



Transcript – Supporting Care Transitions, Part 2

Successful care transitions are those that are seamless in providing the student with appropriate support. We strive to keep students at-risk continuously engaged with a provider who is aware of and responsive to their needs. Accomplishing this task requires shared responsibility between providers as well as collaboration with students and their support system.

With that in mind, let's consider ways to support successful care transitions during the various periods of students' involvement with your institution. In this video, we'll focus on specific ways to support care transitions during: 1) Recruitment and Matriculation, 2) Active Enrollment, and 3) Leaving the Institution.

First, let's talk about how to support care transitions while recruiting and admitting students. When selecting a school, students look for a place that can meet both their academic and personal needs. Access to quality healthcare is an important personal need. So let's go back to defining and promoting your scope of service. You can help students make informed decisions by describing health and counseling services in recruitment materials and on campus tours. Let prospective students know what professionals are on staff, when the centers are open, typical wait times, options for walk-in visits, session limits or costs, who qualifies for services, what types of treatment and services are provided, what support is available after hours, how to make an appointment, and what services are available in the community.

Once a student enrolls, there are several things you can do to support their connections to care. Many campuses ask students to fill out a health form prior to matriculation, to document immunizations and screenings for communicable diseases. Additionally, this form may include a general consent for treatment by the university, as well as proof of insurance coverage. It is recommended you use this opportunity to also ask students for a health summary, including both a medical and mental health history. Furthermore, the form can request contact information and releases for talking with current treatment providers. Including a letter explaining where this information will be stored and why it is helpful may encourage students to respond candidly. Even if the student intends to continue care with their home providers, it is useful for the campus wellness centers to have students' medical information and releases on file in case of an emergency, a decision to transfer care, or pursuit of accommodations with disability services.

Once this information is gathered, campus health services can proactively reach out to students who report active health concerns and offer a meeting with someone in the campus counseling or health center. This would help campus providers better understand the student's needs and review options for transitioning to campus or local care, if that's needed.



This is particularly important for students coming from out-of-state, who will be less likely to continue receiving care from their home providers while on campus. Proactive conversations are also a time to review your school's scope of service with the student, clarifying what services you can and cannot provide, and reviewing options for community care. It's much easier to have a conversation like this ahead of time rather than during a crisis. For campuses that don't have the capacity to offer individualized meetings, it is helpful to send out letters with guidance on what services students can receive on campus and in the community and how to go about transferring care if desired.

It is also important for campus counseling and health center staff to take an active role in orientation activities. They can introduce themselves, describe the services they offer, explain how to make an appointment and let students know what to expect in the first visit. Staff can participate in campus tours or hold an open house to encourage students to come into their space and get comfortable with the idea of visiting if services are ever needed. If your school has a case manager, that person can explain their role of supporting students in accessing the services that they need while helping them to continue to succeed in school. They can also talk about other options available to support students' health, well-being, and coping. If your school offers student health insurance, provide information on how it works and where it can be used, especially with regard to off-campus providers. Understanding these resources up-front can eliminate difficulties and frustration later when problems or crises arise.

Some schools offer a similar presentation or meet-and-greet with parents, in which they explain what services are offered and answer questions about student insurance and off-campus services. It can help to provide tips for parents on how to support their students' mental health. Parents are one of the most frequently identified sources of support for students, and some play a vital role in getting the student to seek out care when needed. This is a chance to encourage parents to reach out to the counseling center, Dean of Students, or students of concern team if they are concerned about their child's well-being. It's also important to help parents understand FERPA and student privacy rights. Although the counseling and health centers cannot share health information with parents without signed consents, they can certainly receive information from parents. Parents will appreciate knowing the campus's policies on what types of emergencies supersede privacy rights, potentially resulting in parental notification, as well as exceptions to FERPA. For both students and parents, creating a welcoming environment and providing information from the very beginning can open important channels of communication and make the transition to campus life easier.

Now, let's talk about how to support care transitions while a student is actively enrolled. Specifically, when seeking or participating in treatment as a student.

One important care transition happens when a campus primary care provider refers a student for mental health services. Integrating primary care and mental health services can prevent these students from falling through the cracks. Integrated or collaborative care may mean that a mental health professional, or even the entire counseling center, is in the same clinic as the health center. When a primary care provider identifies a student at risk, they can quickly facilitate a meeting with a mental health professional who can conduct an evaluation and direct the student to appropriate care. In some models of integrated or collaborative care, that meeting happens in the very same appointment, with the student never even leaving the exam room. This approach significantly increases the likelihood a student will follow-through with additional counseling appointments.



Co-located services also decrease the stigma of seeking mental health care, because it is unclear what type of service students are receiving when in the waiting room. Integrated or collaborative care also facilitates communication, treatment planning, and sharing records between different types of providers.

Sometimes students are referred directly to a community provider after an intake at the counseling center. Waiting lists or other barriers may lead to a gap in services and threaten the success of the referral. It is helpful for school providers to stay up-to-date on which community providers have openings, so that students are not referred to providers who already have a long waiting list. As previously mentioned, a campus case manager can help with this process. To ensure the student follows through with a community referral, the campus counselor or case manager can provide continued support until the student is able to meet with the new provider. This could mean continued sessions while waiting, or simple follow-up contacts such as phone calls, email, or text messages to check in. Additionally, releases should be signed when a referral is made to send the new provider assessment and treatment records. For students who demonstrate significant or chronic mental health concerns, it may be beneficial to follow up with the student a few weeks after they begin meeting with the new provider to ensure the transition has gone well. If not, the campus representative can support the student in finding an alternate provider. A referral tracking system can help coordinate these follow-ups.

Occasionally, students experience a crisis that requires more intensive care or hospitalization. Having an MOU with the hospital or treatment center makes it easier to receive notifications, share records, and support the care plan following release. A case manager can help support the student through the transition to and from the hospital by explaining what to expect, how to handle their absence from school, and why communication between the hospital and university is beneficial.

Once a student is admitted to the hospital, planning should begin for what will happen when they are discharged. The period following a psychiatric hospitalization is a time of increased risk for suicide. Supporting a successful transition out of inpatient care is essential for a student's safety. If a campus counselor is going to be providing care for the student, and the student is not already an established patient in the counseling center, it can be helpful to initiate contact between the counseling center and the student before they are released from the hospital. Building the therapeutic alliance prior to discharge triples the likelihood that the student will follow through with outpatient therapy. This meeting can be in-person or virtual, and can be a time for the provider to introduce themselves, answer questions, review the patient's safety plan, schedule the first appointment, problem solve around any potential barriers to transitioning care, and discuss broadly what the process of recovery may involve. Involving the student's identified support persons in this conversation can also ease the transition. It is also a good idea to have the student complete any necessary paperwork needed for their first visit after discharge, such as intake assessments and releases. Even if a student is an established patient at the counseling center, it can be helpful to make contact with them while they are still at the hospital to facilitate their successful transition back to campus.

When a student is discharged, they should meet with their outpatient provider as quickly as possible – ideally within 24 hours. Triage appointments or walk-in hours are a great way to fit in these appointments. If the appointment is going to be more than 24 hours after discharge, someone should contact the student to confirm the appointment and re-assess suicide risk during the transition.



Sometimes a hospital clinician will be the first to follow up and sometimes it will be someone from the campus counseling center. It's important that your MOU describes how that decision will be made as well as what will happen if a student does not attend the follow-up appointment. This helps prioritize the student's safety, while avoiding overwhelming the student with multiple contacts. Once the student has been seen by the new provider, it is important to let the hospital know the student has successfully transitioned care

Finally, it's important facilitate successful care transitions when students leave the university – whether through graduation, transfer, withdrawal, or dismissal. Counselors should work with students who need ongoing care to connect them with appropriate treatment providers prior to leaving the institution. Ideally, an appointment with a new provider should be in place by their last appointment on campus. Releases for the counselor to speak with the new provider should be signed and records shared by the time the student leaves the institution. Even for students who are successfully discharged from treatment, it is helpful to discuss with them how they would find a new provider, and how they could share their treatment records if they needed care in the future.

College is a time of so many transitions and some can bring stress and obstacles. By working together and adopting proactive strategies, we can help minimize stress for students, families, and staff, and even save lives!