# The Integration of the Primary Care Behavioral Health Model into On-Campus Medical Centers: A Model for Effective Integration and Positive Student Outcomes

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## Abstract

Traditional models of mental health treatment struggle to meet the increasingly complex needs of students in higher education. Implementation of the Primary Care Behavioral Health (PCBH) Model into student health centers increases access to behavioral health services for enrolled students (1). Furthermore, embedded behavioral health consultants within on-campus health systems reaches a population not otherwise accessing services and improves holistic health care and wellness for students.

## Background

Over 60% of college students have one or more mental health concerns resulting in an increased demand for mental health treatment (2, 3). In addition, students with marginalized identities continue to have the lowest usage of mental health services (2). This increased demand for mental health care is coupled with a reported preference for addressing behavioral health concerns in primary care office settings rather than being referred for specialty mental health care (4).

At Rutgers University- New Brunswick, the college counseling center (CAPS) provides robust mental health, substance use, and psychiatry services that are housed in a separate location from the three student health centers. Previous attempts at integrated behavioral health within Rutgers Student Health began in 2013 with counselors spending one afternoon per week at the three health centers. Obstacles within this model included availability of counselors, limited relationships with health center staff, and lack of knowledge of health center processes. Outside of this framework, health center staff would refer students with behavioral health concerns to CAPS by providing the CAPS phone number for the student to call or, in cases of psychiatric emergency, contacting the CAPS on-call counselor directly. These remote connections with CAPS left health center staff unsure of students’ dispositions and delayed connection to care. With this new model, we show that embedding mental health professionals in the student health centers increases connection to behavioral health services for students not otherwise accessing mental health care.

## Logistics

- Based on the PCBH Model, a behavioral health consultant (BHC) was located in-person at Hurtado Health Center (HHC), the largest of three student health centers, five days per week for spring 2023 semester
- Clinicians, nurses, and front desk staff were advised to contact BHC immediately in-person or via phone when a student with behavioral health concerns was identified either through clinical interaction or review of the Personal Health History form
- If immediately available, the BHC briefly reviewed the student’s chart and conducted an initial behavioral health consultation in the exam room (for HHC) or via phone (for Busch Livingston and Cook Douglass Health Centers) as a warm handoff
- If the BHC was not immediately available, the referring provider would document referral in the EMR and schedule an initial appointment with the BHC based on student availability as a cold handoff
- BHCs would meet with students for 15 to 30 minutes and schedule follow-up appointments as clinically indicated
- BHCs consulted with referring provider after meeting with the student to coordinate care and follow-up

## Results

### SUCCESSFUL CONNECTION RATE

<table>
<thead>
<tr>
<th></th>
<th>ALL REFERRALS</th>
<th>WARM HANDOFF</th>
<th>COLD HANDOFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>% CONNECTED</td>
<td>81%</td>
<td>100%</td>
<td>72.9%</td>
</tr>
</tbody>
</table>

### TYPE OF APPOINTMENT GENERATING REFERRAL

- Routine medical
- Acute medical
- Custody
- Other

### % WARM HANDOFFS SUCCESSFULLY CONNECTED BY LOCATION

<table>
<thead>
<tr>
<th>Location</th>
<th>% Connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHC</td>
<td>32%</td>
</tr>
<tr>
<td>BUSCH LIV</td>
<td>29%</td>
</tr>
<tr>
<td>HURTADO</td>
<td>22%</td>
</tr>
</tbody>
</table>

## Summary

Embedding a behavioral health consultant (BHC) in one student health center increased access and decreased barriers to mental health care for students not previously or currently connected to behavioral health treatment. When referred via warm handoff, 100% of students successfully connected with a BHC. 82% of students who met with a behavioral health consultant were not currently connected to on-campus or community-based mental health providers. With this model, health center staff were able to address mental health and substance use concerns that presented during medical appointments in a timely manner. Increasing access to behavioral health services in the health centers can lead to earlier detection of at-risk students and prevent the development of severe, acute, and persistent psychiatric conditions.

Limitations: Implementation was limited by staff with one behavioral health consultant located at one site with non-clinical duties limiting availability for warm handoffs and appointments.

## Future Directions

- Increase staffing of behavioral health consultants to all three health centers to increase warm hand-off availability
- Develop behavioral health vitals to improve screening and identification of students with mental health and substance use needs
- Create targeted clinical interventions and training for clinical staff around to top student behavioral health concerns
- Identify clinical pathways to connect students in need to behavioral health consultants including for eating disorders and gender-affirming care

## References


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