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
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?

- **Prevention**
  - Identify behavioral health concerns
  - Brief intervention

- **Consultation**
  - Depends on the gaps you are trying to fill

- **Access**
  - Brief intervention
  - Same day service

- **Engagement**
  - Support treatment adherence
  - Case management

- **Collaboration**
- Continuity of care
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
The sky really *is* falling

Integrating behavioral health into primary care is the breakthrough solution

You can integrate behavioral health into your practice
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


