Upcoming Changes to Mental Health Services

Robin Hamlisch
Anne Jones
Chris Payne
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Mental Health is a shared campus priority

- Every individual, department, and college plays a role.
Mental Health is a shared campus priority

- This presentation will address transformation of clinical mental health services at Cornell Health
Prevent need, reduce risks & harm
Academic calendar, Well-being In Scholastic Environments, residential programming, diversity initiatives, Swipe Out Hunger, Resource Centers, etc.

Intervene early, reduce urgency & severity
Academic advisors, EARS, Let’s Talk, Notice & Respond, Behavioral Health Consultants in primary care, etc.

Manage & resolve urgency on campus
Crisis Managers, urgent visits at Cornell Health, etc.

High intensity interventions
ER, hospitalization, health leaves, etc.
Why change?

Student distress is increasing

- Levels of distress on campus have risen sharply among Cornell students and across the country
- Distress is highest among students of color

Students are increasingly willing to seek help
Why change?

Student voices, evolving best practices, and fiscal responsibility are all pointing toward a shift in the way we deliver mental health care.
We aim to deliver mental health support regardless of where the student enters our system:

- **Counseling & Psychological Services (CAPS)**
  - Individual and group counseling
  - Let’s Talk consultations around campus *(short, goal-focused)*
  - Skills-based workshops
  - Psychotropic medication prescribing

- **Primary care medical services**
  - Screening, intervention, referral for mental health concerns
  - Behavioral health consultations *(short, goal-focused with mental health providers on the primary care team)*
  - Psychotropic medication prescribing
Prevent need, reduce risks & harm
Academic calendar, Well-being In Scholastic Environments, residential programming, diversity initiatives, Swipe Out Hunger, Resource Centers, etc.

**Intervene early, reduce urgency & severity**
Academic advisors, EARS, Let’s Talk, Notice & Respond, Behavioral Health Consultants in primary care, etc.

**Manage & resolve urgency on campus**
Crisis Managers, urgent visits at Cornell Health, etc.

**Higher level of care**
ER, hospitalization, health leaves, etc.
Our existing CAPS model

• Aims to achieve initial phone contact with a counselor within 48 hours of request
• Assures that students with urgent concerns receive the highest priorities
• Relies on a 2-step entry process: brief phone assessment, and then an in-person intake/assessment
• For students who enter counseling, 50-minute visits are the standard
Note: 22% of students seeking care referred to off-campus providers (up from 15%)

*Wait times measured in time to ‘third next available’ appointment, an industry standard measure of accessibility

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>Our Performance*</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling &amp; Psychological Services CAPS visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>Same day</td>
<td>Same day</td>
</tr>
<tr>
<td>Brief phone assessment</td>
<td>5 days</td>
<td>1 day</td>
</tr>
<tr>
<td>Urgent intake</td>
<td>17 days</td>
<td>3 days</td>
</tr>
<tr>
<td>Routine intake</td>
<td>37 days</td>
<td>14 days</td>
</tr>
</tbody>
</table>
Common CAPS models

**Triage Model**
- 15–30 min triage assessment →
- Urgent session / 50 min routine intake assessment / variable wait for 1st appt / Referral →
- Psychotherapy

**Traditional Model**
- 50 min intake assessment →
- Psychotherapy / variable wait time for first appt/Referral

**Stepped Care (trending)**
- 15–30 min triage assessment →
- Wide range interventions based on need (including brief intervention)
More on “stepped care”

**Premise: different people require different levels of care**

- Get students connected quickly with someone who can treat them
- Help students become active participants in their treatment plans
- Move from lower to higher levels of care based on client outcomes; this often increases effectiveness and lowers costs overall
More on “stepped care”

- One-time consult
- Fact sheets, apps
- Guided self-help strategies
- Referral to on-campus resources
- CAPS workshop
- CAPS groups
- Brief intervention
- Traditional therapy
Traditional therapy vs brief therapy

**Traditional therapy...**
is often a weekly, 50-minute session that focuses on exploration, understanding of personal history and insight. The number of sessions is usually open ended.

**Brief therapy...**
focuses on problem solving around the current concern using the client’s strengths and available resources. Session number is usually shorter due to the nature of the problem-solving focus.
Goals for a new model of care…

• Build on the success of existing brief, goal-focused services at Cornell Health
  ("Let’s Talk" consultations, urgent walk-in counseling visits, Behavioral Health Consultant (BHC) program)

• Offer more rapid access to counseling

• Increase flexibility in meeting individual needs

The model we pursue will be similar to that being used at Brown University and adapted at other peer institutions to provide a greater number of students with more rapid access to quality care.
Upcoming changes to CAPS services…

What to expect for Fall, 2019

• CAPS will shift away from telephone "brief assessment" screenings to in-person 1st appointments that can often be scheduled the same day

• Therapists’ daily schedules will include both brief (25-minute) appointments (often on the same day) and pre-scheduled counseling appointments

• Session length and number will be matched to a student’s needs and goals

• No copay for 25-minute appointments
How it will work…

**Getting connected**
- Students will be able to schedule online, call or walk in (appointments will often be available the same day)

**Talking with a counselor**
- A student’s first visit will be a 25-minute goal-focused session during which the counselor will focus on:
  - meeting the student’s immediate needs
  - learning about the student’s goals for treatment or support
  - making a recommendation for next steps, if needed
How it will work...

**Choosing next steps:**

- Based on student’s needs, guided by therapist
- Students who want follow-up counseling can work with their provider to determine appointment frequency and length (25 or 50 minutes)
- Students who do not schedule follow-up appointments can still return for 25-minute counseling visits in the future
Common models for college medical care

**Urgent care**
- Access to medical visits based on symptoms
- Focus on urgency for strictly medical conditions  
  (e.g., ankle sprain, depression, alcohol use would be addressed in separate visits)
- First come, first served; little or no continuity
- Increased fragmentation of care

**Primary care, patient-centered medical home**
- All students assigned a PCP (primary care provider) and team
- Systems designed to promote continuity
- Whole-person approach  
  (e.g., patient with ankle sprain, positive screening for depression, binge drinking could have all addressed in the same visit)
- Holistic nursing triage based on combination of urgency of need, appropriateness of continuity, specific medical condition, level of student concern
- Improved quality, decreased cost
Our existing primary care model

Clinical focus on biopsychosocial approach
• Staff members address the psychosocial needs of students
• Screening for depression, anxiety, binge drinking in each visit

Systems promote appropriate triage, delivery of care
• ‘Open access’ schedule, with enough visits scheduled visits to accommodate routine, same day and urgent needs
• Front desk and nursing triage protocols ensure patients get the most appropriate appointment
• Collaborative teams to ensure cross-coverage among PCPs
• Consultative access to behavioral health, nutrition, physical therapy

Operational dashboard to monitor system performance
• Daily data collection, weekly adjustment of breakdown of visits and staffing

Nimble staffing model
• Accounting for staffing resources needed to meet patient demand while also enhancing work-life balance; better culture for staff and patients
• Securing flexible staffing to ensure capacity for unexpected surges in demand
## Our existing primary care model

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<tr>
<th>Visit Type</th>
<th>Our Performance*</th>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td></td>
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</tr>
<tr>
<td>Urgent Walk In</td>
<td>1–3 hours</td>
<td>1 hour</td>
</tr>
<tr>
<td>Same Day</td>
<td>20–24 hours</td>
<td>24 hours</td>
</tr>
<tr>
<td>Routine</td>
<td>80–120 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>Number of students unable to be seen</td>
<td>0–5</td>
<td>0</td>
</tr>
<tr>
<td><strong>BHCs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BHC “Warm Handoff”</td>
<td>immediate</td>
<td>same day</td>
</tr>
<tr>
<td>BHC Routine</td>
<td>1–4 days</td>
<td>5 days</td>
</tr>
</tbody>
</table>

*Wait times measured in time to ‘third next available’ appointment, an industry standard measure of accessibility
Our existing approach to psychotropic prescribing

**Primary care medical services**
- Student comes to PCP for symptoms OR presents for medical concern; mental health issue is identified
- Behavioral Health Consultant (BHC) engaged
- PCP assesses need for psychotropic medication, initiates if appropriate

**Counseling and Psychological Services (CAPS)**
- Student is engaged in therapy; need for psychotropic medication is identified
- Specialty psychiatrist is consulted for intake (wait time for urgent consult is 15 days; routine intake 31 days)
- Historical practice at Cornell Health has been to limit psychiatry services primarily to students receiving counseling at CAPS, and to focus on collaboration between therapists and psychiatrists
Prevailing model for psychotropic prescribing

**Collaboration between primary care teams and psychiatrists**

- Patients are seen with high accessibility in primary care, begin psychotropic medication if needed
- PCPs have access to specialty psychiatry with consultation for:
  - Diagnostic clarification
  - Medication adjustments
  - Case complexity that may develop over time
- Psychiatrists divide their time between seeing patients and providing consultation to primary care teams for routine and urgent issues
  - Frequent case conferences for PCPs and psychiatrists to discuss specific patient needs teach/learn from each other
  - Colocation to promote teams to organically share and support each others’ work
  - Training to respond to urgent concerns from patients, PCPs and teams

Upcoming changes in psychotropic prescribing

- We will no longer require students to receive counseling in order to have their psychotropic medications managed
- We will promote that primary care providers can help students with psychotropic medications
- Psychiatrists will collaborate with both therapists and primary care providers to support psychotropic medication management for all students
How it will work…

Students will be able to access psychotropic medications regardless of where they enter the system:

Counseling & Psychological Services
• CAPS therapists can refer patients to PCPs or psychiatrists depending on the case, need, severity

Primary care medical services
• PCPs will continue to identify mental health needs and prescribe when appropriate within primary care visits
• PCPs and psychiatrists will collaborate to get patients appropriate specialty consultation
FAQs…

**Aren’t all students just going to choose 50-minute appointments?**

- We’re not sure exactly how Cornell students will use the new system, but at Brown:
  - 1/3 of students are served with just a few brief visits
  - 1/3 of students are served with ongoing brief visits
  - 1/3 of student engage in formal therapy (50-minute visits)

- Copay structure will encourage use of 25-minute option
- Copay waivers are available if cost is a barrier to access

*With permission of Will Meek, PhD Brown University*
How many people will you need to hire to support these changes?

We are primarily reallocating existing resources to support this new system. Also, we have created a flexible staffing plan that will initially include:

- **2 urgent care counselors**: they will provide support for students in crisis, allowing primary therapist to focus on scheduled appointments
- **Additional primary care staffing**: to help absorb new demand related to the expansion of psychotropic medication management
- **1 additional CAPS “generalist”**: to add capacity for the brief therapy model

We are exploring per diem staffing to expand capacity during peak times of the semester.
How are you getting your staff ready to change the way they deliver care?

• Our CAPS clinicians are trained in and providing brief interventions; and our primary care clinicians have been prescribing psychotropic medications successfully for the past few years.

• Systems changes, additional trainings, and consultative support will help to scale up these services.
How will you know if these changes are successful?

Key measures will include:

• Student satisfaction
• Accessibility metrics – and a comprehensive dashboard measuring schedule performance
• Percentage of referrals out of Cornell Health systems
• Volume of community engagement/outreach
• Cornell Health staff satisfaction
Watch for updates online ...

health.cornell.edu/mentalhealth
Cornell Health Feedback Form

We want to hear from you! Please tell us how we're doing... and what we can do better.

Messages are checked every business day, but are not checked after hours, on weekends, or University holidays. Please know we will respond to your message as soon as possible.

For urgent and/or confidential communication, please call us at 607-255-5155.

To contact a patient advocate, please email cornellhealth@cornell.edu or call 607-255-3564, or visit us during business hours at Cornell Health.

Please enter your feedback:

Location (if applicable):
Contact us!

Robin Hamlisch - rgh8@cornell.edu

Anne Jones - acj22@cornell.edu

Chris Payne - cmp9@cornell.edu