Treatment Coordination Policy

Policy:

When it is deemed that CAPS’ services are not adequate for a student, facilitation of a connection to community provider is warranted. The purpose of treatment coordination is to find the most appropriate fit for the client’s concerns and life situation. The client is referred to the Treatment Coordinator (TC) to begin the process. This may entail a single session or many sessions. The aim is to provide support and short-term therapy while bridging the client to other services. The TC can also provide consultation and follow-up with non-clients requesting access to services. CAPS clinicians can choose to assist with providing their clients with referrals or they can seek assistance from the TC. The role of the Crisis/Community Resource Specialist is to provide the following:

I. Development, implementation, and maintenance of systems for:
   a. Collaborating with community providers, organizations, and support services to foster and maintain strong relationships between those entities and CAPS.
   b. Tracking referrals from CAPS into the community and facilitating successful referrals, following up with students to ensure engagement with the referrals provided.
   c. Tracking hospitalizations of students for mental health reasons.
      i. Assisting the Assistant Director/designee in developing procedural understandings with the nearest receiving facilities to our campus offices.
      ii. Assisting local receiving facilities in coordinating discharge planning for students.
      iii. Collaborating with the Case Manager in the DOS office with hospitalization reports for non-clients.
   d. Tracking the hospitalization of clients for mental health reasons.
      i. Coordinating efforts to increase the continuity of care for those that are hospitalized while in CAPS care.
      ii. Assisting clinicians with the hospitalization process as needed.
      iii. Maintaining contact with the receiving facilities and hospitals for release dates and obtaining discharge summaries and disposition planning from these entities.

II. Monitoring and tracking students within the CAPS system.
   a. Compliance with policies and procedures concerning clients in psychiatric services.
      i. Confirming continued participation in psychological services. Given the eventual transition to SHS of psychiatric services and the pressing need for medication management in the interim, clinicians shall consult with the Director to discuss continuity of care and options to determine a disposition.
   b. Providing training to staff around hospitalization procedures and interactions.
   c. Providing consultation and follow up with non-clients requesting access to services, when they are outside CAPS’ scope of service.
   d. Assisting CAPS clinical staff with referrals of students to appropriate FAU and outside community resources, including follow-up.
   e. Client dispositions.
   f. Maintaining current referral lists.
   g. Maintaining local provider lists, across treatment modalities, and insurance coverage.
   h. Assistance in creation and maintenance of a provider database.
      i. Routine evaluation of students referred to community resources for coherence with scope of service, quality of care, and effectiveness of referral process.
   j. Perform and document the above tasks within the electronic health record as appropriate.