ADAPTING TO CLINICAL ACCESS INCREASES

Check-In Code: 94258

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Learning Objectives

1. Participants will discuss their experiences with increasing access to care to meet the diverse needs of students and identify at least two new strategies to address this need based on institution size.
2. Participants will be able to identify at least two different strategies to assist with decreasing client/student risk to self or others.
3. Participants will be able to explain and discuss the impact of centers being asked to increase access for care on their campuses and list at least two ways to use ongoing data collection to identify how students are utilizing services offered.

Counseling Center Comparison: OSU, UCSB, and PNW

	The Ohio State University **(Large)**	UC Santa Barbara **(Medium)**	Purdue University NW **(Small)**
University Type	4-Year Public	4-Year Public (Research 1)	4-Year Public (Regional)
Setting	Urban	Rural	Regional (2 Sites)
Student Population	~61,936	~26,000 (23k undergrad, 3k grad)	~6,000 – 6,700
Demographics	57.2% White 10.7% Asian American 9.7% international	32% First Gen; 30% Hispanic; 28% Asian	45.9% First Gen HSI= Over 25% Hispanic Serving

Counseling Center Comparison: OSU, UCSB, and PNW

	The Ohio State University **(Large)**	UC Santa Barbara **(Medium)**	Purdue University NW **(Small)**
Utilization Rate	7% of students served	14% of students served	5.3% of students served
Center Model	Comprehensive	Comprehensive	Comprehensive
Total Clinical FTE	40 FTE	24 FTE	5 FTE + 3-5 Trainees
Psychiatry	3 FTE Psychiatrists	None (at Student Health)	Not specified
Training Program	Yes	Yes (Interns, Postdocs, Prac)	Yes (Doctoral Practicum)
Leadership/Staff	20+ Staff incl. Leadership	Includes Leadership	Asst. Director & Diag. Specialist

Access Challenges

- Resource limitations in CC and for other services for students
- Historically a waitlist every semester that could mean months to service access vs. Institutional value of no waitlist
- Before 2023-2024 Waitlists of 30-over 80 students resulting in students referred to community and often not receiving service.
- No Clinical Coordinator/ Director until 2022-2023 year.
- 2023-2024 (waitlist resulting in at least a month to 1st app.)
  - 11.1% increase in unique clients and 23.7% increase in number of attended appointments
  - Seved 3.8% of University Population
  - 82% in-person appointments
- Staffing Changes

Access Challenges

- 2013 moved to a triage model from first come first serve
- Limited expectations for staff
- Increased access longer wait times for diagnostic eval (DE)
- Large hiring cohort in 2016- most turned over within 18 mos
- Decreased number of DE's and had to moved responsibility of case assignment from clinician to Clincal Director and Asst Dir
- Current challenges include generational differences and indifference with staff at year 5.
- Staff trying to do long term weekly therapy regardless of diagnosis

Access Challenges

Unmanaged access growth degrades treatment frequency, delays follow-up care, and spikes clinician burnout. Increasing access without restricting service parameters shifts a university counseling center (UCC) across critical thresholds.

- **Absorption Model Failure:** Absorbing more students without changing structures stretches the interval between appointments from 1 week to 3 or 4 weeks.
- **Premature Termination:** Clinicians reduce total sessions per student to accommodate the influx, decreasing treatment efficacy for high-severity cases.
- **Triage Bottlenecks:** Focusing entirely on open-door intake shifts clinical staff time from therapeutic intervention to constant initial assessments.
- **Soaring Clinical Load Index (CLI):** According to the Center for Collegiate Mental Health (CCMH), a high CLI forces centers to restrict individual therapy to arbitrary limits (e.g., 3 sessions per year), degrading student outcomes.
- **Staff Turnover:** Unsustainable caseloads undermine staff retention, with low salaries and difficult work conditions driving a 12% annual clinician turnover rate.

Risk Mitigation Culture and Procedures

- Campus Partner approach
  - PD, Housing, ODOS
- Building a Campus Wide Approach
  - MHFA training with the goal of training 25% minimum of every department and full department training for PD, Housing, Advising, Engineering, and working on selling idea to Nursing
- High Consultation Office
  - MHFA trained employee call with assessment and referral
  - High consultation CC team
  - Hospitalization is a 2 clinician and front desk task
  - Protocols written and in the main office for easy access and standardization.

Principles to Addressing Risk

- 22-24 4 students with multiple hospitalizations
- 24-25 8 students with multiple hospitalizations
- 25 Fall 8 students with multiple hospitalizations
- 26 Spring

- Increasing partnerships on and off campus
- Suicide Prevention Training for Parents
- Uwill contract extension
- Strengthen relationship with campus police (emergency authorization for hospitalization in OH)

Principles to Addressing Risk

- Start with the principle of “sustainable access”
- Always use teams
- Consult with staff about supply and demand issues and risk - this creates change buy in and motivates clinicians to do the work
- Sustainable clinical flow is a goal
- Prioritize initial access at the cost of longer-term services
- Communicate up! - Talk about the risk of downsizing staff - “We are one tragedy away from media inquiry about why we don’t have better MH resources on campus which equals lawsuits”

What is the access challenge within your institutions and how do you navigate the related risk markers as clinical directors?

Strategy to Address Access Concerns

- Formal Implementation of Comprehensive Counseling Center model
  - Service expansion that operates from cultural humility (Community Connections)
- Creating Center positions that support task delegation and decrease burn-out
- Fostering an Internal Culture of Low Ego and Respect increases Consultation which supports a reduction in # of sessions per client.
- Implemented End of Semester Single Sessions
- Implemented Stepped Care Programming
- Session limits with flexibility and mid-semester check-in to encourage moving clients through the system
- Transfer clinician process that supports client outcomes

Strategy to Address Access Concerns

- Triage Access Model- multimodal
- Uwill
- 6 person Care Team (Care managers and Triage/Urgent Specialists) to complete same day
- 10 session limit for students; up to 20 for students with student health insurance; Continued Stay process in place
- 5% of students come in with recent therapy or current therapists
- Lowered # of triage screenings offered for Spring to focus on ongoing therapy (low demand for 3 years in a row)
- Encouraged clinically driven scheduling if there is room in spring (weekly as needed)

Strategy to Address Access Concern

- Triage access Model
- Uwill available for any student
- 3.5 full time Clinical Coordination Team (Clinical Coordinators aka Triage/Urgent Specialists) complete brief assessments to initiate service and handle urgent consults/ walkins.
- Clinical Coordinators are on shift with staff therapists and with trainees forming 3-4 person teams every AM and PM, M-F.
- 8 session limit for students each academic year; extensions available based on need
- **Encouraged clinically driven scheduling -** follow up and number of sessions dictated by student need; appointments do not follow a regular schedule.

“The obstacle is the way” -Marcus Aurelius

What’s in the way has got to become the way so… What strategies are you using to navigate through what’s in the way?

Access Strategy Impacts

- 2024-2025 (no waitlist)
  - 21.1% increase in unique clients and 6.4% increase in number of attended appointments
  - Served 4.7% of University Population
  - 91.5% in-person appointments
- 2025-2026 (no waitlist)
  - 11.4% increase in unique clients and 10.2 increase in number of attended appointments
  - Served 5.2% of University Population
  - No data yet on in-person vs telehealth

Access Strategy Impacts

- 2024-2025 decrease in unique clients and appts
- 2024-2025 CLI 128 (23-24 126)
- Reduced triages offered in Spring 2026; increased in scheduling and attended
- Community Provider Database went from 300-500 registered providers
- Impact of IOP closures
- Develop formal same day access- co location with other student life offices

Access Strategy Impacts

- Staff buy-in to Same Day Teams
  - Boosted Teamwork
  - Development of walk-in system stopped the need to schedule intakes out
- Led to referral system with-in Same day teams
- Led to Triage Teams
  - Staffing support
  - Sending resources to front end stopped initial appointment bottle neck which was a high-risk problem
  - Now we have bottleneck later in system but less risk

Data Strategy Considerations

- Level of data processing knowledge of Senior leadership team
- Consider the power of showing percent increase vs raw data
- Discuss cost of cutting services or access opportunities on university mission
- Consider how impactful National trend comparisons are
- Sharing Timelines

Important Numbers

- Percent of students reporting services supported retention
  - Ask retention-based questions in feedback surveys
- Percent of university served
- Increases in # of sessions and unique clients
- No show statistics, a plan to address vs normalizing no show rate
- Numbers that show the impact of work on University identified MH concerns

Data Strategy Considerations

- Developed plan for 10-month contracts for X number of staff
- Increase same day access for student health insurance
- Continue to monitor student utilization behavior with different services

- Difficulty with students reporting impact to retention
- Overall positive satisfaction
- Feedback to SL of student relationship to MH services and utilization

Data Strategy

- **Staffing Data for illustrating what our centers actually can do**

Core Definitions

- **Student-Clinician Ratio**: The total number of enrolled students divided by the number of full-time equivalent (FTE) counselors. It measures campus-wide counseling capacity.
- **Client Load Index (CLI)**: A standardized metric calculated by dividing a clinic's annual unique clients by its total standardized FTE clinical staff. It measures actual counselor workload.

Data Strategy

Advantages of the Client Load Index (CLI)

- **Reflects Real Demand**: Accounts for actual clinic utilization rather than general campus population size.
- **Informs Staffing Needs**: Provides precise data to justify hiring more clinical staff to administrators.
- **Prevents Staff Burnout**: Identifies excessive workloads before they cause counselor exhaustion and high turnover.
- **Predicts Wait Times**: Correlates directly with service delays, helping clinics manage student expectations.
- **Standardizes Benchmarking**: Allows accurate operational comparisons between different university counseling centers.
- **Optimizes Resource Allocation**: Helps track shifting demand cycles to distribute clinical tasks more efficiently.

Data Strategy

CLI Zone	Score Range	Operational Meaning & Clinical Impact
Low CLI	Less than 57	**High-Resource/Treatment Model**: • Clinicians have manageable annual caseloads. • Centers can offer high-dosage care (frequent, weekly individual sessions). • Students experience greater overall symptom improvement.
Mid CLI	57 to 127	**Balanced/Standard Model**: • Typical operational experience for most universities. • Requires periodic use of bi-weekly scheduling or short-term models to manage peak-demand weeks during the semester.
High CLI	Greater than 127	**Low-Resource/Absorption Model**: • Clinicians face excessive, high-volume workloads. • Centers are forced to prioritize rapid intake and triage over ongoing therapy. • Treatment becomes "diluted" (sessions spaced far apart), leading to diminished clinical outcomes and longer wait lists.

What data needs to be identified or collected to advocate for your way?

Factors that Influence Strategy

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- Changes in Senior Leadership
- Professional development needs and funds that could help clinicians speed up treatment plan success
- Staff burn-out
- Training programs (APPIC vs doctoral practicum vs masters practicum vs combo training programs)
- Hospitalization procedure

Factors that Influence Strategy

- 5 Presidents in 13 years
- Staff response to change
- Crisis driven responses by SL Leadership
- Public deaths
- Fiscal changes
- Center leadership's cohesion

Factors that Influence Strategy

- Decreased budget and forced downstaffing
- New Chancellor
- New VC Student Affairs
- New Dean of Wellness
- New Director of Behavioral Health

Questions, Suggestions or Concerns?

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