



**Association on
Higher Education and
Disability in Texas**
www.txahead.org

***OVERCOMING BARRIERS
AND ENHANCING STUDENT SUPPORT
THROUGH CAMPUS CONNECTIONS***



 *Session*
MATERIALS



Overcoming Barriers and Enhancing Student Support Through Campus Connections

**Presenters: Yensina Reese and Heaven Dunn
East Texas A&M Student Disability Services**

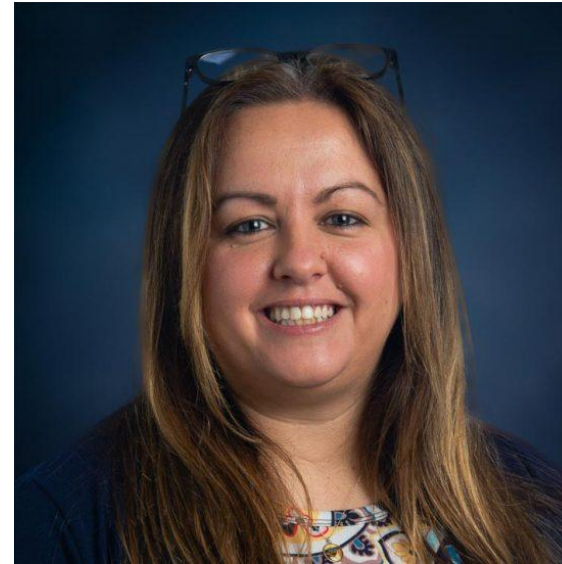


EAST TEXAS A&M
— UNIVERSITY —

Meet Your Presenters



Heaven Dunn
Student Disability Services
Case Manager

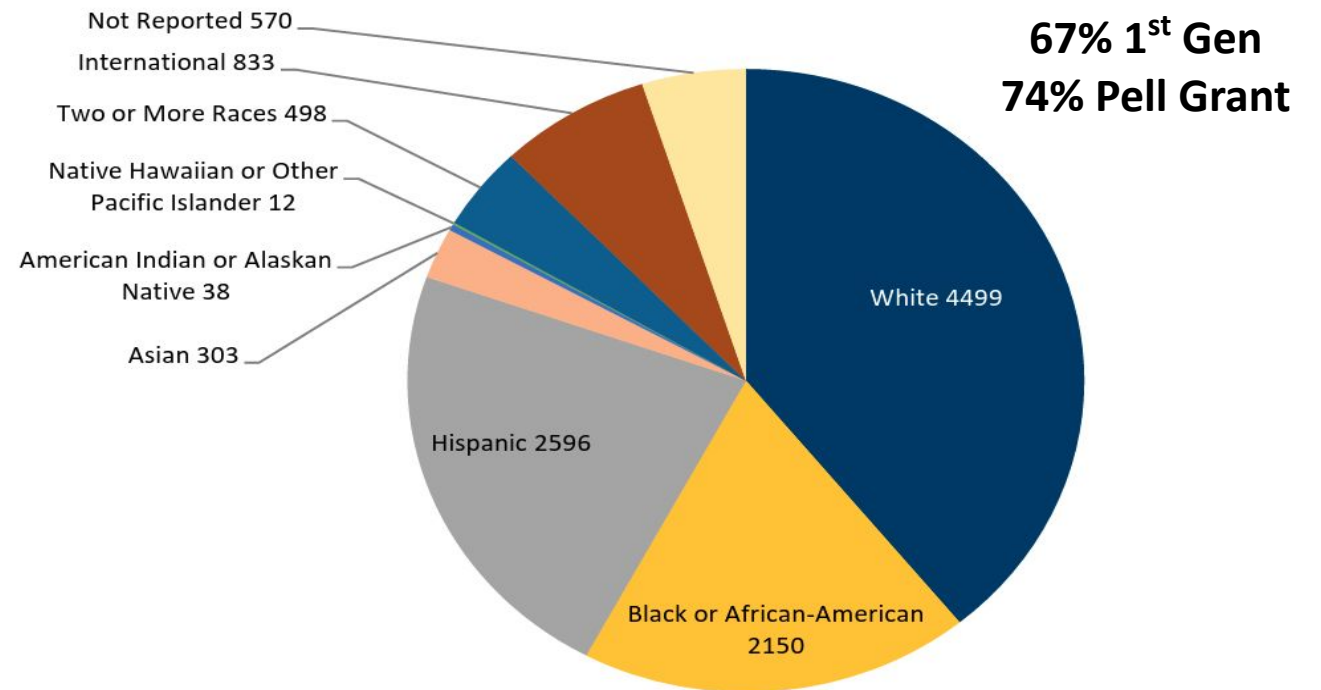


Yensina Reese
Student Disability Services
Case Manager

East Texas A&M University

- Located in Commerce, Texas ~80 miles east of Dallas
- Locations:
 - Commerce
 - Dallas
 - Corsicana
 - Mesquite
 - Collin County
 - RELLIS in Bryan
- Over 11,500 students
- 3rd largest A&M System school

Fall 2023 Student Demographics



Learning Outcomes

Attendees will:

1. Understand the Importance of Collaboration Between Departments
2. Learn the Function and Benefits of Specific Forms
 - a. Coordination of Care Release of Information form
 - b. Declaration of Disability Form
3. Learn the importance of advocating for Collaborative Practices Across Campus Departments



On Campus Departments

- SDS partners with campus resources such as:
 - Athletics
 - Student Advocacy and Support
 - Counseling Center
 - Student Health Services
 - Community Psychology Clinic
 - On campus Dietitian



Campus Roles in Relation to SDS

- Student Advocacy and Support
 - Assists students through case management, resource referral, and faculty/staff consultations
- Athletics:
 - Refers student athletes to SDS for wide array of injuries/disabilities
 - SWAG team
- Counseling Center:
 - Free on campus therapeutic and crisis services
 - Medication management
 - Can provide documentation of mental health diagnostic impressions



Campus Roles in Relation to SDS

- Student Health Services:
 - Free on campus health clinic
 - Can provide documentation of injuries and temporary disabilities
- Community Psychology Clinic:
 - Free on campus psychological testing and psychotherapy
 - Works with SDS on waitlist
- On campus dietitian:
 - Individual nutrition counseling, workshops, and cooking demos



Coordination of Care

- Purpose of the Form
 - To allow campus departments to share identifying material regarding a student's care
 - Student selects which departments and what information can be shared
 - If student consents, then departments share only information relevant to student safety and care



Coordination of Care

- Obtaining a Coordination of Care:
 - Student is provided form in meeting with staff member
 - Staff explains the form and purpose
 - Staff explains that confidentiality will be maintained and only information pertinent to the student's safety/care will be shared
- After Form is Completed:
 - Stored in a shared drive and emailed to necessary departments
 - Collaborate effectively while still protecting confidentiality





Coordination of Care Release of Information Form

The care coordination among key departments is essential for safe and effective care for students. To share identifying personal or confidential information regarding your care, please complete applicable sections of this document and include your signature for releasing information, as appropriate. Please note that you are not required to sign this form to receive services on campus, and your services will not be affected.

***This form is for inter-departmental communication only and does not necessitate follow-up with the student.**

Student Information

Student Name: _____ Date of Birth: _____

(First, Middle, Last)

Student/CWID: _____ Phone Number: _____ Mobile Home Work

Referral Reason (coordination of care reasons; other significant information affecting physical or mental health):

Recent self-injurious behaviors Recent suicidal thoughts Recent thoughts of physically harming others

Other: _____

Enter your initial next to all departments with which you'd like the information to be exchanged:

- _____ Community Psychology Clinic; Dr. Shauna Richards (Phone: 903-886-5660)
- _____ Counseling Center (Phone: 903-886-5145; Fax: 903-468-3118)
- _____ Senior Registered Dietitian; Kara Nemethy, RD, LD (Phone: 903-468-3195; Kara.Nemethy@tamuc.edu)
- _____ Sports Medicine; Brian White & Athletic Trainers (Phone: 903-468-3193; Fax: 903-468-8679)
- _____ Student Advocacy & Support (Phone: 903-886-5736; CARE@tamuc.edu)
- _____ Student Disability Services (Phone: 903-886-5150; Fax: 903-468-8148)
- _____ Student Health Services (Phone: 903-886-5853; Fax: 903-886-5854)

Enter your initial to indicate the type(s) of information to be disclosed (mark all that apply):

- _____ Schedule an appointment on behalf of the student during their presence
- _____ Verify appointment(s) scheduled
- _____ Verify appointment(s) attended
- _____ Release and/or discuss psychological evaluation report
- _____ Exchange relevant information to maintain the student's safety
- _____ Exchange relevant information for coordination of care

Authorization Period & Expiration Date

You may revoke this consent *in writing* at any time, except to the extent that information has already been released.

This consent expires automatically in one of the following designated periods starting from the date signed below (enter your initial, mark one only):

_____ One week; _____ One month; _____ Current semester; _____ Current academic year

Student Signature

Date Signed

Referral Staff/Witness Signature

Date Signed

Signature of Legal representative*

Representative's Relationship to Student

*To be used in special circumstances which necessitate signature other than the student's signature. When the student is under the age of 18, this signature AND the student's signature are required.
Revised 12/18/2024

Coordination of Care



Case Studies

How would you use the coordination of care form to facilitate collaboration and support for the student?



Case Study 1



Case Study 2

Declaration of Disability

- Purpose:
 - Minimize barriers created by documentation requirements
 - Provides temporary documentation for those who do not have formal disability documentation
 - Allows SDS to implement temporary accommodations and provide necessary campus referrals for additional documentation





Disability Declaration

To be completed after initial application

First & Last Name: _____

CWID: _____

1. Do you attest that you have a disability or health condition and want to request accommodations?

Yes

No

If yes, state your disability/health condition(s):

I am not sure (if you choose this, please add notes in section provided below)

Additional Note or Comment:

2. If you do not have documentation, have you experienced barriers getting evaluated for your disability or health condition and why?

Moved and experiencing challenges to get evaluated/re-evaluated.

Your disability is physical and apparent and you do not think documentation is needed.

Other (if you choose this, you must explain in the Additional Note section. For example, you may not have health insurance)

My Community Psychology Center Appointment is scheduled for: _____

Culture/family not supportive of getting evaluated for a possible diagnosis.

Additional Note or Comment:

3. Have you been evaluated or diagnosed in the past yet do NOT have access to one of the following (leave blank if you have never been evaluated):

Medical/Clinical documentation.

Former IEP/504/College Accommodation plan. (Please give name of school and approximate year and in many cases, we can assist you in retrieving it): _____

4. When is your scheduled appointment to obtain additional documentation from a health care provider?

I understand that as a result of completing this form I may receive temporary accommodations through the Office of Student Disability Services. These accommodations expire on _____ (120 days after initiation).

Student Signature

Date

Declaration of Disability



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Case Study 3



How could you use the declaration of disability and coordination of care form to facilitate collaboration and support for the student while awaiting a formal evaluation?



What do you perceive as the role of your department in supporting students with disabilities?



Advocating for Campus Collaboration

- Disability services offices should not only facilitate access but also provide guidance and support
- Advocating for collaborative practices is crucial for creating a supportive campus culture for students with disabilities
- Every department plays an essential role in student success and inclusion



What collaborative experiences have you had on your campus?

Share one actionable step you can take to advocate for more collaborative and student-centered practices in your department.



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Questions?



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Resources

Coordination of Care



Declaration of Disability



Contact Us!

Studentdisabilityservices@tamuc.edu



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UNIVERSITY



Coordination of Care Release of Information Form

The care coordination among key departments is essential for safe and effective care for students. To share identifying personal or confidential information regarding your care, please complete applicable sections of this document and include your signature for releasing information, as appropriate. Please note that you are not required to sign this form to receive services on campus, and your services will not be affected.

***This form is for inter-departmental communication only and does not necessitate follow-up with the student.**

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This consent expires automatically in one of the following designated periods starting from the date signed below (**enter your initial**, mark one only):

_____ One week; _____ One month; _____ Current semester; _____ Current academic year

Student Signature

Date Signed

Referral Staff/Witness Signature

Date Signed

Signature of Legal representative*

Representative's Relationship to Student

*To be used in special circumstances which necessitate signature other than the student's signature. When the student is under the age of 18, this signature AND the student's signature are required.

When and How to Use Coordination of Care Release of Information Form

The Coordination of Care Release of Information Form allows the sharing of a student's health and/or behavioral health information in special circumstances with on-campus services including the Community Psychology Clinic, Counseling Center, Nutrition from Campus Recreation, Sports Medicine, Student Advocacy & Support, Student Disability Services, and Student Health Services.

These special circumstances typically arise when a student may be at high-risk or experiencing thoughts of self-harm or harm of others. Using this form may help:

- Facilitate communication and coordinate care across multiple departments
- Ensure a smooth transition between on-campus services and prevent disruptions in care
- Expedite the provision of appropriate services by exchanging critical information
- Support and advocate for students during stressful times
- Ensure the safety and well-being of the student

****Important Note:**

- The purpose of the referral form is to enhance communication between or among different departments and is not designed for direct communication with the student.
- Only the departments and/or staff member(s) specified on the Coordination of Care Release of Information form are authorized to access and share the information students wish to disclose.
- Information shared beyond the originally listed staff should adhere to your respective department's established policies and procedures.

Use this form in three easy steps:

1. **Complete** the Coordination of Care Release of Information Form
2. **Transmit** the form electronically via fax or the shared drive (protect doc with a password)
 - If using the shared drive, **email** document password to the receiving department
3. **Notify** the receiving department that the form has been sent and via what method.



Revocation of Authorization for Coordination of Care Release of Information Form

On _____, I, _____
(Date: MM/DD/YY) (Full Name)

signed an Authorization to Release Information to (check all that apply):

- Community Psychology Clinic; Dr. Shauna Richards (Phone: 903-886-5660)
- Counseling Center (Phone: 903-886-5145; Fax: 903-468-3118)
- Senior Registered Dietitian; Kara Nemethy, RD, LD (Phone: 903-468-3195; Kara.Nemethy@tamuc.edu)
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- Student Disability Services (Phone: 903-886-5150; Fax: 903-468-8148)
- Student Health Services (Phone: 903-886-5853; Fax: 903-886-5854)

I hereby revoke such Authorization effective immediately.

I understand that this revocation of my authorization will only apply to further disclosure regarding my personal or confidential information and cannot cancel actions or disclosures made before receiving this written notice of my revocation.

In addition, I understand that information will no longer be exchanged between/among the above departments unless I complete and sign another Release of Information form.

This revocation of authorization must be signed and dated below by the student to be valid.

Student Signature

Date Signed

Staff/Witness Signature

Date Signed

Signature of Legal representative*

Representative's Relationship to Student

*To be used in special circumstances which necessitate signature other than the student's signature. When the student is under the age of 18, this signature AND the student's signature are required.



Disability Declaration

To be completed after initial application

First & Last Name: _____

CWID: _____

1. Do you attest that you have a disability or health condition and want to request accommodations?

Yes

No

If yes, state your disability/health condition(s):

I am not sure (if you choose this, please add notes in section provided below)

Additional Note or Comment:

2. If you do not have documentation, have you experienced barriers getting evaluated for your disability or health condition and why?

Moved and experiencing challenges to get evaluated/re-evaluated.

Your disability is physical and apparent and you do not think documentation is needed.

Other (if you choose this, you must explain in the Additional Note section. For example, you may not have health insurance)

My Community Psychology Center Appointment is scheduled for: _____

Culture/family not supportive of getting evaluated for a possible diagnosis.

Additional Note or Comment:

3. Have you been evaluated or diagnosed in the past yet do NOT have access to one of the following (leave blank if you have never been evaluated):

Medical/Clinical documentation.

Former IEP/504/College Accommodation plan. (Please give name of school and approximate year and in many cases, we can assist you in retrieving it): _____

4. When is your scheduled appointment to obtain additional documentation from a health care provider?

I understand that as a result of completing this form I may receive temporary accommodations through the Office of Student Disability Services. These accommodations expire on _____ (120 days after initiation).

Student Signature

Date

Case Study 1

Tim is a first-generation college student in his freshman year. Tim is a music major with an extremely demanding schedule. Tim has Type 1 Diabetes requiring a glucose monitoring device and insulin pump. The student's Dad recently lost his job and health insurance plan that he relied on. He has been rationing his remaining insulin which has led to hospital visits and multiple class absences. The student is not registered with SDS but came into the office after a professor informed him that continued absences will lead to him being dropped from the course.

While discussing his concerns with SDS, Tim revealed that he is experiencing difficulties adjusting to the transition to college and monitoring what he eats. The student stated his mom would advise him on what to eat and, without that guidance, he has been eating whatever he wants in the café. The student also revealed that with the stress of school and financial hardship, he has been experiencing feelings of hopelessness and expressed feeling like a burden. Student stated he does not have a plan for suicide but considers it from time to time.

Discuss with your group:

How would you use the coordination of care form to facilitate collaboration and support for the student?

Case Study 2

Sam is a student athlete in her second year at ETAMU. Sam is a pre nursing major and must maintain an above 3.5 GPA to be accepted into nursing school. Sam was referred to SDS by a professor concerned with her recent absences. Sam reveals to SDS that she had to miss 2-3 weeks of class due to dad being on life support. Sam stated that since being back she feels as if she is going through the motions and excessively worries at all hours. Sam also disclosed she was recently assaulted in her Dorm room which has left her on edge and unable to sleep. Sam knows she is experiencing mental health concerns but has never sought help or received a formal diagnosis. Sam revealed that her coaches have confronted her on the decline of her athletic and academic performance informing her that if she does not improve she could be cut from the team. The student states that the stress from academics, athletics, and life circumstances have caused her to isolate herself from her friends and her support system. Sam knows she needs assistance to continue at ETAMU but doesn't know where to start.

Discuss with your group:

How would you use the coordination of care form to facilitate collaboration and support for the student?

Case Study 3

Lacy is a non-traditional student in her first semester at ETAMU. Lacy stated on her SDS application that she was diagnosed with Dyslexia in third grade and received accommodations throughout elementary, middle, and high school. The student stated on her questionnaire that she graduated in 1989 and the school no longer has copies of her original accommodation plan. While discussing documentation with SDS staff, Lacy also states she has been going through financial difficulties that have negatively impacted her mental health. Lacy expressed feeling hopeless and that she excessively worries about things outside of her control. Lacy does not see a medical provider or counselor for her Dyslexia or mental health concerns and has not had an evaluation since 3rd grade.

Discuss with your group:

How could you use the declaration of disability and coordination of care form to facilitate collaboration and support for the student while awaiting a formal evaluation?