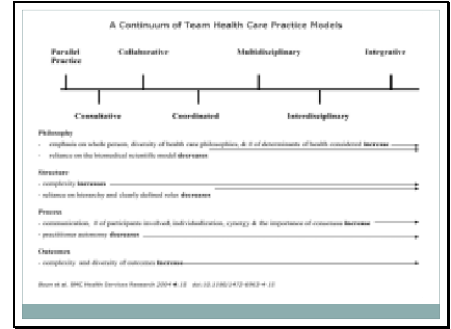


Slide 1



Slide 4



Slide 2

Program Outline

- Program Overview
 - Audience
- Panel – NYSCHA & NECHA members
- Literature Review
- School Presentations
 - Describe school and center organizational model
 - Describe history of integration/merger
 - Topical item related to integration experience - pros and cons
- Q -n- A

Slide 5

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, JCSPP)
- 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, JCF)
- 6) Considerations for Integration of Counseling and Health Services on College and University Campuses. (American College Health Association, 2010)

Slide 3

Surf & Turf Panel Members

Presenter	School	Topic
Kevin Readdean	Rensselaer Polytechnic Institute	Overview, Moderator
Keith Anderson	Rensselaer Polytechnic Institute	Facilities
Cathie Chester	Alfred University	Budget
Melinda Dubois	SUNY Geneseo	Medical Records
Anne Kearney	LeMoyne College	Staff Morale
Libby Caruso & Darlene Schmitt	SUNY Brockport	Treatment Outcomes
Eileen Lubeck	William Paterson	Prevention/Outreach Services

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Slide 7

About RPI

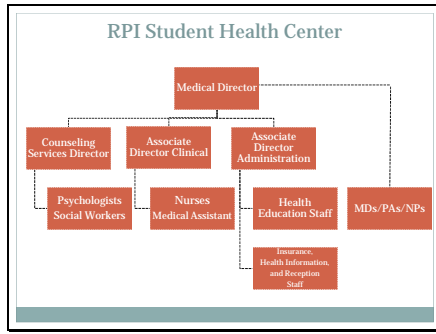
- Private Research Institution
- Academic mission
 - Engineering
 - Science/Math
 - Computer Science
- Undergraduate Students
 - Full-time: 5,346 Part-time: 2
 - Total: 5,348
- Graduate Students
 - Full-time: 1,091 Part-time: 124
 - Total: 1,215
- 65% Male – 35% Female

Slide 10

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

Slide 8



Slide 11

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

Slide 9

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

Slide 12

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

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Alfred University

Wellness Center

Slide 16

Budget Considerations

What are the goals of integration? *Something new suggests something new: Wellness Center*

Planning for expenses? Be involved if you can!

Facilities – 1966; begging for upgrades

Staffing – merge & reduce? New needs? Do more with fewer *a la* Student Affairs Division needs

Equipment – more expensive; cycles; improvements

Hidden costs – contracted staff; insurance; PD; OT

Slide 14

Alfred University

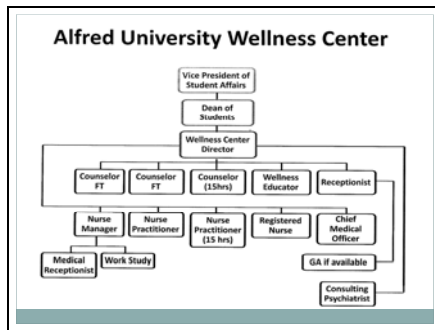
- Small rural university, 2 private colleges & 2 public colleges; graduate degree programs (2,200 students)
- Administrative integration of Counseling, Health, and Wellness Education 7/09
- CS Director appointed WC Director
- Health Service had been outsourced for 15 years; to local hospital for the last 12. Hospital cancelled contract with AU.
- Same building. Counseling & WE in 1 wing; separate waiting areas with separate reception
- Separate records except for psychiatry notes; electronic in CS
- Separate budgets

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What Works

- Separate budgets for CS/WE and HS
- Division of labor re: purchasing initiatives & budget management
- The VP's role in discretionary funding for hidden costs – allies are needed
- Work with facilities stakeholders
- A minimal dispensary & other penny pinching
- Maintaining lines for travel

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Slide 18

Not Working as Well

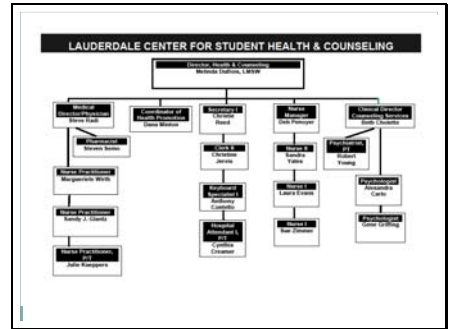
- Vision without means to realize it – if integration goals are to add services or broaden a paradigm, budgets should expand
- Reduced Staff are all service providers – not funded for the administrative mid level, IT, Peer Eds, and publicity we need
- No lines for Per Diems or overtime workers; none identified for emergencies; “borrowing”
- Facilities upgrades to match external medical office standards, not campus facility standards
- Budgetary planning prior to changes

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Benefits to Students


- Drastically reduced costs for health care; in-sourced HS is not for profit
- Improved prevention measures without additional costs
 - substance use and depression screenings
 - health promotion
 - on-campus flu clinics
 - educational approach to treatment

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Slide 20

SUNY Geneseo

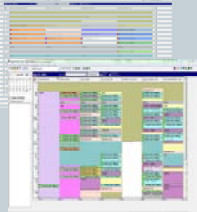


- 5200 undergrads
- 4 year traditional age
- 3000 students are residential
- Merged in 2001 – Health on first floor/Counseling on second
- Shared budget
- First Director was PhD – Clinical Psychologist
- Current Administrative Director - LMSW

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Pros and Cons

- PointNClick selection
- Positives
 - Integration of care
 - Separate schedules/coverage
 - Shared charts
 - Team approach/case conferences
 - Medication Management
- Concerns
 - Confidentiality
 - IACS



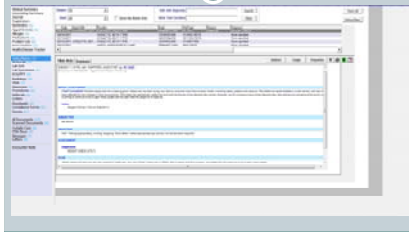
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Mission

- 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

Slide 24

Case Example: Eating Disorder



Slide 25



Slide 28

Staff Morale Some Factors to Consider

- **Context and History** : Starting Points and Rationale
- **Group Culture**: Medical Model vs. Mental Health (and others)
- **Group Dynamics**: Forming, Storming, Norming, Performing
- **Continuum**: Integrated Care, Coordinated Care, Collaborative Care, Parallel Care - what is the goal?

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LeMoyne College

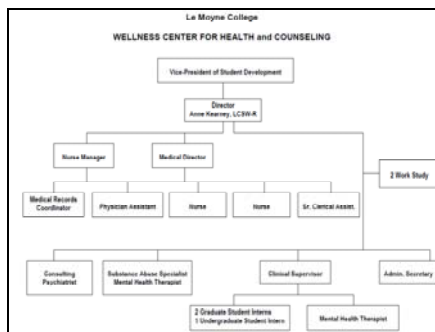
- Private Jesuit/Catholic Liberal Arts College (3,500 students)
- Integrated the Health and Counseling services in Fall 2009 with a Clinical Social Worker as administrative director
- Impetus was retirement of Health Services director
- We are in 2 separate offices, but adjacent buildings that are 40 feet from each other
- Implemented Electronic Health Record Fall 2011 (PointNClick)

Slide 29

What has Worked for Us

- All staff Retreat at the start of each semester (1/2 day with food!)
- Co-create new name and mission statement
- Annual goals with combined work teams
- Cross training support staff
- Bi-weekly staff meetings (separate with director)
- Case Conference - case staffing weekly
- Conference programs ex. Eating Disorders & Integrated Care
- EHR combined trainings (mutual PTSD!)
- Informal lunch gatherings
- Allowing and normalizing conflict

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What Didn't Work


- As administrator, not shifting language to be neutral. ex. "We are not having that problem." vs. a better response, "The counseling office is having a different experience."
- Not being mindful of other language variations (patient vs. client)
- Bringing in Motivational Interviewing to Health team without their buy in ("readiness") and having a mental health staff member facilitate it
- Being impatient with, or not trusting the **process**

Slide 31

Wellness as the "Bridge"

The common ground was health promotion, strengths perspective, "flourishing," and most of all,
CARING FOR THE WELLBEING OF OUR STUDENTS

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.



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Organizational Model

Enrollment Management and Student Affairs
(AVP-SA)

- Director – Health (NP)
- Associate Director – Counseling
- Assistant Director – Health
- Assistant Director – Prevention and Outreach Services





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**Hazen Center for Integrated Care
Health, Counseling and Prevention and
Outreach Services**

LIBBY CARUSO
DIRECTOR OF HEALTH AND
COUNSELING SERVICES

DARLENE SCHMITT
ASSOCIATE DIRECTOR,
COUNSELING CENTER



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History of Integration/merger


- 2002 – Interim Director position
 - Historically
 - Same budget, Same building
 - No prior administrative overlap
 - Minimal existing collaboration
- Previous administration
 - No onsite counseling director
 - Associate Director in SHC




Slide 33

Brockport's Integrated Health and Counseling


- 8500 Undergraduate and Graduate Students
- Public 4-year institution
- 3000 residential
- Large non-traditional population



Slide 36

History of Integration/merger


- 2002 – Faculty takeover bid – failed
- 2002-03 - Networking in support of vision for merged center - SUCCESS
- 2003 – Assistant Director CC hired
- 2011 – Associate Director CC



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Hazen Center for Integrated Care


- ❑ **National Accreditation** – AAAHC
- ❑ Mandatory student health fee - \$138/sem
- ❑ Staff
 - ❑ Health Center - NPs, RNs, College Physician
 - ❑ Counseling Center – LMHCs, psychiatric nurse
 - ❑ Consulting staff: psychiatrist, psychiatric NP
 - ❑ Prevention/Outreach – 2 professionals, GA's and UG students
 - ❑ Each area serves as student clinical training site



Slide 40

Hazen Center for Integrated Care


- **Treatment Model**
 - Weekly clinical meetings – case conferencing
 - Cross referrals
 - Complex Care Team
 - Psychiatric Consultation
 - Informed Consent
 - Holistic care model yet separate day-to-day operations



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Prevention and Outreach Services


- ❑ Target physical and mental health concerns
- ❑ Shared departmental learning outcomes and goals
- ❑ Collaborative initiatives



Slide 41

Treatment Outcomes

- **REFERRALS:**
 - Health to Counseling - 25 - 30% compliance
 - Counseling to Health - 70% compliance
- Compliance follow-up checked at weekly team meeting
- QI study for 2011-12.



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Specialty Clinics




- ❑ Therapeutic Massage
- ❑ Women's Health
- ❑ Registered Dietitian
- ❑ Sports Medicine – with Athletics Department



Slide 42

Treatment Outcomes

- ~40 - 50 students at any given time co-managed
- Meds + counseling: Compliance is better than those getting medication only
- Counseling only: higher rate of treatment adherence and symptom resolution
- Meds only (students declining counseling)
 - more treatment drop-outs
 - poorer symptom management
 - Higher costs – ruling out physiologic cause of somatic issues



Slide 43

Where we are headed ??

- Shared waiting or reception areas?
- Increased Psychiatric Services
- Third-Party Billing
- Drug and Alcohol Specialist – merged with Prevention Outreach Service



Slide 46

Stages of Integration

- One Director and two associate directors hired 9 years ago
- Replaced staff who took the retirement package with the new model in mind
- Immediately began holding joint staff meetings and developed departmental mission statement
- Successfully petitioned Board of Trustees to implement a Health Fee which meant a joint operating budget

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WILLIAM PATERSON UNIVERSITY




Counseling, Health & Wellness Center

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Stages of Integration (cont'd)

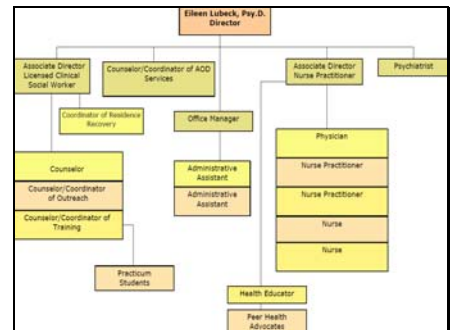
- Increased collaboration on cases with written consent to do so
- Began partnering on outreach programs
- Purchased EMR for use in both areas in June 2008 and revised patient information documents to reflect new way information would be shared
- Moved into shared physical space in May 2010
- Cross-trained support staff for fully integrated service

Slide 45

About William Paterson...

- Public institution located in northern NJ
- Total enrollment is just under 12,000 students
- Primarily commuter population with only 25% living on campus
- About 10 years ago State offered retirement packages resulting in significant administrative and staff turnover
- New VP for Student Development was hired who decided to merge counseling and health services

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Collaboration on Prevention/Outreach Efforts

- Integration of services has been highly beneficial
- Able to reach more students than when holding programs/tabling on one topic alone
- Able to spread the word about multiple counseling and health issues while minimizing stigma

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Example of Integrated Outreach Effort

National Depression Screening Day/Health Fair

- Typical mood screening events tend to get few participants
- Framework is a 4-hour tabling event in the main plaza
- Counselors on hand to give on-the-spot feedback and general mental health information. Medical staff provide blood pressure checks and cholesterol screening. There are plenty of giveaways including healthy snacks, stress balls, brochures, etc
- In 2010, 126 mood screenings were completed (19 with results that warranted follow-up), 45 bp checks and cholesterol screenings