



11th Annual Meeting of PSOs

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Behavioral Health Integration in the University Setting

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Disclaimer

The opinions expressed in this presentation are those of the presenter and do not reflect the official position of the Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality, or the Office for Civil Rights.



About the Florida Academic Healthcare Patient Safety Organization

- Listed by AHRQ on April 22, 2014
- Component PSO of providers at State of Florida universities including:
 - Florida Atlantic University
 - Florida International University
 - Florida State University
 - University of Central Florida
 - University of Florida
 - University of South Florida
 - Florida Board of Governors
- Almost 300,000 students enrolled



The Increasing Need

- Since fall 2008, there has been a 48% increase in students seeking counseling services at State University System (SUS) institutions.
- As well as a 67% increase in the number of counseling sessions.
- The severity of visits is also increasing, with a number of these classified as an emergency or crisis, involving severe depression or suicidal ideation.

The Increasing Need

Outside of Your Control, but Having a Huge Impact on Students

Substance Abuse

Students look to drugs and alcohol to relax; use prescription drugs to focus, work late into the night



Intensified Expectations

Students face early and persistent pressure to academically excel, fit in socially, and be successful after graduation



Social Media

Time spent online amplifies existing stressors and contributes to an overwhelming sense of social isolation on campus



New Parenting Styles

Highly involved parenting creates busy, overscheduled, failure-averse students who struggle to adapt to challenges as they arise in college



Political Climate

Stress from current events and politics exacerbates students' existing issues with stress, anxiety, and depression





The Increasing Need

Florida Mental Health Act, provides for voluntary and involuntary admission for mental health concerns

Student Demand for Counselors Continues (March 2017)

- More than 24,700 students received services from student counseling centers, approximately 55% more than the number served in 2008-09.
- More than 185,900 individual and group counseling sessions were provided, approximately 65% more than the number provided in 2008-09.
- There were more than 9,100 emergency and crisis visits and more than 440 Baker Act hospitalizations.
- More than 14,900 students were on psychiatric medication.
- More than 1,700 students reported having made a previous suicide attempt.
- Counseling centers served more than 260 veterans.



SUS Counseling Center Utilization

	# of Sessions 2014 - 2015	# of Sessions 2015 - 2016	% increase
FAU	11,631	11,205	-4%
FIU	19,208	23,537	23%
FSU	15,669	19,249	23%
UCF	23,945	28,455	19%
UF	39,527	41,886	6%
USF	15,898	17,565	10%
USF – St. Petersburg	1,674	1,737	4%



SUS Emergency Visits and Hospitalizations

	Number of Emergency Visits		Number of Hospitalizations	
	2014 – 2015	2015 – 2016	2014 – 2015	2015-2016
FAU	222	317	22	29
FIU	41	245	25	26
FSU	1,021	1,105	70	101
UCF	1,636	2,598	40	139
UF	220	3,135	57	62
USF	392	891	22	51
USF – St. Petersburg	23	41	*	*



National Data / Florida Data on Suicide

NATIONAL

CDC Data 2016

**10th leading cause of death
44,965 suicides**

**2nd leading cause of death
for Age Group 15-24
5,723 suicides**

FLORIDA

Vital Statistics 2017

**8th leading cause of death
3,187 suicides**

**3rd leading cause of death for
Age Group 15-24
286 suicides**



FAH PSO Data

- Only 4% of patient safety events reported relate to behavioral health concerns
- Of those, 0.5% involve harm to patients
 - However, these events are high acuity and may involve a completed suicide, attempted suicide, or self-inflicted injury
- The rest involve a voluntary or involuntary admission for psychiatric evaluation and treatment



How Our PSO Can Help

- In 2016, convened a Behavioral Health Integration (BHI) Task Force
- Developed expert consensus guidelines for effective behavioral healthcare and integration of available services
- Each university had varying spectrum of integration depending on available resources



Creating a Task Force

- This Task Force began with a review of the latest scientific evidence, guidance, and opinion statements from relevant professional societies
- Further insights gathered from subject matter experts in Medicine, Psychiatry, Psychology, Student Health and Counseling
- Focus on the integration of multiple services and providers within the university and surrounding area with the goal of developing a plan to foster a supportive environment for successful treatment



Task Force Objectives

- Identification and screening of prospective behavioral health patients, risks, and safety planning;
 - Development of education and training for providers and staff likely to encounter behavioral health patients;
 - Coordination of resources across campus and local community;
 - Establish assessments and case management of behavioral health patients across multiple clinical and resource settings;
 - Sharing of patient health information among treating services, and documentation in the medical record; and
 - Education of sexual and gender identity sensitivities and the needs of that population, including a recognition of stigmas.
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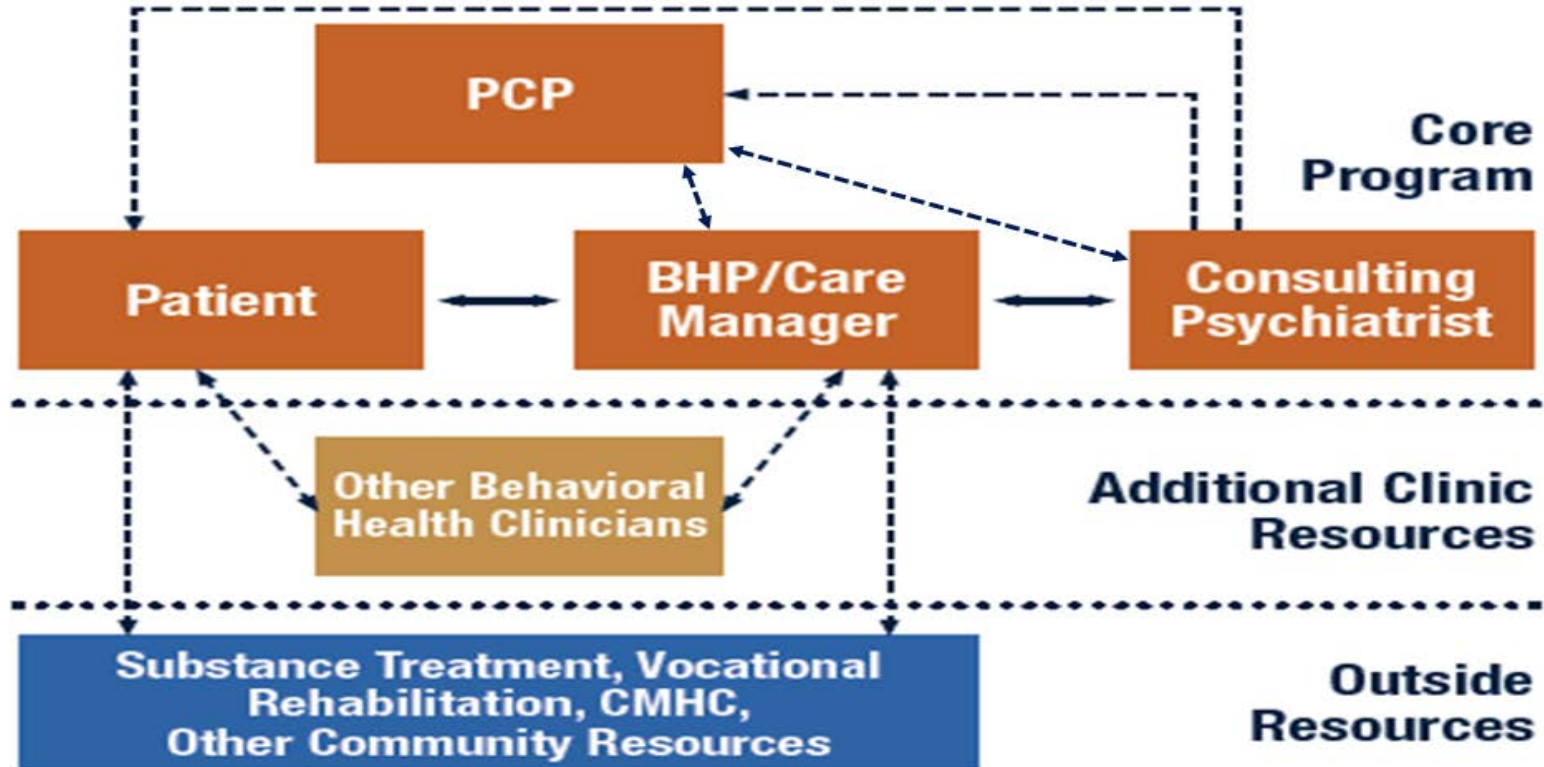
Integration Models

REFERRAL		CO-LOCATED		INTEGRATED	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance	Level 3 Basic Collaboration On-Site	Level 4 Close Collaboration On-Site with Some System Integration	Level 5 Close Collaboration Approaching an Integrated Practice	Level 6 Full Collaboration in a Transformed/Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities	In separate facilities	In same facility not necessarily same offices	In same space within the same facility	In same space within the same facility (some shared space)	In same space within the same facility sharing all practice space



Addressing Demand through Integrated Collaborative Care Model

Collaborative Team Approach





Screening Recommendations

- Patient Health Questionnaire 2 (PHQ-2)
- If the patient answers affirmatively to any of these questions, then the Patient Health Questionnaire 9 (PHQ-9) is administered
- If the PHQ-9 is also indicative of increased depression severity, the healthcare provider may also consider administering additional screening tools such as the Columbia-Suicide Severity Rating Scale or transfer to a mental health specialist for further assessment



Recommendations for Documentation of Suicidal Ideation

- Thoroughly document all decisions by healthcare providers regarding any referral, healthcare decisions, communication with the patient, their family, and other caregivers
- Document why they were deemed at risk, how the determination of suicidal ideation was made, and specify the screening tools utilized
- Document the details of the safety plan discussed and the patient's reaction
- Document plans for follow up with the patient, including referrals, appointments made, or treatment administered
- Document a safe discharge to home and with whom



Recommendations for Documentation of Suicidal Crisis

- Document patient has been placed under observation, without access to lethal means
- If transferred to an inpatient psychiatric facility, document basis for this decision and safe transfer to University Police or other form of transport
- Document patient's physical and mental health at time of transport
- Advise the BHI team of patient's condition and transfer, and include the Dean of Students, who may communicate to family, University Police, and Residence Staff – consider a consent for release of information to other BHI team members
- BHI team members should communicate to other treatment facilities on campus in the event of an acute suicidal crisis to ensure appropriate follow up care upon their return to campus



Integration of Medical Records Recommendations

- Dissemination of behavioral health diagnoses and treatment remains sensitive and stigmatized
- Requests to share the minimum necessary medical records amongst providers can be met with resistance
- Spectrum of sharing: some share, some not at all, others require breaking glass
- When initiating treatment should include language permitting disclosure of information amongst healthcare providers
- Ideally, each provider documents in the same medical record, accessible to all healthcare providers
- Tools included for templated consent language to share records among providers



Notification of Family

- At each encounter, provider must determine patient competency to provide express and informed consent to treatment
- If not competent, or becomes incompetent, the patient is placed under an involuntary status
- If the patient is a minor, consent is required from the parent or guardian (except in documented cases of imminent danger and emergency treatment)
- Always review medical records for designations by the patient regarding their wishes that specific individuals be contacted
- If an involuntary transfer, the Dean of Students may contact the patient's next of kin



Return to Campus

- Following discharge from inpatient psychiatric facility, patient should be referred back to a member of the BHI team
- Student Health and Counseling may have a memo of understanding with local hospitals regarding referral back to Student Health or Counseling
- Patient may return with their discharge summary and/or psychological assessment for continuity of care
- This discharge summary may serve as an assessment that will allow the patient to return to campus
- If patient is not admitted by the inpatient psychiatric facility, patient must establish contact with a designated university office for assessment
- Return to academic and campus activities may be contingent upon a number of visits to Student Health or Counseling, to be determined by the BHI team



Postvention Recommendations

Each University should establish a Postvention Committee to coordinate and communicate regarding the following:

- Reducing risk of suicide contagion
- Support to survivors
- Support to healthcare providers
- Dissemination of factual information as appropriate
- Condolences to family
- Coordination of information and records to next of kin
- Consideration of legal issues



**BEHAVIORAL HEALTH
INTEGRATION IN THE
UNIVERSITY SETTING**

CONSENSUS RECOMMENDATIONS of the Florida
Academic Healthcare Patient Safety Organization's
Behavioral Health Integration Task Force

The logo of the Florida Academic Healthcare Patient Safety Organization (PSO) is located on the right side of the lower section. It is a circular emblem with a blue border containing the text "FLORIDA ACADEMIC HEALTHCARE" at the top and "PSO" at the bottom. The center of the emblem features a stylized yellow and blue graphic.



Questions

