Mental Health Section “Best Practices” Task Force *Exploring the Integration of Health and Counseling Centers*

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Kevin Readdean MSEd., Associate Director, RPI
Program goals

Objective 1: Describe goals and objectives of the Task Force

- History of the task force
- Current charge of the task force
- Membership of the task force.
Program goals

Objective 2: Exploration of concerns related to the integration of health and counseling centers.

- Issues related to mergers
- Staff concerns of mergers
- Rationale for and against merger
Objective 3: Review of collected data and discussion of the next steps of the task force including the collection of qualitative data that will form the basis of case studies in the white paper.
History of the task force

• Initially suggested by Joetta Carr, MH section chair (2004)

• Focused on exploring practice guidelines

• Gradually began to focus on more specific issues

• Based on the geographic constraints of the TF, early meetings were held in Philadelphia
Current Charge

• Our primary charge is the development of a comprehensive white paper that discusses some of the issues that are relevant to the integration of counseling centers and health centers on our campuses.

• Current trends suggest that the integration of counseling and student health centers continues to be a salient issue among campus administrators. A wide variety of concerns and issues are present during these mergers.

• Where relevant, offer suggestions for resolving these concerns.
Mental Health Section “Best Practices” Task Force

Sylvia R. Balderrama, Ed.D (Vassar College)

James Davidson, Ph.D (UNLV)

Peter De Maria, MD (Temple University)

Gregory T. Eells, Ph.D (Cornell University)

Caroline Greenleaf, JD (The Julliard School)

Heidi Levine, Ph.D (State University of New York-Geneseo)

Kevin Readdean (M.S., Rensselaer Polytechnic Inst.)

Drayton Vincent, MSW, LCSW (Louisiana State University)

Joy Himmel, Psy.D, Director, PSU- Altoona

Joy Wyatt, Ph.D, Associate Director, Case Western

- A Primer for the Integration of Health and Counseling in a University Health Service
- Initial Lessons Learned on Integration of Primary Care Services and Counseling Services
- Partners in Care: The Collaboration of Counselors and Psychiatrists in the Provision of Mental Health Services
- Integration of Primary Care and Counseling Services: The New York University Experience

- Blending Mental Health and Student Health: One Experience in Integration

- Health, Counseling, and Disability Services: How a Team Approach Can Improve Retention

- Leadership Issues Among Primary Care, Psychiatry, and Counseling: Coordination, Case Management, and Medications
Survey Construction

- Development of the survey
- Content
- Implementation of the survey
- Analysis of data collected
- Qualitative data collection
Development of the survey

- Task force initiated a literature search to identify research that has been done in this area
  - Journal of college student psychotherapy: An Outcome Survey of Mergers Between University Student Counseling Centers and Student Health Mental Health Services (Federman, Russ, & Emmerling, D: 1997, JCSP)
  - Merger 1980: The organizational integration of college mental health services (Foster, T: 1982, JACHA)
Development of the survey

- Communication issues
- Confidentiality
- Record Keeping
- Physical Facilities
- Multi-disciplinary issues
- Cultural differences
- Reporting structure
- Ethics
- Accessibility for students
- Equitability/staff issues
- Strategic Planning
- Tx approaches
- Staff and credentials
- Student impact/reactions

- Staff reactions
- Internal referrals
- External referrals
- Peer review
- Quality assurance
- Benchmarking
- Reporting, annual
- Staff supervision
- Philosophical approaches
- Budgeting/fees
- Components
Development of the survey

- Clinical supervision
- Case conference
- Administrative meetings
- Productivity
- Trainees
- Professional development
- Research
- Outreach/programming
- Other resources/interaction with campus
- Sexual Assault
- Substance Abuse
- Accreditation

- Scheduling
- Use of IT
- Website
- Marketing
- Support staff
- Hours of operation
- Ancillary services – Nutritionist, SA, LD, Sports Med, AT.
- Emergency Coverage
- Testing
- Dismissal of case
- Fee for service issues
Questions of interest

• How many centers are merged

• Different models of integration

• Rationale for merger

• Problems resulting from merger
  • Strategies used for dealing with these issues

• Effectiveness of the current model

• Who is pleased with the merger, who is not
Implementation of the survey

- Surveys were sent in the fall of 2007 to:
  - ACHA members
  - SHS listserve
  - NASPA members
  - AUCCCD

- Surveys were completed by staff working at counseling and health centers at schools across the country.
  - When multiple responses occurred, mental health responses were used for the institutional response.

Of 360 responses, 93 (26%) were from Integrated centers.
Health services director and counseling services director report to a single center director, the center director reports to a senior administrator (31%)
Single chief health and counseling director reports to a senior administrator. (10%)
Health services director reports to the counseling services director who reports to a senior administrator. (27%)
Counseling services director reports to the health services director, the health services director reports to a senior administrator. (31%)
Campus size

- No undergraduates: 0.0%
- Under 1,000: 5.4%
- 1,000 to 1,999: 13.5%
- 2,000 to 4,999: 24.3%
- 5,000 to 9,999: 17.6%
- 10,000 to 14,999: 13.5%
- 15,000 to 19,999: 13.5%
- 20,000 to 24,999: 4.1%
- 25,000 to 29,999: 5.4%
- 30,000 to 39,999: 2.7%
- 40,000 +: 0.0%
Undergraduate Enrollment: Integrated
Survey Participants

- Physician (not psychiatrist): 13.3%
- Psychiatrist: 0.0%
- Psychologist: 26.7%
- Counselor/Social Worker/MFT/LPC: 5.3%
- Nurse: 18.7%
- Nurse Practitioner: 16.0%
- Physician Assistant: 0.0%
- Pharmacist: 0.0%
- Health Educator: 0.0%
- Health Administration: 12.0%
- Other: 8.0%
Factors influencing merger

- Financial: 23.7%
- Philosophy of care: 42.1%
- Improved continuity of care: 46.1%
- Physical facilities: 30.3%
- Upper administrative directive: 25.0%
- Center leadership changes: 11.8%
- Technology changes: 0.0%
- Efficiency/eliminate redundancy: 19.7%
- Staff issues: 2.6%
- Departmental autonomy: 23.7%
- Expanding services offered to students: 13.2%
- Other: 13.2%
Integration Outcomes

- Staff Communication
- Staff Morale
- Efficiency of Administrative Processes
- Funding/Budget
- Ability to meet the needs of clients
Integration Outcomes

- Quality of Clinical Services
- Quality of Programs
- Comprehensiveness of Services
- Comprehensiveness of Programs
- Utilization of Services
- Client Satisfaction
Outcomes of integration

- Staff Communication
- Staff Morale
- Efficiency of admin. Processes
- Funding/Budget
- Ability to meet needs of students

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Improved</th>
<th>No Change</th>
<th>Worse</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Comm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Mor.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Admin. Eff.</td>
<td></td>
<td></td>
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<tr>
<td>Funding</td>
<td></td>
<td></td>
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<tr>
<td>Needs</td>
<td></td>
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</tbody>
</table>
Outcomes of Integration

- Quality of clinical services
- Quality of programs
- Comprehensiveness of services
- Comprehensiveness of programs
- Client satisfaction
- Utilization of services

<table>
<thead>
<tr>
<th>Improved</th>
<th>No Change</th>
<th>Worse</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Graph showing outcomes of integration, with categories for improved, no change, worse, and unknown, and different colored bars representing various outcomes.
Is there a plan to change structure of health and counseling services?

No change planned: 97.3%
Yes, there is a plan for change: 2.7%
Factors driving the planned change:

- Financial: 1.3%
- Philosophy of care: 2.6%
- Improved continuity of care: 2.6%
- Physical facilities: 0.0%
- Upper administrative directive: 1.3%
- Center leadership changes: 2.6%
- Technology changes: 0.0%
- Efficiency/eliminate redundancy: 2.6%
- Staff issues: 1.3%
- Departmental autonomy: 0.0%
- Expanding services offered to students: 0.0%
Which of the following best describes the consultation and collaboration between your campus' health and counseling services:

- Little/no clinical consultation or collaboration (0.0%)
- Occasional clinical collaboration and referral (10.5%)
- Frequent clinical collaboration with no interdisciplinary treatment (18.4%)
- Frequent CC/some interdisciplinary treatment teams (44.7%)
- Extensive collaboration interdisciplinary treatment teams (26.3%)
How are psychiatric services provided

- No psychiatric services; students referred community: 8.4%
- On-campus/contracted psychiatrist/psychiatric nurse: 16.4%
- Health service physicians/NP/PA: 10.9%
- Campus separate counseling/student health services: 0.3%
- Other: 2.8%
<table>
<thead>
<tr>
<th>Discipline</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (non-psychiatrist)</td>
<td>14.5 %</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Psychologist</td>
<td>23.7 %</td>
</tr>
<tr>
<td>Counselor/SWork/MFT/LPC</td>
<td>9.2 %</td>
</tr>
<tr>
<td>Nurse</td>
<td>23.7 %</td>
</tr>
<tr>
<td>N.P./Physician Assistant</td>
<td>15.8 %</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Health Educator</td>
<td>3.9 %</td>
</tr>
<tr>
<td>Health Administration</td>
<td>14.5 %</td>
</tr>
<tr>
<td>Other</td>
<td>5.3 %</td>
</tr>
</tbody>
</table>
Staff positions in your center

- Dietitian: 32.9%
- Case manager: 7.9%
- Medical records manager: 35.5%
- Physical therapist: 22.4%
- Billing coordinator: 26.3%
- Insurance coordinator: 32.9%
- Info. technology coordinator: 27.6%
- Massage therapist: 22.4%
- Laboratory technician: 31.6%
- Health educator: 64.5%
- Quality assurance coord.: 23.7%
- Public rel./development coord.: 3.9%
- Training director: 18.4%
Staff shared across functional areas

- Clinical: 36.8%
- Leadership/Administrative: 80.3%
- Clerical: 63.2%
- Reception: 60.5%
- Billing: 32.9%
- Insurance: 38.2%
- Information Technology: 36.8%
- Custodial/Maintenance: 44.7%
- Training director: 9.2%
- Health educator: 55.3%
- Quality assurance coord.: 26.3%
- Public relations/devel.: 7.9%
- Other: 2.6%
Health/Counseling layout: shared or separate

- Records Area: 26.3% Shared, 73.7% Separate
- Clinical Areas: 10.5% Shared, 89.5% Separate
- Reception/Check-in Area: 55.3% Shared, 44.7% Separate
- Waiting Room(s): 46.1% Shared, 53.9% Separate
If charts are separate, what is duplicated in both records

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not apply</td>
<td>7.9%</td>
</tr>
<tr>
<td>Medication</td>
<td>38.2%</td>
</tr>
<tr>
<td>Psychiatry notes</td>
<td>15.8%</td>
</tr>
<tr>
<td>Multidis. team meeting notes</td>
<td>7.9%</td>
</tr>
<tr>
<td>Lab results</td>
<td>10.5%</td>
</tr>
<tr>
<td>Dietitian notes</td>
<td>9.2%</td>
</tr>
<tr>
<td>Counseling termination reports</td>
<td>5.3%</td>
</tr>
<tr>
<td>Other</td>
<td>22.4%</td>
</tr>
</tbody>
</table>
Who has access to files

- **Medical notes**: 98.7%
- **Counseling/therapy notes**: 98.7%
- **Psychiatrist notes**: 97.4%
- **Psychological reports/summaries**: 97.4%
- **Lab results**: 98.7%
- **HIV information**: 97.4%

Access percentages:

- Medical staff
- Counseling staff
- Psychiatrist
- Does Not Apply

Access breakdown:

- Medical notes: 0.0% (Medical staff), 1.3% (Counseling staff), 1.3% (Psychiatrist), 98.7% (Does Not Apply)
- Counseling/therapy notes: 0.0% (Medical staff), 1.3% (Counseling staff), 1.3% (Psychiatrist), 98.7% (Does Not Apply)
- Psychiatrist notes: 1.3% (Medical staff), 34.2% (Counseling staff), 50.0% (Psychiatrist), 51.3% (Does Not Apply)
- Psychological reports/summaries: 6.6% (Medical staff), 46.1% (Counseling staff), 51.3% (Psychiatrist), 42.1% (Does Not Apply)
- Lab results: 0.0% (Medical staff), 1.3% (Counseling staff), 36.8% (Psychiatrist), 42.1% (Does Not Apply)
- HIV information: 0.0% (Medical staff), 1.3% (Counseling staff), 34.2% (Psychiatrist), 6.6% (Does Not Apply)
Is your center accredited by the below accrediting bodies?
- IACS
- APA-accredited internship program
- AAAHC
- Joint Commission
- Other (please specify below)

Accreditation

- IACS: 85.5%
- APA-accredited internship program: 81.0%
- AAAHC: 33.3%
- Joint Commission: 95.1%
- Other (please specify below): 4.9%
Changes in staff communication

Compared to prior administrative structure, what effect change on: Staff communication

Length of Model

- 0 to 6 Years
- 7 or more years

Count

- Distinctly improved
- Improved
- No change
- Worse
- Distinctly worse
- Unknown
Collaboration and records

Medical and Counseling records/Charts are:

- Count
- Separate
- Joint
- Uncertain

Best describes overall clinical consultation/collaboration health and counseling service:
- Occasional collaboration
- Frequent clinical collaboration no inter treatment teams
- Frequent collaboration some inter treatment teams
- Extensive collaboration, inter teams
Consent for sharing of information

Following ways students informed of/give consent sharing of information/forms counseling and health center staff
Next Steps

- Development of qualitative questions
  - Identify participants willing to be interviewed about their merger experience
  - Identify participants planning a merger to discuss merger issues
- Begin case studies, phone/face to face interviews
- Further evaluation of data collected
- Writing of the white paper and publication