National Association
for Behavioral Intervention
and Threat Assessment

Standards for Case Management

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Introduction

BACKGROUND

NABITA aims to make schools, campuses, and workplaces safer environments where development, education, and caring intervention are fostered and encouraged. NABITA brings together professionals from multiple disciplines who are engaged in the essential function of behavioral intervention for mutual support and shared learning in schools, on college campuses, and in organizations. Each year, NABITA creates and disseminates resources designed to foster this mutual support and shared learning including whitepapers, assessment tools, webinars, certification courses, training videos, and other offerings.

The field of behavioral intervention has continued to grow and evolve, as has the field of case management. Increasingly, more teams have a full-time case manager, and case management as a process and/or a position has been established as a standard of practice for BITs (NaBITA Advisory Board, 2018). As with any new field, it is important to establish guiding principles that create a standardized framework for understanding how the work is done. While non-clinical case managers in the higher education setting have relied upon existing standards from related fields such as social work, student affairs, college student personnel, and counseling, the field has evolved to the point of needing its own unique standards of practice.

> **NABITA's goal for creating the Standards of Practice for Non-Clinical Case Managers is to provide quality recommendations and guidelines for the field of case management in a college or university setting.**

THE NABITA STANDARDS FOR NON-CLINICAL CASE MANAGERS AIM TO:

- Ensure case managers are guided by best practices that promote safe, supportive, and effective service delivery.
- Create a shared understanding of non-clinical case manager positions and how to effectively implement case management services at colleges and universities.
- Encourage the integration of case management into the work of Behavioral Intervention Teams (BITs) to enhance communication and increase safety and support.
- Establish a framework that fosters continual research and professional development which will further the field of non-clinical case management.

Understanding Non-Clinical Case Management

CLARIFYING THE CASE MANAGER ROLE

As the field of behavioral intervention has grown, so has the need for a dedicated staff member to implement the interventions determined by the BIT and provide support to students in distress. The case manager role has become increasingly complex as case managers are asked to provide consistent and effective services in response to a wide variety of student concerns. To help clarify the case manager role, the field has adopted the terms clinical and non-clinical case manager to designate the type of services provided.

> It is imperative to understand the differences between clinical and non-clinical case management given the significant differences related to scope of services and privacy.

Clinical case managers have a clinical license and are hired by the school to operate in a clinical capacity, providing treatment and mental health services. In contrast, non-clinical case managers may or may not have a license, but they are hired by the school to provide support and resources, not mental health treatment.

Know the Difference

CLINICAL CASE MANAGERS

- Clinical License
- Provide Treatment
- Provide Mental Heath Services

NON-CLINICAL CASE MANAGERS

- May or may not be licensed
- Provide Support
- Provide Resources
- Does not provide treatment

THE NEED FOR STANDARDS

These standards are written specifically for those case managers operating in a non-clinical capacity. Molnar, Falter & Dugo (2017) report that 75.8% of case managers in a higher education setting are non-clinical. Further, non-clinical case managers tend to have a higher representation on BITs than their clinical counterparts (Schiemann & Van Brunt, 2018). While the field of non-clinical case management has grown dramatically, its organic growth and reliance on combined expertise from a variety of disciplines has led to a lack of recognition of non-clinical case management as a professional field requiring its own set of standards of practice. Clinical case managers are operating under a licensure, most commonly that of a licensed clinical social worker or licensed mental health counselor. As such, they already have standards and ethical codes that guide their clinical work. This document, therefore, serves to fill a gap in the literature and provide a set of professional standards to the growing number of non-clinical case managers serving college and university students.

Standards for Non-Clinical Case Management

Standards for Non-Clinical Case Management

The standards consist of three sections: Structural Elements, Process Elements, and Quality Assurance and Assessment Elements. Part 1, Structural Elements defines the case manager role and includes components related to information sharing, position structure, scope and mission of services, and training recommendations for case managers. Part 2 includes elements related to the process of delivering case management services and guides the case manager through best practices for each stage of a case's lifespan including, assessment through case closure. Finally, Part 3 provides standards for quality assurance and assessment using data collection, program evaluation, and performance evaluation to analyze the work of the case manager and case management services.

Part One: Structural Elements

STANDARD 1. DEFINE THE CASE MANAGER (CM) ROLE

Case managers have a clearly defined role and purpose that includes providing goal-oriented and strengths-based assessment, intervention, and coordination of services to students experiencing academic, personal, or medical difficulties.

Case managers serve in a defined, non-clinical role to holistically support students facing a variety of challenges that inhibit their success. They work parallel to the BIT, able to assist in all three phases: gathering data, objectively assessing, and deploying standardized, yet individualized interventions. By prioritizing a strengths-based and goal-oriented approach, case managers are able to broker resources and referrals while empowering the individual to advocate for themselves and their desired outcomes. Case managers maintain an ongoing connection with students to provide guidance, evaluate changes in risk level, ensure efficacy of interventions, and monitor the need for adjusted or additional resources.

STANDARD 2. INFORMATION SHARING

Case managers share and document information in accordance with the Family Educational Rights and Privacy Act (FERPA). The case manager's scope of privacy under FERPA is clearly defined, outlined, and explained to students prior to engaging in case management services.

Non-clinical case management records and electronic communications are considered education records under FERPA and are subject to its privacy requirements. FERPA is more permissive regarding the sharing information in students' educational records than the laws and professional ethics governing clinical case management and counseling records. Non-clinical case managers should therefore make intentional efforts to ensure that their students understand that the services they provide are not considered treatment and are not confidential. This can be accomplished by including an explanation of privacy on intake paperwork, marketing materials, the case management or departmental website, and by spending time explaining the scope of privacy during the first appointment.

STANDARD 3. MISSION STATEMENT

Case management services have a clear mission statement which identifies the goals of case management services, balances the needs of the individual and the safety of the community, is aligned with the BIT, and is connected to the overall mission of the institution.

A mission statement communicates the goals, approaches, and scope of case management services while also establishing a clear association with the BIT and broader mission of the institution. This includes a commitment to ongoing and intentional service to students who are distressed, at-risk, or facing specific barriers to success. Mission statements are often the first opportunity to communicate to the community what case management is and who it serves. Therefore, case managers should aim to craft a mission statement that accurately represents their services.

EXAMPLE

MISSION STATEMENT

Case management promotes student success and retention, reduces risk, and enhances overall community well-being and safety by identifying needs, removing barriers, leveraging resources, and fostering self-efficacy for students.

STANDARD 4. SCOPE OF SERVICES

Case management services have a defined scope of services and offer support to students deemed eligible by the institution including those who are currently enrolled, on a leave of absence or medical withdrawal, or otherwise temporarily unenrolled from the institution that are experiencing academic, personal, or medical difficulties. It is important to clearly define scope of services to prevent scope creep–the process of slowly expanding the work the case manager performs.

A well-defined scope of services allows the case manager to clearly communicate what they can and cannot do. The scope of services should clearly outline the services the case manager can offer as well as the commonly requested services that they cannot. Additionally this scope of services should address eligibility for services with considerations for individuals whose student status may be in flux such as those on a leave of absence–medical or otherwise–those temporarily separated due to academic or behavioral matters, those seeking re-enrollment after a period of separation, and other situations which may obstruct active enrollment.

STANDARD 5. TRAINING

Case managers are competent in and receive ongoing professional development on student development theory, mental health, risk assessment, relationship and rapport building, cultural competence, and behavior change.

Given the variety of educational backgrounds from which case managers come, it is more important that case managers develop competencies in areas that are critical for effective case management rather than possess a degree from a specific academic discipline. While many areas of competence will develop over time, the case manager should have some level of proficiency in student development theory, mental health, risk assessment, relationship and rapport building, cultural competence, and behavior change.

To maintain competency, case managers should create a schedule for, and regularly attend, professional development opportunities including online training and webinars, conferences, and on- and off-campus workshops. Additionally, case managers should review relevant articles and books throughout the academic year to stay current with new research. As the needs of the campus population, office, and BIT change, case managers should also seek out and attend new training opportunities.

STANDARD 6. POSITION STRUCTURE

Case management services are housed in a department that is appropriate for non-clinical case management, including receiving supervision from a designated administrator appropriately positioned to provide guidance on information sharing under FERPA, administrative issues, student support strategies, and crisis management.

Given that non-clinical case managers offer support and resources in a setting with communication governed by FERPA, it is important that the case management services are offered through a department that is appropriate for this scope of services and privacy. Similarly, the case manager should be supervised by someone whose communication and records are also protected under FERPA and who can appropriately provide support to the case manager with administrative needs or issues, strategies and resources for addressing the needs of students, and techniques for crisis management.

STANDARD 7. CASELOAD

Case managers maintain a caseload that allows appropriate time for individual meetings, follow-up tasks, documentation, committee work, and other responsibilities with consideration given to the quantity, risk level, and complexity of the cases within each case manager's caseload.

Setting a standard caseload number or ratio is misleading and arbitrary. While it might feel helpful to have a concrete, set number to base a caseload on, a balanced case load is much more nuanced than any ration could capture. Instead, case managers should maintain a caseload which allows appropriate time for all the tasks effective case management requires. The caseload must be balanced to allow the case manager to attend student meetings; identify, gather, and provide follow-up services for each student; complete necessary paperwork and/or notes in the file; attend BIT meetings; and serve on committees as needed. Additional consideration must be given for the types of cases the case manager is assigned and the risk level associated with those cases. Specifically, when determining caseload, the supervisor and/or case manager should consider the complexity of cases and how these cases allow the case manager to provide quality services.

POLICY AND PROCEDURE MANUAL SHOULD INCLUDE:

- Mission Statement
- Scope of Services

DEFINED APPROACHES TO:

- Marketing
- Responding to referrals
- Conducting research
- Delivering services
- Reviewing cases

OUTLINE PROCEDURES FOR:

- Record keeping
- Note-taking
- Information-sharing

STANDARD 8. POLICY AND PROCEDURE MANUAL

Case management services have a policy and procedure manual that is reviewed and updated annually and provides guidance regarding mission, scope, information sharing, responding to referrals, outreach protocols, assessment, service delivery, and case review.

A policy and procedure manual provides a road map for program development and service implementation. Case management operating procedures, policies, and manual should be reviewed and updated regularly to reflect changes in case management services and evolving best practices. This manual should be a set of guidelines that provide direction for case managers in an organized, consistent, and thorough manner. At a minimum, this manual should include: the mission statement, the scope of services, description of marketing approaches, and a defined approach to responding to referrals, conducting outreach, delivering services, and reviewing cases. Additionally, it should outline the procedure for recordkeeping, note-taking, and information-sharing, including a description of the scope of privacy for non-clinical services under FERPA. Policy and procedure manuals and/or guidelines should not simply be a collection of materials given out to the community or a re-hashing of marketing efforts, website language, or mission statements. Rather, the manual should be a set of instructions and standard operating procedures which guide the case management process.

Part Two: Process Elements

STANDARD 9. REFERRALS

Referrals for case management services are actively sought and received through defined referral structures from various entities and all referral information for students seeking or referred to case management is appropriately documented.

Case managers receive referrals from faculty, staff, other students, family members, hospital case managers, and any other concerned individuals in the community. To maintain consistency, avoid gaps in recordkeeping, and unintentionally siloing information, case managers use one consistent system--preferably an electronic record keeping system--to receive or document these referrals. When referrals come in via other means than the centralized recordkeeping system (e.g., phone, email, conversation, etc.), the case manager manually enters this referral information into the referral system. As part of the referral process, case managers provide guidance to referral sources as needed. Additionally, case managers have a defined schedule for when and how often referrals are as well as a procedure for assigning cases for follow-up. This ensures accuracy throughout each case, avoids duplicating work among case management staff, and allows for effective tracking and data collection.

STANDARD 10. 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 changes in rating.

Case managers will use an objective, evidence-based risk rubric to rate each individual referral. Each referral will be rated independently whether it is a first-time referral, the student is already engaged in services, or the student is a repeat or frequent referral. Additionally, case managers use the objective risk rubric to assess changes in risk level throughout the case including, at a minimum, after an intake once the

case manager has gathered a more complete picture of risk; at any point in the case when risk changes substantively; and at case review (See Standard 18). Case managers will rely on the objective risk rubric to limit the likelihood of engaging in subjective decision-making, creating subjective interventions, and being influenced by their prior experiences or own internal biases.

STANDARD 11. OUTREACH

Case managers attempt to contact students after receiving and assessing a referral based on a standardized outreach protocol which outlines the method and frequency of contact based on risk level.

Perhaps one of the most critical factors in responding to referrals and providing services to students is when and how the case manager reaches out to the student. Case managers should develop a standardized protocol for consistency within each risk level regarding contacting students, including timeframe, frequency, and method, with the intensity and frequency increasing as risk level increases. Case managers make every effort to connect with a student directly and will attempt contact as many times as warranted based on the outreach protocol and the identified risk level. Case managers should use a variety of methods to reach out and attempt to connect. These outreach methods will be tailored to the specific culture and structure of the institution and may include phone calls, text messages, emails, or even in-person visits at residence halls. Case managers will make reasonable attempts to remove any barriers in the outreach process, ensuring accurate contact information and using methods that they know are applicable to the specific student. For instance, if the case manager is aware the student does not have a working phone number, or if it is known that the student's email is regularly checked by someone engaging in abuse, stalking, etc., the case manager will find alternative outreach options.

STANDARD 12. INTAKE APPOINTMENTS

During an initial meeting, case managers conduct an intake to gather holistic information, assess the student's risk and needs, address initial presenting concerns or referral information, and develop an action plan for future case management work as appropriate.

An initial intake appointment allows a case manager the opportunity to establish rapport with the student while simultaneously gathering information and assessing the level of risk and concern associated with the referral. This appointment has structured elements including explaining the scope of services and privacy for case management, gathering holistic data across all wellness domains, and reviewing the concerns listed in the referral. It also leaves room for collaboration between the two parties to develop intervention plans and goals emphasizing the brokerage and strengths-based case management models. The case manager will make every attempt during this initial appointment to engage the student in creating an appropriate and realistic initial action plan, provide referrals, and demystify the case management process.

STANDARD 13. ACTION PLAN

The case manager will create an individualized action plan in collaboration with the student based on risk level and presenting issues to guide service delivery, establish goals for case management services, and create measurable benchmarks for case progress.

Case management services are goal-oriented and solution-focused, and therefore, should include specific plans for action aimed at reducing distress and connecting students to appropriate resources that can aid in their academic and personal success. An action plan is a checklist for the steps the case manager and/or student need to complete in order to achieve the goals developed in collaboration between the case manager and the student. Action plans are not set in stone and should be working documents that evolve with the case. There should be an established process for monitoring, evaluation, and updating the action plan as needed. An action plan contains four key elements:

1. Identified goals developed collaboratively with the student that address the presenting concerns
2. Action steps for achieving each goal
3. Resources available to assist with the goal and action steps
4. Timeline for each action step

ACTION PLAN

4 KEY ELEMENTS

1. Identified Goals
2. Action Steps towards each Goal
3. Resources to achieve Action Steps and Goals
4. Step Timeline

STANDARD 14. 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.

The work of a case manager is ongoing and often requires follow-up beyond the initial appointment. The form of this follow-up varies based on the student's needs, risk factors, and action plan. In some cases, likely those at a lower risk level and with less complex components, follow-up services will take the form of check-in emails or phone calls. However, for most cases, especially those with moderate or higher risk levels and more complex action plans, follow-up will occur through additional one-on-one appointments. In these instances, the case manager will make every effort to encourage and secure follow-up appointments with the student at the close of each appointment to increase likelihood of engagement in future appointments. If the student is not amenable to follow-up appointments, the case manager will document their attempts and the outcome and consult with the BIT on next steps.

STANDARD 15. REFERRAL AND SERVICES COORDINATION

Case managers provide seamless and integrated referrals to appropriate campus and community resources and assist the student in accessing services by scheduling appointments, securing releases of information, and identifying transportation and financial resources.

One of the many benefits of case management services is the ability to connect students with the services and supports they need. Case managers should help create pipelines to resources by eliminating barriers to access and communicating clearly about referral options. To aid in this process, the case manager should build relationships with potential referral sources both within the institution and surrounding community. These relationships will make the process of a "warm hand-off" easier and will foster a strong connection for the student to the referral source. When facilitating referrals, the case manager should work to eliminate any potential barriers such as payment, transportation, stigma related to help-seeking, accessing an appointment, etc.

STANDARD 16. COLLABORATION AND CONSULTATION

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.

Case management should be holistic and comprehensive; therefore, case managers need to consult and collaborate with key institutional and community partners who may be involved in supporting the student or reducing their risk. This includes providing guidance to those who are concerned about a student or who have had concerning interactions with a student, partnering with treatment providers to ensure continuity of care, engaging family members and other supports in the process, and assisting students in communicating with faculty or other campus officials about what they need. Consultation and collaboration are two-way processes for sharing and collecting information between the case manager and the person that is engaged in providing support and assistance to the student. To that end, information that is shared should remain private with regard to FERPA requirements and the consultation or collaboration will be a short-term engagement on a specific topic, not open-ended access to information. To facilitate effective collaboration and consultation, case managers should take time to effectively plan consultation and collaboration efforts. Planning these efforts may include the identification of issues, stakeholders, goals and objectives, and the determination of resources and consultation methods.

STANDARD 17. INTEGRATION WITH BEHAVIORAL INTERVENTION TEAM (BIT)

Case management services are directly connected to the work of the BIT through the case manager's active participation on the BIT and through a reciprocal referral process by which case management students are referred to the BIT and BIT students are referred to case management.

BITs and case managers are both more effective when processes are aligned and a collaborative relationship is established. Case managers tend to serve in one of three capacities on the BIT: (1)they may serve as the chair of the team, (2) they may be a dedicated case manager for the team, or (3) they may represent the department in which they work on the team (e.g., counseling center case manager). Regardless of the role of the case manager on the BIT, the case management services area should understand and be involved in the three-phases of BIT: (1) data gathering, (2) risk analysis, and (3) interventions. In the first phase, case managers are involved in the cultivation of referrals to the BIT through coordinated marketing as well as their own direct reporting of cases to the team. This includes

information sharing to the BIT about students they are working with who may have been referred to the BIT from another source. In the second phase, the case manager should actively contribute to the analysis of each BIT case using an objective risk rubric to determine a risk rating and appropriate interventions. In the third phase, the case manager may be assigned cases to engage in case management services or lead other intervention activities.

STANDARD 18. CASE REVIEW

Case managers regularly use a written and formalized case review protocol to determine and document the need to keep a case active, engage in case monitoring, or move a case to inactive.

Case management is intended to be short-term and goal-oriented. As such, cases should be reviewed regularly in order to determine appropriate next steps. Intentional case reviews are not only important for managing active caseloads, but they also help ensure consistency related to service delivery (e.g., active cases have actions that should be taken; cases that don't have outstanding action items are moved to inactive). When case managers do not engage in active case review, all cases may end up remaining open, or active, thus creating inconsistency among open cases, as some open cases receive attention from the case manager and others do not. This can create a liability and risk mitigation concern given the arbitrary nature of case status. The decision to keep a case active, create a monitoring plan, or move the case to inactive should therefore be an intentional, collaborative decision based on a formalized case review protocol.

STANDARD 19. CASE MONITORING

Following active case management service delivery to high-risk students, case managers develop an actionable and individualized monitoring plan to intentionally check for efficacy of interventions and change in risk level of students over an extended period of time.

In cases where a student's case management action plan has been completed, but where the initial risk level was high (i.e., elevated or critical), it is important to engage in long-term monitoring to ensure the student remains at a reduced risk level. This long-term monitoring should be actionable and individualized with an intentional plan developed by the case manager indicating how they will look for indicators that the student is struggling, whether the student has disengaged from the supports to which they were referred, or have otherwise increased their risk level. Examples of items on a monitoring plan include: checking with the student's counselor regarding their attendance and progress in treatment (with an appropriate release), academic checks, emails directly to the student, or checking with other support resources like a coach, advisor, etc.

MONITORING PLANS ARE:

- Actionable
- Individualized

MONITORING PLANS CHECK FOR:

- Efficacy of interventions
- Change in risk level over time

STANDARD 20. DOCUMENTATION

Case management records are stored in an electronic recordkeeping system and maintain appropriate language and content for non-clinical services as part of a student's educational record governed by FERPA.

Case notes include all actions taken with, or on behalf of, the student; avoid diagnostic, clinical, and subjective language; and focus on observed behavior, statements made by the student, and interventions or actions taken by the case manager. The recordkeeping systems used by case managers should collect and store reports and case notes in a way that allows access by other case managers and facilitates communication among case managers and/or the BIT as appropriate. This means using a robust electronic data management system that allows for referrals and case notes to be entered and stored in a way that is easily retrievable, searchable, and secure. Handwritten or paper files should not be used. This record keeping system should also allow the case manager to easily cull and produce data for end-of-term and end-of-year reporting.

STANDARD 21. MARKETING AND ADVERTISING

Case managers market their services and educate their communities about what case management is, who it serves, and how to make referrals to case management.

Marketing and advertising serve the purpose of educating and training the community about what case management is, who it serves, and how to make a referral to case management. While the marketing and advertising efforts should include some passive elements (websites, brochures, etc.) to increase awareness, they should also contain active elements (in-person or virtual presentations) to educate and train the community about how to engage case management services. Marketing and advertising will therefore be an ongoing and intentional process that includes the use of a variety of efforts such as websites, logos, brochures, videos, tabling events, educational sessions, etc.

Part Three: Quality Assurance and Assessment Elements

STANDARD 22. END-OF-TERM /END-OF-YEAR REPORTING

Case managers collect and report data on referral demographics, case information, and service quality to identify trends, conduct quality assurance, and refine training, services, and programming.

The case manager should coordinate regular reporting based on readily available data to disseminate at the end of each term and year. Reporting on case management services informs both the case manager as well as other stakeholders regarding trends in referrals and service delivery. For the case manager, ongoing reporting provides consistent indicators about the scope and nature of case management services allowing the case manager to make necessary adjustments to respond to evolutions in the work. For example, it can show increases or decreases in numbers served, trends in issues occurring in the institutional community, or areas where under- or over-reporting may be occurring. Reporting also provides transparent communication to stakeholders in order to increase understanding about services, to advocate for resources, and to identify areas for improvement. Reports can include de-identified information about cases such as demographic information about those served, departments and units

sending referrals, number of referrals received, presenting issues identified in referral/initial intakes/screenings, percentage of referrals initially assessed at each risk level, and number and types of interventions used for cases. This reporting can also include other available indicators of quality, including student satisfaction, referring party satisfaction, or other quality assurance information collected through surveys, focus groups, or other assessment methods.

STANDARD 23. PROGRAM EVALUATION

Case managers coordinate evaluation processes using research methods to measure case management programs' overall effectiveness in supporting students, reducing distress, and increasing safety.

There should be a continuous and strategic approach to evaluate the overall effectiveness of the case management program and services. Evaluation efforts should consider the selection and effectiveness of case management program activities, services, and actions; the effects of the program on those served; the availability of resources for the case management program; and anticipated opportunities and challenges in the institution's environment. Data can be collected through a variety of methods, including secondary data analysis, pre- and post-surveys, surveys regarding outcomes, case studies, focus groups, and interviews. Program evaluation should incorporate users of case management services and others involved in the program, such as referring units or departments providing intervention support. Additionally, the case management standards can be used as a framework for the program evaluation to determine where the program is meeting the recommended standards or underperforming. Evaluation findings should be analyzed and disseminated in order to make recommendations about ongoing actions to improve the program.

STANDARD 24. CASE MANAGER EVALUATION

Case managers receive regular performance reviews including their contributions, accomplishments, and ongoing professional development.

Case managers should receive regular feedback and communication as well as annual evaluations from their direct supervisor. Effective evaluations begin by jointly establishing clear and consistent expectations and goals that align with the definition, mission, scope, and position structure of the case manager. Case managers should participate in weekly or bi-weekly meetings with the supervisor in order to maintain ongoing communication. Constructive feedback should be given regularly with a focus on the development, training, and growth of the case manager while also allowing opportunities for the case manager to share accomplishments, express areas of concern, and identify professional development needs. Annually, a formal performance evaluation should be completed in accordance with institutional policies and procedures while recognizing contributions and identifying opportunities for improvement.

Conclusion

NaBITA's professional standards for case management are provided to offer national guidelines in the structure, process, and assessment of case management services and programs. These standards are based on academic research, clinical studies, and institutional best practices. While each institution will likely have their own unique approach to case management, these standards should guide the overall approach to the case management role and how it functions at the institution. Ultimately, these standards will enhance the ability for a case manager or other administrator to create an effective case management program or to audit and improve an existing one.

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