

The Regents of the University of California

COMMITTEE ON HEALTH SERVICES

January 22, 2015

The Committee on Health Services met on the above date at UCSF–Mission Bay Conference Center, San Francisco.

Members present: Regents De La Peña, Island, Lansing, Makarechian, Ruiz, and Zettel; Ex officio members Napolitano and Varner; Advisory members Davis and Hare; Staff Advisors Acker and Coyne

In attendance: Regents Elliott, Engelhorn, Gould, Kieffer, Leong Clancy, Lozano, Newsom, Pérez, Reiss, and Saifuddin, Regent-designate Oved, Faculty Representative Gilly, Secretary and Chief of Staff Shaw, General Counsel Robinson, Chief Investment Officer Bachher, Provost Dorr, Executive Vice President and Chief Financial Officer Brostrom, Senior Vice President Stobo, Vice Presidents Duckett and Sakaki, Chancellors Block, Blumenthal, Gillman, Hawgood, Katehi, Leland, Wilcox, and Yang, and Recording Secretary McCarthy

The meeting convened at 9:50 a.m. with Committee Chair De La Peña presiding.

1. APPROVAL OF MINUTES OF PREVIOUS MEETING

Upon motion duly made and seconded, the minutes of the meeting of November 20, 2014 were approved.

2. UPDATE ON STUDENT BEHAVIORAL HEALTH

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Committee Chair De La Peña recalled that at a recent meeting the directors of UC student health centers and counseling and psychological (CAP) services indicated that their most important need was for increased student mental health services.

Senior Vice President Stobo said this update about student behavioral health would make three main points. First, there was a real need to increase the number of mental health professionals in UC student health centers, which currently fell short of benchmark ratios of mental health professionals to students. Second, the incremental resources needed to increase staffing to benchmark levels would be approximately \$17 million each year. Third, the needed resources could come from a portion of the proposed increase in the student services fee.

Dr. Regina Fleming, Medical Director of the Student Health Insurance Program and Student Health Centers, recalled the September 2014 presentation on student mental health trends to the Committee, discussing data showing that more college students, both nationally and at UC, report stress, anxiety, and depression each year and students' needs have overwhelmed the University's ability to provide needed services on campus. The 2013 National College Health Assessment reported an overall increase in suicidal thinking and behavior. There had been a proliferation of campus violence, which hit close to home with the shootings at UC Santa Barbara. Following the September Committee presentation, Dr. Fleming's office had been asked to develop options to address this issue. The Student Health Services Work Group (Work Group), comprised of CAP and student health center directors from across the UC system, with staffing from the Offices of Health Sciences and Services, and Student Affairs, was reconvened and had been meeting regularly since last spring to quantify and describe students' needs and to develop solutions. The Working Group initially focused on a plan for well-being that included staffing to provide outreach and prevention at a cost of approximately \$145 per student per year. However, this amount vastly exceeded President Napolitano's proposal to limit increases in tuition and fees to five percent per year for five years. Therefore, the Working Group reconvened and revised the funding goals to include only staff critically needed to directly support the provision of mental health services on campus.

Using 2012 benchmark data from Ivy League universities and the International Association of Counseling Services, Inc. (IACS) the Working Group examined UC's current ratios for psychologists and psychiatry staff to students, and found UC's staffing to be lacking. All UC campuses had lower ratios of therapists and psychiatry staff to students than Ivy League universities did. For example, in 2012 UC Berkeley had one psychologist for every 1,619 students and one psychiatrist for every 9,283 students, in contrast to the average Ivy League school that had one psychologist for every 939 students and one psychiatrist for every 4,631 students. UC Merced had one psychologist for every 3,100 students and no psychiatrist on campus. The IACS standards recommended a ratio in the range of one-to-1,000 to one-to-1,500 counselors per student. The lower ratio is favored when there are more students with more severe conditions or when there is a need for behavioral threat teams, which is the case on all UC campuses. Currently only one UC campus, UCSF, was close to meeting this standard, although UCSF is unique in that it serves only professional and graduate students who tend to use services at a higher rate. None of the other UC campuses met the recommended ratio. A proposal to add staff would bring all UC campuses up to the recommended ratio.

Dr. Fleming stated that, although there was no nationally recognized standard for psychiatrist to student ratio, the lead psychiatrists across UC campuses recommended a ratio of no more than 6,500 students per psychiatrist, based on standards and research from the U.S. Department of Veterans Affairs and health maintenance organizations. Only two UC campuses currently met that ratio, and several UC campuses' staffing was more than two times lower than the recommended ratio. Insufficient numbers of psychologists and psychiatrists meant that students must wait longer for services, frequently causing their symptoms to worsen. Overworked mental health provider staff unable to meet the increasing demand could burn out and leave UC employment. Adding

the requested psychiatrists and psychologists would enable most campuses to achieve the recommended safer staffing ratios.

President Napolitano had proposed that at least half of the student service fee increase be earmarked for additional mental health professionals at CAPS and the student health centers. Dr. Fleming displayed a table assuming that 50 percent of the increase in the student services fee after return to aid would be allocated to support student mental health. The budget for critical mental health positions would be \$17,441,474 annually, or about \$87 million over five years, which is \$4.7 million more than the total revenue for student mental health over the same five-year period. Options would be to fund student mental health services with 53 percent of the student services fee increase or to identify one-time funds that could offset the \$4.7 million deficit. Ideally, funds would be allocated up front in 2015 so that the positions could be filled with the funding paid back over subsequent years.

Dr. Fleming summarized that UC's ability to provide on-campus mental health services to its students was lagging and not meeting staffing levels at other highly regarded institutions or recommended by recognized accrediting bodies. The University must hire additional staff to better meet students' needs. If funding for student health services were not so scarce, UC's counseling and health professionals could further develop a holistic multi-tiered approach to include screening, prevention, and campus wellness. The scope of the current proposal had been scaled back significantly to focus on direct services. Progress in achieving the goals of better access, including decreased wait times for students seeking mental health services, would be monitored on an ongoing basis. The proposal had been discussed with student leaders who supported efforts to improve access to mental healthcare on campus.

Committee Chair De La Peña thanked President Napolitano and Dr. Stobo's office for their leadership in this important effort, and asked whether full-time psychiatrists and psychologists in UC's five medical centers could be used to help provide mental health services to UC students. Dr. Fleming responded that students in need of ongoing, long-term care were already often referred to UC medical centers. Campus mental health staff attempted to see students on campus as quickly as possible to identify those in the most critical need of services and prioritize their care.

Regent Makarechian asked who was responsible for deciding that UC Merced had no psychiatrists on campus. Dr. Fleming said that responsibility would vary by campus. Chancellor Leland stated that she had a plan to respond to this challenge, but that UC Merced is in a seriously underserved area of California, with only one psychiatrist in all of Merced County. The campus had been using tele-psychiatry in lieu of being able to find a psychiatrist who would work at UC Merced. The same problem was encountered in obtaining psychological services for UC Merced students. Chancellor Leland expressed strong support for President Napolitano's proposal to use part of the increase in the student services fee to fund mental health services. However, since UC Merced was not the only UC campus in an underserved area of the state, there must also be an effort to think broadly about ways to leverage UC's medical centers to serve these campuses.

These disparities in available health services also affect UC Merced's faculty and staff. Campuses in underserved areas do not have access to the same kind and quality of medical care available to campuses in urban areas.

Regent Makarechian commented that the label "mental health services" might make students reluctant to use needed services. Students could be concerned about having a mental health issue in their medical records that could surface later during job interviews. Dr. Fleming noted that services were sometimes called well-being or behavioral health services.

Regent-designate Oved asked if there were data available about the number of students who withdrew from the University because of mental health issues. Dr. Fleming agreed it would be desirable to have such data, but that once a student withdrew there were limited opportunities to find out the reason. She expressed her belief based on anecdotal information that the number would be high.

Regent Lansing expressed appreciation that the problem of providing adequate mental health services to UC students was being addressed, although she stressed that this proposal would be just the beginning. In response to Regent Makarechian's earlier comment about a possible stigma being attached to mental health services, Regent Lansing urged a communication effort to destigmatize mental health services rather than call them by a different name. Funding for this proposal must be maintained in spite of difficult budget choices, since student mental health was one of the most serious problems facing UC campuses. Regent Lansing asked for an update in a year on the status of improving behavioral health services to UC students.

Regent Makarechian responded that job applicants are sometimes asked about mental health problems. He added that in discussions at UC Santa Barbara about the recent killings there, students reported that many students were reluctant to use campus mental health services unless a mental health problem was extreme.

Regent Saifuddin commented that there were several student campaigns on UC campuses to attempt to destigmatize the use of mental health services. She agreed that many students were reluctant to utilize services and increased communication about the subject would be beneficial. Regent Lansing expressed her belief that celebrities from diverse backgrounds would be willing to help with campus communication campaigns and offered her assistance.

Committee Chair De La Peña said that much progress had been made. The fact that all ten student health centers were using the same electronic medical record platform would enable collecting data to monitor future progress.

Regent Pérez asked why the mental health staffing ratios used as benchmark data included only Ivy League universities as comparators and recommended including data from other public research universities. Regent Pérez also asked about the possibility that the University could recoup some of the costs of student on-campus mental health

services since UC students are required to have health insurance, and the State Legislature and Governor had implemented legislation requiring parity with respect to coverage of mental health services. He agreed that it would be important to destigmatize mental health services and supported integrating these services with other student service centers such as campus women's, lesbian, gay, bisexual, or transgender, or veterans' service centers. Regent Pérez also asked about ensuring that campuses had student mental health service providers who were culturally competent in relation to various diverse student populations, a particular challenge on those UC campuses with a small number of providers.

Dr. Fleming responded that her office used benchmarks from Ivy League universities because that data already existed. There was ongoing work funded by the Centers for Disease Control and Prevention to establish a national databank and UC would become part of that. Better data would be available as these efforts progress. Regarding potential funding streams for student mental health services, discussions have begun about how to bill for these services, including ways to handle potential problems such as confidentiality and concerns about sending bills to students' parents. Regarding destigmatizing mental health services, Dr. Fleming reported that the Office of Student Affairs had obtained a grant with UC's CAP centers to work on this issue and their efforts had been quite successful. The downside was that the campuses lacked the trained professionals to meet the increased need. Regarding campuses' abilities to meet the needs of special student groups such as veterans or LGBT students, a variety of efforts are ongoing across the system. Many campuses have multi-disciplinary teams including student advocates for that group, professional advocates from CAP, health services, housing and dining, and financial aid. In hiring professional staff, campuses are looking for experience with certain relevant student populations.

Regent Zettel asked whether the proposed additional mental health staff would be available to provide services to student survivors of sexual assault. Dr. Fleming responded that while new professional staff would not be hired only for that purpose, they would certainly be involved in the care of survivors of sexual assault, whose treatment would generally be handled by a team of providers.

Adding to Chancellor Leland's earlier comments about the dearth of mental health professionals near UC Merced, Dr. Stobo commented that the entire nation was underserved in the area of mental health; the problem was not only related to students or the Central Valley. There was a nationwide shortage of psychologists and psychiatrists, and the delivery system for their services must be redesigned. His office had examined the tele-psychiatry program at UC Merced and would like to extend some of its components throughout the UC system.

Alexander Hill, student observer to the Committee on Health Services, UC Santa Barbara undergraduate, and California Community College transfer student, said he was employed as a peer mentor at UCSB's CAP center in the 2013-14 academic year. He expressed his view that the proposed allocation of 50 percent of the increase in the student services fee to provide additional student mental health staff was a step in the

right direction, but was grossly inadequate to meet the needs of the UC student body. He stated that in 2006 the Regents had been presented with the report of the Student Mental Health Committee, which requested \$73 million per year for mental health services solely to keep up with cost of living adjustments and budget cuts. Over the past several years, temporary measures assisted in addressing student mental health education and intervention such as Proposition 63, which injected roughly \$7.7 million over several years ending in 2014. Grants and other temporary monies are inadequate. Since 2006, there had been a roughly 37 percent increase in the utilization of UC counseling services systemwide.

Mr. Hill stated that increasing Tier One, or critical, mental health on-campus services would eventually help reduce the need for off-campus referrals and the counseling session limits imposed at some UC campuses. A bottleneck existed currently in the provision of such critical mental health services, limiting students' initial access to counselling services and the number of counselling sessions available to them. Holistically funding all aspects of Tier One services would begin to address this lack of access.

Mr. Hill stated that he had seen students leave counselling waiting rooms because of long wait times. He accompanied students who had finally resolved to seek counselling only to see them be told it would be a four-week wait to see a counsellor. Mr. Hill stated that one in four UC students reported struggles with mental health, yet many UC students must suffer in silence, since mental health services had been affected by general budget cuts or sustained only by temporary grants and special allocations. Mr. Hill advocated allocating 80 percent of the increase in the student services fee toward student mental health services, rather than 50 percent of the increase as proposed by President Napolitano. Mr. Hill pointed out that no UC students have died in the past ten years from Ebola, but he asked how many UC students have lost their lives to suicide in the ten years since the release of the Student Mental Health Committee report.

3. **UPDATE ON EBOLA-RELATED ACTIVITIES**

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Senior Vice President Stobo recalled that in late fall at the request of the California Department of Public Health and Governor Brown, all five UC medical centers prepared to accept confirmed or suspected Ebola cases. In December all five UC medical centers were visited for one day by a team consisting of representatives of the Centers for Disease Control and Prevention (CDC), the California Department of Public Health, the California Division of Occupational Safety and Health (Cal/OSHA), and the CDC National Institute for Occupational Safety and Health, after which all five medical centers were declared official Ebola treatment centers by the CDC. Since that time Cal/OSHA issued personal protection equipment (PPE) regulations that were far more stringent than the CDC's recommendations or those of any other state in the nation, challenging UC to have PPE that meets Cal/OSHA standards, even though UC had clearly met the CDC

standards, as judged during the visits by the CDC. More importantly, Dr. Stobo expressed UC's view that the Cal/OSHA standards actually put UC workers at risk, making them more susceptible to contamination, particularly during the doffing of the PPE. UC was in continuing discussions with the California Department of Public Health and Cal/OSHA about their guidelines and was seeking accommodations under which UC's medical centers could be in compliance with Cal/OSHA's guidelines.

Regent Makarechian said that there had been less coverage recently of the Ebola epidemic in the news media and asked if the severity of the epidemic was beginning to lessen. Dr. Stobo responded that the number of cases had plateaued, but that Ebola was still a major problem. He said that the United States had been effective in screening patients who returned from affected areas in West Africa. Suspected cases coming to California have been scrutinized by county public health departments and local health facilities and thus far all were determined to not have been Ebola.

Committee Chair De La Peña said that only eight California hospitals had been certified by the CDC, the five UC medical centers and three Kaiser Permanente hospitals.

Regent Zettel commented that the UC medical centers' preparation to accept Ebola patients would help them deal with other public health problems such as the recent measles outbreak. Dr. Stobo agreed that this preparedness would help in dealing with any transmittable infectious disease. Committee Chair De La Peña added that UC's student health centers have developed procedures to identify students who travel to affected areas.

The meeting adjourned at 10:30 a.m.

Attest:

Secretary and Chief of Staff