

Weaving a Safety Net: Care Transitions

UWM Norris Health Center
Screening Program
and
Community Partnerships

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About UWM

- 4 year public university
- Approximately 27,000 students
- Top issues reported by students affecting academic performance include stress, anxiety, depression, work, sleep difficulty



UWM Campus & Community Safety Net

- I. Norris Health Center Depression and Suicide Screening Program

- II. Milwaukee Community Partnerships



Screening Program Planning

SAMHSA GLS Grant Activity 3:

- Offer and promote screening and referral via web-based self-screening tools, campus-wide and targeted screening events, and **screening and referral protocols for medical appointments.**

Screening Program Planning

Key Goals:

- Increase the ability of the NHC primary care clinic to identify students at risk
- Increase help-seeking behavior among students in need of services
- Establish a mental health screening & referral process to enhance services for UWM students



Screening Program Planning

- Fall 2013 met w/ Counseling & Clinical Services Directors to discuss implementation at Norris
- Grant co-PI, Counseling/Clinical Directors, Crisis Counselor identified screening tools (PHQ-2, PHQ-9, C-SSRS) and protocols for triage
- Identified curriculum for primary care provider education needs
- Developed Position Description for Graduate Student Screener

Screening Program Planning-Pilot

- Spring 2014 screening protocols and triage guidelines finalized:
 - Tier 1 screening (PHQ-2) given to all medical clinic patients and scored by RN or MA prior to medical appt. with RN or PCP
 - Tier 2 screening (PHQ-9 & C-SSRS screen version) by graduate student
- Graduate Student Screeners hired February 2014
- Norris PCPs & Graduate Student Screeners trained February/March 2014
- Pilot program began 3/17/14

Mental Health Referral Guidelines

	PHQ < 10	PHQ 10-14	PHQ 15-19	PHQ = or > 20
0 Yes Responses	1. Self-Management Skills 2. RTC if sx increase	1. Ref. to Counseling 2. Self-Management Skills	1. Clear Action Plan with Rec. to call Crisis Coun. (CC) 2. Explain CCSU service options 3. Self-Management Skills 4. F/U PC if no call made to CC	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week 2. Explain CCSU service options 3. Self-Management Skills 4. F/U PC if no call made to CC
Q1	1. Consider Counseling Ref. 2. Self- Management Skills	1. Ref. to Counseling 2. Self- Management Skills	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. for F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. for F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC
Q2	1. Consider Counseling Ref. 2. Self- Management Skills	1. Ref. to Counseling 2. Self- Management Skills	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. for F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Same Day MH Assessment
Q3	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. For F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. For F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Same Day MH Assessment	1. Same Day MH Assessment
Q4	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment
Q5	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment
Q6 > 1 year ago	1. Consider Coun. Ref. OR 2. Consider speaking with crisis/on call coun. For F/U plan 3. Self- Management Skills	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. for F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Same Day MH Assessment	1. Same Day MH Assessment
Q6 > 3 mos. ago but < 1 year ago	1. Clear Action Plan with Rec. to call Crisis Coun. within 1 week OR 2. Speak with crisis/on call coun. for F/U plan 3. Explain CCSU service options 4. Self- Management Skills 5. F/U PC if no call made to CC	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment
Q6 < 3 mos. ago	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment	1. Same Day MH Assessment

C-5515 Questions: YES RESPONSES

Screening Program Planning-Pilot

Performance Goals:

1. 90% of students screening positive on Tier 1 **offered** Tier 2 screening
2. 50% of students screening positive on Tier 1 **seen** for Tier 2 screening
3. 90% accuracy by graduate student screeners triaging students to counseling per guidelines
4. 50% of students referred by graduate student screeners to counseling actually called and/or seen by counselor

Spring 2014 Pilot

Mondays & Wednesdays 3/17/14 through 5/14/14

Quantitative Performance Measure	Patients (N and/or %)
Tier 1 screened	1070
% Positive on Tier 1	7.5% (80)
% Positive on Tier 1 that were Tier 2 screened	31% (25)
% Positive on Tier 2 referred to counseling	76% (19)
% Positive on Tier 2 evaluated by counseling	37% (7)

Spring 2014 Pilot

Did we meet the Performance Goals?

Performance Goal	Met - Yes or No?
90% positive on Tier 1 offered Tier 2 screening	No (~89%)
50% positive on Tier 1 seen for Tier 2 screening	No (31%)
90% accuracy of GSS triaging to counseling per guidelines	Yes (96%)
50% referred by GSS to counseling actually called and/or seen by counselor	No (37%)

Spring 2014 Pilot

Issues to Address:

- Limited space to conduct Tier 2 screening
- % screening positive on PHQ-2 (7.5%) lower when compared to literature & NCHA data
- PCPs reported difficulties referring/reinforcing students for Tier 2 screening
- Graduate Student Screeners screened an average of 1.4 patients per day; time underutilized
- Graduate Student Screeners reported difficulties w/ phone call follow-ups with patients

Spring 2014 Pilot

Corrective Actions:

- Due to space constraints continue to screen 2 days per week
- Use 3 as the cut-off for a positive PHQ-2 result
- Revise Tier 1 screening form - space to document Tier 2 screening recommendation, resource and/or referral materials distributed
- Work w/ PCPs to identify ways to encourage patients to pursue referral to Tier 2 screening
- Discuss ways to follow-up with patients referred to counseling by Graduate Student Screeners

Fall 2014/Spring 2015 Implementation

One New Performance Goal:

- Increase % of students screening positively on PHQ-2 for depression from 7.5% to a minimum of 10%

Fall 2014/Spring 2015 Implementation

Mondays & Thursdays:

Fall Semester (9/29/14 – 12/18/14)

Spring Semester (1/26/15 – 5/14/15)

Quantitative Performance Measure	Patients (N and/or %)
Tier 1 screened	2809
% Positive on Tier 1	11.1% (313)*
% Positive on Tier 1 that were Tier 2 screened	33% (103)
% Positive on Tier 2 referred to counseling	87% (90)
% Positive on Tier 2 evaluated by counseling	53% (48)



Fall 2014/Spring 2015 Implementation

Did we meet the Performance Goals?

Performance Goal	Met - Yes or No?
Increase % screening positively on PHQ-2 for depression (7.5% to a minimum 10%)	Yes (11.1%)
90% positive on Tier 1 offered Tier 2 screening	Yes* (94% Spring 2015)
50% positive on Tier 1 seen for Tier 2 screening	No (33%)
90% accuracy of GSS triaging to counseling per guidelines	Yes (93%)
50% referred by GSS to counseling actually called and/or seen by counselor	Yes (63%)

Fall 2014/Spring 2015 Implementation

Issue to Address:

- Follow-up documentation for students referred to counseling but not pursuing referral

Corrective Actions:

- Documenting all phone calls in clinical record emphasized during screener training
- One Graduate Student Screener for Tier 2 will improve follow-up consistency and collaboration with crisis counselor

Sustainability – Fall 2015 & beyond

- Met w/ Helen Bader School of Social Work spring 2015 to organize field placement site at Norris Health Center for 2nd year MSW students
- Recruitment took place June 2015, one student selected
- Student will screen 18-20 hours per week from September 2015 – May 2016, 2 days per week
- Student will develop SBIRT protocol for alcohol to incorporate in Tier 2 screening spring 2016

Sustainability – Fall 2015 & beyond

Mondays & Thursdays 9/21/15 – 12/17/15

Quantitative Performance Measure	Patients (N and/or %)
Tier 1 screened	910
% Positive on Tier 1	10.5% (96)
% Positive on Tier 1 that were Tier 2 screened	41% (39)
% Positive on Tier 2 referred to counseling	84% (32)
% Positive on Tier 2 evaluated by counseling	50% (16)

Sustainability – Fall 2015 & beyond

Did we meet our performance goals?

Performance Goal	Met - Yes or No?
Increase % screening positively on PHQ-2 for depression (7.5% to a minimum 10%)	Yes (10.5%)
90% positive on Tier 1 offered Tier 2 screening	Yes (100%)
50% positive on Tier 1 seen for Tier 2 screening	No (41%)
90% accuracy of GSS triaging to counseling per guidelines	Yes (97%)
50% referred by GSS to counseling actually called and/or seen by counselor	Yes (50%)



Key Data Points To Date:

Quantitative Performance Measure	Spring 2014 (YR1 pilot)	Fall/Spring 2014-2015 (YR2)	Fall 2015 (YR3)
% Positive on PHQ-2	7.5%	11.1%*	10.5%*
% Positives on PHQ-2 seen for Tier 2 screening	31%	33%	41%
% Positive on Tier 2 evaluated by counseling	37%	53%	50%



Overall Takeaways:

- All students accessing primary care 2 days/week screened
- Heightens awareness of PCPs w/ regard to depression, suicidal ideation
- Students who may not have met w/ CCSU staff are being referred
- Offers unique training site for second year MSW student
- Space constraints –only room for GSS 2 days/week
- Staff constraints implementing SBIRT protocol
- Important to be intentional & diligent about providing support for screening staff (i.e. guides)
- There is always room for growth and improvement

Milwaukee Community Partnerships

SAMHSA GLS Grant Activity 1 (3.0):

- Establish MOUs with key community partners and providers

Milwaukee Community Partnerships

Assisting UWM Students in Mental Health Crisis Survey:

- 25 of 73 community providers responded
- Responders detailed available services, locations/hours, accepted forms or payment, LGBT+ affirming/inclusive, etc.
- Summarized responses organized & posted on UWM's Mental Health Resources website (<http://uwm.edu/mentalhealth/>)

Community Organization Partners:

- Prevent Suicide Greater Milwaukee, Columbia St. Mary's Hospital, REDgen, WISE, NAMI Greater Milwaukee



Milwaukee Community Partnerships

- Collaborative agreement developed & signed with Columbia-St. Mary's (CSM) Hospital's Behavioral Health unit AND the Prevent Suicide Greater Milwaukee Coalition (PSGM).
- No MOU but arrangement deemed to be mutually-beneficial to both entities
- CSM & PSGM representatives agreed to attend semi-annual advisory committee meetings to provide consultation/support for grant activities
- Facilitates sharing of unidentified data related to UWM students who access mental health care at CSM



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