INNOVATIONS IN ACCESS:
THE UT BART MODEL

Brief Assessment and Referral Team
The University of Texas at Austin
Counseling and Mental Health Center
What is BART

• Brief Assessment and Referral Team
  • Mental Health Triage
  • Crisis Intervention
  • Case Management
  • Referral Assistance
  • A little bit of everything
History and Development

- Born out of crisis and a medical model
  - 2010 UT Shooting
  - Use for crisis services
  - Expansion to all services
  - Establishment of a team
What we do!

- Triage all students requesting services at CMHC including requests for counseling, group, psychiatric services, crisis appointments etc.

- Assess the client’s resources for services outside CMHC

- Determine the disposition for that client and connect the client to the appropriate service (i.e. counseling, single sessions, AOD, ME, VAV, SDA, group, psychiatry, campus resource, off-campus resource, case management, IOP.)

- Present SDAs to crisis teams

- Coordinate hospitalizations
How do we triage...

- Let’s take a look at the triage template in PnC!
  - It guides a lot of what we do and helps walk us through the process.
How do we triage...
How do we triage…

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presenting Concerns (required)</strong></td>
</tr>
<tr>
<td>- Enter text here</td>
</tr>
<tr>
<td><strong>History of Mental Health Treatment (Hospitalizations, Outpatient)</strong></td>
</tr>
<tr>
<td>- Previous Psychiatric Hospitalization</td>
</tr>
<tr>
<td>- Previous Counseling/Psychiatry outside of CMHC</td>
</tr>
<tr>
<td>- Enter text here</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
</tbody>
</table>
| - Current Psychiatric Medications:  
  - Yes  
  - No  
  - [clear] |
| - Current Non-Psychiatric Medications:  
  - Yes  
  - No  
  - [clear] |
| - Enter text here |
| **Health Insurance Information:** |
| - Student reported having health insurance |
| - Student reported having health insurance but expressed concern about using insurance |
| - Student denied having health insurance |
| - Student reported being unsure if they have health insurance |
| - Unsure of insurance carrier |
| - Enter text here |
How do we triage...

<table>
<thead>
<tr>
<th>Community Counselor Preferences</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Location</td>
</tr>
<tr>
<td>Location</td>
<td>Client</td>
</tr>
<tr>
<td>Client</td>
<td>Transportation</td>
</tr>
<tr>
<td>Transportation</td>
<td>Other Request</td>
</tr>
</tbody>
</table>

**Symptoms / Risk Factors:**
- Depression
- Anxiety
- Sleep Disturbance
- Substance Abuse
- Trauma
- Eating Disorder Symptoms
- Suicidal Ideation
- Homicidal Ideation
- Self-Injury
- Recent Loss/Grief
- Relationship Violence
- Victim of Stalking
- Academic Distress
- Psychotic Symptoms
- Other Symptom

< Enter text here >
How do we triage...

<table>
<thead>
<tr>
<th>Mental Status</th>
<th>All Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect:</td>
<td></td>
</tr>
<tr>
<td>Mood:</td>
<td></td>
</tr>
<tr>
<td>Attitude:</td>
<td></td>
</tr>
<tr>
<td>Insight:</td>
<td></td>
</tr>
<tr>
<td>Oriented to Person:</td>
<td>Yes</td>
</tr>
<tr>
<td>Oriented to Place:</td>
<td>Yes</td>
</tr>
<tr>
<td>Oriented to Time:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Appearance</th>
<th>All Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Activity:</td>
<td></td>
</tr>
<tr>
<td>Eye Contact:</td>
<td></td>
</tr>
<tr>
<td>Judgment:</td>
<td></td>
</tr>
<tr>
<td>Thought Process:</td>
<td></td>
</tr>
<tr>
<td>Speech:</td>
<td></td>
</tr>
<tr>
<td>Memory:</td>
<td></td>
</tr>
<tr>
<td>Attention/Concentration:</td>
<td>Intact</td>
</tr>
</tbody>
</table>

< Enter text here >
How do we triage...

<table>
<thead>
<tr>
<th>Interventions and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check the First Three</strong></td>
</tr>
<tr>
<td>□ Advised of CMHC services</td>
</tr>
<tr>
<td>□ Advised to use CMHC SDA and CMHC Crisis Line as needed</td>
</tr>
<tr>
<td>□ Advised to return to CMHC if sx's increase/worsen</td>
</tr>
<tr>
<td>□ Advised that referral to the community may be a more appropriate fit for presenting concerns but client declined referrals and wishes to pursue treatment at CMHC</td>
</tr>
<tr>
<td>□ Advised that treatment plan and counseling options are subject to change upon collaboration with CMHC clinician</td>
</tr>
<tr>
<td>□ Advised that student will be seeing a trainee under supervision who may record sessions</td>
</tr>
<tr>
<td>□ Explained CMHC Psychiatry requirements of ADHD testing that has been completed in the past three years</td>
</tr>
<tr>
<td>□ Explained and had student sign &quot;Consent to Treat a Minor Form&quot;</td>
</tr>
<tr>
<td>□ Counselor reviewed treatment options and client opted for community referrals</td>
</tr>
<tr>
<td>□ Advised student's options for ongoing counseling would be a referral to the community and/or CMHC group. Student requested a single session.</td>
</tr>
<tr>
<td>□ Offered CMHC Crisis appointment but client declined</td>
</tr>
</tbody>
</table>

*Enter text here*
How do we triage...
Dispositions

- Crisis Appt
- Routine Appt.
- Single Session
- Campus Resource
- Specialty Appt.
- Referral off-Campus

BART
**Finished Product!**

**SPEDE TEST RECORD**
- Date: 7/12/2018
- Time: 11:57 AM
- Patient Name: SPEDE
- DOB: 9/23/1983
- Age: 34 yrs
- Sex: Male
- Notes: 7/12/2018 11:57 AM with JAVIER LCSW for CMHC MISCELLANEOUS NOTE
- Encounter #: 512650-36

**The University of Texas at Austin Counseling and Mental Health Center Triage Note**

**Confidentiality and Informed Consent**
- Confidentiality reviewed with student(s): Yes
- Informed consent reviewed with student(s): Yes

**Type of Triage Visit**
- Type of Contact: In-person
- Client Reasoning: Same Day Appointment

**Client Status**
- Current UT Student: Yes
- Level: Undergraduate
- College / School: Natural Sciences
- Current CMHC Client: No
- Former CMHC Client: No

**Contact Information**
- Phone Number: 999-999-9999
- Permission to Leave Voice Mail: Yes
- Student's Pronouns: She/Her

**Assessment**

**Presenting Concerns**
- Client reported she has been struggling with a depressive episode for the past 2-3 weeks. Client reported she suspects this episode is related to the recent 1 and a 2-year romantic relationship. Client endorsed depression symptoms including low mood, isolating from friends, fatigue, excessive sleeping and loss of motivation. Client endorsed SI with thoughts of overdosing on medication. Client reported she struggled with these thoughts as a recent as this morning.
**Finished Product**

<table>
<thead>
<tr>
<th>History of Mental Health Treatment (Hospitalizations, Outpatient)</th>
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<tbody>
<tr>
<td>+ Previous Psychiatric Hospitalization + Previous Counseling/Psychiatry outside of CMHC.</td>
</tr>
<tr>
<td>Client reported she was hospitalized during her senior year of high school (2016) after reporting SI to her parents.</td>
</tr>
<tr>
<td>Client reported she was in IOP tx, outpatient counseling and psychiatric for a year following the hospitalization. Client reported she hasn't been in tx for the past 6 months.</td>
</tr>
</tbody>
</table>

**Medications**
- Current Psychiatric Medications?: No
- **Current Non-Psychiatric Medications**: Yes
- Birth Control

**Health Insurance Information**: Student reported having health insurance
- Blue Cross Blue Shield

**Symptoms / Risk Factors:**
- Depression; Anxiety; Sleep Disturbance; Suicidal Ideation; Recent Loss/Grief.
- No Substance Abuse, No Homicidal Ideation, No Self-Injury, No Relationship Violence, and No Victim of Stalking.

**Mental Status**
- **Affect**: Flat
- **Mood**: Depressed
- **Attitude**: Cooperative
- **Insight**: Present
- Oriented to Person: Yes
- Oriented to Place: Yes
- Oriented to Time: Yes
**Finished Product**

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
</tr>
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<tbody>
<tr>
<td><strong>Interventions and Recommendations</strong></td>
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<td>• Advised of CMHC services</td>
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<table>
<thead>
<tr>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disposition and Referrals</strong></td>
</tr>
<tr>
<td><strong>Disposition</strong></td>
</tr>
<tr>
<td><em>TRIAGE: REFERRED TO CMHC CRISIS APPOINTMENT</em></td>
</tr>
</tbody>
</table>
Things to consider when determining dispo...

- Is there risk or are the client’s concerns severe?
- Have they had counseling before?
- Do they have health insurance and are they able/willing to use it?
- Do they have transportation?
- Is their issue a long term concern?
- Is the student part of a marginalized community?
- Are they capable of seeking counseling outside of CMHC?
- Is there a group that fits their need?
- Can their concern be managed in a single session?
- What is the client’s motivation for treatment?
How we offer services to students

- If a student is appropriate for services at CMHC then we can offer the service or services we think are the best fit.
  - For example, if a student’s concern can be managed in a single session we offer that service to them. However if it is clear the student needs ongoing counseling we can offer that type of appointment.
  - In general we do not offer or give details about services that do not fit the client’s needs or that we will not be offering them.
  - Sometimes the student could be helped by many different services at CMHC. In those cases it helps to ask the student what they were imagining, a one time appointment, a group or ongoing sessions.

- If a student would be best served by services outside of CMHC we communicate that to the client and offer either a referral list or a case management appointment.
  - We do not give details about our services at this point unless asked by the student.
Presenting to the crisis team

When presenting a case to the crisis team we strive to include the information listed below. There will be times that not all the information is known or gathered, in which case we share what we have.

- Name, age, gender and (if known) cultural background of the client in crisis
- Presentation of client including affect, mood and appearance
- Presenting concerns
  - recent issues as well as any pertinent historical information
- Whether or not there is any SI/HI or other risk factors
  - Is there a plan, means or intent
- Any medications the client is prescribed
  - If so are they are taking those medications as directed
Presenting to the team cont.

When presenting a case to the crisis team we strive to include the information listed below. There will be times that not all the information is known or gathered, in which case we share what we have.

- Any substance use/abuse issues
  - what are they using and how frequent and severe is that use
- What the client’s goal is today or your goal for the client if that is more appropriate
  - this is not always clear
- Any interventions or boundaries you have already addressed with the client
- Any other concerns you deem important or pertinent.
What a busy day looks like?
Triage Visits Over an Academic Year

- 7005 students triaged 2017-2018 academic year
- 26% referred to single session appointment
- 20% referred in to individual counseling
- 18% referred off-campus out of triage
- 13% referred to Specialty appointments
- 11% referred to crisis services
- 4% referred to group
- 8% Other services
Lessons we’ve learned

• “Welcome to mental health”
• Creating efficiencies in the system
• Identifying risk in routine calls
• Student feedback
• System experts and consultation
• Relationships with campus partners
• Setting expectations
Ongoing Challenges

- Clinician burnout/boredom
- Recruiting/training staff to help
- Managing staff counselor versus triage clinician relationships
- Coverage needs
- Reliance on BART staff
- Phone versus in person