

Integrating Behavioral Health Services into the Primary Care Student Health Center: Innovative Staffing Models

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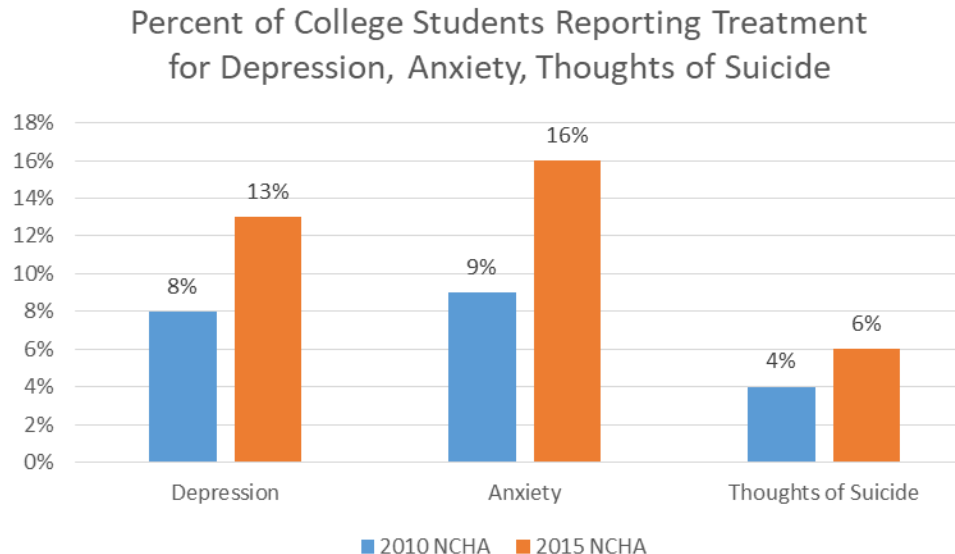


Overview

- College Student Mental Health Crisis
- Barriers to Access
 - The sky really is falling
- Crises call for bold breakthroughs
 - Integrating behavioral health into primary care is a bold solution
- New standard of care for college health
 - You can integrate behavioral health into your practice

College Student Mental Health

- High prevalence of mental and behavioral health issues among college population



- World Health Organization estimate the 12-month prevalence of mental illnesses among college students to be twenty percent (Auerbach, et al., 2016).

Barriers to Access

- Counseling centers can't keep up with demand.
 - The average growth in students seeking therapy at counseling centers grew by 30% between 2009 and 2015 (Center for Collegiate Mental Health, 2016).
- Some students will not seek specialty mental health services.
 - Asian, males, international, religious (Eisenberg, et al., 2009)
 - African American (Masuda, et al., 2012)

Bold Breakthroughs

- Triple Aim
 - Improving patient experience of care
 - Improving population health
 - Reducing costs
- Affordable Care Act
 - Medicaid, Medicare reforms - ACO
- 21st Century Cures Act
 - MH parity, encourages integration reform
- New York State
 - DSRIP Program, Value Based Payments – integrated primary care

Integrated Care Continuum

Various levels and types of connections between
Specialty Mental Health and ***Physical Health Services***

Coordinated

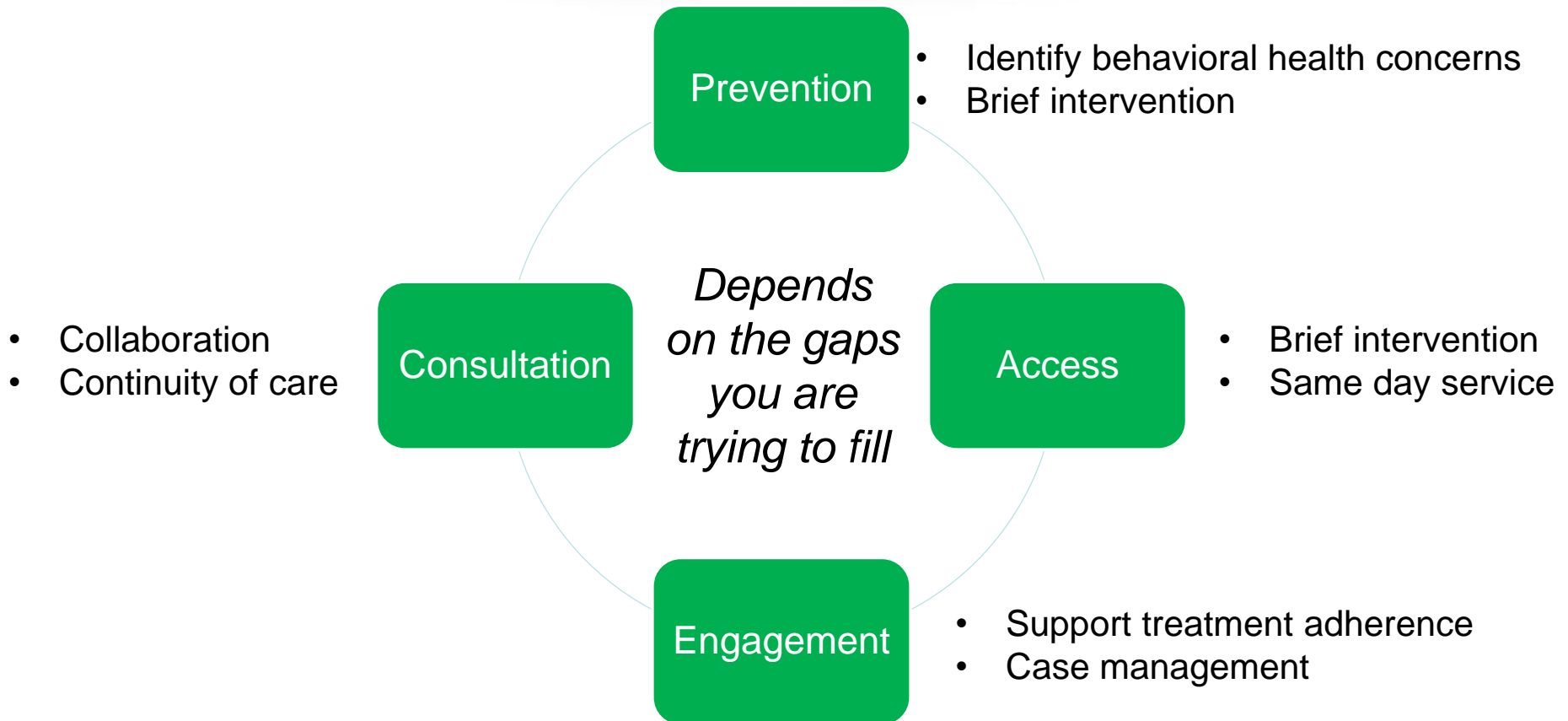
Co-located

Integrated

*Integrating behavioral health into primary care
can be done regardless of where the services are on this continuum*

Requires culture shift!

How Can Integrated Care Help?



Example #1

- Syracuse University
 - Private University, 21,970 total students
 - F/T undergraduate = 14,607
 - F/T graduate and law school = 4,546
 - P/T graduate and law school = 2,206
 - Health and Counseling Services – three independent but collaborating centers
 - University Health Service – primary care
 - Psychological Services Center – specialty MH for students and community, fee for service
 - Counseling Center – specialty MH for students
 - Gaps: Access, Consultation

Example #1

- Syracuse University's Integrated Behavioral Health Program
 - Objectives:
 - Improve detection/identification of depression, alcohol misuse, suicidal ideation, tobacco use, and insomnia
 - Provide brief treatment for subthreshold concerns or those unwilling to engage in specialty services
 - Help support engagement in specialty mental health
 - Provide same day access within primary care to behavioral health for patients
 - Provide onsite consultation and assistance to primary care staff

Example #2

- Rensselaer Polytechnic Institute Student Health Center
 - Private University; 7200 students
 - Co-located, integrated health and counseling center
- Gaps
 - Access
 - Engagement

Example #2

- RPI's Primary Care Behavioral Health Program
 - Triage Unit – nurse, counselor
- Objectives
 - Same or next day appointments
 - Warm-hand offs
 - On-line scheduling
 - Brief intervention
 - Case management

Small Group Discussion

- What are the high priorities in your clinic with respect to providing behavioral health services?
- Where are the gaps/growth areas?
 - Prevention Access
 - Consultation Engagement
- What are the system-level needs/barriers?
- What are the patient-level needs/barriers?

Syracuse University Integrated Behavioral Health Program

- Partnered with the Department of Psychology
 - Advanced psychology doctoral students serve as interns
 - Piloted program
 - Created 1 20-hour assistantship
 - Additional practicum location 6-8 hours per week
 - Licensed Psychologist and Onsite supervisor provides clinical supervision
- Implemented screening
 - Depression: PHQ-2, followed by PHQ-9
 - Alcohol misuse: AUDIT-C
 - Tobacco use
 - Insomnia

Syracuse University Integrated Behavioral Health Program

- Follow the **Primary Care Behavioral Health model** of service delivery (check out new special issue of J of Clinical Psychology in Medical Settings on PCBH if interested)
 - Serve as consultants to primary care team
 - Typically-appointments 15-30 minutes, no more than 6 for any 1 patient
 - Provide assessment, brief treatment, as well as help engage in specialty mental health services if necessary
- **Last Academic Year Data**
 - Interns Onsite 30 hours per week
 - Saw 287 Unique Patients, 517 appointments
 - ~35% International, 33-59% had no prior mental health treatment
 - ~35% initial visit on same day as primary care
 - Primary reasons for referral: Depression, Anxiety, Sleep, Behavioral Medicine

RPI's Primary Care Behavioral Health Program – work in progress

- Triage Counselor – recent hire
- Brief Assessments
 - 30 minute appointments
 - Risk and Referral
- Brief Interventions
 - Topics: stress/anxiety, sleep, resilience
- Consultation
- Case management

Conclusion

- The sky really is falling
- Integrating behavioral health into primary care is the breakthrough solution
- You can integrate behavioral health into your practice

Q – n – A

Additional Examples of Integrated Behavioral Health

- *University of Texas at Austin*
 - *Specialty Mental Health Providers go to health center for consultation*
- *Grinnell College*
 - *Mental Health Nurse, who conducts assessments, care coordination*
- *Many more*
 - *Benchmarking survey will be coming out later this year*

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