised.

55.1% of respondents (n=169) shared they do not have enough resources (professional development, staffing, etc.) to carry out job responsibilities effectively.

Over a third (37.3%) of respondents (n=170) share they feel like the responsibilities of their current role sometimes creates a conflict of interest.



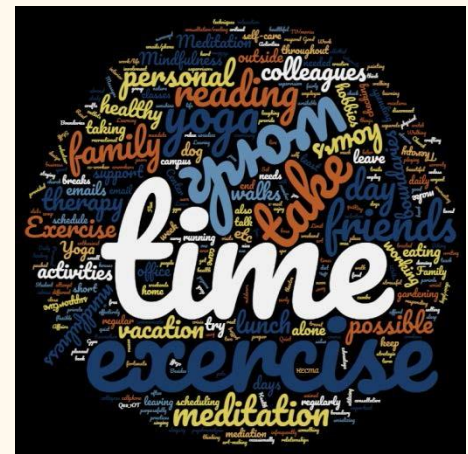


Percentage of Respondents (n=171)

In general, those who felt less supported by their institutions tended to feel less supported by their supervisors. While certainly not the case for every case manager, this fact points to the importance of support at all levels.

Self-care practices

There were 122 detailed responses to this question, and while self-care strategies did vary, there were some pretty consistent general themes. 54% of respondents indicated that boundaries was their primary method of self-care, which includes not checking emails after hours, taking breaks throughout the day, taking regular vacations, saying “no” to projects and tasks, leaving on time, and using flex time. Another 51% of respondents indicated that exercise was an important method for managing their stress. This includes going to the gym, working out, and team sports. Additionally, 26% of respondents cited time with friends, family and pets as one of their go-to self-care strategies. Some other specific methods reported include yoga (15%),



Word art showing the most common used words in efforts of self-care.

meditation (14%), personal therapy (12%), reading (11%), church or other spiritual practices (8%) and mindfulness (7%). Respondents shared the following narratives

- “...need to do better at taking my lunch hour and going for a walk.”
- “...keep work separate from my private life when possible.”
- “Leaving at 5pm, not checking or responding to emails on the weekends.”

- "...setting healthy boundaries for after-hours response."
- "...getting away from my desk regularly throughout the day to take short walks."
- "I think that taking allotted comp time and vacation time is very important and needs to be pushed more by supervisors."
- "Our campus provides free fitness classes for employees and I take advantage of those whenever my schedule allows. I also choose not to subscribe to internet services at home, which almost 100% prevents me from engaging in work-related activities."

Most challenging part of this job...



Word art showing the most commonly used words in a question about most challenging part of the job.

From 145 respondents, this particular question elicited a significant amount of feedback, with a few general themes garnering roughly equal response in numbers. The biggest challenges reported by participants were balancing the growing responsibilities of the position (17%), and lack of clear role definition and/or policies (15%), the volume of work and/or caseload (14%) and the lack of resources / staffing (12%). This data further supports Question #64, in which 55% of participants reported they do not feel they have enough resources to carry out their job responsibilities. Additionally, 11% of respondents reported that the acuity of cases is challenging, 5% reported

struggling with creating a new program, and 2% reported issues with time management.

Respondents shared the following narratives:

- “I am creating a new department based on the needs of the institution without funding or assistance at this time (to come in the future).”
- “It’s tough to find balance. Also, sometimes you just feel like you can’t hear another thing or write another note.”
- “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.”
- “...overwhelming number of cases.”
- “The constant worry that I am going to get the phone call that one of my students has passed away.”
- “...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.”
- “The workload is too much when combined with other duties...”
- “Not enough time in the day to properly continue with follow up”

Support on Campus

We also asked ‘Where on campus do you turn when you need support related to the intensity of the work that you do (i.e. who are your campus allies or are outlets when compassion becomes fatiguing)?’ Of 141 respondents, 33% reported that they turn to their colleagues for support, which includes co-workers, advising staff, and other student affairs staff. A further 22% of respondents lean heavily on their CAPS colleagues for emotional support and compassion. 17% stated that they have quite a bit of support from their supervisors. Finally, 11% cited the Dean of Students / Dean of students staff as helpful allies, 3% seek support off campus through EAP or other therapy, and another 3% felt as though they don’t have anyone to turn to for support. Respondents shared the following narratives:

- “My people at Residence Life and Student Life have my back, for sure.”
- “I have many allies on campus that I can vent to but none to reduce my caseload.”
- “My boss is a great support and frequently checks in and does value my role. Our 4 case managers meet weekly for 1.5 hours and utilize the whole team for work and team building, which helps reduce our fatigue.”
- “...the other case managers in my department.”
- “Our Care team members”

Participants were eager to share their thoughts on what they like most about your current position or job description, with 143 providing detailed responses. Helping students was the overwhelming popular response to this question, with 80% of respondents providing this response in some form. Participants were quite vocal about the value of their one-on-one interactions with students, and they also indicated the importance of feeling as though they have made a difference in student’s lives. A further 19% of respondents enjoy the variety and stimulating nature of the work. Roughly 19% of

respondents also their relationships with colleagues on campus. Finally, a small percentage of respondents cited the flexibility / autonomy of the role helpful (4%), as well as the opportunity to create a new program (11%) and the supervision of staff (6%) as enjoyable aspects of their role.

Respondents shared the following narratives:

- “...everyday is different and that is exciting.”
- “I come home everyday feeling like I have helped people in a concrete way.”
- “I also love that I’m able to have a constellation of colleagues who are like-minded and supportive.”
- “Unique opportunity to use clinical skills and CM skills.”
- “Direct contact with students on an almost daily basis.”
- “I love helping students and helping them succeed.”
- “I like that I am stretching, and learning every day. I am putting my skills and education into practice.”



Best Practice:

- Discuss appropriate and realistic boundaries for case management role with direct supervisor
- Provide self-care modeling to students by making self-care practices a priority, which can include taking vacation time / sick time when needed, exercise, meditation, and mini-breaks throughout the day
- Establish after-hours protocol for the role with direct supervisor
- Include what the role *does* and *does not* include in campus outreach presentations

Concluding Remarks & Recommendations for Future Study

In line with HECMA's mission of "advancing best practice, knowledge and research in order to promote and enhance the wellbeing of campus communities," it is our intention that the results of this survey will be used by case management programs to advocate for the structure, support and resources needed to manage the important and growing demands of the role of case managers in higher education. HECMA members shared concerns around scope creep and growing responsibilities without additional institutional resources throughout the survey and we hope this document provides institutions with some benchmark data and best practices to support the growing field. We recognize that case managers not only have to wear multiple hats, but are often charged with managing some of the most acute, complex and litigious situations on our campuses. It is therefore imperative that we, case managers, establish some consistent guidelines, processes and mechanisms for support in order to build sustainable programs and positions. We must guard against becoming a 'catch all' for institutions and instead strive towards building programs that are housed in the correct structures in our institutions and have guidelines and processes defining our practice.

Throughout the document we added some best practice tips to help case managers note important trends in higher education case management; particularly around ethical considerations, boundaries, federal guidance and self-care. We attempted to highlight areas of the survey in which we received rich information through open ended questions and respondents reported feeling confused or overwhelmed (i.e. title ix, medical leave, self-care, etc). The best practice boxes are an attempt to help establish some common goals for our programs.

We also recognize some limitations to the survey. As case management programs are staffed differently, we recognize that some respondents may only have case management as a part of their job. Additionally, because we asked individual members to complete the survey, we have multiple responses from the same institutions. While we struggled with the decision to survey individual respondents vs. institutions, we ultimately decided we wanted to represent voices of all HECMA members.

Another limitation of the survey is the lack of questions pertaining specifically to clinical case managers. The Operations and Quality Improvement Committee will work on the survey before it is administered in 2019 to develop questions specifically pertaining to the role of the clinical case manager. We would like to use this data to expand membership of Clinical Case Managers in HECMA and help institutions advocate for these critical roles.

As our membership grows, we feel it is important to capture the voices of case managers and promote HECMA as the "preeminent professional organization for individuals that provide case

management services within a post-secondary educational environment” (HECMA Vision Statement). We hope that we have expanded the foundation for a sustainable survey that will allow HECMA to serve its members over time. We strive to take feedback and revise the survey for 2019.