



Rensselaer

Designing Primary Care Behavioral Health Services to Improve Access to Mental Health Care: *Student and Staff outcomes*

Kevin Readdean, Jamie Seastrand, Keith Anderson
Counseling Centers of NY Conference – June 2019

Overview

- Primary Care Behavioral Health (PCBH) model – history, literature, trends, college health survey
- PCBH at Rensselaer
 - Services before and after PCBH implementation
 - Access and satisfaction outcomes
 - Clinical outcomes
 - Trajectory of care
 - benefits for access and staff, students,
 - of co-location, improvements in collaboration, data on improved access to care, primary care provider satisfaction
- Present data on student outcomes (improvements in reported distress), review the trajectory of care from pcbh to long-term mental health services (aggregate data and case report)

Primary Care Behavioral Health (PCBH) Model

- Behavioral Health Clinician embedded in Primary Care
- Goal – Improve Primary Care Services
- GATHER
 - Generalist - full range of issues
 - Accessible - same day
 - Team-based - member of PCP team
 - High productivity - 10+ patients per day
 - Educator - behavioral interventions
 - Routine protocols - clinical

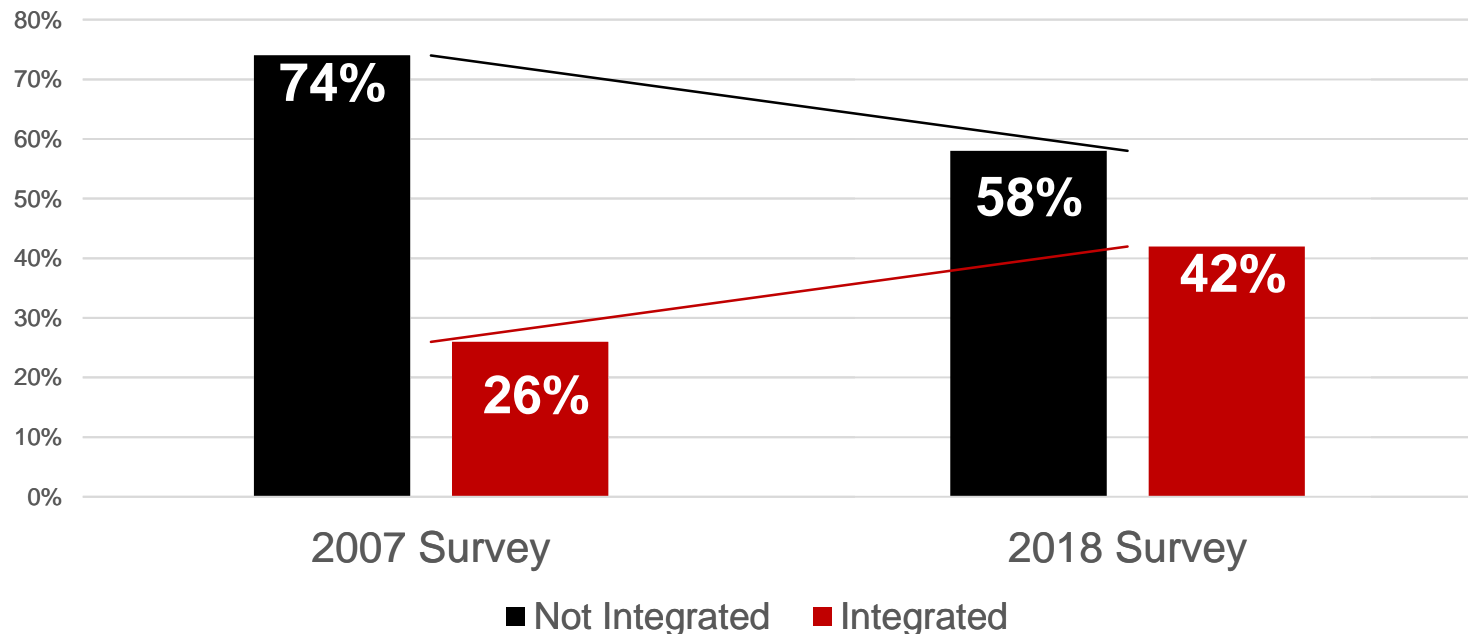
Primary Care Behavioral Health (PCBH) Model Research: Current State of the Science and a Call to Action (Hunter, et al., 2018)

- Patient Outcomes (satisfaction, symptoms, functioning)
- Provider Outcomes (satisfaction, burn-out, training)
- Implementation Outcomes (acceptability, adoption, cost, fidelity, reach)

College Health Integration Study – 2018

Readdean, K., Heuer, A., Hoban, M. & Parrott, J. S. (in press) Integrated Primary Care Behavioral Health Services in College Health: Results from a National Survey of Health Center Administrators

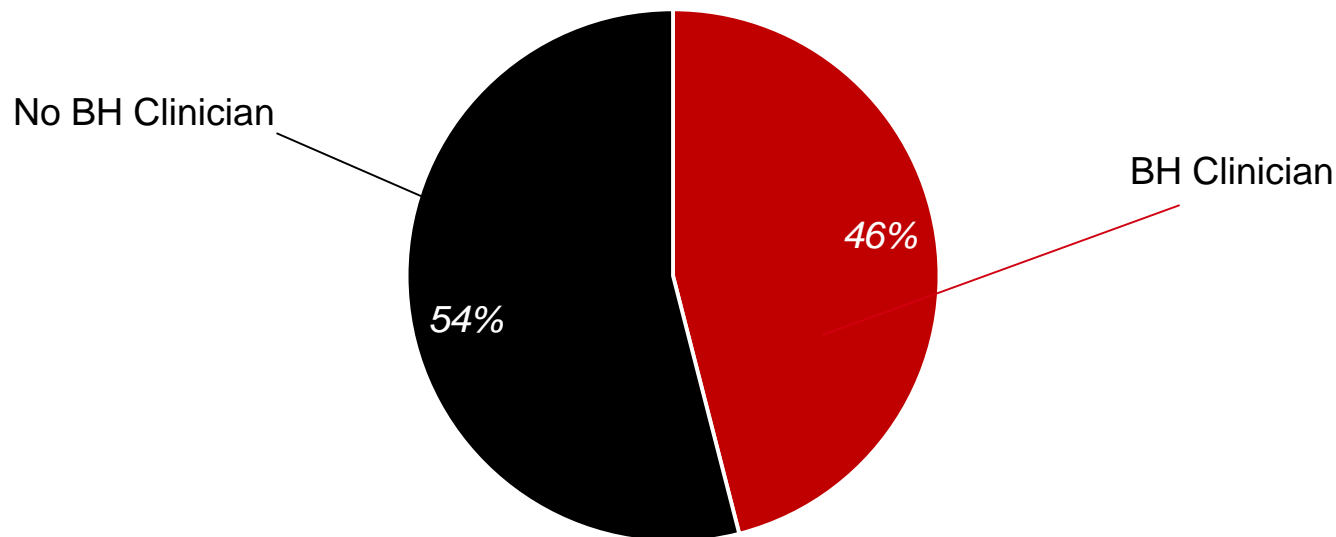
Non-Integrated vs Integrated Organizational Models 2007 to 2018



College Health Integration Study – 2018

Readdean, K., Heuer, A., Hoban, M. & Parrott, J. S. (in press) Integrated Primary Care Behavioral Health Services in College Health: Results from a National Survey of Health Center Administrators

*Percent of Non-Integrated Centers Reporting
BH Clinicians on Staff*



Interpretation: Almost half of non-integrated centers are employing a primary care behavioral health model (PCBH) in which a non-prescribing BH clinician is embedded within the primary care setting

UNIVERSITY-BHCS-L

*Listserv for Behavioral Health Clinicians (BHC) practicing in
Primary Care Student Health Centers*

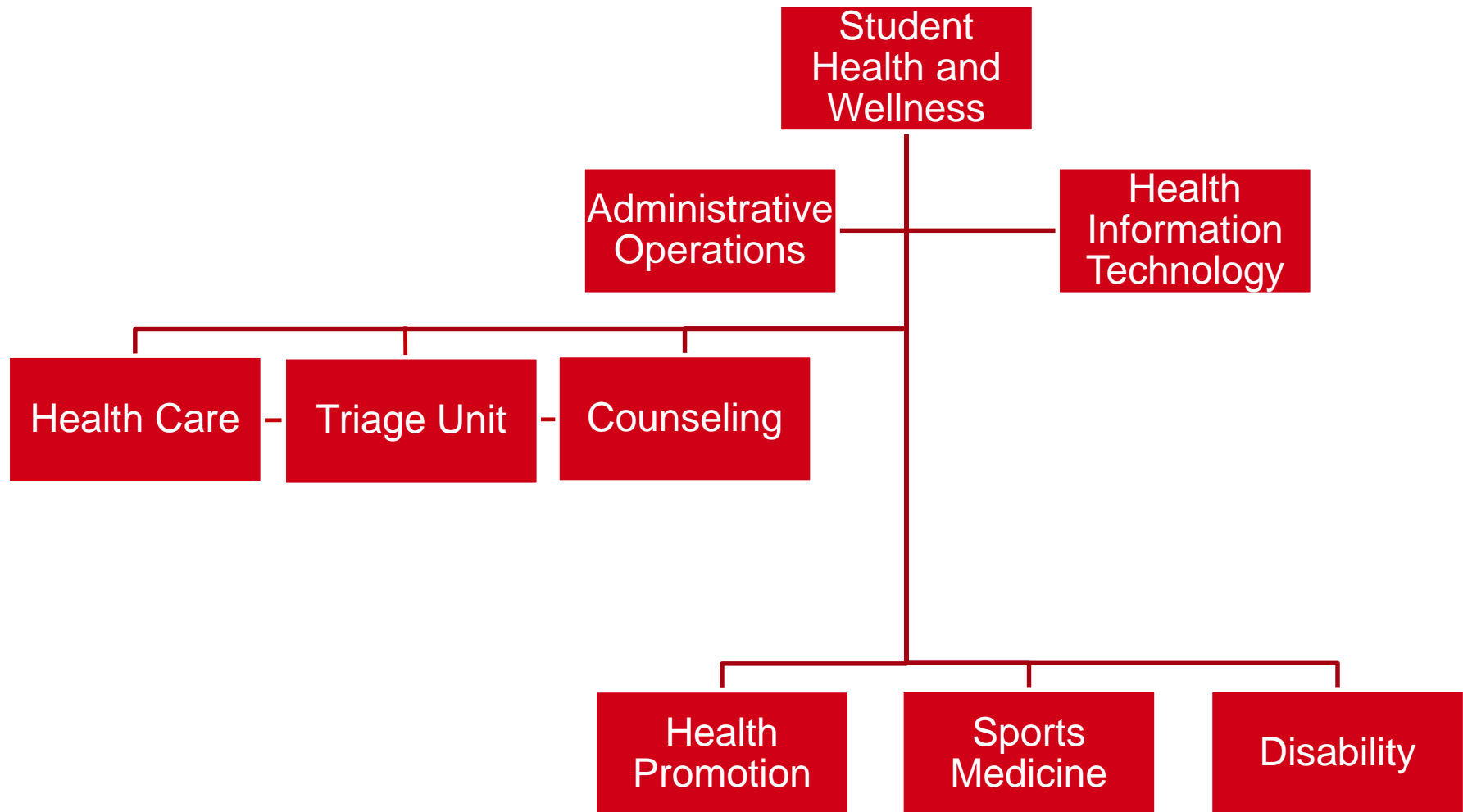
- Provide a forum where BHCs practicing within primary care student health centers on college and university campuses can share ideas, post resources, seek support and guidance, and engage in other networking endeavors related to their roles as a student health center BHCs.
- Elevate the emerging field of PCBH in college health through the connection of BHCs who currently lack a formal disciplinary association focused solely on PCBH in college health.
- Create opportunities to collaborate on PCBH quality improvement, benchmarking, and research efforts.

Primary Behavioral Health at Rensselaer

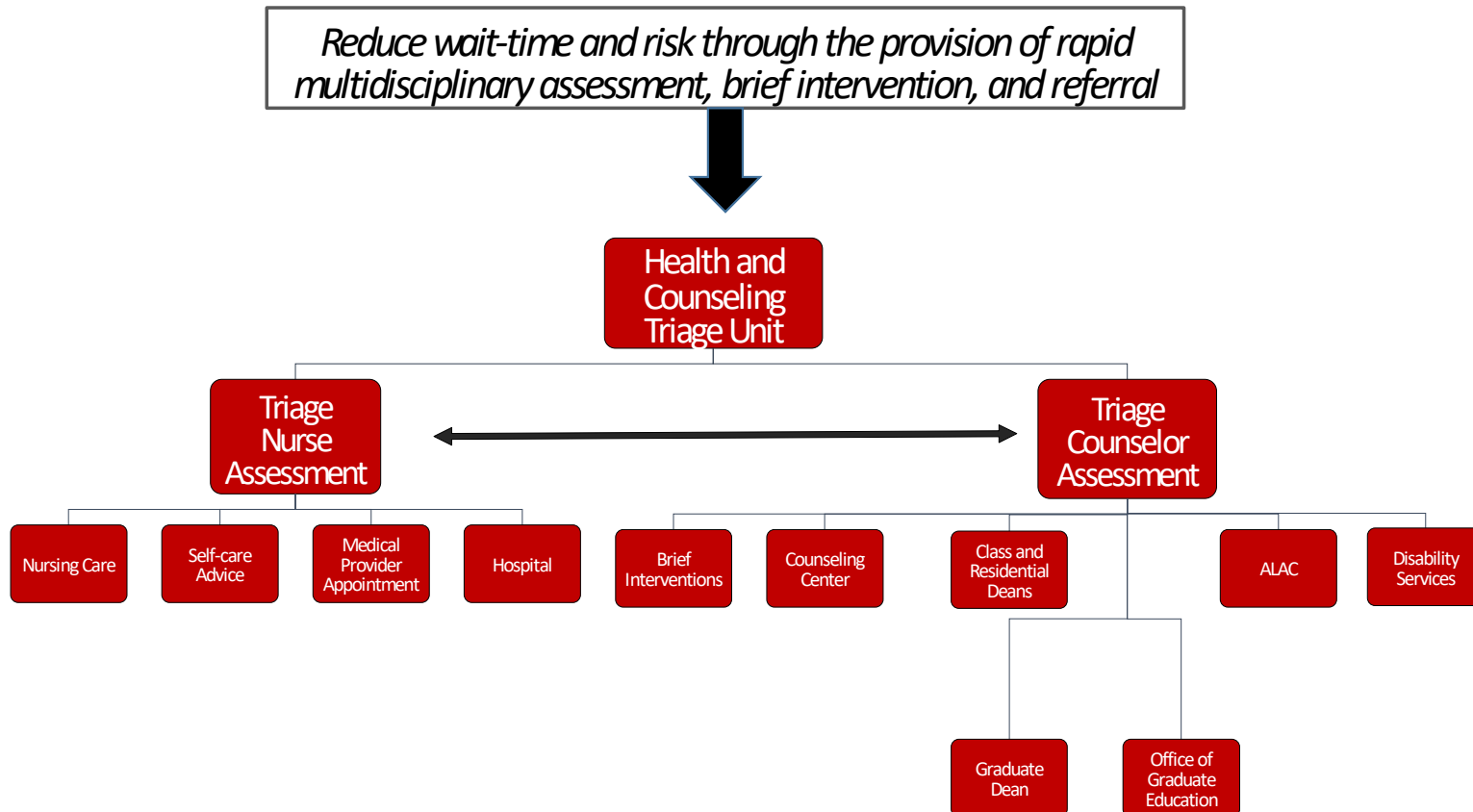
- Primary Care/Health Center
 - Triage BHC embedded in Primary Care
 - 30 minute initial appointments
 - 30 or 50 minute follow-ups
- Counseling Center
 - 30 minute initial appointments
 - 30 or 50 minute follow-ups



Student Health Services – Org Chart



The Triage Process



Primary Care Behavioral Health at Rensselaer

- A new approach that complements the traditional psychotherapy model (comprehensive intake visit with on-going 1-hr follow-up sessions)
- 20-30 minute assessments focused on crisis assessment, internal and external resource identification, brief interventions and referrals.
- Co-location within the Primary Health Care Clinic
- Counseling Center - mix of PCBH and traditional care

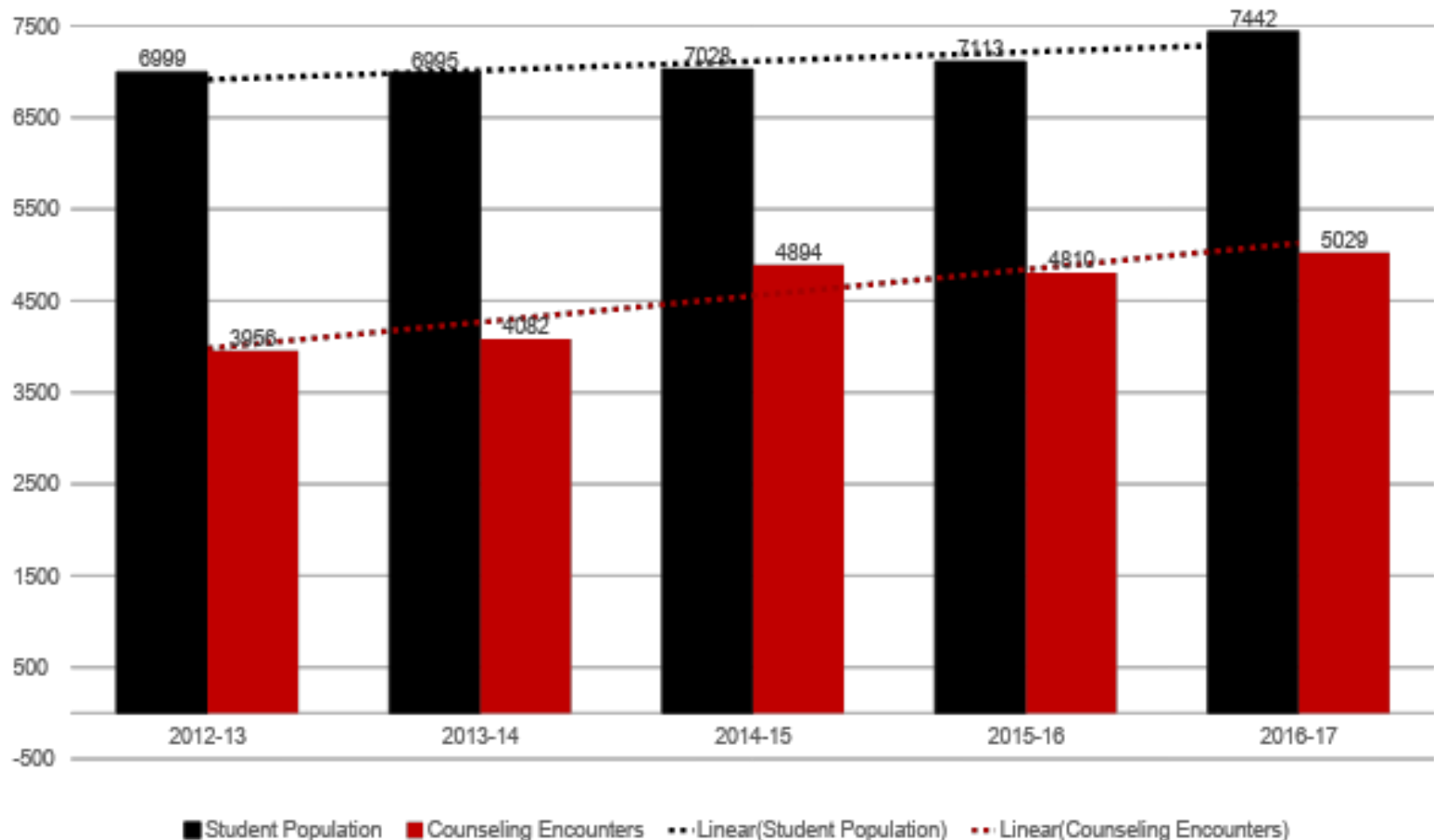


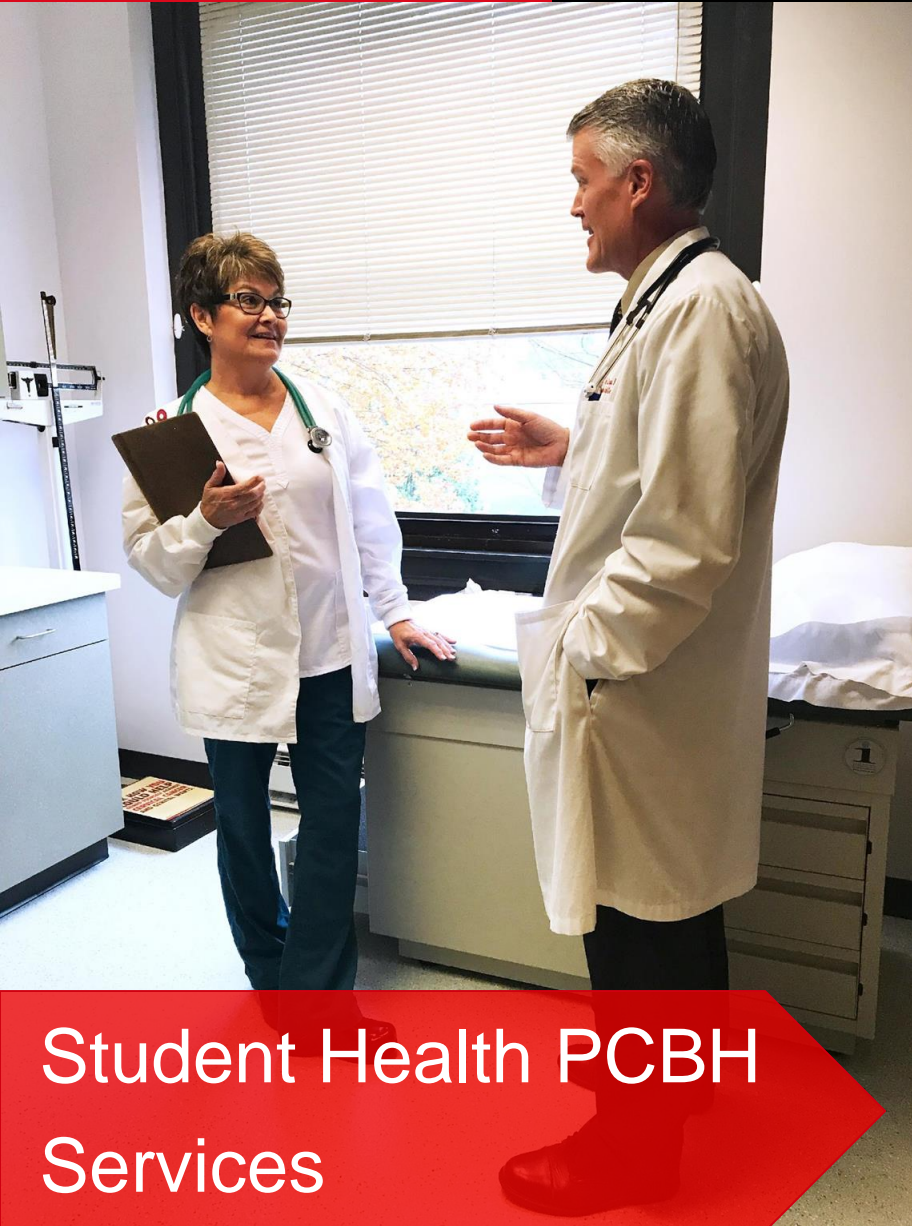
Primary Behavioral Health Model

Trends in Student Population and Counseling Encounters 2012-2017

- 5% increase in class size
- 25% increase in demand for counseling
- Increasing percentage of students entering college with a preexisting mental health diagnosis

Trends in Student Population & Counseling Encounters





Student Health PCBH
Services

Benefits of BHC Embed

Decreased Wait Time:

1. Appointments reduced from weeks to same day.
2. Increased student and parent satisfaction levels.
3. Prevents symptom escalation while awaiting care.

Effective Use of Staff Resources:

1. Greater number of students seen.
2. Limits the need for additional staff.
3. Improved collaboration among division.

BHC Scheduling Options

- Scheduling via the Student Health Portal
 - Students have previously had access to schedule online medical appointments and new in Spring 2018 are able to schedule appointments with the Behavioral Health Clinician
- Walk - Ins
 - Offices located within a building that also houses many other Student Life Offices
- Call the Counseling Center
 - Appointments scheduled by the Receptionist
- Warm Hand Off
 - Medical Providers
 - Other Student Life Offices

PCBH/Triage Unit Outcomes

- Access
- Impact on no-shows
- Levels of Distress

Quotes:

"I've appreciated the access this new model has allowed as our student body grows. The counseling center moving to a triage model has improved timely student access to support. Our first-year students benefit from seamless referrals and I have found it easier to get consultation time with counseling staff"

Janelle Fayette, Dean of the First-Year Experience

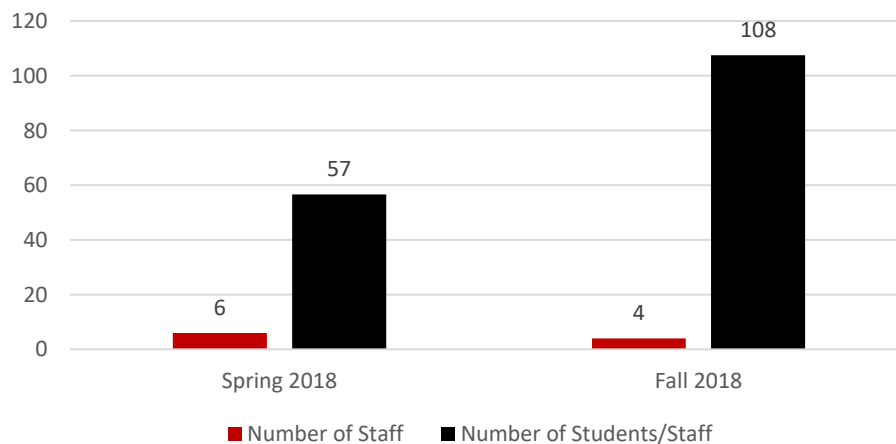
"With the new Primary Behavioral Health System (Triage) medical providers have been able to get their students of concern into counseling the same day which has left the providers and our students much happier."

Dr. Leslie Lawrence, Executive Medical Director

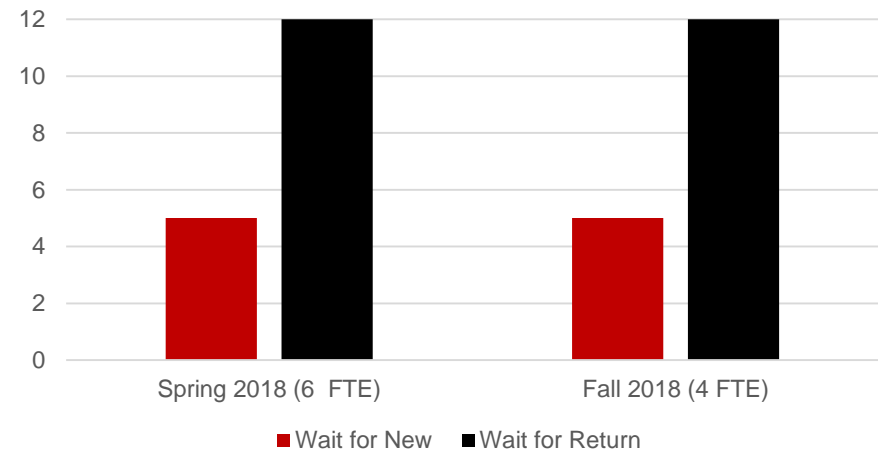
Access Data

- Spring 2018 = 6 FTE (1 BHC/5 Traditional) = 340 students served
- Fall 2018 = 4 FTE (1 BHC/3 Hybrid) = 430 students served

PCBH allows more students to be seen with fewer staff

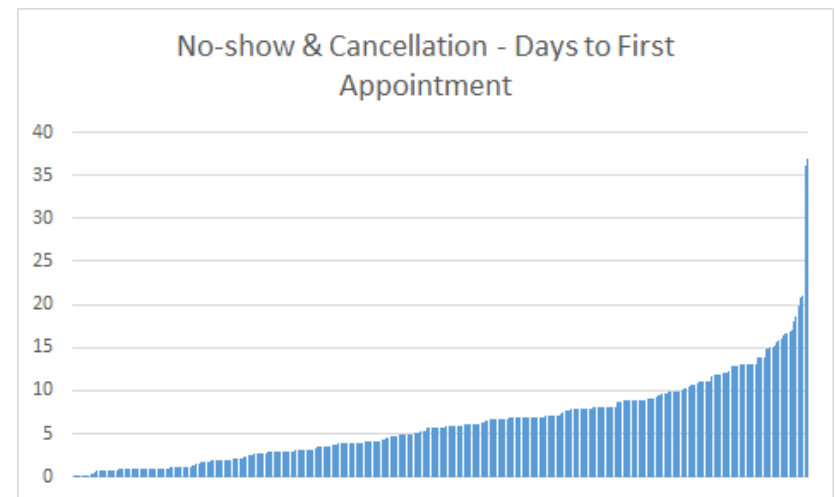
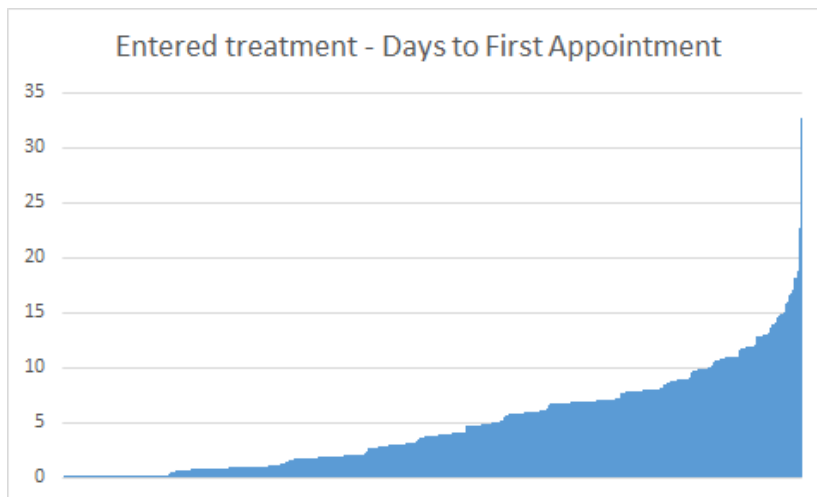


Average wait time for appointments in days



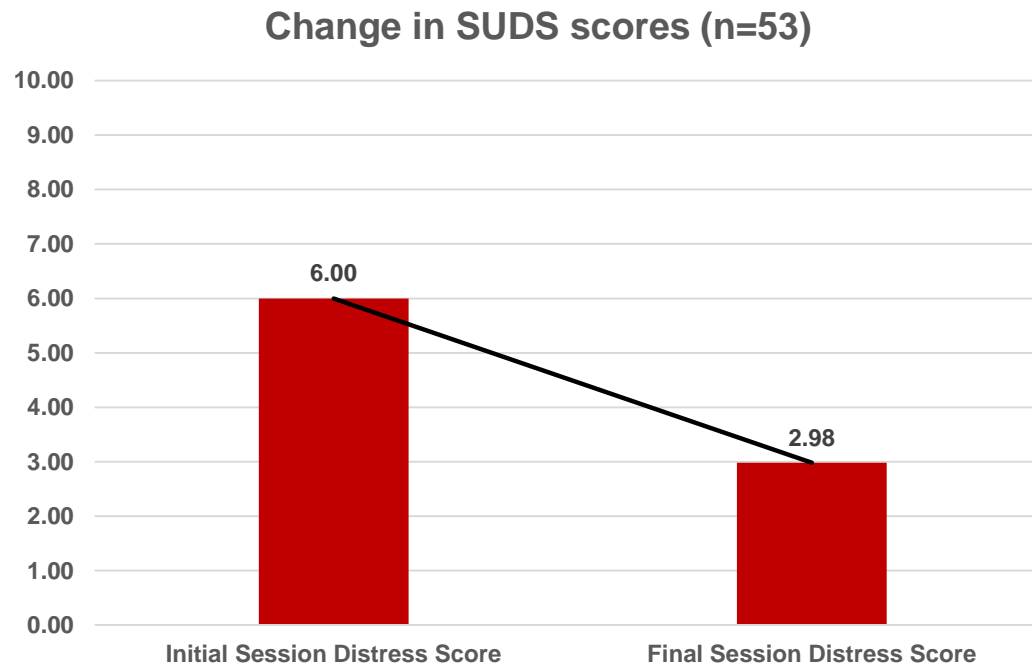
Benefits of “Rapid Access” reduced no-shows?

- Entered treatment – average 5 day wait – both semesters
- No-shows/Cancellations - average 6 day wait – both semesters
- More research needed to determine if this is a benefit of the model



Outcomes of the PCBH: Initial findings Spring 2018

- 134 students attended at least one triage counseling session and completed the Subjective Units of Distress Scale (SUDS)*. After this first visit their SUDS scores reduced, on average, by 1.78**
- 53 students, of the 134, attend two or more triage counseling sessions. This group had an average SUDS score reduction of 3.02** (see graph)



*Kaplan, D. M., Smith, T., & Coons, J. (1995). A validity study of the subjective unit of discomfort (SUD) score. *Measurement and Evaluation in Counseling and Development*, 27(4), 195-199.

**statistically significant at $p < 0.00001$ with paired t -test

Growth of the model

- Based on the demand for service, the decision was made to involve more staff in the PCBH model.
- Replacement staff were designated to participate in the PCBH model
 - It was anticipated that by being fully staffed, and using shorter triage sessions, we could increase the likelihood of having students wait less time before the initial visit.
- Based on the improvements found in reduced SUDS scores and a continuing demand for service, the decision was made to involve all of the counseling center staff in the PCBH model.

Growth of the model

Currently:

- All of the staff are using an initial 30 minute visit, followed by 30 minute follow-ups.
- As needed, students are transitioned to traditional hour long follow-ups.

Future:

- Hybrid model - mix to be determined
- Additional drop-in counseling locations (athletics, student union, gym)

References

- American College Health Association (2010). Considerations for integration of counseling and health services on college and university campuses: An ACHA White paper. *Journal of American College Health*, 58(6):583-596.
- Blount, A., *Integrated Primary Care: Organizing the Evidence*. Families, Systems & Health, 2003. 21(2): p. 121-133.
- Funderburk, J. S., Fielder, R. L., DeMartini, K. S., & Flynn, C. A. (2012). Integrating behavioral health services into a university health center: Patient and provider satisfaction. *Families, Systems, & Health*, 30(2), 130-140.
- Hunter, C. L., Funderburk, J. S., Polaha, J., Bauman, D., Goodie, J. L., & Hunter, C. M. (2017). Primary care behavioral health (PCBH) model research: Current state of the science and a call to action. *Journal of clinical psychology in medical settings*, 1-30.
- Pratt, K. M., DeBerard, M. S., Davis, J. W., & Wheeler, A. J. (2012). An evaluation of the development and implementation of a university-based integrated behavioral healthcare program. *Professional Psychology: Research and Practice*, 43(4), 281-287.
- Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The primary care behavioral health (PCBH) model: An overview and operational definition. *Journal of clinical psychology in medical settings*, 25(2), 109-126.
- Spiegelhoff, S. F., & Luke, M. (2015). Integration of College Counseling and Health Services: A Phenomenological Study. *The Wisconsin Counseling Journal*, 22-36.



Rensselaer

why not change the world?®