

being built out and then having to figure out how to remove divisions between different entities. When UCI undertook this process, it had some health sciences programs in a developmental stage, not fully built out. UCI took advantage of the College of Health Sciences structure to build within an interdisciplinary and integrated culture and recruited leadership who wanted to work in this culture.

Regent Park asked about the interactions between the schools of engineering and medicine, and what this might yield. Dr. Goldstein explained that surgeons might work with engineers on better devices, such as valves, for insertion in patients. Nurses might work with engineers on better ways to move patients, while pharmacists would be interested in new ways to deliver medication and primary care providers would be interested in ways to monitor patients at a distance in real time.

Regent Park commented that UCI should also strive for diversity in its engineering and computer science programs. She then referred to information included in the background materials about UCI research on schizophrenia which found that too much of a certain amino acid in utero can cause schizophrenia in mice and might do so in humans. She suggested that there be a report on this at a future meeting. Dr. Goldstein briefly underscored UCI's commitment to research and treatment in the field of mental health.

President Drake congratulated the campus on the impressive developments of UCI Health Affairs, including the increasing diversity in the College of Health Sciences. He hoped that the trajectory of diversity would continue. Dr. Goldstein responded that, until three years ago, when the School of Medicine launched the Leadership Education to Advance Diversity – African, Black and Caribbean (LEAD-ABC) program, there were one to two African American students in each class. In the three years since this program began, there have been 12, 12, and 13 African American students in the classes of 114 students. This was following a history of having from zero to one or two African American students in any one year.

Regent Leib asked about UCI Health's competitors in Orange County and about UCI's competitive advantage. Mr. Lefteris responded that UCI was surrounded by outstanding healthcare providers but was the only academic medical center. With that status comes the opportunity to offer services that no other institution can.

Committee Chair Pérez asked if UCI Health was top rated in Orange County. Mr. Lefteris responded that this was the case in some rankings. UCI differentiated itself by offering programs and depth of clinical services that other outstanding health systems could not provide. This was accomplished through strategic recruitments in the faculty practice.

Committee Chair Pérez observed that UCI's positive outcomes were based on a much more heterogeneous patient population than that of other top providers in Orange County. UCI patients reflected the economic diversity of the county and a broader cross-section of the population. UCI was achieving positive outcomes regardless of a patient's economic circumstances and complicating health factors. Dr. Goldstein added that UCI Health was designated as the lead provider in the region for certain services—the only National Cancer

Institute–designated comprehensive cancer center in Orange County and the regional Burn Center.

Regent Leib referred to a map that had been shown with UCI Health locations. There appeared to be some gaps in Orange County, and he asked about expansion to those areas. Mr. Lefteris responded that UCI had been regularly opening new sites, and this would continue. UCI had plans to move elsewhere in the county and was being strategic about locations.

Regent-designate Blas Pedral asked if any philanthropic funds would be used for student scholarships, paid internships, or other similar opportunities. Dr. Goldstein responded in the affirmative. Many gifts would be endowments that could be applied to scholarships, while others would be directly focused on scholarships.

Regent-designate Blas Pedral asked if there were discussions about use of the Medical College Admission Test (MCAT) in admissions, given the Regents’ action to cease using the SAT for undergraduate admissions. Dr. Goldstein responded that the MCAT was being evaluated. Executive Vice President Byington added that there was discussion about whether UC would continue to use the MCAT. Some other standardized tests used by the medical schools had moved to a pass-fail basis. This was still under discussion.

Regent-designate Blas Pedral asked about the enrollment of underrepresented minorities in graduate programs in the College of Health Sciences, broken down by school or study area. Dr. Goldstein responded that he would provide this information. Committee Chair Pérez asked that these figures be provided to the Secretary and Chief of Staff for other Committee members as well.

Advisory member Ramamoorthy stated that, among the many exciting strategic priorities of UCI Health Affairs, one should be to ensure that UCI is a great place to work. Ideas about improving the situation and environment for healthcare workers should be built into the plan. Dr. Goldstein expressed pride in how Mr. Lefteris had managed and supported the UCI healthcare workforce. Mr. Lefteris added that UCI had a set of strategies for recruitment and retention of healthcare workers. This was an ongoing effort.

5. **ANNUAL REPORT ON STUDENT HEALTH AND COUNSELING CENTERS AND THE UC STUDENT HEALTH INSURANCE PLAN**

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

Chief Medical Officer Brad Buchman began the presentation with COVID-19 vaccination data for UC students in UC’s electronic health records. The high vaccination rates in fall 2021 as the campuses reopened were a remarkable achievement and resulted from the work of the administration in drafting a policy and the work of the student health centers in ensuring that students were vaccinated.

Dr. Buchman then commented on the volume of COVID-19 cases treated by student health services centers from March 2020 to December 2021. The centers diagnosed a high number of cases and managed an exceedingly high number of quarantine and isolation cases; these latter were not simple to manage and often required work in the evening and on weekends. UC student health centers administered more than 56,000 vaccine doses. At six campuses, the student health centers were also responsible for employee testing, and at five campuses, the student health centers were responsible for campus employee vaccination records. Four of the UC campus student health center directors provided oversight of the campus COVID-19 laboratory.

A survey of student satisfaction with telehealth indicated high levels of satisfaction for student health services in terms of ease of use, overall experience, and likelihood of repeat use and recommending this service to other students. Counseling and psychological services via telehealth also reported high levels of satisfaction with regard to effectiveness and overall experience, and even higher levels with regard to individual therapist, cultural sensitivity, and likelihood of recommending this service to other students. All the student health and counseling centers were continuing to provide telehealth services, and this would continue into the foreseeable future.

Senate Bill (SB) 24 makes it an obligation to offer medication abortion at student health centers; the implementation deadline for UC was the end of this year. Implementation of this service was delayed due to COVID-19. UC Berkeley, UCSF, and UC Irvine have already started offering this service, and 16 medication abortion services have been provided to date. UC Santa Cruz and UC Santa Barbara were about to launch this service. UC has received \$2.2 million in grant funding for readiness expenses, and the campuses had so far requested reimbursement of about \$434,000. UC was working with the California Commission on the Status of Women and Girls and with Essential Access Health on this implementation.

The UC Student Health Insurance Plan (UC SHIP) lost some enrollment in fall 2020 but recovered in fall 2021. The anticipated initial pooled renewal for Plan Year 2022–23 was 1.9 percent. Each campus' specific renewal was subject to the pooled renewal being adjusted, based on that campus' performance relative to the pool and changes in plan design. UC SHIP reserve funds included about \$20 million in the UC Total Return Investment Pool, which had earned slightly over \$1 million in interest over the past several years. Reserve fund expenditures included a non-medical transportation pilot program to help students get to routine appointments and startup funding for the Virtual Care Collaborative. A campus medical care assistance fund had been distributed to the campuses based on UC SHIP enrollment. Campuses can use this fund when students need some assistance in meeting their co-pays or deductibles. The prior year, there was a plan year buy-down of the renewal of \$6.4 million. The pooled renewal was 3.6 percent, but UC was able to buy this down to about 1.6 percent. Students on the UC SHIP executive oversight board decided on this action.

The University had fared well due to high vaccination rates in the fall, the campuses' case management work, and non-pharmaceutical interventions. Burnout was a major issue for

employees in student health and counseling. Much work had been done at the student health and counseling centers to keep the campuses open, and employees were often working on nights and weekends without a relief shift. There had been a large COVID-19 surge when campuses opened shortly after New Year's Day. All the campuses deferred in-person instruction for a few weeks. Booster shot compliance was a critical priority. As of the prior week, at five or six campuses, the average compliance rate for booster shot-eligible students was 84 percent. Dr. Buchman expressed appreciation for the high level of cooperation received from the medical centers on those campuses with medical centers but stressed that, without the student health and counseling centers, it would be difficult for UC campuses to open, remain open, and to keep students safe.

Director of Student Mental Health and Well-Being Genie Kim reviewed spring 2021 data from UC's administration of the American College Health Association national health assessment. Students reported moderate to high well-being, moderate resilience, that their overall health was good, and that their sense of belonging was moderately high. When surveyed about psychological, academic, and career distress, students reported moderate to severe distress in all these areas. In particular, 55 percent of respondents reported academic distress affecting their mental health. These preliminary data suggested that the COVID-19 pandemic has had some impact on UC students' mental health and well-being, but students' resilience remained high, which was promising.

The spring 2021 survey also considered five major impediments to academic success: stress, anxiety, depression, sleep difficulties, and headache/migraines. The survey had an approximately ten percent response rate, or about 10,000 students across all campuses. Trans/gender-nonconforming students reported higher rates for these complaints. It was important to understand that many students in underrepresented or marginalized groups experienced mental health challenges differently than the general student population.

Ms. Kim briefly outlined systemwide strategies for equity in mental health and expanded campus services. The State Budget Act of 2021 provided UC with \$15 million in ongoing student mental health funding. This represented an opportunity for UC to enhance and develop behavioral health services, support, and programs across the continuum of care: prevention, early intervention, holistic treatment, and recovery support. The campuses were tasked with developing equity-focused spending plans and strategic plans to address equity gaps for the most marginalized students, such as liaisons and support for LGBTQ+, Black, Indigenous and People of Color (BIPOC), and students with disabilities. These efforts would align with recent national and state reports and analyses on mental health. UC was advancing student mental health in a holistic manner. Ms. Kim noted that there was no single, "one size fits all" approach to support student mental health. The University must ensure that it is providing choice and options for students to engage in self-care and management of mental health conditions and challenges.

UCLA Director of Counseling and Psychological Services Nicole Green recalled that one should expect an "echo pandemic" of mental health as a result of the COVID-19 pandemic. She described services provided by UC's counseling centers. In addition to the individual care model, the centers offer walk-in, triage, and urgent care. The centers have developed

strategies to see and assess the most urgent cases as quickly as possible. Most centers offer group therapy as well, and there are self-help platforms on all center websites. All the counseling centers provide education and outreach training, working with faculty, staff, and students on suicide prevention other issues. The centers strive to bring students in when there might be stigma or barriers to access. A 24-hour crisis telephone line is available to all students. The continuum of care model at the counseling centers spans prevention to short-term care; the centers also try to help students with recovery in other campus spaces, because the centers do not have the capacity for all students during the entire course of their illness. As mentioned earlier, the counseling centers have consistently high satisfaction ratings. They also have consistent treatment success in reducing symptomatology. All the centers use the Counseling Center Assessment of Psychological Symptoms, a national assessment tool for distress.

The University's counseling centers are much used by students. On average, the centers see about 12.6 percent of UC students, while centers at other U.S. colleges and universities see about eight percent of their student populations.

In considering the staffing for its counseling centers, the University has referred to a 1:1,000 ratio recommendation by the International Accreditation of Counseling Services (IACS). The standard of having one clinician for every 1,000 students was based on the idea that about ten percent of students would come to the counseling center. UC counseling centers exceed this estimate of demand. Even if the counseling centers were fully staffed, UC would still have a problem with demand, because the centers see more than ten percent of students. UC had hired 70 full time equivalent counseling staff systemwide as of 2018. Staffing levels had remained the same since that time due to funding issues and hiring challenges. There were challenges with available space, providing competitive salaries, the unionization process, and attracting diverse applicants. There were retention challenges due to COVID-19, which made it difficult to manage burnout and retain staff.

The University was still trying to achieve the 1:1,000 ratio, which was meant to increase access to services. However, there was also the challenge of acuity, with needs other than just short-term care. An alternative standard for counseling centers, the Capacity and Clinical Load Index (CLI), might provide a better understanding of how many clients a clinician can see and the extent of services that can be provided, given a more sensitive understanding of demand. In 2018–19, there were about 183 clients per one clinician at UC. Staffing at this level would allow for the CLI maximum efficiency or red category with assessing and referrals, but little treatment. In 2019–20, the number of clients per clinicians was slightly lower. Staffing at this level, within the CLI yellow category, would allow for a focus on triage, demand management, and short-term care. Even with the 1:1,000 ratio, the University would not achieve the CLI green category, allowing for full-length assessments and weekly treatment, because demand was so high. To reach this green category, there would have to be only 73 students on each clinician's case load. The challenge for the counseling centers was how to operate in a way that provides as much care as possible to the most people but also provides sufficiently good clinical care and appropriate treatment.

The counseling centers have also been considering issues of equity. There were clear data about mental health disparities among certain communities. The centers have been working to serve underrepresented and minority students and international students, trying to increase and tailor services by increasing the diversity of counseling center staff, but also engaging in prevention, outreach, education, and drop-in services, all ways to get people more accustomed to addressing their mental health care and to allow for earlier treatment and prevention of worse outcomes.

There was great demand for counseling center services. Stigma was falling. Students were ready for a continuum of care model, and the availability of both telehealth and in-person visits was effective. The counseling centers were working with campus partners, including identity centers, to promote student well-being and were advocating for investment in a robust model and infrastructure. The centers were considering how to improve the electronic medical records system, find creative funding opportunities, and advocating for a systemwide recruitment strategy for diverse talent.

Committee Chair Pérez referred to information shown on a slide including the numbers of COVID-19-positive cases on each campus. When one accounted for the different size of the student population at UC San Diego and UC Riverside, these figures suggested a much higher infection rate at UCSD than at UCR. He asked what might account for this, such as the percentage of students living on campus or different testing protocols, and assumed that the infection rate at UCSD was not in fact very much higher than at UCR. Dr. Buchman responded that he agreed with this assumption. The transmission rate varied in different counties and varied over time. The information on the chart reflected a two-year period. From his own experience on the San Diego campus, he affirmed that UCSD had made aggressive efforts in public health messaging and testing. There were probably multiple factors that accounted for the difference between UCSD and UCR, but Dr. Buchman did not have the underlying data to explain the difference.

Committee Chair Pérez referred to SB 24 and the campuses' request for reimbursement of \$434,000 from a \$2.2 million fund. He asked if the \$2.2 million would be sufficient and if this expenditure would be logical if UC did not receive outside funding. There had been only 16 instances of distribution of medications. Dr. Buchman responded that this amount would not be enough for all the campuses. UC Health had done work to develop necessary infrastructure. Campuses were evaluating their needs; some had purchased equipment and supplies, and some had made investments in training. The COVID-19 pandemic had delayed a uniform implementation. He anticipated that UC would need more funds and was surprised that the reimbursement requests from the campuses for readiness expenses had not in fact been greater.

Committee Chair Pérez requested more detailed information on the \$434,000 expenditure and the cost of complete deployment. He raised the question of whether these expenditures would be commensurate with utilization in future years, and if there was a higher and better use of these funds to serve this population. The proposed use might be optimal, but he wished to ensure this.

In response to another question by Committee Chair Pérez, Dr. Buchman stated that about 45 percent of UC students were enrolled in UC SHIP.

Committee Chair Pérez referred to the anticipated initial pooled renewal for plan year 2022–23 of 1.9 percent, compared to 9.1 percent in plan year 2019–20, and asked what accounted for the 9.1 percent. Dr. Buchman responded that a number of factors were involved. At least one campus made a big shift, moving capitated or pre-funded services to UC SHIP and started billing UC SHIP. This had been invisible to UC SHIP previously. The other most likely contributor was the fact that even a small number of high-cost claims cases can drive alterations in renewals, primarily for the reason that, because the population is characterized as a young and healthy population, there was not much margin built into the renewals. Medical trend rates had been going down to ten percent for medical costs and 15 percent for pharmacy costs. UC Health was now reducing these to seven and nine percent, respectively.

Committee Chair Pérez stated his understanding that renewal meant change in the number of covered lives. Dr. Buchman explained that this referred to renewal in the premium for next year. Having low, single-digit renewals was excellent for an insurance plan considered in the context of commercial plans. UC SHIP has fared well. It has a young and healthy population, but because of this its margins were very narrow, and outlier cases can upset this easily. Committee Chair Pérez asked that this point be made clear in the final report. Dr. Buchman responded that this would be done.

Committee Chair Pérez referred to a chart shown in statistics for five major impediments to academic success and how these were reported by students in general and by trans/gender-nonconforming students. He drew attention to figures showing, as one example, higher rates of anxiety for trans/gender-nonconforming students; this was an indication of where UC needed to focus efforts.

Committee Chair Pérez requested clarification of the BIPOC designation and asked if he would belong in this category. When discussing students' sense of belonging and campus services, the terms one uses are important. Many people might not understand the term BIPOC and not know whether they were included. He expressed appreciation for the University's intention to be inclusive, but sometimes UC was inconsistent in its use of terms. Students must understand if they are included and UC must communicate in a way that invites students to avail themselves of services.

Committee Chair Pérez asked about UC's ability to capture certain funds and bill for mental health services and the ability to receive payment for services provided to students not enrolled in UC SHIP. Dr. Buchman responded that the student health centers were billing only UC SHIP but were examining the possibility to expand to outside payers. Students who do not have UC SHIP coverage are billed the same amount for services and have to seek reimbursement from their own insurance program. Four campuses were billing for counseling visits, one campus was billing for counseling and psychiatry, and one campus was billing just for psychiatry visits. UC had made progress in this regard. A

current challenge was trying to find a way to developing further billing capacity at the student health and counseling centers and securing resources for this.

Committee Chair Pérez expressed concern that UC was absolving external insurance payers of their responsibility to pay for services UC was providing.

President Drake referred to the approximately 50 percent higher rate of UC students' use of counseling services compared to the national average. He pondered whether UC students were 50 percent more distressed than the national average or whether they were that much happier and better off now because of this greater utilization. If UC faced the same level of challenge as other institutions but provided 50 percent more service, one would expect better outcomes, and these might be measurable. There were different ratios of counselors to students on different campuses, and President Drake asked if student satisfaction levels or student wellness, as shown in surveys, correlated with the different services provided. There was a general consensus that more services are better than fewer, and he asked if there were outcomes that show this. President Drake expressed approbation for the variety of services offered at the counseling centers, including individual and group therapy. UC did not have enough counselors or psychiatrists to allow for individual visits for every student. President Drake asked about the outcomes of the different services provided and the different methods of addressing student needs, such as telemedicine versus in-person visits, individual and group therapy, or using an application program on a mobile device rather than an in-person visit. The University must understand which of these approaches is effective in order to improve outcomes. From his own experience on UC campuses, President Drake observed that, the more the campus invested in people and services, the more students made use of them. He wanted the University to think differently and consider different perspectives in order to improve the wellness of UC students.

Regent Leib referred to the American College Health Association assessment that had been administered at UC. He asked about the baseline for this assessment and if the same questions had been asked in prior years, which would allow for comparison. Ms. Kim responded that many of the survey questions in this assessment were changed in 2021. This was a new baseline which would serve as a basis for comparison in the coming years.

Regent Leib observed that students' perception of how long it takes to get a counseling appointment might sometimes be incorrect, and that wait times were in fact shorter than students believed. He asked how the campuses could overcome this perception. Ms. Green responded that this would depend on how the campuses advertise their services, training for faculty and staff, and communication through social media. This was the reason for spending time on prevention, education, and outreach. The reality was that some students would have to wait, but students with distress or suicidal feelings should come in. Ms. Green acknowledged that there were sometimes long waits for students, but she did not believe that other systems were moving faster; mental health services in the U.S. were in crisis at this time.

Regent Leib asked how many open full time equivalent positions there were now at UC student counseling centers. Ms. Green responded that UCLA was finally staffed up and

had added positions for the first time in her eight years as Director. UCLA currently had seven open positions.

Regent Leib asked if UCLA was now adequately staffed or was still lacking seven positions it wished to fill. Ms. Green referred to the recommended ratio of 1:1,000 which took into account individual clinicians but did not include triage clinicians, prevention educators, and psychiatrists. She had hired a number of employees just for triage and coordination, but UCLA had only 38 therapists for 45,000 students. Dr. Buchman added that he could provide specific data for the UC system. He would survey the campuses and compile a list of open counseling positions.

Regent Leib observed that, in the past, the problem in this area was funding; the problem now was not funding but the workforce. This year, the State had substantial interest in and funding available for mental health programs. The University should prioritize this matter in the May Revision and the State budget process in order to obtain the funding it needs for the counseling services that are needed.

Student observer Steven Gong praised the work of the UC student health and counseling centers in responding to the demands of COVID-19 and the work of all UC employees which had enabled students to come back to campus. He noted that there were disparities among the campuses in the availability of COVID-19 tests. The pandemic had been challenging for students beyond physical health, and the background material for this discussion indicated that 81 percent of students reported moderate to severe psychological distress. There was still much work to be done to improve student mental health. Mr. Gong was glad that the University recognized the “echo pandemic” of mental health, which should not be understated or ignored. Data showed that student mental health had not improved upon students’ return to campus. UC could be a national and global leader in student mental health services. He looked forward to working with the Committee to find ways to expand student health services and their quality, especially with respect to cultural competency and racial and gender equity. Data presented today had shown differences in outcomes for the general student population and transgender students. UC could always do more to achieve health equity.

Regent Reilly referred to the 50 percent higher use rate for counseling services at UC compared to other colleges and universities. She asked why the utilization rate was so high on UC campuses. Ms. Green responded that the University had invested much in mental health education on the campuses and provided robust training for faculty and staff. She did not believe that there was necessarily more distress at UC, but there was greater access to mental health services and more conversation about this. Students’ knowledge of mental health issues was greater, and this increased demand.

Regent Reilly asked how the 24-hour crisis line functions, and what services a student might receive if he or she called at 2:00 a.m. Ms. Green responded that the University contracted with ProtoCall, a company that provides counselors via telephone to a number of different colleges and universities across the U.S. ProtoCall clinicians are on the line after UC clinicians have gone home and will walk students through a crisis, like UC

clinicians. If additional support is needed, UC clinicians are on call, on rotation, and can be contacted. In a crisis, other intervention can be put into action, but, in general, crises are resolved by the crisis clinician on the telephone at that time.

Regent Reilly noted that artificial intelligence can evaluate the severity of anxiety and depression in an individual. She asked if UC was using this technology, which might help identify those in crisis. Ms. Green responded that not all campuses had this technology available at this time.

Regent Reilly asked if any campuses were using this technology. Ms. Green responded that UCLA's Depression Grand Challenge would undertake a survey this spring that would assess distress, anxiety, and depression, provide feedback about severity, and inform students about what they can do. This was a campus-specific project. Some campuses were using online self-help tools such as Therapy Assistance Online. There was not a consistent approach across the UC system.

Regent Reilly commented that the advances being made in artificial intelligence were remarkable, and that it was important to be able to identify a person in crisis in real time, since this could be a matter of life or death. Chancellor Block noted that the UCLA Grand Challenge was working with Apple to be able to use iPhones and other devices in this effort. This was still in an experimental stage, but might be helpful in screening anxiety and depression.

Regent Park suggested that the UC SHIP reserve funding might support a pilot project to developing further billing capacity at the student health and counseling centers. She encouraged the University to keep increases in the UC SHIP premium as low as possible. Buying down at a lower rate in one year might lead to an increase in the subsequent year.

Regent Park remarked that there are a number of subgroups within the BIPOC category. With respect to utilization data, it would be good to know that all subgroups are doing well, since the utilization rates might not be the same for different subgroups.

The University appeared to be moving away from using the IACS recommended ratio as a benchmark and toward using the CLI. It would be desirable to have a good understanding of this move and to track how IACS compared to CLI over time. It was Regent Park's understanding that all the campuses were striving to meet the IACS ratio. It was important for the Committee to be able to track this, whether UC was using the IACS measure or a better criterion.

With respect to workforce, the Committee should have a better understanding of how enrollment in the various schools needed to increase, and what the University can do to better provide resources for these increases. In her view, this was a joint responsibility of the Academic and Student Affairs Committee and this Committee. It would be desirable to have a clearer picture of enrollment and in which schools enrollments were static or increasing at a slow rate. The Regents and UC needed to be mindful of this, especially in the mental health field.

Regent Park referred to anxiety and depression related to academic performance and raised the question of how faculty can help with student wellness. This could be a subject of discussion at a future meeting.

Regent Park asked the administration to tell the Regents how they can be helpful in seeking County and other funding for additional hiring at student counseling centers.

The meeting adjourned at 2:35 p.m.

Attest:

Secretary and Chief of Staff