**What is Case Management? - Refresher**

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes (Commission for Case Management, 2009).

At CAPS, Case Management serves the needs of students by providing high quality referrals, coordination, and follow-up. In striving to meet the needs of students beyond CAPS’ counseling services, Case Management builds upon community resources, matching students with providers and building relationships with mental health professionals both within and outside of the University.

**What do I do?**

**Within CAPS**

* 10 hours per week of FA’s
* Additional FA’s may be added as needed at the end of the winter semester.
* 5 hours per week of follow-up appointments
* 5 hours/week of structured time for consultation with CAPS staff.
	+ Monday – Friday 3:30 – 4:30
* Structured time to meet/act as liaison within UM and the community
* “Managing” of cases: resource research, calls, legwork, etc.
* Occasionally sending out information on the most relevant community resources with which CAPS clinicians may find it helpful to be familiar.

**CAPS liaison work within UM**

Case Management and the Dean of Students’ Office

* The CM will be the primary liaison between the CAPS clinical staff and the DOS staff.
* In the past if a CAPS clinician wanted to connect a student with the DOS Office, e.g., to get the student assistance in navigating a withdrawal from the university, he or she would directly contact someone in the DOS Office. Starting this year the CM will be the first contact rather than the DOS office.
	+ This will hopefully simplify and streamline CAPS’ correspondences with the DOS Office.

Students of Concern

* Weekly Students of Concern Consultation Team meetings around critical incidents and students of concern.
	+ This includes monitoring all Emergency Alert emails to see if which of those students are CAPS clients and passing along relevant information to appropriate clinicians.

PES monitoring and follow-up

* The CM will track all students who are referred to PES to for the purposes of confirming appropriate follow-up care and quantifying how many students are actually admitted to the hospital.
	+ To facilitate this, please copy the CM on the CAPS-PES referral form.
	+ The CM will also track students referred into the community who may need extra support in making the connection with a community provider, e.g., students struggling with serious mental illness or who have a history of suicidal behavior.
	+ If one of your referrals needs this type of support, let the CM know so that she can follow-up with him or her.

**When to refer to Case Management**

* When a client’s referral needs are not straightforward (may include lack of insurance, difficulty navigating insurance, medication or prescription management, foreseeable difficulty for student in transition)
* If a student has been involved in a critical incident and needs ongoing and/or multi-systemic support
* If it makes sense for the case manager to “take over” with the goal of referring to a community provider
* When a student in transition requires close monitoring, follow-up, and multiple contacts per week
* In the case of “in-betweeners;” those whose transition will not be immediate
* When a student (non-client) comes in on COD, and clearly needs a referral
* Example: A client, Liz, has a history of counseling at CAPS, and has recently been in on COD. She is currently taking two medications, and has been told by UHS doctors that her needs are beyond the scope of their practice. Liz is covered by her family’s insurance, but their providers will be changing within the next month. Liz is referred to case management (CM). While she waits for her family’s new insurance to take effect, she will see the case manager and receive clinical support. When the insurance is in place, referral options will be given to Liz, and the case manager will work with her to find a fit with a provider, following up to ensure that Liz’s transition to a community provider has been successful.

**When not to refer to Case Management**

* If a client needs a referral to a community provider, and the transition is straightforward and uncomplicated by various factors, the client’s counselor should continue the CAPS procedure of providing several referral options to the client.

**How to refer to Case Management**

* Appointments will be made through the Administrative Assistant – Clinical Services/Outreach.
* Like all FAs and Individual appointments, I will hold slots in my schedule for Case Management appointments.
* If a student is in your caseload and is appropriate for CM, or if you work with a student on COD who is appropriate, walk that student to the Administrative Assistant’s desk and ask for an appointment in CM.
* Be sure to write your case note prior to the student’s CM appointment. Please indicate clearly your reasons for referral to CM.

**COD/CAPS system and Case Management**

Case Management will help to sort out the needs of students who utilize COD services, and in some cases, to supplement the current COD system. This may occur in the following ways:

* When a student comes in on COD, is clearly most appropriate for a community referral, and needs immediate support that day, the COD counselor can consider scheduling that person with the CM during the daily “consultation” hour from 3:30 – 4:30.
* When the referral seems straightforward and the student is not in need of on-going support during the “referral process”, then the COD counselor should make the referral directly.
* CM will have allotted time each day to either take or return calls received when all Counselors on Duty are busy with students (acting as a backup to this system).
* CM will follow up on ongoing COD situations, those that carry over from one day to the next

**What you can expect following a referral to Case Management**

* I will work with the student to identify needs, existing resources, and supports.
* From there, I will research potential resources and provide referrals to the student.
* After a referral, I will follow up with the student to ensure comfort and fit of the student-provider relationship.
* From the point of referral to CM, I will become the primary CAPS provider for that student, providing clinical case management, counseling and referral.