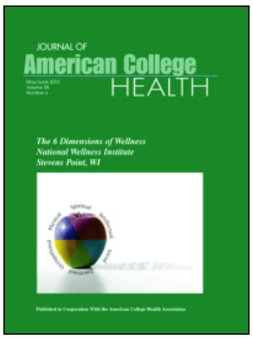

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BRIEF REPORT

Clinical case management & referral success outcomes

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ABSTRACT

Objective: Despite the prevalence of clinical case management services in university counseling centers, there is scant research on practices and effectiveness in case management services. The purpose of this brief report is to review the role of a clinical case manager, examine referral outcomes of referred students, and provide recommendations on case management practices. We hypothesized that students who received referrals at an in-person appointment would be more likely to be successfully referred than those who obtained email referrals. **Participants:** Two hundred and thirty-four students who obtained referrals from the clinical case manager in the Fall 2019 semester. **Methods:** A retrospective data analysis was conducted to examine success rates of referrals. **Results:** In the Fall 2019 semester, 50.4% of students were successfully referred. While 55.6% of in-person appointments were successfully referred compared to 39.2% of email referrals, a chi-square analysis revealed no significant association between type of referral and success of referral, x^2 (4, N = 234) = 8.36, p = .08. **Conclusions:** There was no significant difference in referral outcomes based on type of referral. Recommendations on effective case management practices for university counseling centers are provided.

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Clinical case management; off-campus referrals; university counseling centers

In recent years, there has been an increase in the complexity, and possibly diagnosable severity, of mental health concerns in the college student population,[1,2] and university counseling centers have faced an increased demand for services.[2–4] Examination of national data from the Center for Collegiate Mental Health from 2010–2015 revealed small but significant increases in self-reported mental health symptoms.[5] Meanwhile, in the national Healthy Minds Study of the general college population, rates of past-year counseling utilization increased from 18.7% in 2007 to 33.8% in 2016–2017.[4] University counseling centers have responded to increased demand by instituting time-limited models of psychotherapy and providing off-campus referrals.[6–8] Students are typically referred due to severity and chronicity of concern,[7] as well as non-clinical factors such as finances and lengthy waitlist.[7,9] It is recommended that university counseling centers have a designated staff member who coordinates referrals.[8,10] In a collaborative process model for referral, Iarussi and Shaw[7] propose that more involvement from the student in the referral process results in greater success in connecting with an off-campus provider, though their model involves referral from counselor at intake versus a designated case manager.

Despite the prevalence of case management services in university counseling centers, there is scant research on practices and effectiveness in case management services.[2,6] To date, there have only been two published studies that examined factors related to referral outcome,[6,10] with Gale et al[6] as the sole study to examine referrals made by a case manager. The purpose of this brief report is to review the role of a clinical case manager, examine outcomes of students who receive referrals in-person vs. electronically, and provide recommendations on case management practices. We hypothesized a significant association between referral type and outcome, such that more students who received in-person case management would be more successfully referred than students who received emailed referrals.

Our clinical case management services

The clinical case manager and referral specialist (hereafter referred to as case manager) is housed in the counseling center at a mid-sized, public university in the northeastern United States, which ascribes to a short-term model of therapy (i.e., 15 weeks or fewer) and has an unlimited group therapy program. In contrast to case managers embedded in other offices within higher education institutions, our case manager augments the clinical services of the counseling center by providing off-campus mental health referrals to students seeking therapy. If therapy goals cannot be met within a short-term model, the student is referred off-campus and offered case management assistance in navigating this process. The student can either schedule an in-person meeting with the case manager or receive referrals via email. Students who have completed short-term therapy can also utilize case management services. A counselor completes the Pre-Referral Note (i.e., reasons for referral, recommendations), while the student completes the Pre-Referral Form (i.e., insurance information, presenting concerns, and

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therapist preferences). When the case manager provides personalized referrals either in-person or via email, she offers to contact outside providers on behalf of the student. She also sends multiple follow-up emails to check-in on progress and obtain feedback on the referral process.

Referral statistics & analyses

A retrospective data analysis was conducted to examine the success of the referral process for 234 students who obtained off-campus therapy referrals from the case manager in the Fall 2019 semester. All students either met with the case manager in-person to review insurance benefits and obtain referrals or received referrals from her via email based on their insurance and stated preferences. The datafile is maintained separately by the case manager, is not associated with the center's electronic medical record, and does not contain any demographic or clinical information, so this information was not available for data analysis.

The most common reason for referral was that the student completed short-term therapy in the counseling center and wanted and/or needed to continue with therapy (N = 81; 34.6%). Furthermore, 60 students (25.6%) were deemed by the counselor as needing services (e.g., long-term therapy; more frequent sessions) not available in the counseling center, 37 students (15.8%) wanted outside services, and 12 students (5.1%) both wanted and needed outside services. Additional reasons for referral were time of semester (N =14; 6%), time of semester plus needing and/or wanting outside services (N = 17; 7.2%) and establishing services over break (N = 4; 1.7%). Twenty-eight (12%) of the 234 students were designated as students of concern and of these, 22 received in-person case management while 6 obtained email referrals.

Of the 234 students, 118 (50.4%) confirmed to the case manager that they scheduled an appointment with an outside referral, which is considered a successful referral in this study. In addition, 32 students (13.7%) students contacted outside referral(s) either directly or asked the case manager to do so on their behalf; however, these students subsequently did not confirm whether they scheduled an appointment. Thirty-five students (15%) confirmed that they did not schedule an appointment and common reasons were that they decided they didn't need therapy, decided to wait until the next semester to start therapy, or accessed counseling center services instead. The referral outcome is unknown for 48 students (20.5%) who did not reply to follow-up emails and 1 student (.4%) who was directly sent referrals at the request of the university's judicial conduct office and the case manager did not send a follow-up email.

Eighty-nine (55.6%) of the 160 in-person appointments were successfully referred while 29 (39.2%) of the 74 email referrals were successfully referred. A chi-square analysis was conducted to examine the relation between type of referral (in-person vs. email) and success of the referral (confirmed scheduled, confirmed not scheduled, contacted provider but not confirmed scheduled, and no response). There was no significant association between type of referral and success of referral x^2 (4, N = 234) = 8.36, $p = .08$. Therefore, it appears that the likelihood that a student will be successfully referred via case management services is not significantly impacted by the way those services are provided.

Findings & recommendations

Examination of data from a single semester revealed that 50.4% of students were successfully referred, which is consistent with prior research findings of 58% by Owen et al[10] and 34.55% by Gale et al.[6] Of the remaining total students, 13.7% contacted providers but did not confirm that they scheduled, 15% confirmed that they did not schedule, and the outcome is unknown for 20.9% students. When separated by type of referral, 55.6% of those who received in-person referrals were successfully referred as compared to 39.2% of email referrals. When solely looking at 28 students (12% of total sample) designated as students of concern by the case manager, only 42.9% were successfully referred. The rate of referral success was lower for students of concern than for the total students, which is troubling as these students may be more in need of mental health services. One possible explanation may be that sometimes students of concern are referred to the counseling center but are not actually interested or motivated to engage with services. Future research should explore this group further to examine reasons for referral, barriers to seeking and engaging with services and resources, and ways to improve the success of their referrals.

Students were most often (34.6%) referred off-campus after they had reached the limits of the center's short-term model and either wanted and/or needed to continue with therapy. Therefore, many students sent to the case manager had already been provided services by providers in the counseling center. Future research should examine if first receiving services at the counseling center increases the success of a subsequent referral for off-campus services. Many students were also referred at initial contact, with 25.6% of students being sent to the case manager marked as needing services (e.g., long-term therapy; more-than-weekly sessions) not provided in the center, 15% wanting outside services, and 5.1% both wanting and needing outside services. A limitation of this study is that the reason for referral is marked by the referring counselor and while more than one reason can be marked, it is possible that counselors are not consistent in using this system. Future research should also examine if the reason for referral influences the success of a referral for off-campus services.

Based on prior research which proposed that more student involvement in the referral process increases the likelihood of having a successful referral,[7] we hypothesized a significant association between referral type and outcome. Our hypothesis was not supported with the chi-square analysis revealing no significant differences in referral outcomes based on type of referral. One reason for this may be that the case manager continues to provide ongoing support all referred students. Another possible explanation could be the quality of referrals being provided by the case manager in that even the email referrals are personalized, rather than a generic list of local providers. The case manager has built strong relationships with the mental health providers in the community and thus these providers are aware of our students seeking services and tend to be responsive to requests for services.

While counseling centers operate in varied ways depending on their student population, geographic location, and availability of staff, time, and resources, the following are strategies that

have been effective for our case management process. These recommendations are based primarily on feedback from referred students, the case manager, counseling center clinicians, and off-campus providers, but some (e.g., #6) are now also supported by the findings of this study:

1. **Utilize information from multiple sources to inform the referral process.** Within our referral process, input is obtained from both the student and the counselor about preferences for treatment. Counselors can recommend therapeutic styles that are more likely to be effective for the student, while students can indicate their preferences.
2. **Network with local referral sources**. Case management can be considered a match-making process of identifying options that are most likely to fit well with the student being referred. Therefore, it is helpful for the case manager to be knowledgeable about the identities, theoretical orientations, and clinical expertise of local referral options. We recommended networking with therapy practices that are walking distance to the university, accept multiple insurances, accept medical assistance, and/or are willing to offer discounted student rates, since these referral sources are likely to be options for a wide range of students. We also host an annual open house so that the counseling center counselors are familiarized with local therapists, thereby making their referral recommendations for students more potent.
3. **Provide additional resources to students to facilitate the referral process.** Our case manager provides various documents: 10 Things I Wish Everyone Knew About Therapy,[11] How to Choose a Therapist,[12] and instructions on how to determine mental health benefits (which is most helpful for students for whom our case manager did not contact their insurance company). These resources are designed to provide knowledge and confidence to students in engaging in the referral process.
4. **Offer ongoing case management support to referred students.** Students are often nervous and uncertain about connecting with off-campus therapy. Our case manager offers ongoing assistance (e.g., contacting therapists on their behalf) and sends multiple follow-up emails to check-in on their progress and whether assistance is needed.
5. **Elicit participation from the counseling center counselors.** If the student being referred is engaged in short-term therapy within the counseling center, it is recommended that the referral process be initiated early enough that the current therapist can assist with helping the student get connected to referrals. Therefore, the case manager's time is preserved for students that need more intensive support later in the semester.
6. **Consider email referrals if time and resources are limited.** While there was a percentage difference in successful referrals for in-person (55.6%) vs. email referrals (39.2%), the chi-square analysis revealed no significant association between type of referral and outcome in this study. Therefore, in cases of limited time and resources, sending personalized referrals via email is a viable option.

Conclusions

In a study of referrals made by the clinical case manager in a counseling center at a mid-sized, public university in the northeastern United States, 50.4% of students were successfully referred (i.e., scheduled an appointment with an off-campus provider). The chi-square analysis revealed no significant difference in referral outcomes based on type of referral (i.e., in-person versus email referrals). Given that data were collected in Fall 2019, it should be noted that there may be limitations to how these pre-pandemic findings may translate to current times.

Conflict of interest disclosure

The authors have no conflicts of interest to report. The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements, of the United States and received approval from the Institutional Review Board of West Chester University of Pennsylvania.

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