



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.

Undo | Redo

**The University of Texas at Austin
Counseling and Mental Health Center
TRIAGE NOTE**

Confidentiality and Informed Consent
This section is required only if student has not previously been given this information.

Confidentiality reviewed with student(s): Yes No [clear](#)

Informed consent reviewed with student(s): Yes No [clear](#)

Student verbally acknowledged understanding of confidentiality/informed consent audio recording Yes No [clear](#)

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Type of Triage Visit (required)

Type of Contact: Telephone In-person Other Contact Type [clear](#)

Client Requesting: Same Day Appointment Regularly Scheduled Appointment Community Referrals Psychiatric Services Case Management
 Group Provider of a Specific Identity Other Request

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How do we triage...

Client Status *(required)*

Current UT Student: Yes No [clear](#)

Current CMHC Client: Yes No [clear](#)

Former CMHC Client: Yes No [clear](#)

< Enter text here >

Contact Information

Phone Number:

Permission to Leave Voicemail: Yes No No voicemail setup

Student's Pronouns: He/Him/His She/Her They/Them No preference Other

How do we triage...

ASSESSMENT

Presenting Concerns *(required)*

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History of Mental Health Treatment (Hospitalizations, Outpatient)

Previous Psychiatric Hospitalization

Previous Counseling/Psychiatry outside of CMHC

< Enter text here >

Medications

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...

Community Counselor Preferences

Gender	
Location	
Client Transportation	
Other Request	

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

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How do we triage...

Mental Status

All Normal

Affect: Congruent with mood Incongruent with mood Sad Worried Flat Labile Expansive Constricted Blunted
 Other Affect

Mood: Euthymic Depressed Anxious Euphoric Dysphoric Irritable Other Mood

Attitude: Cooperative Uncooperative Apathetic Guarded Cynical Suspicious Demanding Belligerent Other Attitude

Insight: Present Limited Poor Other Insight

Oriented to Person: Yes No [clear](#)

Oriented to Place: Yes No [clear](#)

Oriented to Time: Yes No [clear](#)

View Additional MSE Items

All Normal

Physical Appearance: Appropriate Disheveled Inappropriate Other Appearance

Motor Activity: Normal Increased Decreased Agitated Other Motor Activity

Eye Contact: Good Intermittent Poor Other Eye Contact

Judgment: Intact Some Impairment Significant Impairment Other Judgment

Thought Process: Intact Circumstantial Tangential Disorganized Flight of Ideas Loose Associations Other Thought Process

Speech: Normal Pressured Perseverating Incoherent Vague Poverty of Speech Low Volume Halted
 Elaborated Other Speech

Memory: Intact Impaired Other Memory

Attention/Concentration: Intact Mildly Impaired Moderately Impaired Severely Impaired Other Attention/Concentration

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How do we triage...

INTERVENTIONS

Undo Redo

Interventions and Recommendations

Check the First Three

- Advised of CMHC services
- Advised to use CMHC SDA and CMHC Crisis Line as needed
- Advised to return to CMHC if sxs increase/worsen
- 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
- Advised that treatment plan and counseling options are subject to change upon collaboration with CMHC clinician
- Advised that student will be seeing a trainee under supervision who may record sessions
- Explained CMHC Psychiatry requirements of ADHD testing that has been completed in the past three years
- Explained and had student sign "Consent to Treat a Minor Form"
- Counselor reviewed treatment options and client opted for community referrals
- Advised student's options for ongoing counseling would be a referral to the community and/or CMHC group. Student requested a single session.
- Offered CMHC Crisis appointment but client declined

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How de we triage...

Disposition and Referrals *(required)*

UNIU | REU

Referrals

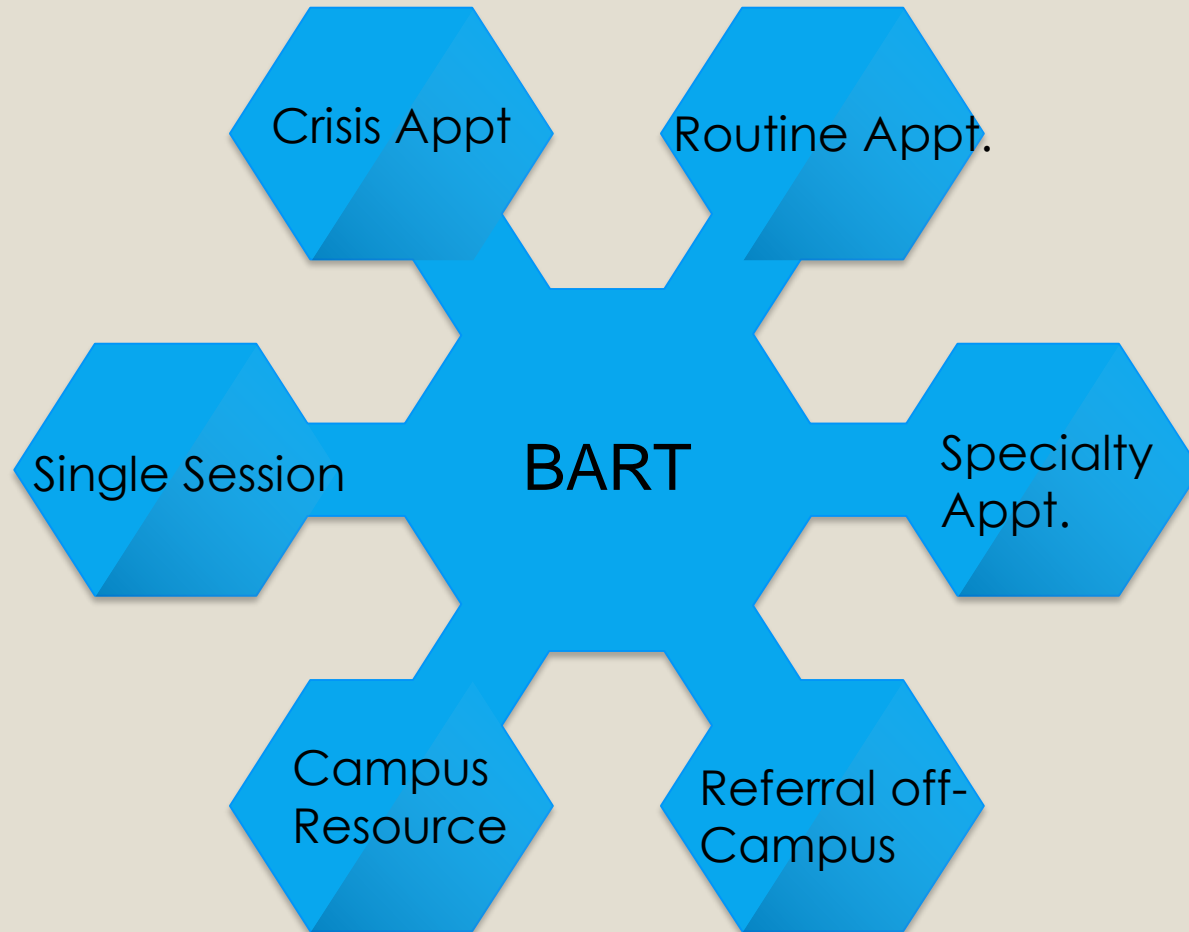
Disposition

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PRIMARY DISPOSITIONS: CHOOSE ONE AND ONLY ONE:

- [Disp](#) *TRIAGE: REFERRED TO CMHC CRISIS APPOINTMENT
- [Disp](#) *TRIAGE: REFERRED TO CMHC COUNSELING
- [Disp](#) *TRIAGE: REFERRED TO CMHC SINGLE SESSION APPOINTMENT
- [Disp](#) *TRIAGE: REFERRED TO CMHC CASE MANAGEMENT
- [Disp](#) *TRIAGE: REFERRED TO CMHC GROUP THERAPY
- [Disp](#) *TRIAGE: REFERRED TO CMHC VOICES AGAINST VIOLENCE PROGRAM
- [Disp](#) *TRIAGE: REFERRED TO CMHC ALCOHOL & OTHER DRUG PROGRAM
- [Disp](#) *TRIAGE: REFERRED TO CMHC MINDFUL EATING PROGRAM
- [Disp](#) *TRIAGE: REFERRED TO DIVERSITY SERVICES CONSULTATION APPT
- [Disp](#) *TRIAGE: REFERRED TO CMHC CARE PROGRAM
- [Disp](#) *TRIAGE: REFERRED TO CMHC PSYCHIATRY
- [Disp](#) *TRIAGE: REFERRED TO COMMUNITY THERAPIST
- [Disp](#) *TRIAGE: REFERRED TO COMMUNITY PSYCHIATRIST
- [Disp](#) *TRIAGE: REFERRED TO COMMUNITY RESOURCES
- [Disp](#) *TRIAGE: REFERRED TO CAMPUS RESOURCES
- [Disp](#) *TRIAGE: REFERRED TO CMHC CRISIS STABILIZATION & REFERRAL
- [Disp](#) *TRIAGE: REFERRED TO MIND BODY LAB
- [Disp](#) *TRIAGE: REFERRED TO SETON DBT IOP
- [Disp](#) *TRIAGE: REFERRED TO SETON EPOCH IOP
- [Disp](#) *TRIAGE: SCHEDULED FOLLOW-UP WITH CURRENT PROVIDER
- [Disp](#) *TRIAGE: CLIENT DECLINED CMHC AND COMMUNITY REFERRALS
- [Disp](#) *TRIAGE: NO REFERRALS NEEDED
- [Disp](#) *TRIAGE: CLIENT AGREED TO CALL BACK AT A LATER TIME TO CHECK AVAILABILITY OF OPEN APPOINTMENTS
- [Disp](#) *TRIAGE: OTHER

Dispositions



Finished Product!

SPEEDE, TEST RECORD Pt #: SPEEDE DOB: 9/23/1983 Age: 34 yrs Sex: Male
7/12/2018 11:57 AM with UNGO, JAVIER LCSW for **CMHC MISCELLANEOUS NOTE**
Encounter #: P512656-36

**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 Requesting: 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 Voicemail: 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 end of a 2 year romantic relationship. Client endorsed depression sx's 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

History of Mental Health Treatment (Hospitalizations, Outpatient)

+ Previous Psychiatric Hospitalization + Previous Counseling/Psychiatry outside of CMHC.

Client reported she was hospitalized during her senior year of high school (2016) after reporting SI to her parents.

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.

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

INTERVENTIONS

Interventions and Recommendations

- Advised of CMHC services
- Advised to use CMHC SDA and CMHC Crisis Line as needed





PLAN

Disposition and Referrals

Disposition

*TRIAGE: REFERRED TO CMHC CRISIS APPOINTMENT

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.

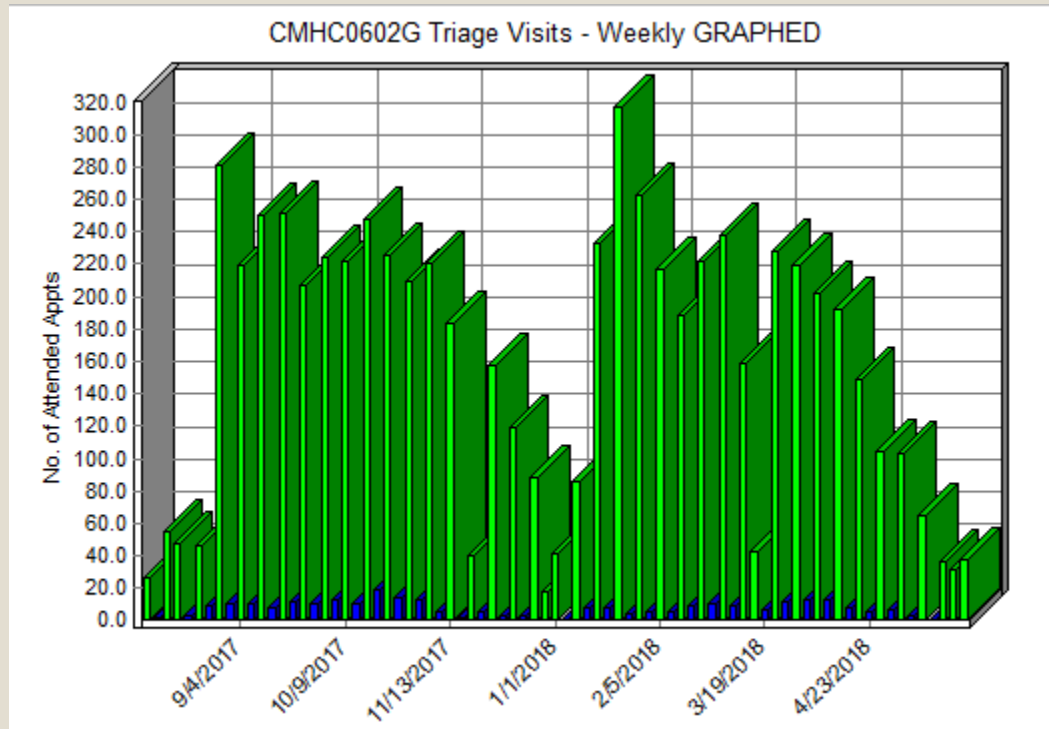
- Name, age, gender and (if known) cultural background of the client in crisis
- Presentation of client including affect, mood and appearance
- Presenting concerns
 - recent issues as well as any pertinent historical information
- Whether or not there is any SI/HI or other risk factors
 - Is there a 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.

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