

Summary of Institutional Care Roundtable Discussions
HECMA Conference, June 2021
UC Davis & UC Berkeley

This is a summary of discussion items and takeaways from the Beyond Self-Care: Discussing Institutional Care for Case Managers session at HECMA 2021.

The information provided here serves to share practices of institutional care already implemented at various institutions and to provide examples of ideas of institutional care that case management teams might explore. Our presentation team has organized some of the submitted points under themes for clarity, but we preserved what was written.

What do you currently have implemented that you like, and in what areas do you feel less supported?

- Flexibility with Work Schedules and Autonomy:
 - Flexibility and autonomy with scheduling supported (x3)
 - Providing flexibility with schedules and time off
 - Using sick leave for burnout-prevention. (x2)
 - Allowing people to create a work schedule that works for them e.g. start later, end later, 4 days...flexibility that speaks to the individual needs.
 - Case Managers rotate In-Take so that each play a role in case distribution
 - Our institution is looking at offering staff a 4-10's schedule.
 - For Fall 2021, team is implementing 2 days WFH and 3 days in-office, with 1 day a week that all team members come into the office to maintain group cohesion
 - We have implemented "in service days," which is a half day that we can utilize to chip away at our documentation or other outstanding projects we don't otherwise have time to work on.
 - We get "professional discretionary time" to take time out for what we need up to 2 hours/week.
- Supervisor and Team Support:
 - Creating self-imposed boundaries, making sure that everyone is clear on expectations of each others' roles
 - Strong supervisor support for the above flexibility and advocating for their team to upper administration (x6)
 - Team "debriefs" and just giving each other space to process.

What would be helpful for you that you haven't heard yet? What new ideas for institutional care do you have?

- Supervision
 - Supervisor to be an advocate of CM needs to upper administration and set boundaries
 - Strategies for continuity of support when a supervisor leaves us -especially if some of these are un-official/unspoken. Example: how to create continuity when there is not a specific unit or team for case management
 - Advice for a case manager transitioning to a supervision position of other case managers (onboarding, support, training, etc.)

- How to navigate new leadership who is less supportive of institutional care and collaborative decision making
- Workload & Emotion Work
 - finding ways to maintain schedule blocks during busy moments of the year
 - REALLY needs to work on "getting rid of the stupid stuff" - we have a lot of unnecessary, duplicate forms.
 - I wish that administration would empathize with the level of skill and difficulty in doing this work.
- Culture:
 - More focus on institutional support for BIPOC/AAPI/LGBTQ+ staff members in light of current political events and systemic oppression.
 - Don't like that the institution does just keep making reminders to practice self-care rather than promoting space for team, institutional, and overall care of the atmosphere.
 - More on institutional care practices and policies
 - More tech supported engagement. Ex: Developing software
- COVID-19 Specific:
 - How to support for a post-covid work environment - as we are transitioning back, how to we support the people that have been here this whole time and adjusting back with post-covid anxiety

What low- or no-cost options might be available to your departments?

- Supervision:
 - Talking with supervisor about boundaries when it comes to self-care and work with all folks to support sustainable self-care.
 - Time off flexibility within departments
- Flexibility with Work Schedules and Autonomy:
 - Flexible work schedules (x2)
 - Advocating for our institution to require updated addresses and emergency contact info when students register for classes for each term
 - Closing referral lines for a week at the end of each term
 - Institute days where staff take no appointments
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- Staffing and Team Support
 - Utilizing undergrad and grad interns to increase program capacity.
 - Regular check-ins during weekly staff meetings
 - Being more intentional with checking in while handling more complex or emotionally challenging cases
- Culture/Policy
 - Having students update their addresses more frequently would be a huge support when trying to connect students across the country/world to crisis services.
 - Intentional case distribution
 - Institutional care menu
 - Set expectations for time off after student death/hospitalization calls

How will you advocate for additional institutional care? What are your first considerations for moving forward (e.g. who are stakeholders, what challenges would you need to address, how can you use HECMA to inform your advocacy, etc.)?

- Connecting and partnering with colleagues
 - Collaborate with another HECMA member (from my institution) and present tangible, concrete suggestions to the Vice Provost for Health and Wellbeing
 - I think a big part about being new is really helpful in having more of an outsider's perspective but I am really looking forward to connecting with other HECMA members to learn more about how to promote self care and institutional change.
 - Need to continually connect with administrators/leaders to find out what type of data/anecdotes/liability concerns/etc. will actually be useful in getting the institution's buy-in to make changes that will increase our capacity.
 - Creating a workgroup of staff identifying ways to develop better institutional support for employees.
- Supervision
 - Finding clarity with my supervisor about making some of our norms office policies!
 - ask for buy in from immediate supervisors, or get institutional equity for concerns of time off flexibility.
 - my supervisor is really supportive and my institution as a whole, so I will start the conversation with my direct supervisor and push it up
 - I currently do not see my supervisor unless we have a scheduled task-oriented meeting. I might request general check ins for professional growth, support, and career development.
- Data
 - Use data to create the narrative of what staff are experiencing and partner with the Dean of Students.

What do you want to bring back to your department or institution after this discussion?

- Suggestion for regular check-ins during weekly staff meetings
- I want to open a more inclusive discussion on how we promote and sustain a culture of self-care in our department.
- The fact that various changes that my university's leadership has said aren't feasible have already been implemented at other institutions :)
- Setting aside time to determine what our needs could be and having resources and options set ahead of burnout or "hot moments"
- How we can advocate for staff care.
- putting self-care practices or options into policy, a wellness hour once per week, an admin day once per month
- Low cost ways to support staff
- I might bring the Sample institutional Care Policy back to my supervisor to give them some inspiration!