



Executive Summary

Michigan State University

*Strategy & Recommendations:
Designing a Continuum of
Student Health and Wellness
Services*

September 20, 2016

Introduction

Keeling & Associates, LLC (K&A) has worked with Michigan State University (MSU; the University) to support, advance, and accelerate a process of developing and designing a comprehensive strategy and associated recommendations for the integration of the University's counseling and psychiatric services for students.

At the President's request, the Provost and Vice President for Student Affairs and Services (VPSAS) identified an Action Committee—comprised of leadership and staff from Student Health Services, Psychiatry Services, and the Counseling Center, as well as members of the faculty—that was charged with leading the development of the strategy. The Action Committee discussed potential organizational structures, service models and philosophies, and care coordination, and K&A provided facilitation, consultation, and technical assistance to support their work during two campus visits and via remote assistance. This document summarizes the Action Committee's conclusions and recommendations, supplemented by recommendations and comments from the consultants.

Conclusions and Recommendations

Organizational Structure

- ▶ Establish a new multi-disciplinary, inter-professional model of care and services for students that integrates not only Psychiatry Services and the Counseling Center, but also Student Health Services, including primary care and health promotion. The fully-integrated service should be named Student Health and Wellness Services and led by an Executive Director of Student Health and Wellness Services.

Rationale: Integrations of selected elements of student health and wellness services that do not incorporate all aspects of care—health, mental and behavioral health, and wellness/health promotion—rarely succeed; they result in a different organization of incompletely linked entities that preserves, though it reorients, silos. Existing connections between health (notably primary care) and counseling and psychiatric services are an institutional strength that must be preserved in the creation of a new continuum of care. As a leading participant in the National College Depression Partnership (NCDP), Student Health Services began screening primary care patients for depression in 2008; although NCDP funding ended in 2012, the health service successfully institutionalized the program, and has continued to screen patients—more than 8,000 annually—contributing to early detection of mental and behavioral health issues, improved access and referral, and enhanced case management functions. These efforts, which are now widely considered a best practice in collegiate health care, acknowledge a series of important, interrelated factors pertaining to access of counseling and psychological/psychiatric services, as follows:

- Primary care providers frequently encounter and refer students with mental and behavioral health concerns,¹ but
 - Students with those concerns often do not disclose them “up front,” and
 - Screening allows students to acknowledge symptoms they may not have articulated to others or themselves, and
 - Many students are more comfortable seeking initial care from primary care providers (in Student Health Services or the Neighborhoods) than from mental health professionals.
- ▶ The primary criteria for inclusion in the newly-integrated entity will be that staff in the program or service provide individualized care and services to students, document those interactions, and will have access to, utilize, and/or communicate through the electronic health record (EHR) system. These criteria have implications for the following two programs currently within the Counseling Center:
- The Testing Office, which coordinates academic programs and services unrelated to health and wellness, should be relocated within the Provost’s portfolio.

¹ In 2014/2015, 30% of Counseling Center clients had also received treatment from Student Health Services. Source: Counseling Center 2014/2015 Annual Report.

- The Sexual Assault Program (SAP) should be retained as part of the integrated entity but maintain a separate intake system and office due to professional ethics, best practices, and federal and state requirements. SAP should be led by an Assistant Director with a direct report to the Executive Director.

Leadership Structure

- ▶ Executive Leadership Structure: It is the strong recommendation of the consultants, with the concurrence of the Action Committee, that (1) Student Health and Wellness Services report administratively and organizationally in the portfolio of the Office of the Provost, and (2) the Executive Director of Student Health and Wellness Services report either directly to the Provost and be part of the executive leadership team in Academic Affairs, in which case the position would carry the joint title Associate Provost/Executive Director, or to a new Associate Provost for Health and Wellness, who would in turn report to the Provost.²
- ▶ The consultants recommend that the University seek to recruit and place a known and trusted member of the University community as an interim Executive Director who can effectively and immediately lead, manage, and expedite the initial implementation of the integrated entity.
- ▶ The Associate Provost should have another parallel direct report, an Executive Director of Employee Health and Wellness, who would oversee health and wellness-related functions that do not involve individual patient care, documentation, and utilization of the EHR system.³

² Student Health Services, which includes Psychiatry Services, currently reports to the Provost; the only proposed organizational change is for the Counseling Center to move into that portfolio from the Division of Student Affairs and Services. The Executive Director should have a dotted-line report to the VPSAS to maintain a channel for communication with student-serving functions that contribute to access of health and wellness services, but that dotted-line report should not involve direction, supervision, or any official oversight of human, financial, or other resources for the integrated entity.

³ The first priority for implementation will be creation of the position of Executive Director for Student Health and Wellness Services and appointment of an interim incumbent. Creation of the parallel position for Employee Health and Wellness Services might be accomplished by repurposing the current position of University Physician. Until that position is established, the Executive Director for Student Health and Wellness Services should report directly to the Provost; once both Executive Director roles exist, the new Associate Provost position will be needed.

- ▶ Internal Leadership Structure: The Executive Director should have four primary direct reports, appointed at the director level, to oversee the major functions in Student Health and Wellness Services: Health, Counseling and Psychiatric Services (CAPS),⁴ Wellness, and Business and Operations. The Executive Director and four Directors will comprise the primary leadership team of the integrated entity, but their leadership must be complemented by an expanded team of partners to ensure regular and consistent communication and collaboration within and beyond the integrated entity, including, but not limited to, the Neighborhoods and MSU's colleges; this expanded team may be articulated through dotted-line reports. The Directors of the four units will need to be further supported by Associate and/or Assistant Directors to adequately supervise, manage, and engage the full range of clinicians and professionals-in-training in the integrated entity.

- ▶ A proposed organization chart illustrating the Action Committee's recommendations for the organizational and leadership structure of Student Health and Wellness Services is included at the end of this document.

Human Resources

- ▶ As soon as possible, Student Health and Wellness Services must increase its complement of counseling providers, consistent with national standards and best practices, in order to provide adequate and timely direct service to students, better meet the demand for appointments and respond effectively to the acuity and severity of student issues, and enable the integrated entity to fulfill the expected outcomes of the President, including, but not limited to, co-located delivery of counseling and psychological/psychiatric services.

- ▶ Access to and utilization of counseling services at MSU are serious concerns, and the major barrier is clearly inadequate human resources:
 - The Counseling Center's student/provider ratio— 1:5,000 in 2014/2015, including SAP providers—is far below the average among MSU's peers in the Big Ten Conference (1:2,000) and the ratio recommended by the International Association

⁴ The consultants strongly recommend that there be a single Director of CAPS to oversee both counseling and psychiatry.

of Counseling Services (1:1,000-1,5000), which is responsible for the Counseling Center's accreditation.

- The Counseling Center provides direct service to only 5-6% of the student population, including SAP services, while institutions of MSU's size and enrollment customarily provide direct service to at least 10% of the student population, *excluding sexual assault services*.
 - The shortage of professional counseling providers increased the Counseling Center's reliance on trainees in the doctoral internship program for direct clinical services to students: at least 38% of those service are provided by trainees, an unacceptably high proportion that may endanger the training program's accreditation.
 - The shortage of counseling providers has increased demand on Psychiatry Services —the total number of psychiatry visits increased 36% between 2012/2013 and 2015/2016—which experiences its own challenges with recruitment and retention of providers. Diversion of students who need psychological services from counseling to psychiatry because of serious staffing shortages is a poor use of limited resources that compromises the availability of psychiatric services, as well.
 - As of the date of this report, the staffing situation in the Counseling Center has become critical, with no fewer than six vacant counseling provider positions due to recent and anticipated retirements, resignations, and one employee death. Even if the Counseling Center were fully staffed, it is unlikely that the current number of funded FTE providers would be able to provide levels of direct service consistent with national standards and best practices.
- ▶ The Action Committee recommends that counseling providers hold 12-month appointments in order to effectively contribute to a coordinated continuum of health and wellness services at MSU. The consultants strongly affirm and endorse this view. The Committee's rationale includes the following:
- The Counseling Center attributes the current 10-month appointment model as a primary reason that recent searches failed to secure replacements; counseling

centers among MSU's peers in the Big Ten Conference have 12-month appointment models, and full-year appointments are also now normative across the broad field of college and university counseling and mental health services.

- Providers need to utilize the summer to perform critical preparatory and developmental work activities when demand for services is lower, including, but not limited to, program assessment and development, ongoing supervision of trainees (who hold 12-month appointments, unlike their supervisors), research and data analysis, grant writing and fundraising, professional development, and collaboration and team-building with other providers and staff in the newly-integrated entity.
- ▶ Additional recommendations and comments concerning staffing include the following:
 - Counseling requires a minimum of four licensed counseling and clinical psychologists for the purposes of the doctoral training program and its accreditation with the American Psychological Association (APA), which is scheduled for review next year.
 - Training and professional development should be integrated across all providers in counseling and psychological/psychiatric services, including in multicultural competency training; establishing a training “umbrella” across services will yield natural ways for providers to support one another and work collaboratively to continually improve services while maintaining respect for their individual disciplines.
 - The consultants believe that a commitment to a coordinated continuum of care, as well as to the above staffing and training recommendations, will contribute positively to recruitment and retention of providers in the future.

Access and Service Delivery Model

- ▶ Students will access counseling and psychological/psychiatric services through a single point of entry: all students who wish to secure an appointment may do so either in person (at a central location or in the Neighborhoods), by telephone, or—ultimately—online, regardless of how or where they first come into contact with or are referred for services in the integrated continuum of care.

- ▶ A group of providers and staff will be assigned to intake and triage; this may include remote options, including initial contact by telephone in order to improve access. The providers and staff assigned to intake may rotate to share this assignment equitably across the integrated service. The final outcome will be a common and consistent point of entry for students—a streamlined system that requires a uniform set of information, regardless of who conducts the intake—from which multiple pathways of follow up, treatment, and/or referral may emerge.
- ▶ Successful implementation of the access and service delivery model assumes (1) successful implementation of the shared EHR system (see below), and (2) a full complement of counseling and psychiatric providers.
- ▶ Guidelines for the duration of care should be determined through the following:
 - Entrust providers to design care models that best suit the needs of students, both as individuals and as a community, to most effectively support their success within the limited resources available in the continuum of care.
 - Institute clearly-defined measures of data collection, analysis, and accountability, regarding both programs and services and individual providers, to identify and explicate the reasons for differing levels of service and productivity (numbers of unique clients, scheduled visits, etc.) above or below the guidelines, and respond with appropriate measures.
 - Plan and implement an initial program review, which may be conducted by an external team, to (1) evaluate the effectiveness of the guidelines and review process and (2) issue recommendations for further and continuous improvement.

Inter-Professional Care and Services

- ▶ Student Health and Wellness Services should affirm and embrace the values of teamwork, collaboration, and diversity through:

- A collaborative, team-based approach to care. Collaborative teams will include an interdisciplinary blend of providers and staff—psychiatrists, counseling and clinical psychologists, social workers, nurses, primary care providers (physicians, physician assistants, and nurse practitioners), and allied health professionals—who will work with students to develop individualized health care plans, goals, and intended outcomes. Collaborative teams should include academic advisors, as well.
- A commitment to diversity and inclusion in which (1) multicultural competence is a shared expectation, responsibility, and requirement for ongoing training and professional development; and (2) leadership prioritizes increasing and maintaining the diversity of providers and staff across the integrated entity.

Campus-Wide Health and Wellness Network

- ▶ Embed licensed counseling providers (1) in the Neighborhoods, in addition to existing primary care providers and health promotion and education programs, and (2) in the University’s colleges, where they might be cross-trained with academic advisors.
- ▶ Expand the use of group therapy and workshops in the Neighborhoods.
- ▶ Consider the development of advisory groups that include representatives from the web of connections on campus—in university administrative offices, colleges and departments, programs and services, and student clubs and organizations—and off-campus partners among local healthcare providers and agencies.
- ▶ Implement a 24-hour phone hotline for all integrated services.
- ▶ Ensure robust partnerships and collaboration between student and employee health-related programs.

Online Services

- ▶ Implement the new shared EHR system, AthenaHealth®, scheduled to launch on November 8, 2016; this will be an integral, early step in facilitating improved collaboration between services and increasing quality of care and services.

Implementation Process

- ▶ The Action Committee carefully considered how to design and implement the quick-term outcomes expressed by the President in her mandate and charge—in particular, online tools and co-located delivery of services—and identified the following challenges to successfully fulfilling those outcomes during Fall 2016:
 - The significant investment of human and other resources required to implement the shared EHR system⁵ will limit capacity to explore, design, evaluate, and train providers and staff in the use of online tools and resources. The integrated entity should focus on implementation of EHR as a quick-term outcome; consider other low-intensity online and technological interventions to improve efficiency and communications (including website updates, online appointment scheduling, and videoconferencing); and evaluate online tools as part of the implementation plan.
 - The critical shortage of providers in the Counseling Center leaves it severely under-resourced and unable to contribute staff to any meaningful attempt at co-location with Psychiatry Services; increasing the complement of counseling providers must be an initial and immediate priority.
 - Co-location may be further complicated by the need to evaluate and assess space options, as well as by the current accreditation requirements of the separate units.
- ▶ While co-located delivery of services is complicated by a variety of factors, providers and staff in Student Health and Wellness Services should begin to function as an integrated unit, as if they were already co-located. Specifically:
 - Services should be delivered in a more integrated, collaborative, and cross-functional manner, even though they will still be located in different places. EHR technology can and should be used as a means to improve collaboration, communication, and delivery of services before co-location can be achieved.

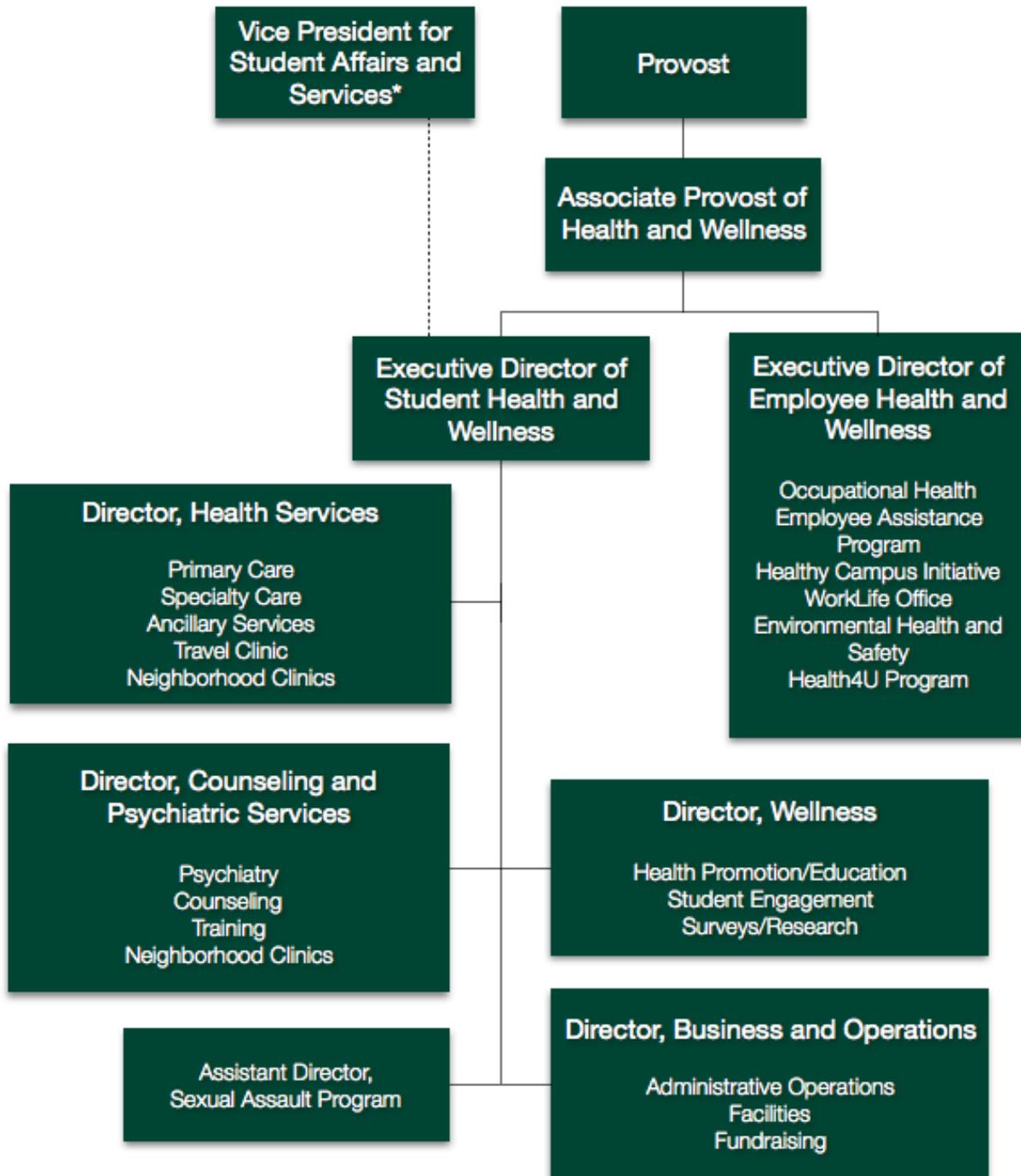
⁵ AthenaHealth® is not designed for counseling and psychological/psychiatric services and will require significant customization. Providers in Psychiatry Services already anticipate reducing direct service to students by 50% for the initial period of the transition.

- Aspects of inter-professional culture will require careful attention to ensure successful integration of services, including (1) guidelines for dialogue and decision-making to ensure respect for the autonomy, traditions, and values of individual professional disciplines and approaches within the context of a collaborative, inter-professional approach; and (2) better and more transparent communication within and across units, including both formal and informal opportunities to meet, gather, and develop relationships and trust.
- ▶ The Action Committee recommends the following outcomes for Fall 2016:
- September: Review and finalize strategy and recommendations for the new continuum of care; determine final organizational⁶ and leadership structures and key aspects of new service models; review changes with staff throughout health and counseling services and campus partners; communicate changes to students
 - October: Implement organizational restructuring and recruit and place an interim Executive Director; create detailed, comprehensive implementation plan and timeline; begin process of securing additional positions in counseling and psychiatry
 - November: Implement the shared EHR system
 - December: Semester-end progress report
- ▶ Beginning in January 2017, the interim Executive Director should initiate an inclusive and transparent process to implement the recommendations and work with MSU administration to attend to questions about staffing, facilities, and financial models and resources required to support and sustain the newly-integrated entity.
- ▶ Items identified by the Action Committee in this report as requiring further discussion and decision-making during the implementation process include the following:
- Policies and guidelines for determining duration of care
 - Design of care or practice models, or designation of theoretical approaches and evidence-based practices, that will guide counseling practices and clinical decision-making
 - Online initiatives and new technology

⁶ Responsibility for reorganizing the reporting line for counseling services will rest with University leadership.

- Identification of space for full co-location of services
 - Funding models (including, but not limited to, access to psychiatry services)
 - Comprehensive branding of the integrated entity and communication strategies to promote changes to programs and services
- ▶ Topics not addressed by the Action Committee in this report, but which will require the attention of collaborative leadership in the integrated entity, include policies for follow-up and termination of care, case management, and relationships with local providers.

Proposed Organization Chart—Student Health and Wellness Services



*Dotted-line report to articulate a pathway for collaboration and communication with the Division of Student Affairs and Services, as well as input from the VPSAS, but without involving direction, supervision, or oversight of human, financial, and other resources for the integrated entity.