INTEGRATED HEALTH SERVICES IN COLLEGE AND UNIVERSITY SETTINGS

Mimi McFaul, Psy.D.
Jeremy Vogt, Ph.D.
Mental Health Program & Higher Ed

- Past and Present WICHE Mental Health Program Topics
- The MHP is relevant to higher education today
- Students more likely to succeed in their educational efforts with a healthy mind
What is Integrated Healthcare?

- An interdisciplinary approach to healthcare that combines medical and behavioral health services to more fully address the spectrum of patient health problems and conditions.
- Holistic: assessing and treating both body and mind.
- Collaborative: shared responsibility of care with multiple disciplines; coordinated or team-based.
Behavioral Health Provisions in Affordable Care Act

- Expanded Medicaid Coverage
- Ensures Mandatory Mental Health Coverage for all Qualified Health Care Plans
- Emphasis on Prevention/Primary Care
- Movement away from Managed-Care to Accountable-Care Organizations
- Incentives for development of Patient-Centered Medical Homes
Benefits of Integrating Physical and Behavioral Health Care

- Increased behavioral healthcare access
- Reduction of mental health stigma
- Better recognition of behavioral health problems
- Improved healthcare coordination, outcomes, compliance, and maintenance
Implications for College and University Campuses

- Behavioral health issues seen on campuses similar to those found in primary care settings
- Students are typically uninsured or underinsured
  - Student health services may be only source of care
- Increased efficiency and effectiveness leads to cost-savings
Campus Health Integration
Nationally

- **1993: National Survey of Counseling Center Directors**
  - 16% of participating universities had undergone some degree of integration
  - Additional 18% “in discussions”

- **2009: Association of University and College Counseling Center Directors Survey**
  - 15% “fully integrated”
  - 4.3% “partially integrated”
  - 11% “sharing resources”
What does Campus Health Integration Look Like?

- Models of Collaboration in Primary Care
  - Coordinated
  - Co-located
  - Integrated

- Models in Higher Education
  - Merged
  - Embedded Behavioral Health/Integrated Care Teams
Outcomes of Campus Integration

- **Administrative Structure**
  - Health services more streamlined
  - Combined budgets create less conflict

- **Clinical Services**
  - Improved coordination and collaboration
  - Increased attendance for BH referrals/follow-ups
  - Better charting and health assessment
Outcomes Continued...

- **Needs of Students**
  - Broader range of services at one location
  - Increased utilization and access to psychiatric services

- **Staff Morale**
  - Non-competitive communication between medical (psychiatric) and counseling staff
  - Conflicts may arise due to leadership changes, loss of space, or decreased autonomy
  - Morale negatively impacted when primary motivation is budgetary and results in consolidation of staff/services
According to 2010 ACHA White Paper:

- Smaller college and university campuses more likely to have integrated center
- May suggest these schools are using integration to fulfill otherwise unmet service needs on their campuses

Access – less community support in rural areas

Stigma – avoidance of counseling services due to concerns over confidentiality
Colorado State University

- CSU Health Network: “Care for Body and Mind”
- Medical Director: Laurie Elwyn, MD
- Counseling Center Director: Susan MacQuiddy, PhD
- [http://www.health.colostate.edu/](http://www.health.colostate.edu/)
CSU Health Network

- Integration began in July 2008
- Directed by Vice President for Student Affairs
  - Fragmented mental health services
  - Virginia Tech shootings
  - National trend towards integration
- Mixed Coordinated and Integrated Model
  - Separate buildings
  - Shared health record
  - Behavioral health staff embedded in health center
Factors that Facilitated Integration

- Existing Collaborative Relationships
- Executive Director of Health Network neither Medical or Behavioral Health Provider
  - Former Dean of Students
- Counseling Center moved across from Health Center
- Shared Health Records
- Integrated team meetings
Factors that Hindered Integration

- Leadership Changes
  - Retirements; resignations
- Merging of philosophies of care
- Separate Buildings
  - “Why should we integrate if we’re not in the same building?”
- General growing pains – time to develop relationships
Reactions & Outcomes

- Better referral rates and follow-up
  - More personalized due to existing relationships
- Serving greater percentage of students
- Less confusion as to where to go for care
- Implementation of Identical Screening Measures at both sites
- Increased on-call services (45 more hours)
  - Has stretched staff
Future of CSU Health Network

- No going back – integration is the future
- Increased integration
  - Psychiatry positioned at counseling center
- Co-location – same building soon
Where do we want to take this?

- WICHE MHP is currently seeking funding to support a study of rural versus urban campus health integration efforts.
- Would be first study of its kind.
- Findings would further illuminate student whole health services currently and policies to support college integration efforts.