

## Caseload Size Guidelines: Collaborative Care Programs

The appropriate number of patients on a behavioral health care manager (BHCM) caseload for a collaborative care program depends on the population characteristics of patients that are enrolled. Key indicators of the caseload capacity are the type of insurance, diagnoses of patients, and socioeconomic needs.

### Caseload Size Guidelines

For a BHCM staffed at 0.5 FTE (20 hours/week), we recommend the following caseload size and dedicated time for weekly panel review. Collaborative care programs should begin staffing at least a 0.5 FTE BHCM.

Program Need	Program Description and Population Type	Caseload Size Range (Patients)		Panel Review Time (hrs/wk)
Low	<b>Insurance:</b> commercial <b>Predominant Conditions:</b> depression or anxiety <b>Complicating Factors:</b> comorbid medical conditions	45	60	1 – 1.5
Medium	<b>Insurance:</b> public or uninsured <b>Predominant Conditions:</b> PTSD, depression, or anxiety <b>Complicating Factors:</b> homelessness, substance use, comorbid medical conditions	35	45	1
High	<b>Insurance:</b> public or uninsured <b>Predominant Conditions:</b> bipolar disorder, PTSD, depression, or anxiety <b>Complicating Factors:</b> homelessness, substance use, comorbid medical conditions	25	35	1

### Program Interventions

Maintaining the appropriate caseload size is important for delivering an efficient program. If the caseload size is too large, the BHCM may find it challenging to appropriately care for all of the patients. If the caseload size is too small, the health center will not be maximizing use of the psychiatric consultant. If the program size should be adapted, consider the following interventions:

#### *Interventions to Consider*

- Complete a high-level review of the caseload during a [caseload review meeting](#).
  - Assess opportunities to keep the caseload “fluid” by reviewing which patients may be ready to complete a relapse prevention plan, would benefit from a different level of care, should be contacted at a different frequency, or could be discharged from the program.
- Cap the caseload.
- Discuss if the program and clinic population would benefit from increased BHCM FTE. Increase the FTE of the existing BHCM(s) or onboard a new BHCM.