# Care Transitions: Creating a Safety Net with On and Off Campus Partners

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**21%** of graduate students

**28%** of undergraduate students

Reported some degree of suicidal ideation in the past 2 weeks

# Snapshot: UM CAPS and Suicide Prevention

- 2006: QPR
- Spring 2012: Client
- Summer 2012: **do something:** **Stop Student Suicide** Work Team
- Fall 2012: Post-its
- March 2013: Messages of Hope
- Fall 2014: CAMS

# Snapshot: UM CAPS and Suicide Prevention

- 2015: Coordinator of CAPS
  Stop Student Suicide
- Fall 2017 GLS Grant
- Spring 2017: Videos
- Summer 2017: QPR Follow-Up
- September 2017: Athletics
- October 2017: I Will Change the Story By…
- March 2018: Pierpont Commons, Logic and #whocanrelate?
- Partnerships
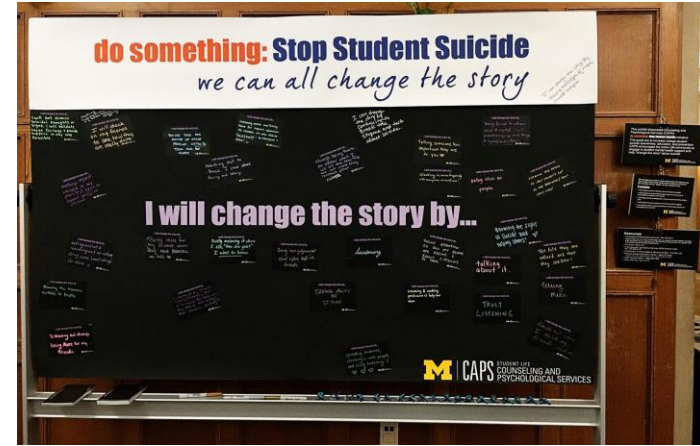
# Send Silence Packing





# The Silence Shoot

# Athletics



# North Campus

CAPS
SAB

University Of Michigan
Student Guide To Mental
Health Hospitalization
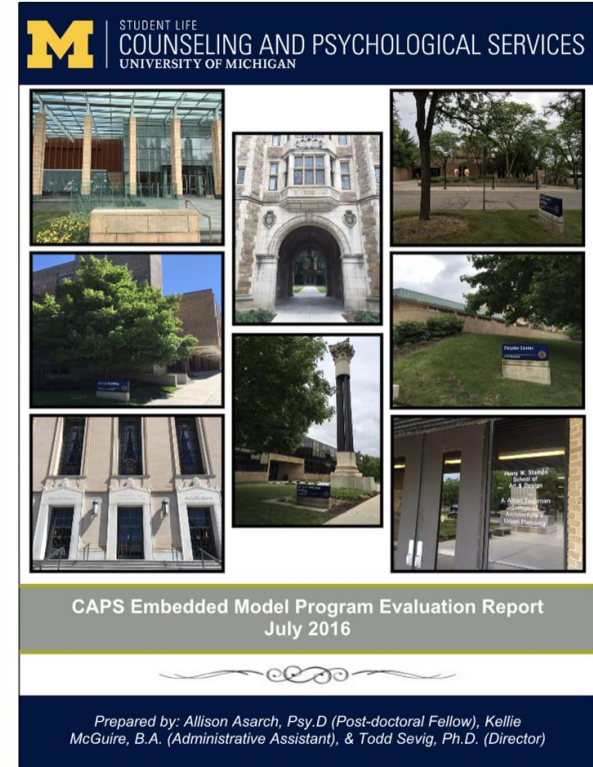
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STUDENT LIFE

*The University of Michigan Supports You!*

# Embedded Model Highlights

★ Highlights
  ○ ⬆ Accessibility
  ○ Tailored to each school/college's unique culture
  ○ ⬇Stigma
  ○ ⬆ Faculty/staff consultation
  ○ ⬆Psychological wellness programs



CAPS Embedded Model Program Evaluation Report July 2016

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# CCMT: Clinical Care Management Team

*Purpose:*

*Provide a regular opportunity for continuity of care planning for high-risk students who are experiencing challenging mental health situations at the University of Michigan. Ensure that students receive the care they need and that no one is inadvertently lost to care.*

**Care Managers in student counseling center and health services**

**Coordinated follow up for students who are evaluated or admitted at the hospital**

**Coordination for students who are seen at counseling center and health service**

*Care Managers' salaries provide a portion of the matching funds for GLS grant*

# Context for program development

*Rationale:*

*The distributed nature of communication, funding, and structures have led to risks in the delivery of behavioral health care to University students.  This may be improved through new strategies for communication and greater familiarity between the numerous mental health and clinical providers within the University of Michigan and Ann Arbor community.*

student deaths by suicide in 2013-2014 academic year that received news coverage

University Regents supportive of enhanced coordination

CAPS & UHS administrators

demonstrated need in care management work

began operating in 2015-2016 academic year

Post-psychiatric hospitalization suicide risk 100 times the global suicide rate (JAMA Psychiatry, 2017).

38% of CAPS clients and 26% of UM Students report some degree of suicidal thoughts (CAPS Annual Report, 2017, & CSMHS, 2018).

**Weekly meeting to review and discuss student discharges from PES**

**Email outreach to students**

**Regular contact with PES staff**

**UM Student**

**Psychiatric Emergency Services**

**secure email** ⊞

MRN
DOB
Initials
Date of discharge

**CCMT**

**secure email** ⊞

**Therapeutic and psychiatric providers**

- opportunity to connect with Care Manager

- assistance with connecting to discharge plan

- risk reduction through clinical outreach

Hello, Meagan. I am writing on behalf of the Clinical Care Management Team (CCMT), as follow up to your recent ER visit. The CCMT works to ensure that students are connected to the resources they need. Please reply to this email to let us know how you are doing and if you need any assistance in connecting with the resources offered at the time of discharge from the ER.

Take care,

Amanda

# Collaboration with other student support teams on campus

Dean of Students Behavioral Intervention Team

clinical case management and student affairs case management

CCMT vs us as individual care managers

**Student admitted to area hospital** 1

**Obtain permission to contact DOS as soon as possible**

DOS is contacted and connects with student. DOS coordinates with various departments and provides support for:

- academics
- housing
- financial needs
- insurance issues
- employment concerns
- family involvement
- visa/international concerns
- case management referral to CCMT
- social support

2

Key
DOS: Dean of Students Office
CCMT: Clinical Care Management Team

**Hospital staff make discharge plan** 3

**CCMT assists every student to enact clinical discharge plan post-hospitalization** 6

**Fax plan to CCMT 734.763.0454** 5

**DOS see student for follow up** 4

DOS refers to CCMT if clinical follow up needs arise

**As needed, CCMT**
- schedules appointment with student
- coordinates connections to treatment providers
- provides clinical support while connections are made
- follows up as needed to ensure student is not lost to care

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Strengthening the Bridge of Support: A New Direction in Clinical Case Management for University of Michigan Students Following Hospitalization

UNIVERSITY OF MICHIGAN

# Documentation

**Mbox**

**HIPAA and Michigan Mental Health Code compliant**

**Accessible across email platforms**

**Customizable**

# Implementation

**CAPS/UHS and hospital administrators met first**

**Information and protocol did not trickle down to front-line social work staff**

**Later meetings with hospital social workers to clarify protocol and address points of confusion**

# Memorandum of Understanding (MOU)

**Developed to streamline communication among hospital and student life units**

**Determined by hospital Compliance that releases of information still needed**

**Memorandum of Understanding**
**Between**
**University of Michigan Hospital System Psychiatric Emergency**
**Services**
**and Clinical Care Management Team**

This Memorandum of Understanding is designed to outline the process of making referrals of University of Michigan students from University of Michigan Hospital Psychiatric Emergency Service, to the Clinical Care Management Team. It provides a specific protocol to follow during the aftercare process, ensuring that students connect with providers and engage with discharge plan. This memorandum offers clear expectations of all parties as well as consistent points of contact, ensures appropriate dispositions and discharge planning, eliminates replication of services, and enhances a collaborative relationship.

As of May, 2015, approximately 200 UM students are seen at PES annually.  The responsibilities and plans laid out herein are based on this number and the anticipated time required to effectively serve those 200 students.

The Clinical Care Management Team (CCMT) is composed of Care Managers from UHS and Case Manager(s) from CAPS. Psychiatric Emergency Services (PES) operates under the University of Michigan Hospital System, while University Health Service (UHS) and Counseling and Psychological Services (CAPS) belong to the University of Michigan division of Student Life. PES is under HIPAA regulations, UHS is under blended HIPAA/FERPA regulations, CAPS is under FERPA regulations, and all of these units are also regulated by the Michigan Mental Health Code. All are engaged in providing clinical mental health services to University of Michigan students. The CCMT seeks to address the needs of students who are experiencing challenging mental health situations at the University of Michigan, and who are seen at multiple units among PES/UHS/CAPS.
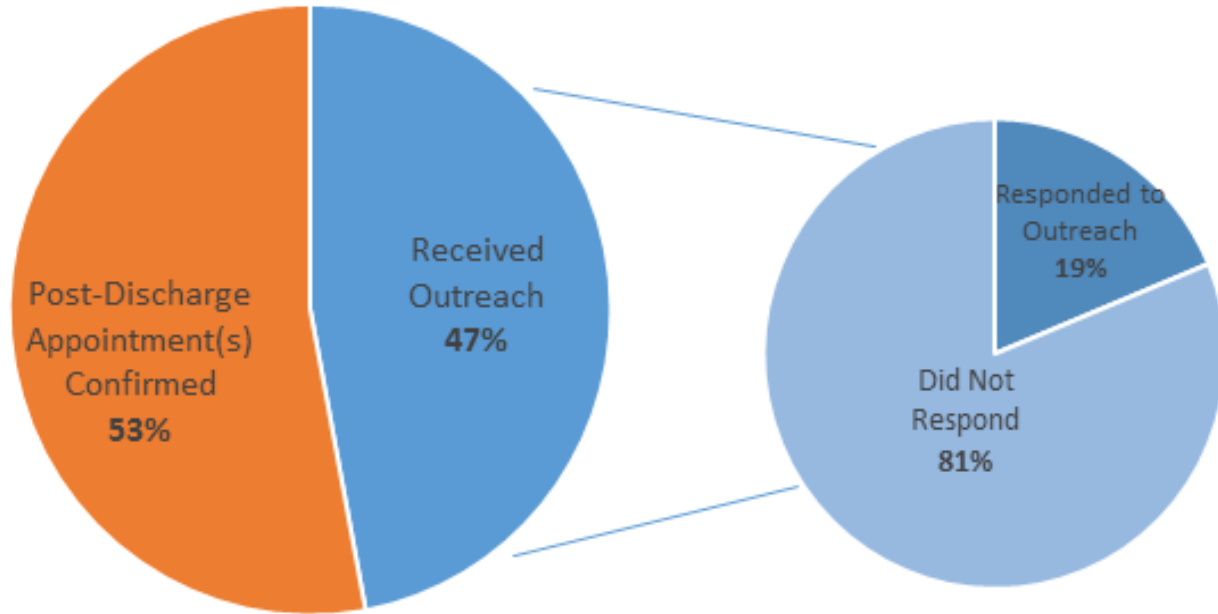
CCMT goals:
- Ensure that students receive needed care, and that no student is inadvertently lost to care
- Streamline and improve communication between units about shared clients
- Follow up with students to ensure that connections for ongoing treatment are made

PES staff, in addition to standard discharge planning, will also refer all University of Michigan students seen at PES to the CCMT via email referral form, whether or not students are admitted to an inpatient unit or discharged from PES. This is based on ensuring continuity of care.
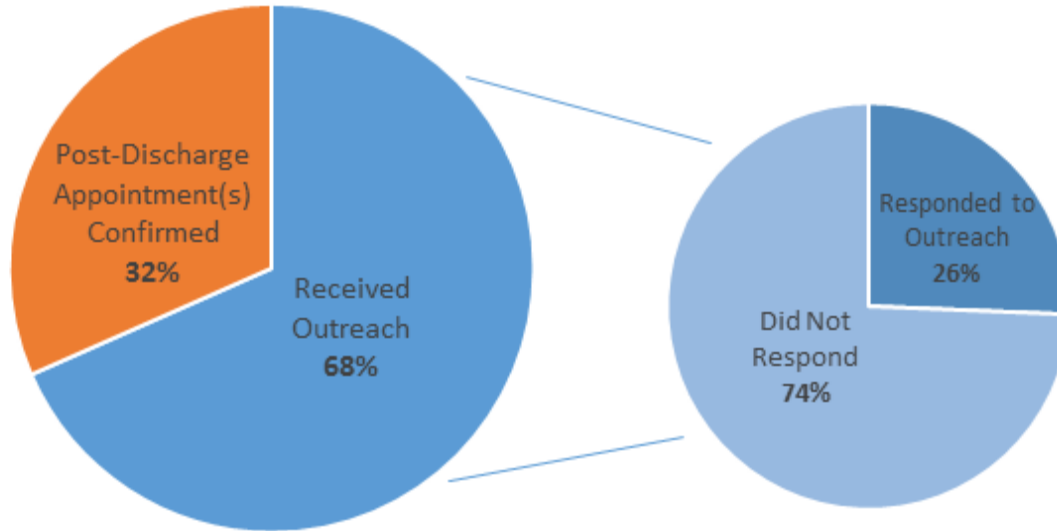
# Data: Pilot Year (2016-2017)

**34 total referrals**

# Data: Year Two (YTD)

**97 total referrals**



Post-Discharge Appointment(s) Confirmed 32%

Received Outreach 68%

Responded to Outreach 26%

Did Not Respond 74%

*One student who responded to outreach requested assistance

# Improvements

relationships

communication

improved post-discharge scheduling
at UHS (working on this at CAPS)

the unknown is hard to track

better identified the problem

# Future Directions

**On-Campus Intensive Outpatient Program (IOP)**

**Broadening the scope of CCMT**

       **participating in discharge planning**

       **auto referrals to case management and/or in certain circumstances**

**Enhance Dean of Students role with PES**

**Additional training for PES staff on community resources**

# barriers encountered and lessons learned

**challenges to front line staff empowerment and direct communication**

**traditional hierarchy/administration and the impact of that on communication, decision-making, and the planning process**

**difficulty of communicating consistently between systems**

**technology for information sharing & documentation**

**secure email**

**medical record access (currently resolving)**

**fax machines**

**limited functionality of database**

# things to consider for your campus

**access to secure email**

**access to medical record**

**different email platforms, different EMR systems**

**integrated vs siloed**

**sharing/release of information**

**physically close, somewhat integrated health system with an inpatient psychiatric unit**

# References

Chung, D.T., Ryan, C.J., Hadzi-Pavlovic, D., et al. (2017). Suicide Rates After Discharge From Psychiatric Facilities:  A Systematic Review      and Meta-analysis.  *JAMA Psychiatry.* 2017;74(7):694-702. doi:10.1001/jamapsychiatry.2017.1044

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