

**Office of the President**

**TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:**

**DISCUSSION ITEM**

*For Meeting of February 11, 2019*

**UPDATE ON STUDENT MENTAL HEALTH SERVICES**

**EXECUTIVE SUMMARY**

National and UC data continue to demonstrate ongoing increases in the demand for mental health services in university and college settings. Recognizing the need for increased resources to effectively respond to these trends, the Regents took action in November 2014 via approval of the Long-Term Stability Plan for Tuition and Financial Aid, which created a five-year initiative to incrementally increase long-term funding for additional direct service mental health providers for Student Health and Counseling centers. While this initiative has been helpful in stabilizing the provision of campus-based mental health services to UC students over the past three years, additional short- and long-term interventions are now required to maintain the improvements achieved through the first three years of this measure. This update will provide an overview of:

- Observed utilization trends within national and UC systemwide data
- Current appointment accessibility at UC campus counseling centers and changes over time
- Status of the November 2014 Long-Term Stability Plan for Tuition and Financial Aid and hiring outcomes resulting from this initiative
- Innovative clinical service delivery methods that expand options available to students
- Critical next steps needed to stabilize and enhance the capacity to provide accessible, high-quality, and cost-effective mental health services to UC students

**BACKGROUND**

***Data on Increasing Demand for Mental Health Services in US Colleges/Universities and UC***

In its 2017 Annual Report, the **Center for Collegiate Mental Health (CCMH)**, using data contributed by 147 college and university counseling centers (describing 161,014 unique college students seeking mental health treatment, 3,592 clinicians, and 1,255,052 appointments), showed that campus counseling center utilization increased by an average of 30 to 40 percent over the preceding five years, while enrollment increased by five percent during this interval. Annual survey data from the **Association for University and College Counseling Center Directors**

(AUCCCD) and the American College Health Association (ACHA) show comparable outcomes.

Similarly, systemwide UC data from academic years 2007-08 to 2017-18 show a 78 percent increase in the number of unique patients seen in campus Counseling and Psychological Services (CAPS) centers over a ten-year period, while enrollment growth during the same interval was only 27 percent. Unique patients seeking care as a percent of enrollment increased from nine percent in 2007-08 to 13 percent last year. Systemwide UC utilization data from the past two years show an 11 percent increase in counseling visits and a 17 percent increase in psychiatry visits during this interval.

#### *Accessibility Data for UC Counseling and Psychological Services (CAPS) Centers*

Systemwide, counseling appointment access for urgent mental health issues has remained excellent, with most students seen on a same-day basis, 96 percent of students seen within two days, and 99 percent of students seen within seven days. Access to initial intake appointments for routine issues remains good, though the *percentage of students seen within two weeks* has gradually declined from 80 percent in the fall 2016 term, to 78 percent in the fall 2017 academic term, to 74 percent in the fall 2018 academic term. Factors contributing to this decline include steadily increasing enrollment growth, counseling position recruitment difficulties, and most recently, the interruption of anticipated additional long-term funding for direct service mental health providers in FY 2018-19.

A summary of key indicators from systemwide year-over-year FYTD data from fall 2018 (ending December 31, 2018) includes:

#### For Counseling Services:

- A 3.5 percent increase in individual counseling visits
- A 0.5 percent increase in unique individual counseling patients
- A one-day increase in average wait time to initial intake appointment for routine issues (ten days)
- No change in the average wait times for Urgent Appointments (zero days), First Follow-up Appointments (16 days), or First Contact Appointments (five days)

#### For Psychiatry Services:

- An eight percent increase in individual psychiatry visits
- A seven percent increase in unique individual psychiatry patients
- No change in the average wait time for initial routine psychiatry intake appointments (11 days)
- A one-day reduction in the average wait time for First Follow-up Appointments (23 days)
- A four-day increase in the average wait time for First Contact Appointments (nine days)

#### *Current Status of the 2014 Long-Term Stability Plan for Tuition and Financial Aid*

In November 2014, the Regents approved the five-year Long-Term Stability Plan for Tuition and Financial Aid, which included a five percent annual increase in the Student Services Fee (SSF) for years 2015-16 through 2019-20 (SSF mental health funding initiative). President Napolitano

allocated approximately 50 percent of this annual increase (minus return to aid) to fund the hiring of direct service mental health providers at campus Student Health and Counseling (SHC) centers over this interval.

In July 2018, the Regents approved a revised 2018-19 budget plan that utilized one-time General Fund support from the State of California to defer the Student Services Fee increase for fiscal year 2018-19. This interrupted the additional, dedicated long-term funds anticipated under the SSF mental health funding initiative for FY 2018-19 and potentially may affect additional funding expected to arrive the following year. The deficit in long-term funding for direct service mental health providers under this initiative is **\$5,180,817** for academic year 2018-19 and **\$5,649,410** for academic year 2019-20, for a total funding deficit of **\$10,830,227**. This represents nearly 45 percent of the total five-year funding commitment of \$24,287,465. Interruption of the planned long-term funding approved under this initiative has delayed the placement of recent hires onto stable long-term funds and interrupted the hiring of remaining long-term positions until this funding is restored. It is essential to restore these long-term funds to maintain adequate staffing levels of direct service mental health providers in the University's SHC centers.

### *Hiring Outcomes under this Initiative*

As of October 2018, hiring outcomes of the SSF mental health funding initiative are as follows:

#### Total Mental Health FTE:

A total of 70.63 Full-Time Equivalent (FTE) of counseling positions have been hired using these funds since the inception of this initiative, representing 29.4 percent of total counseling FTE. A total of 9.77 FTE of psychiatry positions have also been hired using these funds, representing 29.7 percent of existing psychiatry FTE. A significant number of these FTEs were hired in anticipation of long-term funding arriving in year 4 and year 5 of this five-year initiative. In addition, 13 counseling FTE and 0.65 psychiatry FTE remain under recruitment and are anticipated to be hired with funds from this initiative.

#### Effect on Mental Health Provider-to-Student Ratios:

The International Association of Counseling Services (IACS), a recognized accrediting body for college and university counseling centers, recommends counselor-to-student ratios in the range of 1:1,000 to 1:1,500, while many Ivy League schools maintain ratios around 1:750. Funds from the SSF mental health funding initiative have enabled UC to improve the average systemwide counselor-to-student ratio from 1:1,735 in 2014 to 1:1,123 in 2017. However, this ratio increased to 1:1,168 in 2018.

Recommended psychiatrist-to-student ratios are approximately 1:6,500. Funds from the SSF mental health funding initiative decreased the average systemwide psychiatrist-to-student ratio from 1:9,464 in 2015 to 1:7,322 in 2016. However, this ratio increased to 1:8,238 in 2017 and increased again to 1:8,529 in 2018. A summary of yearly changes in the average systemwide provider-to-student ratios and fall 2018 campus-specific provider-to-student ratios is provided here:

**Table 1: Systemwide Average Provider-to-Student Ratios by Year**

Ratio	Year	2015	2016	2017	2018
Counselor: Student	1:	1394	1532	<b>1123</b>	<b>1168</b>
Psychiatrist: Student	1:	<b>9464</b>	<b>7322</b>	<b>8238</b>	<b>8529</b>

**Table 2: Campus-Specific Provider-to-Student Ratios (with Position Vacancy Rates)**

By Campus Filled	Fall 2018			Vacancy Rate	
	Counseling	Psychiatry	Population	Counseling	Psychiatry
UCB	1006	7522	42501	2.31%	15.04%
UCD	1440	10905	38167	18.46%	0.00%
UCI	1475	7909	35984	21.04%	24.79%
UCM	1709	4497	8544	0.00%	0.00%
UCR	1945	11961	23922	32.79%	0.00%
UCLA	965	8733	44537	2.12%	0.00%
UCSB	857	7848	25976	9.01%	0.00%
UCSC	1295	5239	19700	27.47%	19.66%
UCSD	1263	18944	37887	3.23%	33.33%
UCSF	649	2831	3114	0.00%	0.00%
<b>SYSTEM Average</b>	<b>1168</b>	<b>8529</b>	<b>280332</b>	11.31%	11.85%

Effect on Mental Health Provider Diversity:

In response to concerns raised during the December 2018 Health Services Committee meeting, it is important to note the SSF mental health funding initiative has been instrumental in increasing diversity among direct service mental health providers within UC Counseling and Psychological Services (CAPS) centers: As of October 2018, a total of 46 of 52 (89 percent) of FTE targeted for specific campus diversity needs have been filled. Hiring targets have included diversity in gender, ethnicity, language, sexual orientation/identity, and religion, as well as experience or special skills in areas such as trauma-informed counseling, veterans' issues, and issues faced by first-generation students.

***Current and Planned Innovations in Service Delivery to Meet Student Demand for Services***

Various campuses are piloting or actively using alternative care models and a variety of technology-based services to expand ways in which students can increase their awareness of mental health issues, seek information and wellness resources, monitor their status, and receive care from mental health professionals. Many campus CAPS center websites also feature anonymous screening tools to identify at-risk students who may need assistance. After-hours on-call services are in place at all campuses and advertised on CAPS websites, as is a crisis text line for students who prefer to reach out for help via this platform. Alternative care delivery methods currently in use include:

Technology-based programs:

**Therapy Assistance Online (TAO)** (UCSD, UCI): <https://www.taoconnect.org/>

A web- and application-based, interactive program that utilizes video visits, online self-help and client workbooks as an adjunct to in-person treatment

**WellTrack** (UCSD, UCSC, UCI): <https://welltrack.com/>

A web- and application-based, interactive self-help therapy program that utilizes a mood-tracker and self-help resources

**MindWell-U** (UCSD): <https://www.mindwellu.com/>

An application-based, interactive self-help wellness program that features a mood-tracker coupled with relaxation and meditation resources

Telemedicine Options:

**PolyCom** (UCM): <http://www.polycom.com/collaboration-solutions/solutions-by-industry/healthcare.html>

Polycom is the platform for tele-psychiatry visits currently in use at UC Merced, and is currently the primary method for psychiatry consultation, due to lack of local community resources. UCM students initiate tele-psychiatry visits via a Polycom terminal at the UCM SHC center to connect to offsite psychiatrists.

**Live Health Online** (UCB, UCD): <https://livehealthonline.com/>

This is Anthem's commercial telemedicine service offered through UC SHIP, which is covered at a nominal co-pay for students with UC SHIP, but also available to all students at a minimal cost. UC Davis is piloting a program using vouchers to cover co-pays. Live Health Online (LHO) offers online counseling and psychiatry visits using either a computer or hand-held device. Initial promotional efforts have included custom campus-specific website landing pages for LHO and mass student emails at the conclusion of the fall 2018 academic term.

**UC Telemedicine Center of Excellence at UCSD (Proposal) - Telepsychiatry Pilot:**

This is a proposal from the UCSD Telemedicine Center of Excellence to offer a Tele-Psychiatry pilot to all UC SHC centers, with UC Merced already indicating readiness to transition its tele-psychiatry services to this platform and other campuses expressing interest in participation. Advantages include: care delivery by UC-based psychiatry faculty, fellows, or residents; use of the EPIC electronic health record for documentation; expansion capability to include UC faculty providers from other UC campuses; and enhanced opportunities for continuity with providers and within the UC system.

*Implementation Challenge: Start-up funds of \$500,000 are required to pilot this program.*

Integrated Care Models:

A number of campuses have implemented the integration of mental health providers within urgent care or primary care settings, including UCD, UCSC, and UCB. UCB has adopted an innovative Collaborative Care Initiative, which utilizes behavioral health providers embedded within primary care medical clinics, making behavioral health providers (including psychiatry) available for consultation and intervention during all routine primary care visits. Using this model in Academic Year 2017-18, UCB screened 38 percent of its student population for depression and anxiety (with 31 percent of these screens returning positive) and reduced referrals to its Counseling and Psychological Services center by 55 percent. The program has received broad support from students and providers alike, and has become a routine part of primary care at UCB.

Campus- and UCOP-based leadership from Student Affairs, UC Health, and the SHC centers continue to explore available alternative service delivery options to more easily connect with students, provide services and resources, and achieve better health outcomes.

***Critical steps to stabilize and enhance the capacity to provide accessible, high-quality, and cost-effective mental health services to UC students***

Given the current and anticipated growth in demand for services in both the short and long term, it is essential that UC take immediate steps to begin addressing this need.

- 1) The first critical priority is to restore the long-term funding for direct service mental health providers for fiscal years 2019-20 and 2020-21 that was originally planned for the final two years of the five-year Long-Term Stability Plan for Tuition and Financial Aid. While not a viable medium- or long-term solution, this is essential stop-gap coverage that will allow the SHC centers to adequately meet current demand over the next several years.
- 2) The second priority is to further leverage existing innovative wellness, prevention, and clinical service delivery programs and to pilot new programs that enhance student well-being, reduce stress, increase resiliency, and/or increase the capacity for service delivery. Further integration and access to UC Medical Group and Medical Center capacity is an option that will require additional leadership commitment and financial support from the campuses, medical centers, and UCOP.
- 3) The third priority is to continue implementation of recommendations of the President's UC Health Advisory Committee on UCOP Restructuring that relate to Student Health and Counseling. These specifically include:
  - a. Joint facilitation of "listening and learning sessions" by UCOP Student Affairs, Risk Services, and UC Health leaders to include Vice Chancellors of Student Affairs, leaders of Student Health and Counseling centers, and other UCOP and campus-based leaders with responsibility for provision of these student services.

- b. The collaborative development of a specific action plan to address concerns expressed by these participants.
- c. Shared implementation of this action plan, followed by periodic reassessment of satisfaction levels of campus- and UCOP-based leaders regarding collaborative representation of Student Health and Counseling at UCOP by Student Affairs, Risk Services, and UC Health.

The furtherance of high-level collaboration and partnership between UCOP- and campus-based leaders is essential to meet the evolving needs of UC students, and to identify and implement effective strategies that support the provision of wellness, prevention, and clinical services to UC students.

- 4) Finally, campus- and UCOP-based leaders must work together to identify campus-based long-term funding models that address unique needs of individual campuses, coupled with sustainable, systemwide initiatives that provide additional resources as available to meet targeted systemwide needs. Funding models must be more dynamically linked to observed changes in campus-specific enrollment and the incremental costs of staffing and maintaining the SHC centers in real time. While the Student Mental Health Oversight Committee provides a springboard for evaluation of systemwide ideas and proposals, these often cannot adequately address the variance in enrollment growth and increases in costs of providing services among the campuses. There is a clear need to identify and implement effective campus-based initiatives as the principal pathway to meet local needs of students at each campus, supplemented by systemwide support as available. A vibrant and actively engaged partnership between UCOP and campus-based leaders will be critical to appropriately resource units providing these essential services to UC students.

**KEY TO ACRONYMS**

CAPS	Counseling and Psychological Services
FTE	Full-Time Equivalent
SHC	Student Health and Counseling
SSF	Student Services Fee
UC SHIP	UC Student Health Insurance Plan