



Surf and Turf: Riding the Waves of a Merger Between Student Health and Counseling Services

New England College Health Association
New York State College Health Association
2013 Annual Meeting

Program Outline



- Program Overview
 - Audience Poll: pending integration, integrated, formerly integrated
- Panel – NYSCHA & NECHA members
- Benefits to integration
- Literature Review
- School Presentations
 - Describe school and center organizational model
 - Describe history of integration/merger
 - Barriers/Challenges – Strategic Approaches
- Q -n- A

Surf & Turf Panel Members



Presenter	School
Keith Anderson, PhD	Rensselaer Polytechnic Institute
Kathleen Camelo, MD	SUNY Plattsburgh
Melinda Dubois, LMSW	SUNY Geneseo
Kevin Readdean, MEd	Rensselaer Polytechnic Institute
Anne Kearney, LCSW-R	Le Moyne College

Benefits to Integration



- Organizational complexity enriches outcomes at a staff and student level
- Comprehensive, holistic, and coordinated care
 - Medication management
 - Shared treatment planning for complex cases
 - Access to records – shared EMR, problem list
 - Coordinated outreach program
- Professional development of multidisciplinary team
 - In-services/ case conferences
 - Cross trained support staff
- Decrease stigma around mental health services
- Potential for financial savings

APA past-president Johnson, 2012



- Expanding psychology's role in advancing health is one of three components of APA's strategic plan. To reach this goal, psychology must become a bigger player in integrated care.
- The passage of the Patient Protection and Affordable Care Act has stimulated new approaches to health care that are patient-centered, rather than provider-centered. Such approaches attempt to address all of a patient's needs — both medical and psychological — through the efforts of an interdisciplinary health-care team committed to an integrated care model.

A call to action



- More than 20 health-care and consumer groups have joined an APA-led coalition, the Health Care for the Whole Person Collaborative, to call for integrating physical and mental health care in the nation's health systems. The collaborative is an outcome of the integrated health-care initiative of APA President Ronald F. Levant, EdD. (2005)
- "All of these groups understand that a person is not divided the way health care is divided," said psychologist Margaret Heldring, PhD, chair of the collaborative, at a press conference during APA's 2005 Annual Convention

On the front lines of behavioral health care



- From the Director of a Health Center that now employs Psychologists:

“Among the program's most tangible benefits is that it has increased interactions and communication between medical and psychology personnel”

On the front lines of behavioral health care



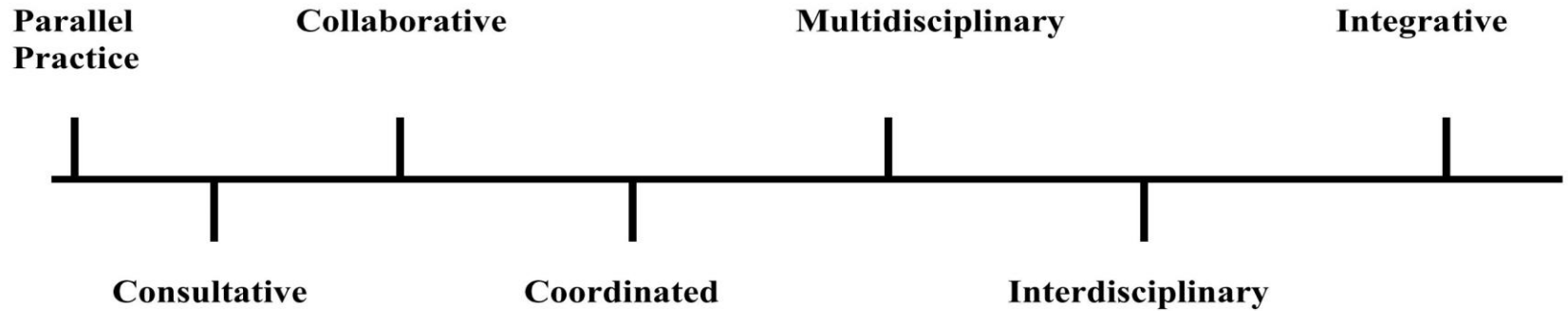
- “They have grown to understand each other better, and there's a great recognition on both parts that to meet the needs of our patients they need to work closely together.”
 - ✦ APA Monitor, October 2013

ACHA White paper



- Survey of 92 integrated college health/counseling centers.
 - The majority of centers reported that staff communication, quality of clinical services, quality of programs, comprehensiveness of services and programs, client satisfaction, utilization of services, efficiency of administrative processes, and ability to meet the needs of students had “distinctly improved” or “improved” after the integration.

A Continuum of Team Health Care Practice Models



Philosophy

- emphasis on whole person, diversity of health care philosophies, & # of determinants of health considered **increase** →
- reliance on the biomedical scientific model **decreases** →

Structure

- complexity **increases** →
- reliance on hierarchy and clearly defined roles **decreases** →

Process

- communication, # of participants involved, individualization, synergy & the importance of consensus **increase** →
- practitioner autonomy **decreases** →

Outcomes

- complexity and diversity of outcomes **increase** →

Literature Review



- 1) Merger 1980: The organizational integration of college mental health services. (Foster, T., 1982, JACHA)
- 2) An Outcome Survey of Mergers Between University Student Counseling Centers and Student Health Mental Health Services. (Federman, R., & Emmerling, D., 1997, JCSP)
- 3) Integrated Care in College Health: A Case Study. (Tucker, C., Sloan, S. K., Vance, M. & Brownson, C., 2008, JCC)
- 4) The need for integrating behavioral care in a college health center. (Alschuler, K., Hoodin, F., & Byrd, M., 2008, *Health Psychology*)
- 5) Developing an Integrated Primary Care Practice: Strategies, Techniques, and a Case Illustration. (Walker, B., & Collins, C., March, 2009, JCP)
- 6) Considerations for Integration of Counseling and Health Services on College and University Campuses. (American College Health Association, 2010)

SUNY Plattsburgh Center for Student Health and Psychological Services



Mission



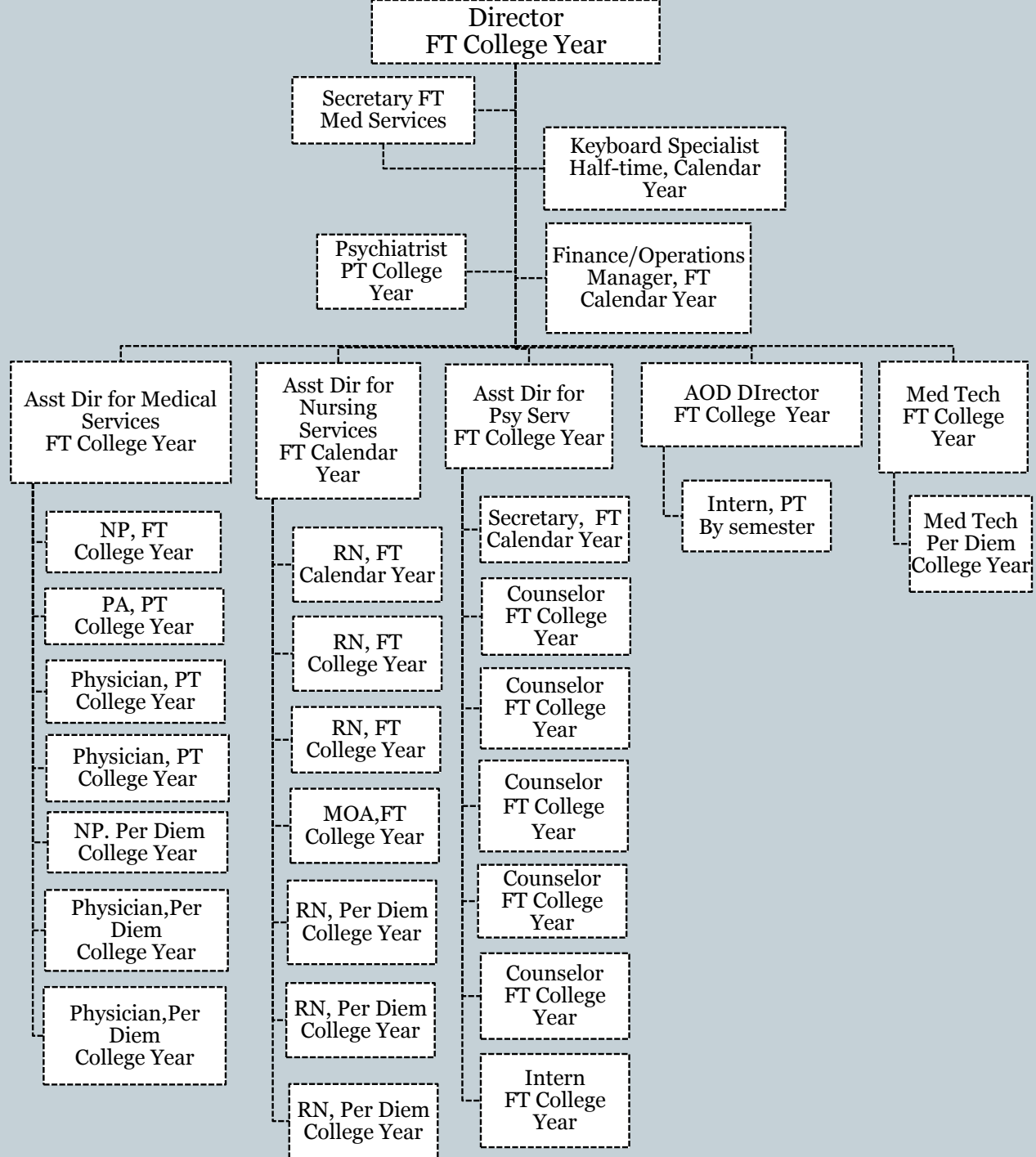
- To provide students with quality individualized care
- To promote the physical and psychological health of our diverse college community through direct services and resources that encourage healthy decision-making



SUNY Plattsburgh



- 4 year, public comprehensive college
- Academics
 - Arts & Science
 - School of Business and Economics
 - Education, Health and Human Services
- Undergrads 5822
- Grads 528
- Male 45%
- Female 55%
- On Campus 2600



History of Integration



- 2001 Medical Services combined with Counseling Services
- Kathleen Camelo, M.D., appointed as Director of Center for Student Health and Psychological Services
- Facilities were updated to include a separate waiting room for Psychological Services (previously there was not a designated waiting area).
- Staff changes:
 - Assistant Director for Medical Services
 - Assistant Director for Psychological Services

Accreditation



- Accredited through Accreditation Association for Ambulatory Health Centers (AAAHC)
 - Initial three year accreditation received 2010
 - Three year re-accreditation received 2013

- Accredited through the International Association of Counseling Services
 - Initial accreditation received 2008
 - Re-accreditation results for 2014 have not been received to date

Challenges



- Sharing confidential information
- Work to eliminate the sense of devaluation of mental health services in comparison to medical services
- Assure medical and mental health providers that the college administration is informed of financial, staffing and facility needs for the entire Center

Strategic Initiatives



- The Center became HIPAA compliant developing policies and procedures
- TPO forms cover services for both medical and counseling services
- Implementation of electronic scheduling software used by both medical, counseling and AOD services
- Created a management team consisting of the Director, the Assistant Directors, Head of Nursing, AOD Coordinator and the Finance & Operations Manager. The team meets on a weekly basis.
- Joint staff meetings on a monthly basis
- Strategic planning meetings at the end of each semester

Strategic Initiatives



- Counselors clinical meeting is open to medical providers to discuss mutual patients
- In-services are offered to the entire staff each semester. Topics include both medical and psychological issues.
- The Director attends professional meetings in both health and counseling disciplines
- Encourage and provide financial support for continuing education for all staff members
- Maintain accurate statistics on utilization of services and share with administration
- Encouraged accreditation of the entire Center

SUNY Geneseo



- 5000 undergrads 300 grads
- 4 year traditional age
- 3000 students are residential
- Merged in 2001 – Health on first floor/Counseling on second
- Shared budget
- Shared EMR
- Separate waiting rooms
- AOD and Health Promo

Mission

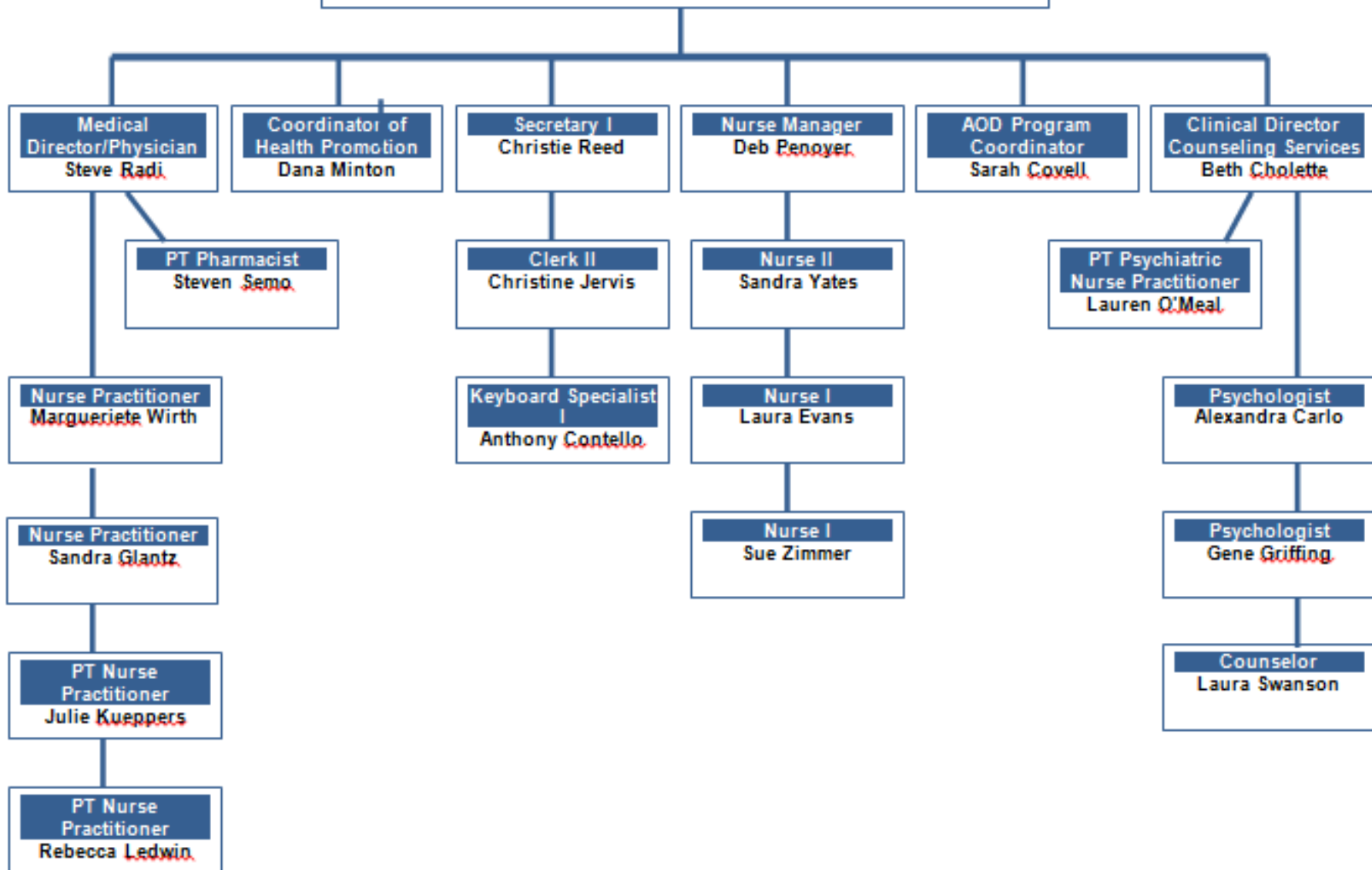


- Provide high quality, integrated, holistic health and counseling services
- Empower students to become active participants in their own healthcare
- Promote students optimal health, well-being and development
- Accredited by AAAHC



Lauderdale Center for Student Health and Counseling

Administrative Director of Health & Counseling
Melinda DuBois, LMSW



Challenges....



- All have access to EMR
- Separate Policies
- Communication
- Patients vs. Clients vs. Students – orientation to care
- Psychiatric Services – who does what?
- Competing for Limited Resources
- Different Schedules
- Floor that separates us
- Outreach/Prevention mission

Strategic Approaches...



- Rotating Monthly Staff Meetings
- One secretary
- “Governing Body” – Management Team
- Shared Crisis Management/i.e. panic disorder
- Healthy Bodies Healthy Minds
- Exercise as Medicine
- Shared EMR – Problem List/Schedule
- Health Hub
- QA Studies
- College Health Symposium



Welcome to Rensselaer Polytechnic Institute

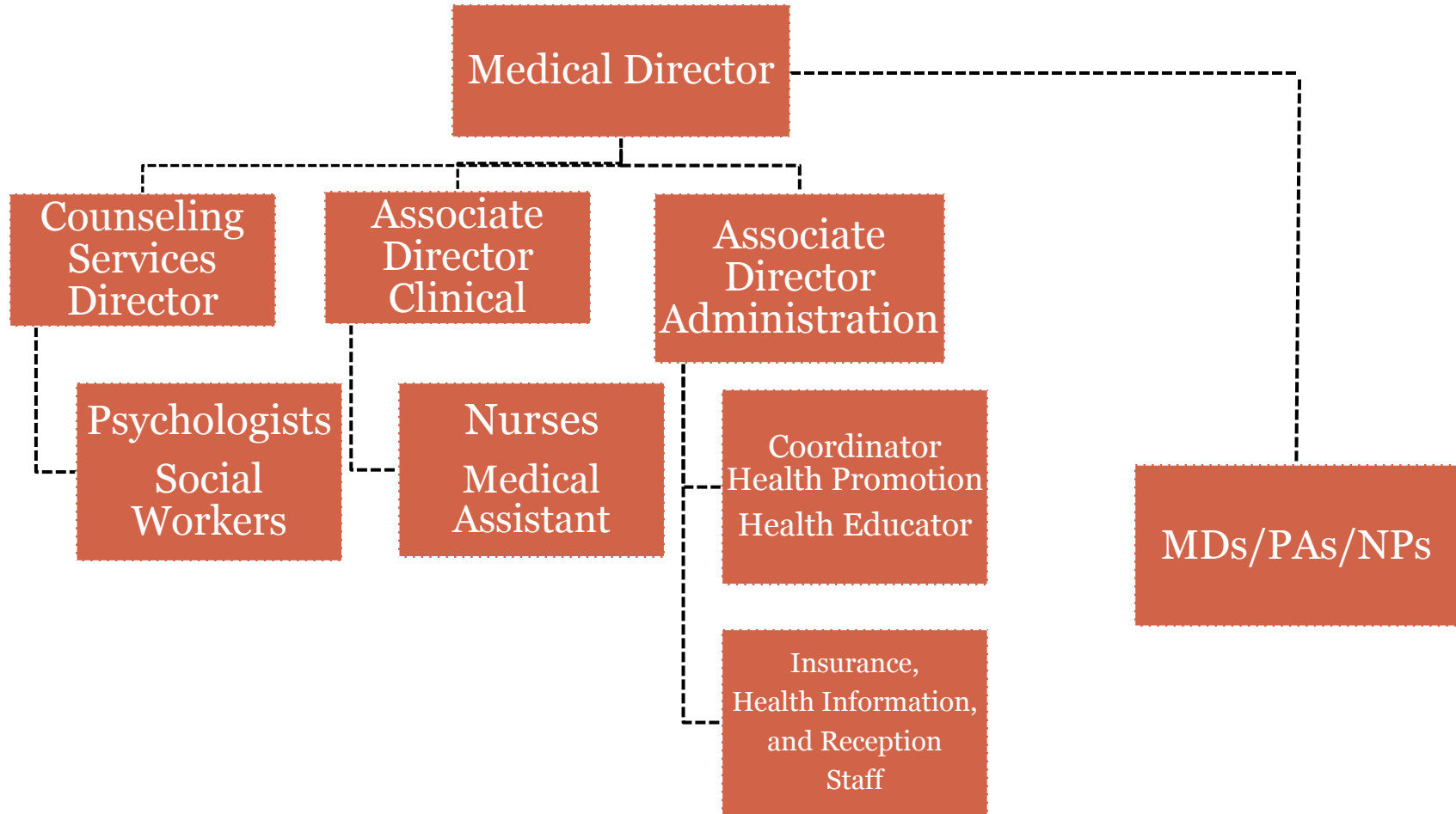


About RPI



- **Private Research Institution**
- **Academic mission**
 - Engineering
 - Science/Math
 - Computer Science
- **Student Population**
 - 5,379 undergraduates
 - 1237 graduate
 - 70.5% male, 29.5% female

RPI Student Health Center



Counseling Center Integration



- 1994 Counseling Center financially integrated with Student Health Center
 - Budget comes out of SHC
 - Minimal staff interaction
 - ✦ Medical Director prescribes some psychotropic medications
 - Offices are in different buildings
 - ✦ Counseling Center housed in Student Union sharing suite with Chaplin and other clergy
 - ✦ SHC located in college infirmary

Increased Integration



- 1995 Student Health Center closes 24 hour infirmary
 - Space available in Health Center
 - ✦ Desire for greater integration and more space
 - ✦ 1996 Counseling Center moves to Health Center building
 - Shares entrance with SHC, separate reception, files and waiting area
 - ✦ Common staff meetings are rare, but case conferences more common

Complete integration



- 2003 Health and Counseling Center moves to a new office when Infirmary torn down for new construction
 - Shares entrance, separate reception and waiting area.
 - Files eventually changed to EMR with open access to all staff
 - ✦ Staff meetings fully integrated, with regular case conferences
 - ✦ Development of Outreach Committee increases integration and programming efforts

Final Step – Spring 2011



- Increased need for space for both SHC and counseling center results in CC moving one floor above SHC
 - Easy private stairwell access for referrals
 - Staff meetings/case conferences continue
 - Counseling Center has close proximity to other relevant Student Affairs offices

Ten Years Later...



Challenges

- Cross training
- Equality in funding and events
- Scheduling/Patient Load
- Referrals/Tracking
- On-line appointments
- 2 Floors

Strategic Approaches

- Performance expectations
- Awareness
- Communication
- Chip away at staff concerns
- Encourage interaction

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*



Wellness Center
for Health and Counseling

Our Mission



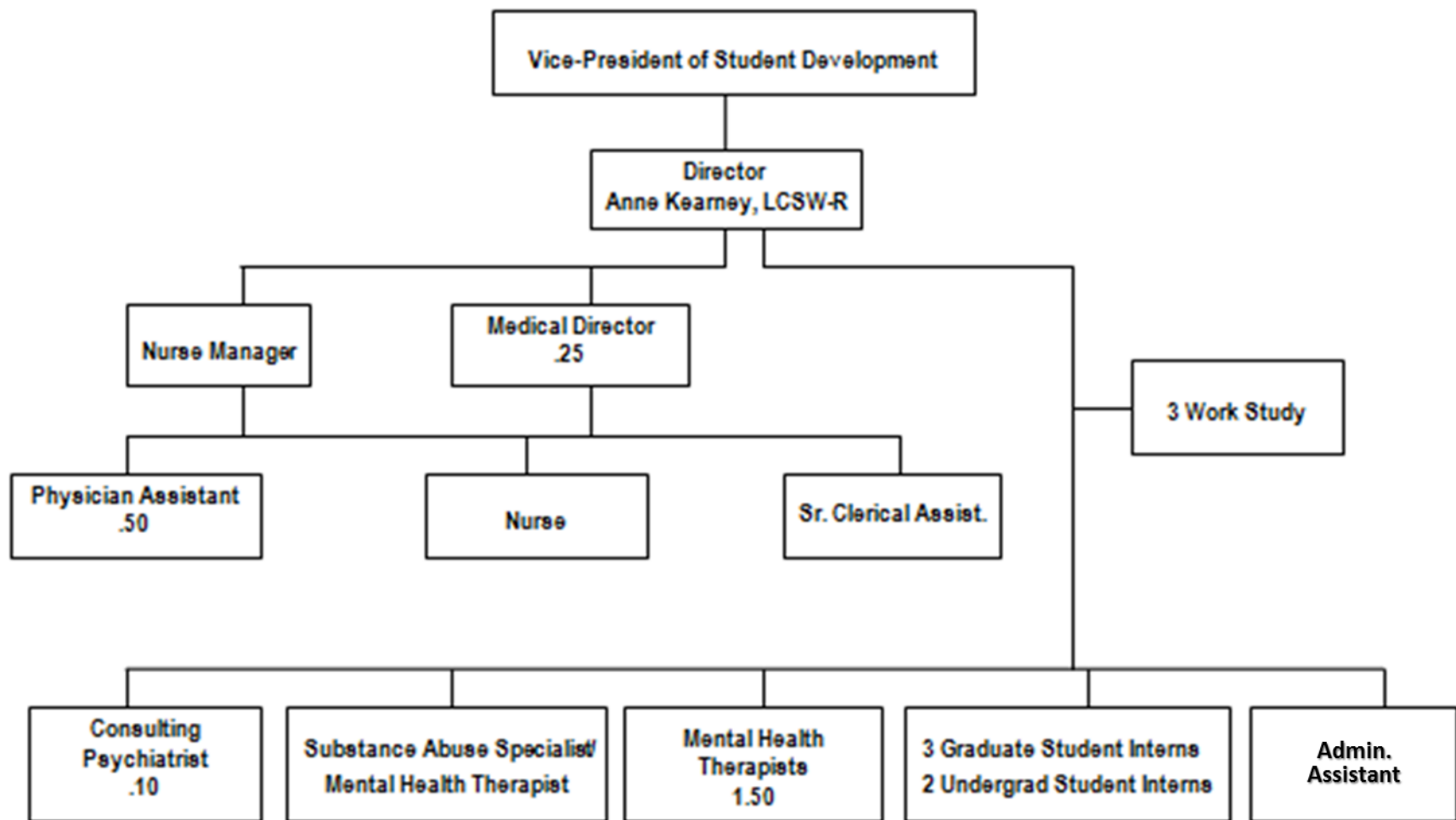
The primary mission of the Wellness Center for Health and Counseling at Le Moyne College is to enhance the educational experience by promoting wellness of mind-body-spirit and to empower students within the College community to make informed and intentional choices regarding their overall health and well-being. We provide exceptional care to the whole student through an integrated model of service delivery.

Le Moyne College



- Private Jesuit (Catholic) Liberal Arts College
- 3,400 students: 2800 Undergraduates, 600 Graduate
- Graduate/professional schools: PA, MBA, Education, Nursing
- Suburban, primarily residential college

WELLNESS CENTER FOR HEALTH and COUNSELING



Our Integration



- We integrated the Health and Counseling services in Fall 2009 with a Clinical Social Worker (MSW) as administrative director
- Impetus was retirement of Health Services director
- We are housed in 2 separate offices, but in adjacent buildings that are 30 feet apart
- Implemented Electronic Health Record in Fall 2011 (Point-n-Click) semi-open chart

Our Challenges



- Professional Identity – how does this change who we are? Who are we now? Are we losing something, or gaining?
- Since a MH person was/is the director, fear about whether the health center “has a voice at the table.” (on the student development leadership team)
- A tendency for both sides to “de-carte” i.e. dualism: you are the body/health and we are the mind/mental health. We “send them over” vs. “no wrong door” idea.
- Difficulty in implementing additional screenings (in the health office DV, depression, etc.) due to higher demand/less staff and the pressure to shorten the visit.

Other challenges/fears



- Do we see the other as marginal or integral to the mission of the college? What will happen to our *integrity* if we merge? Will we lose our status as an integral part of the mission?
- **Ex. IACCS:** “...for example, if the counseling center and health center were merged, the newly-formed entity must permit the counseling center's efforts to continue to be an integral part of the institution's educational mission, rather than be seen as primarily an ancillary clinical operation housed in a hospital or medical environment.”
- Is purpose for merger for counseling staff to “help” health staff by providing MH services in a health clinic? Or... will the 2 disciplines truly be co-collaborators in serving students wellbeing?
- We each have a unique *paradigm* of health and healing. What happens if we integrate? Can we hold our professional identity if we merge? What about our paradigm? Our identity? Could there develop a new and more complex paradigm? Can we be open to this?

Strategic Initiatives



- Co-create our new name and mission statement
- All-staff retreat at the start of each semester (1/2 day with food!)
- Annual goals with combined work teams (tobacco free, etc.)
- Cross training our support staff and work study students
- Beginning formulation of a joint wellness assessment tool
- Case conference - case staffing weekly - common readings
- Collaborate on Facebook, Twitter, etc. and participating in community races, walks, etc.
- Collaborate on conference programs ex. Eating Disorders & Integrated Care
- EHR combined trainings for Point-n-Click
- Informal lunch gatherings

******Allowing and normalizing conflict******

Holistic Caring for the Wellbeing of our Students



- Our common ground is compassionate care of our students, health & wellness promotion, and having a strengths and empowerment based approach with our students *and* our work together.
- We are open to learn about the evolving science of mind/body/spirit.