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Office of the President

TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:

DISCUSSION ITEM

For Meeting of February 10, 2021

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

EXECUTIVE SUMMARY

The Student Health Services (SHS) and Counseling and Psychological Services (CAPS) centers have had a tremendously busy year, balancing the need to create effective campus responses for the COVID-19 pandemic and simultaneously maintain ongoing care for UC students residing either within their campus communities or remotely. The development of new telehealth capacities within each SHS and CAPS center has been instrumental to meeting this goal. Accessibility for mental health services has remained a high priority and results of accessibility monitoring are reviewed in detail. The SHS and CAPS centers welcome the addition of the new Director of Student Mental Health and Well-being, Genie Kim, D.S.W., from the Office of the President (UCOP) Division of Graduate, Undergraduate and Equity Affairs, who provides insights on the need for increased investment in prevention, providing targeted intervention for vulnerable groups, and in creating healthier campus communities. A summary of provision of new services, planned quality improvement work, and compliance efforts is provided. The report concludes with a review of the UC Student Health Insurance Plan (UC SHIP).

BACKGROUND

Providing a Critical COVID-19 Response to UC Students and Campus Communities

With the onset of the COVID-19 pandemic in March 2020, UC's campus-based Student Health Services (SHS) and Counseling and Psychological Services (CAPS) centers quickly mobilized a number of efforts to dramatically change the scope of services being offered, build new clinical capacities to manage the pandemic on each UC campus, and to transform their primary service delivery model to telehealth services. Each SHS initially had to focus on managing the immediate tasks at hand to protect students before students departed due to public health shelter-in-place orders and to protect students who were unable to leave campus housing for variety of reasons (international students, graduate students, etc.).

Initial work by the SHS centers in the early phase of the COVID-19 pandemic included:

1) Interpretation and integration of rapidly evolving CDC, CDPH, and Cal OSHA recommendations for Personal Protective Equipment (PPE) Requirements for staff, evaluating and testing individuals with suspected COVID illness or exposure, and for testing prioritization when availability of testing was severely limited.

2) Establishing infection control protocols within SHS units including development of administrative controls, segregated patient flow pathways, dedicated clinical spaces for suspected COVID-19 patients, etc.

3) Establishing internal case investigation and patient tracking systems to assist public health officials in identifying and locating patients needing further intervention.

4) Executing public health reporting of Persons Under Investigation (PUIs), individuals with positive SARS-CoV-2 test results, and those individuals under quarantine or isolation, etc.

5) Establishing quarantine protocols for suspected cases and isolation procedures for positive cases remaining on or off campus.

6) Working with central campus administrations, campus counsel, and the UCOP Office of the General Counsel to develop common understanding of allowable campus notifications that adequately consider the relevant privacy and legal issues.

7) Working with campus Emergency Operations Centers (EOCs), Environmental Health and Safety (EH&S), and Residential Life to coordinate movement of student PUIs or COVID-infected students into quarantine and isolation space, impose appropriate restrictions, coordinate delivery of meals or other support services, and conduct appropriate clinical follow-up and cleaning.

Ongoing work done by the SHS units to manage the pandemic in the spring and summer of 2020 included:

1) Educate residual on-campus (and in many cases, off-campus) student populations to attenuate local transmission within student populations and protect the portion of students that remained COVID-19-free in collaboration with local public health authorities to reduce widespread transmission in on-campus, off-campus, and extended local communities.

2) Perform extensive case investigation and contact tracing work on the majority of student cases identified among students remaining either on campus or within adjacent off-campus communities. This work is typically the responsibility of public health officials, but due to the widespread nature of the pandemic, public health officials at nearly all UC campuses delegated this authority, either formally or informally, to the UC SHS units.

3) Managing large outbreaks which occurred within these student populations, with some outbreaks involving hundreds of contacts and over 50 positive cases from a single gathering. Management of these outbreaks is a critically urgent task, often requiring SHS

staff to work nights, weekends, and holidays to aggressively pursue all possible contacts related to large exposure events.

4) Managing a large number of UC students in isolation or quarantine, with many campuses following 20 to 50 students or more simultaneously for two-week quarantine or isolation periods.

5) Rapid establishment of broad telehealth capacity at each SHS by the first week of April: The SHS and CAPS centers quickly mobilized their telehealth capacity to provide over 5,000 systemwide telehealth visits combined by the first week of April 2020. Follow-up monitoring of telehealth visits conducted from April through mid-December demonstrates that the SHS/CAPS centers have conducted 134,792 telehealth visits systemwide during this time period.

6) Participate with campus leaders to plan fall 2020 procedures for resuming in-person on-campus operations, including partial dormitory re-population, facilities closures, EH&S safeguards (signage on social distancing, hand washing, physical barriers, etc.), and establishment of surveillance testing and record-keeping capacities to monitor results for all campus-based students, staff, and faculty.

7) Modify Electronic Health Record (EHR) systems to capture information from case investigations, document the management of students in quarantine and isolation, and prepare the campuses to conduct high-volume, asymptomatic surveillance testing for students, staff, and faculty.

New additional work taken on in the fall of 2020 included:

1) Conducting high-volume asymptomatic surveillance testing for SARS-CoV-2 at a frequency of one to two times per week for majority of campus-based personnel, in accordance with testing plans developed by each campus.

2) Managing positive SARS-CoV-2 results from surveillance testing, including case investigation, contract tracing, and quarantine/isolation protocols for all students, and reporting of positive test information to affected students, staff or faculty members, as well as providing case information to public health authorities.

3) Establishing capacity to deliver a significantly increased quantity of flu vaccinations on campus in anticipation of the Presidential Executive Order mandating flu vaccination for all campus-based students, staff, and faculty for academic year 2020-21. By the time of the November 1, 2020 deadline for flu vaccinations, over 34,000 students received flu vaccine, a 62 percent increase over fall 2019 data, when only 21,000 students had received flu vaccinations by that date. Of the 34,000 students receiving the flu vaccine this year, 80 percent received their vaccine through the SHS centers, while approximately 20 percent received their vaccinations at retail pharmacies or other locations. The SHS centers are currently conducting a baseline study to ascertain the percentage of on-campus students who received vaccination this fall and will use this data to evaluate flu

vaccination promotion efforts in future years.

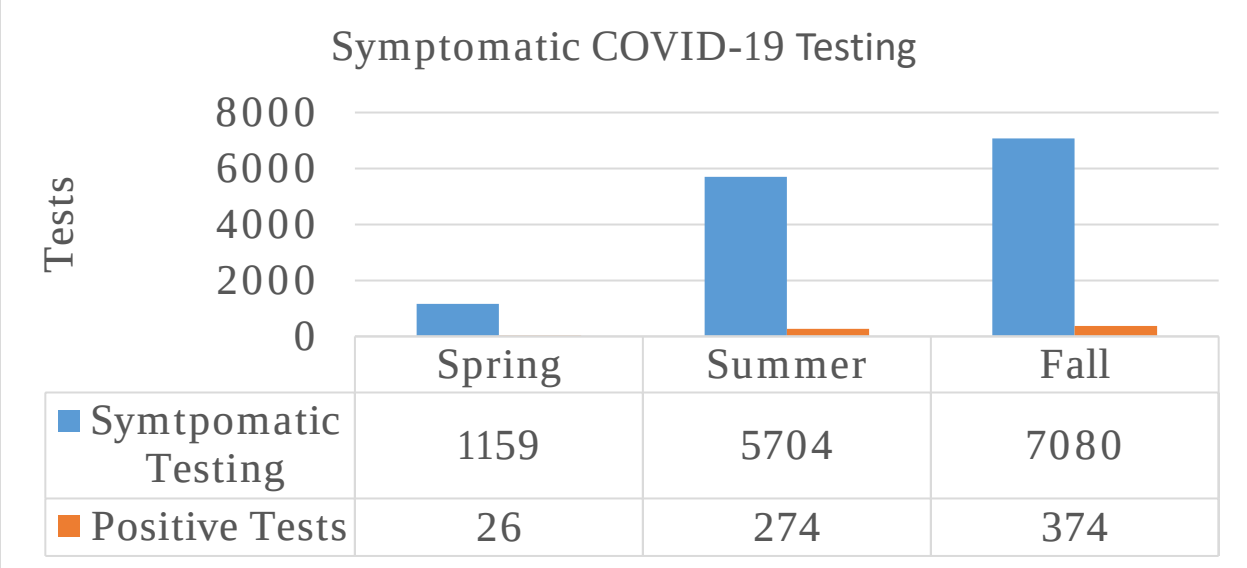
4) Providing campus-specific messaging to the student and campus community about COVID-19 status, changes in allowable in-person activities on campus, available on-campus resources, and options for students to continue to shelter in place off campus during the final weeks of the fall 2020 term and finals.

5) Working with the Departments of Intercollegiate Athletics and campus sports medicine programs to provide high-level public health interventions, monitoring, and testing, which initially began at one to two times per week for student athletes in many programs and eventually increased to daily COVID testing for student-athletes at Pac-12 campuses (UCB and UCLA).

6) Fulfillment of requirements to successfully join UC's Multi-County Entity (MCE) to begin receiving and administering COVID-19 vaccine to the campus communities in concert with public health guidance and prioritization of high-risk groups, with the first vaccine administration to essential worker priority groups expected to occur in the early weeks of February 2021. Once initial highest priority cohorts (e.g. healthcare and other essential workers) have been vaccinated, it is anticipated that the SHS centers will be able to make the vaccine available to students and other community members per evolving public health guidance and directives.

Table 1 below shows the systemwide number of tests that were run each quarter on UC students with symptoms consistent with COVID-19, along with the number of positive tests. In the spring quarter 1,159 tests were run, with 26 returning with a positive result, for an average positivity rate of 2.2 percent. In the summer, 274 of 5,704 tests were positive, for a positivity rate of 4.8 percent. In the fall, 374 of 7,080 symptomatic tests were positive, for a 5.3 percent positivity rate.

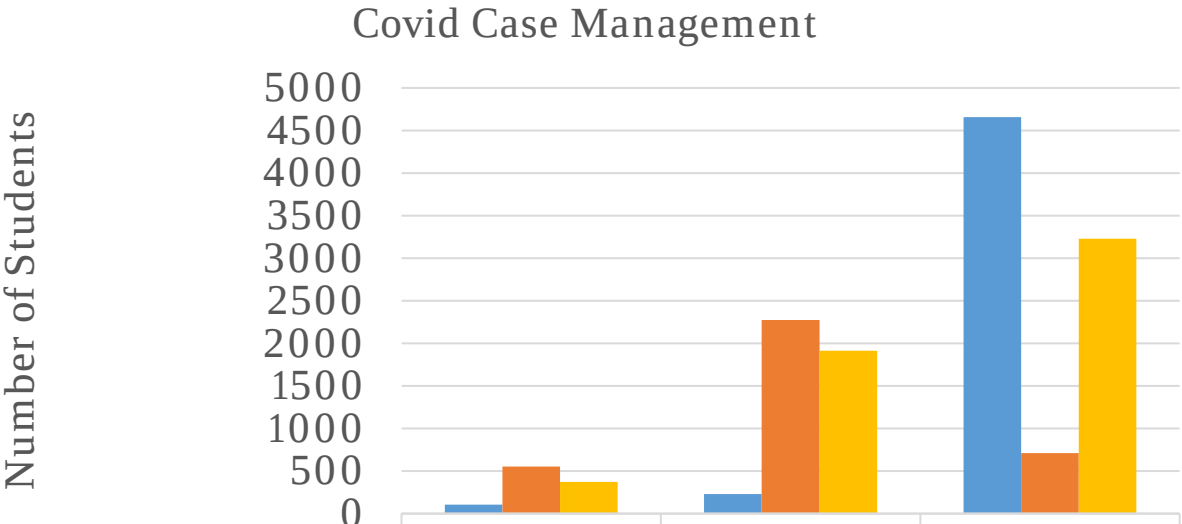
Table 1: SHS Symptomatic Student Evaluations and COVID Test Count by Quarter 2020



(Test positivity Rates)	(2.2%)	(4.8%)	(5.3%)

Table 2 below shows the number of students isolated or quarantined due to COVID-19, either in on-campus housing or off-campus housing, as well as the number of student case investigations that led to these actions by quarter. In the spring 2020 quarter, 371 student cases were investigated, 107 students were isolated in on-campus housing, and 554 students were isolated off campus. In the summer quarter, the number of case investigations increased more than five-fold to 1,914 cases, the number of students isolated or quarantined on campus more than doubled to 229, and the number of students isolated or quarantined off campus more than quadrupled to 2,275. In the fall 2020 quarter, with partial campus re-population underway, the number of case investigations increased again by 169 percent to 3,229 investigations, the number of students isolated or quarantined on campus increased by more than 20-fold to 4,659, while the number of students isolated or quarantined off campus decreased by 69 percent to 710 students.

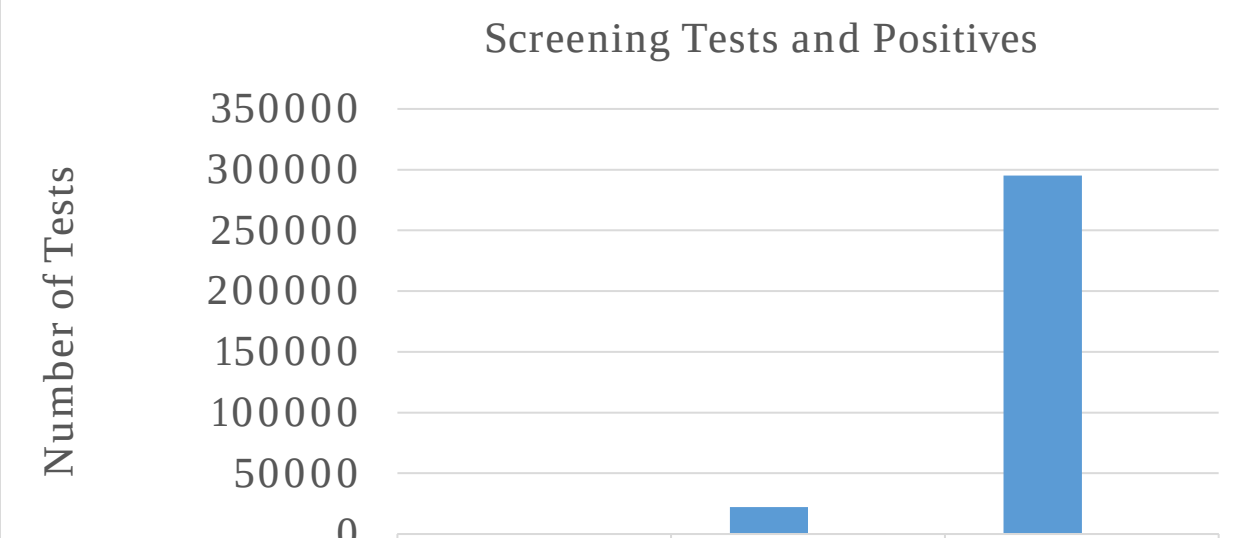
Table 2. SHS Quarantine/Isolation Management & Total Case Investigation Count by Quarter 2020



	Spring	Summer	Fall
students isolated or quarantined on campus	107	229	4659
students isolated or quarantined off campus	554	2275	710
student cases investigated	371	1914	3229

Table 3 below shows the number of asymptomatic screening tests run systemwide by quarter. In the summer quarter, as only several campuses had their testing capacity ready for piloting, 22,178 screening tests were run, of which 125 had positive results, for a positivity rate of 0.56 percent. In the fall 2020 quarter, 295,200 campus-based screening tests were run systemwide, with 711 returning with a positive result, for a positivity rate of 0.24 percent. The management and communication of mass testing results has been a formidable task and the majority of SHS centers assumed responsibility for managing staff and faculty results, in addition to student results.

Table 3. SHS Asymptomatic Campus COVID Screening Count by Quarter 2020



	Spring	Summer	Fall
screening Tests	0	22178	295200
positive student tests	0	125	711
(Test positivity Rates)		(0.24%)	(0.56%)

In summary, the SHS centers have played an essential role in providing effective campus-based responses to the COVID-19 pandemic in 2020. As outlined above, the SHS centers provided critical evaluation and testing services for 13,394 students who were exposed or ill, served as the critical public health safety net for UC students and the campus communities by providing case investigation, contact tracing, and isolation/quarantine management to 8,534 students, and are now playing a pivotal role in providing ongoing COVID-19 screening for their campus communities, having conducted 317,378 asymptomatic screening tests in 2020.

At the time of the submission of this report, the SHS centers are now readying to administer COVID-19 vaccine to their campus communities as they continue with the above roles. Furthermore, in addition to providing the essential COVID-related services outlined above, the SHS and CAPS centers have continued to provide ongoing care to UC students residing on campus or remotely during the COVID-19 pandemic, by providing 202,821 telehealth visits systemwide since the pandemic began. It has been a most challenging and difficult year, and the SHS and CAPS center providers, leadership, and support staff should be commended for their efforts and service to the University.

Telemedicine and Tele-Behavioral Health Services:

A review of telehealth services provided by the Student Health Services (SHS) centers, the Counseling and Psychological Services (CAPS) centers, and by Anthem providers to UC SHIP

students through the summer and early fall of 2020 was provided at the December 15, 2020 meeting of the Regents' Health Services Committee (HSC). The December 2020 HSC report is available at: https://regents.universityofcalifornia.edu/regmeet/dec20/h11.pdf
An interim update was provided to the Regents' Health Services Committee on January 19, 2021. The core content of these reports is briefly summarized immediately below.

Starting essentially from scratch, with no telehealth capacity prior to the COVID-19 pandemic in mid-March 2020, the SHS and CAPS centers quickly mobilized the capacity to provide more than 5,000 combined systemwide telehealth visits per week by the first week of April.

Early challenges to the successful launch of telehealth services included working with campus IT departments to establish HIPAA-compliant Zoom video visit capability, establishing minimum documentation standards and standardized billing codes for telehealth, and implementing documented informed consent procedures for both telehealth and tele-behavioral health visits. Following this, modifications were required in SHS/CAPS electronic health records systems to accommodate these changes. The CAPS centers engaged in standardized training to ensure that all CAPS providers adhered to minimum standards of care and adopted agreed-upon quality assurance metrics.

Additional challenges included federal and State laws and regulations that limit or prohibit the provision of telehealth and tele-behavioral health services across state lines, and interpretation of guidance and temporary COVID-19-related waivers by some agencies. UC advocated for additional waiver language from the Board of Behavioral Sciences and the Department of Consumer Affairs, and successfully petitioned the California Board of Psychology regarding clarifications to their proposed regulations establishing standards for telehealth services provided to California residents, including students temporarily residing out of state. UC's efforts resulted in favorable language changes in the California Board of Psychology regulations on the standard of practice for telehealth. These changes were approved by the Board in December 2019, and are currently in a public comment period. Federal legislation currently under consideration (e.g. TREAT Act) and/or additional guidance from state agencies or professional boards may more broadly permit SHS and CAPS providers to engage in telehealth care across state lines during the COVID-19 pandemic to better serve UC students currently residing outside of California.

Calendar year 2020 visit counts revealed that the SHS/CAPS centers provided 62,324 telehealth visits in the spring; 69,879 telehealth visits in the summer, and 70,618 telehealth visits systemwide in fall 2020, for a total of 202,821 telehealth visits to UC students in 2020.

Review of Multi-Year Mental Health Visit Data for Counseling and Psychological Services (CAPS)

For this annual Regents' update on UC Student Health and Counseling, fiscal year and quarterly data will be presented on a number of parameters using fiscal year data from the past three years and quarterly breakdowns of this data. Data for the summer quarter of FY 20-21 is also included as it is the most current available mental health data at the time of submission of this report.

Counseling Unique Client Count, Visit Count, and Average Number of Visits per Client

Figure 1 (below) shows the total number of unique clients seen for counseling services by fiscal year with breakdowns by quarter. Graph 1 demonstrates a slight decrease in the number of unique clients in FY 19-20 compared to prior years, which is reflected consistently in quarterly data. The most significant decrease in number of unique clients seen was in the spring 2020 quarter, immediately following issuance of COVID-19 stay-at-home orders in March, and the number of unique clients seen decreased by 39 percent to 9,512 compared to the spring 2019 quarter. A smaller decrease was observed in the number of unique clients seen in summer 2020, which decreased by 6.4 percent to 9,381 compared to the summer quarter of 2019.

Figure 1: Total Number of Unique Counseling Clients by Fiscal Year/Quarter 2017-2020

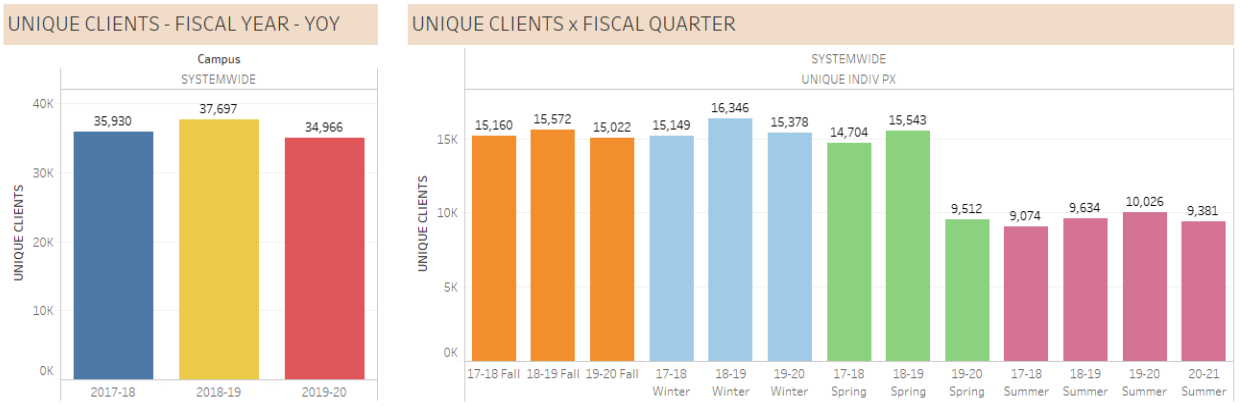
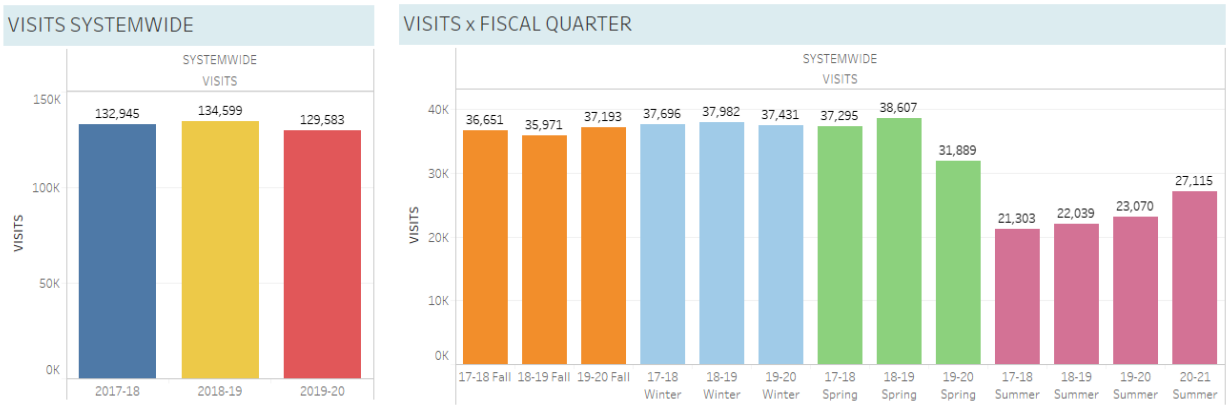


Figure 2 (below) demonstrates a slight decrease in the total number of counseling visits in FY19-20 compared to prior years, with fall and winter quarters of FY19-20 showing a similar number of visits compared to prior years and spring 2020 showing a 17.4 percent decrease in the number of visits compared to the prior year. For summer quarters, there is a consistent upward trend in the number of visits in each year, with the largest increase occurring in summer 2020, with 27,115 visits being an increase of 17.5 percent compared to the prior year.

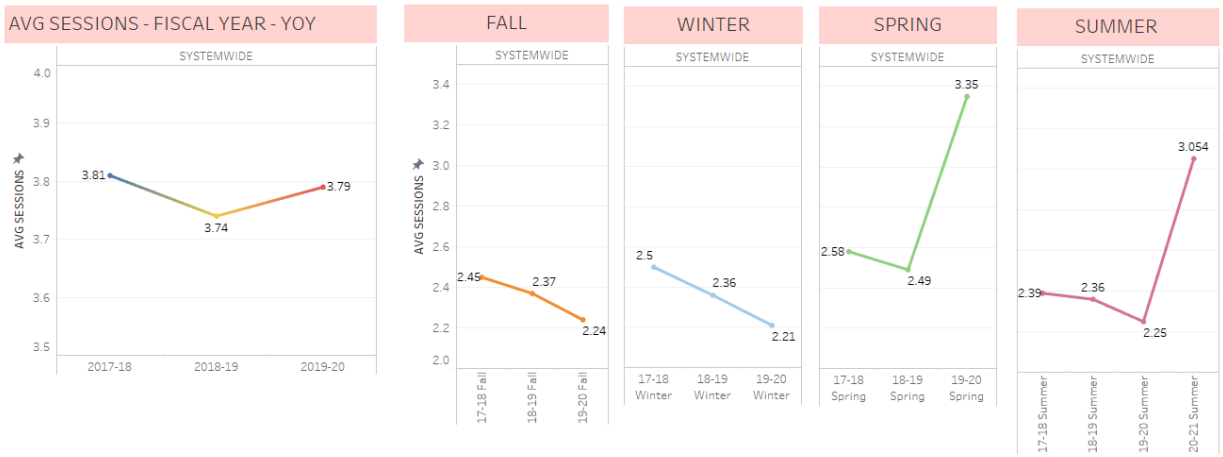
Figure 2: Total Number of Counseling Visits by Fiscal Year/Quarter 2017-2020



One reason for the increased number of counseling visits despite a decrease in unique clients is an observed increase in the average number of visits per clients seen in the spring and summer

quarters of 2020. Figure 3 below shows a similar average number of visits in FY19-20 compared to FY17-18 at 3.79 visits per client in FY19-20. Quarterly breakdown of data shows a consistent downward trend in the average number of visits per client in all quarters prior to spring 2020, but a reversal of this trend following the onset of the COVID-19 pandemic in March 2020. The spring 2020 and summer 2020 quarters both show significant increases in the average number of visits per client during these time periods.

Figure 3: Average Number of Counseling Visits/Client by Fiscal Year /Quarter 2017-2020



Counseling Appointment Accessibility Data

The next set of graphs show the changes in appointment accessibility over the past three fiscal years and by quarter. Wait time data is obtained from actual appointments scheduled and reflects calendar days between the day of scheduling and the date of the appointment. Of note, students who request an urgent counseling evaluation are typically seen on a same-day basis or next-day basis if clinically appropriate. Data consistently demonstrates that 95 to 99 percent of these requests are evaluated within two days with, again, the majority of these issues handled on the same day the request is made.

Figure 4 (below) depicts the average wait time for routine initial counseling intake appointments. FY19-20 data shows a slight decrease in the average waiting time for routine intake appointments compared to the prior year at 10.33 days, with 76.3 percent of students being scheduled within two weeks. (Of note, the CAPS center Directors have set a target of 80 percent for the percentage of students to be scheduled within this timeframe.)

Quarterly data shows consistent average wait time of approximately 12 days for the fall quarters over the past three fiscal years, and a trend of increasing average wait times for the winter and spring quarters to 12 and 11 days respectively through FY18-19, with 62 to 64 percent of students scheduled within two weeks during those quarters. In FY19-20, however, there was a decrease in wait time for routine counseling intake appointments to 11.33 days in the winter quarter, and, following the onset of the COVID-19 pandemic, decreases of average wait times for routine counseling intake appointments to five days for the spring and summer quarters of

2020, with approximately 90 to 96 percent of students seen within two weeks. Overall, other than stable average waits of approximately 12 days for routine intake appointments in the fall quarters, quarterly data demonstrates a consistent slight increase in average wait times for these appointments in the winter, spring, and summer quarters through FY18-19, with a significant decrease in wait times for these visits seen with the onset of the COVID-19 pandemic and the shift by the CAPS centers to providing tele-behavioral health services in April 2020.

Figure 4: Average Days Wait for Routine Counseling Intake by Fiscal Year/Quarter 2017-2020

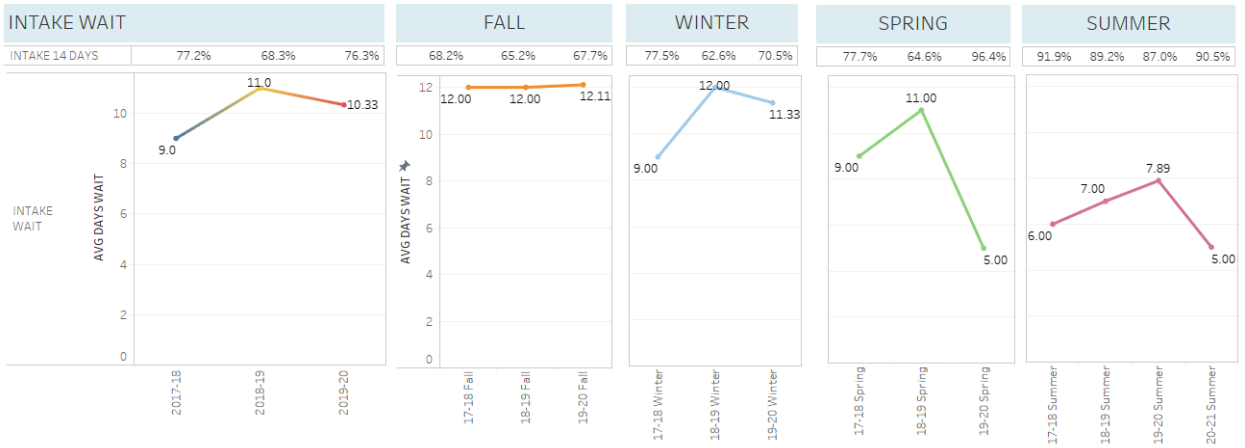
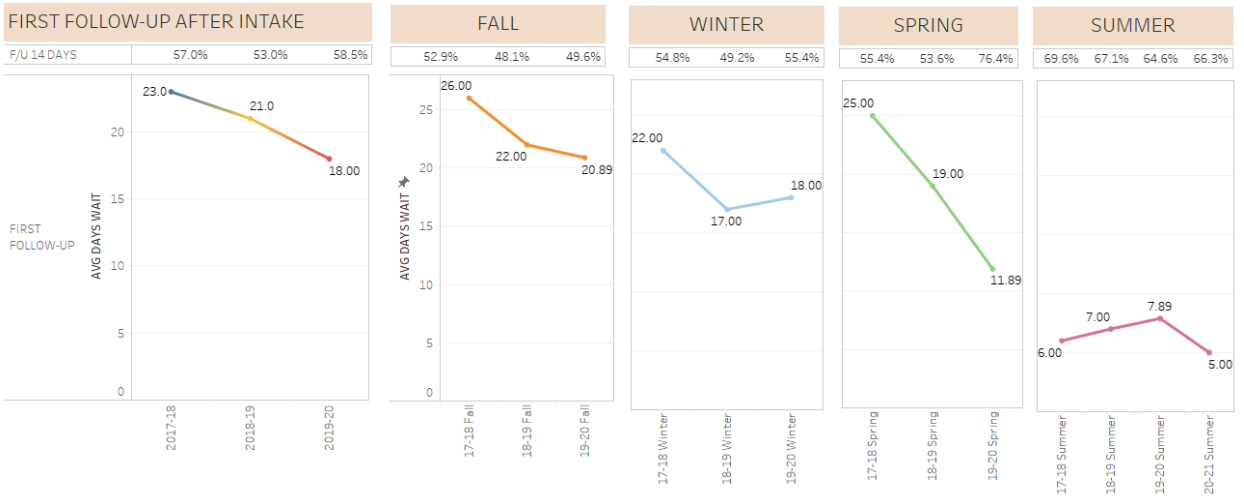


Figure 5 (below) depicts the average days' wait time to schedule a routine counseling follow-up appointment. Wait times are calendar days between day of scheduling and date of appointment. Over the past three fiscal years there has been a steady decline in wait times for routine follow-up appointments, with this annual average dropping to 18 days in FY19-20. Quarterly data shows commensurate decreases in each fiscal quarter during the academic year, in contrast to a very slight increase in summer quarter wait times through FY19-20. As with previous data in this report, there is a marked decrease in wait times evident in the spring and summer quarters of 2020, with average wait times for first counseling follow-up appointment dropping to 11.89 days in the spring quarter and to five days in the summer quarter of 2020.

Figure 5: Average Days Wait for First Counseling Follow-up Appointment by Fiscal Year Quarter 2017-2020



Counseling Top Presenting Concerns Expressed by Students and Suicidal Ideation Rates

Figure 6 (below) shows the top presenting concerns expressed by students during intake for counseling visits over the previous three fiscal years and for summer quarter of FY 20-21. Data demonstrates a steady upward trend in the incidence of anxiety, a downward reciprocal trend in the incidence of depression, and variable changes in the incidence of academic concerns, which peaked at 11 percent in FY 19-20, but decreased in the summer 2020 quarter.

Figure 6: Incidence of Top Primary Presenting Concerns at Counseling Visits for Past Three Fiscal Years and Summer of FY 20-21

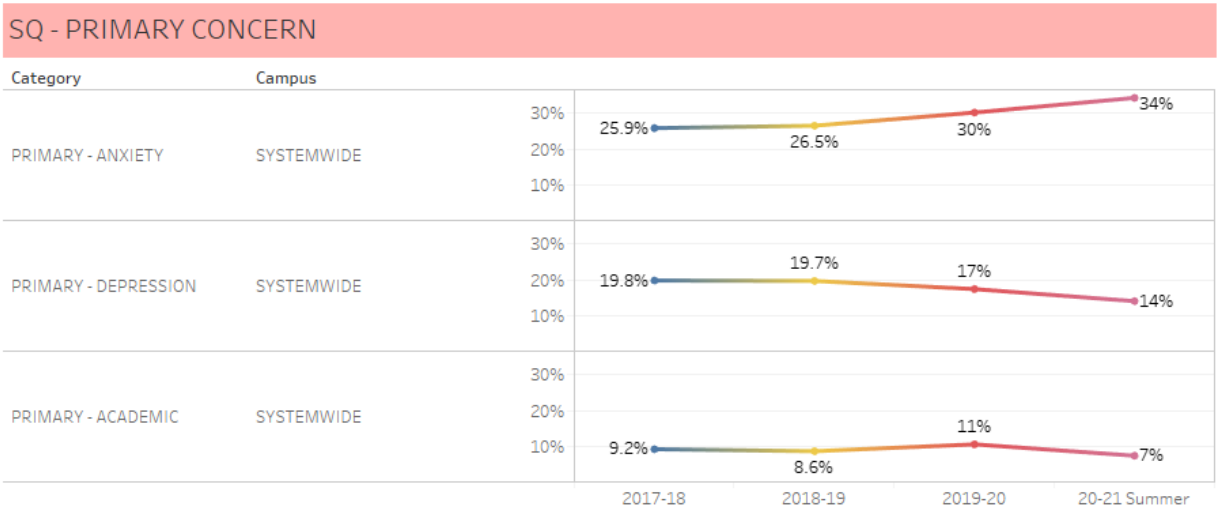
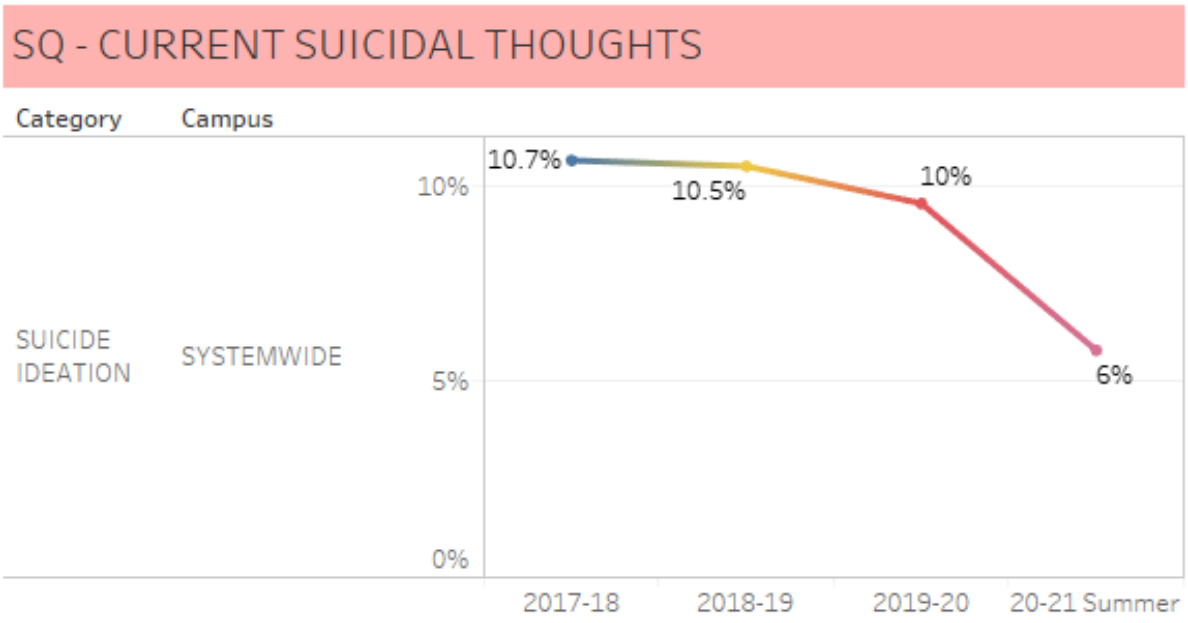


Figure 7 (below) depicts the prevalence of suicidal ideation in students presenting for a counseling interaction during the past three fiscal years and in summer quarter of FY 20-21. The data demonstrates a slightly declining trend over the past three fiscal years and a decreased

prevalence of reported suicidal ideation in students presenting for telehealth visits in the summer 2020 stand-alone quarterly data.

Figure 7: Prevalence of Suicidal Ideation at Counseling Visits for FY 17-20 and Summer Quarter of FY 20-21



Psychiatry Unique Client Count, Visit Count, and Average Number of Visits per Client

Figure 8 (below) shows the total number of unique patients seen for psychiatry services by fiscal year with breakdowns by quarter. Fiscal year data in graph 8 demonstrates a significant (14.3 percent) decrease in the number of unique clients in FY 19-20 compared to prior years, which is reflected consistently in all quarters for FY19-20 and in the summer quarter of FY20-21. The most significant decrease in number of unique clients seen was in the spring 2020 quarter (36.4 percent) following issuance of COVID-19 stay-at-home orders in March 2020. A smaller decrease was observed in the number of unique clients seen in summer 2020, which decreased by 25.3 percent to 2,483 compared to the summer quarter of 2019.

Figure 8: Total Number of Unique Psychiatry Clients by Fiscal Year/ Quarter 2017-2020

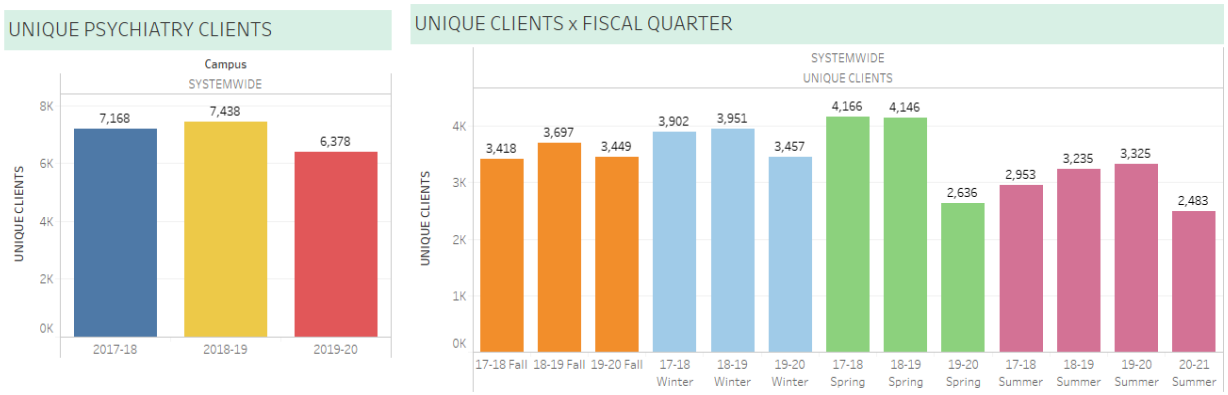


Figure 9 (below) demonstrates an 11.4 percent decrease in the total number of psychiatry visits in FY19-20 compared to FY18-19, with decreases reflected consistently in all quarters of FY19-20 and summer quarter of FY20-21. Prior to this time, quarterly data reflects a consistent upward trend in the number of visits in prior fiscal years and each corresponding quarter. Consistent with decreases in quarterly data on the number of unique psychiatry clients, quarterly data on psychiatry visits shows decreases in visit counts in the most recent pre-COVID quarters (fall 2019 – 5.7 percent and winter 2020 – 13.1 percent decrease), as well as decreases following the onset of the COVID-19 pandemic in March 2020 (spring 2020 – 28 percent decrease and summer 2020 – 12.1 percent decrease).

Figure 9: Total Number of Psychiatry Visits by Fiscal Year/Quarter 2017-2020

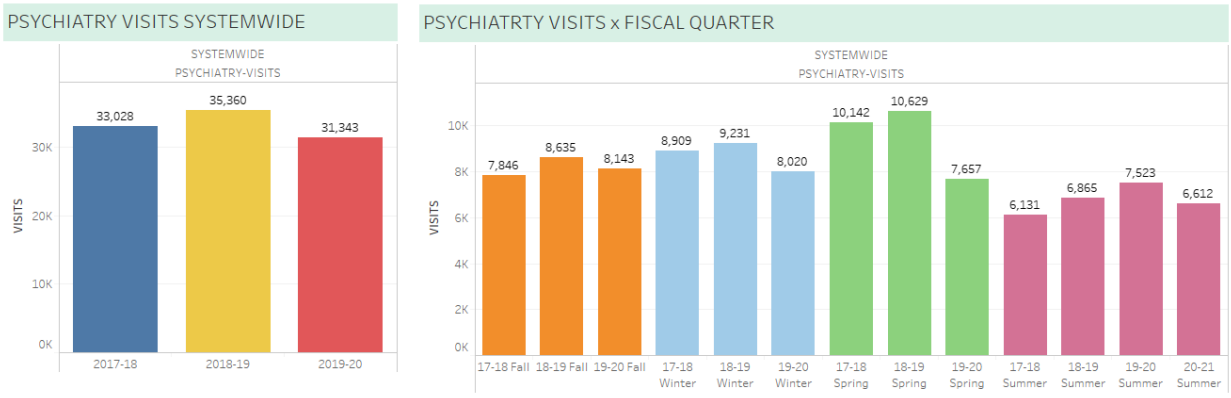
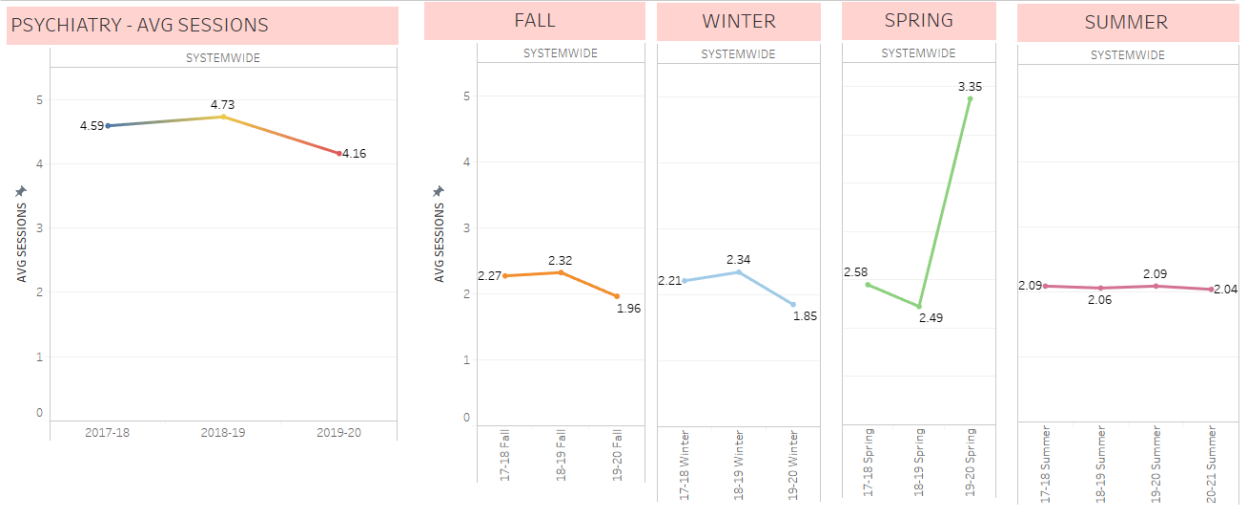


Figure 10 (below) depicts the average number of psychiatry visits per client by fiscal year and quarter. Fiscal year data shows a slight decrease in the average number of visits per year in FY 19-20 compared to the prior year. Quarterly data shows commensurate decreases in the fall and winter quarters of FY19-20, but a reversal of this trend in the spring 2020 quarter (post-COVID), with an observed increase to an average of 3.35 visits per client during this period. Summer quarterly data shows consistent utilization levels of approximately two visits per client over the four available summer quarters.

Figure 10: Average Number of Psychiatry Visits/Client by Fiscal Year /Quarter 2017-2020



Psychiatry Appointment Accessibility Data

The next set of graphs show the changes in psychiatry appointment accessibility over the past three fiscal years and by quarter. Wait time data is obtained from actual appointments scheduled and reflects calendar days between the day of scheduling and the date of the appointment. Of note, students who request an urgent evaluation are typically seen on a same-day basis or next-day basis if clinically appropriate. Psychiatry providers collaborate with counseling providers to ensure that students with urgent issues receive an appropriate evaluation expeditiously.

Psychiatry Unique Client Count, Visit Count, and Average Number of Visits per Client

Figure 11 (below) depicts the average wait time for routine initial psychiatry appointments. Fiscal year data shows a slight decrease from 13 to 11 days in FY19-20. Quarterly data shows stable average wait times in the past two fiscal years for the fall quarter (12 days) and winter quarter (14 days) and summer quarter (seven days). Quarterly data for the spring quarter of FY19-20 (post-COVID-19) shows a marked decrease in average wait times from 13 to seven days, which was sustained through the summer quarter of FY 20-21 (and is consistent with the summer of FY19-20).

Figure 11: Average Days Wait for Routine Psychiatry Intake by Fiscal Year/Quarter 2017-2020

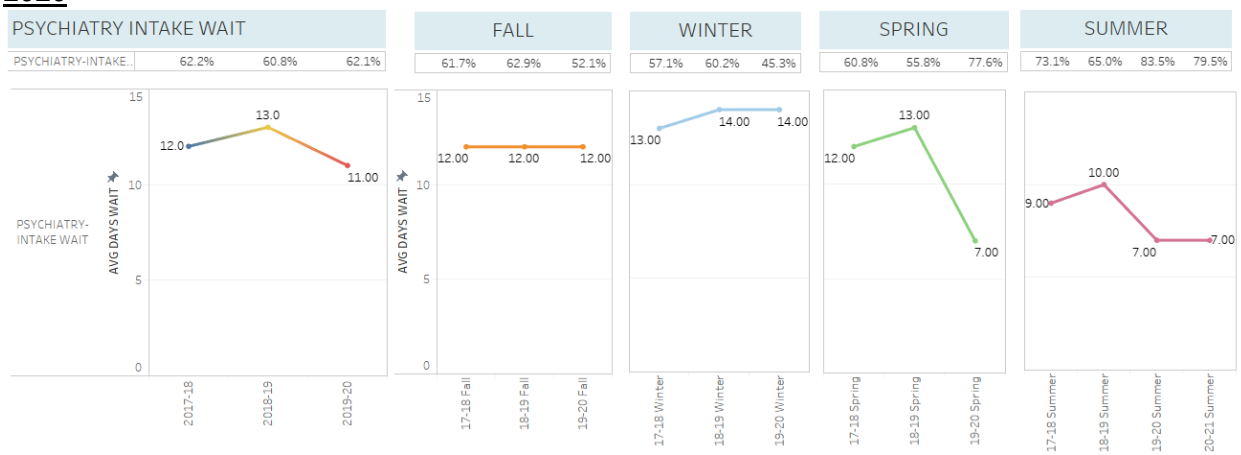
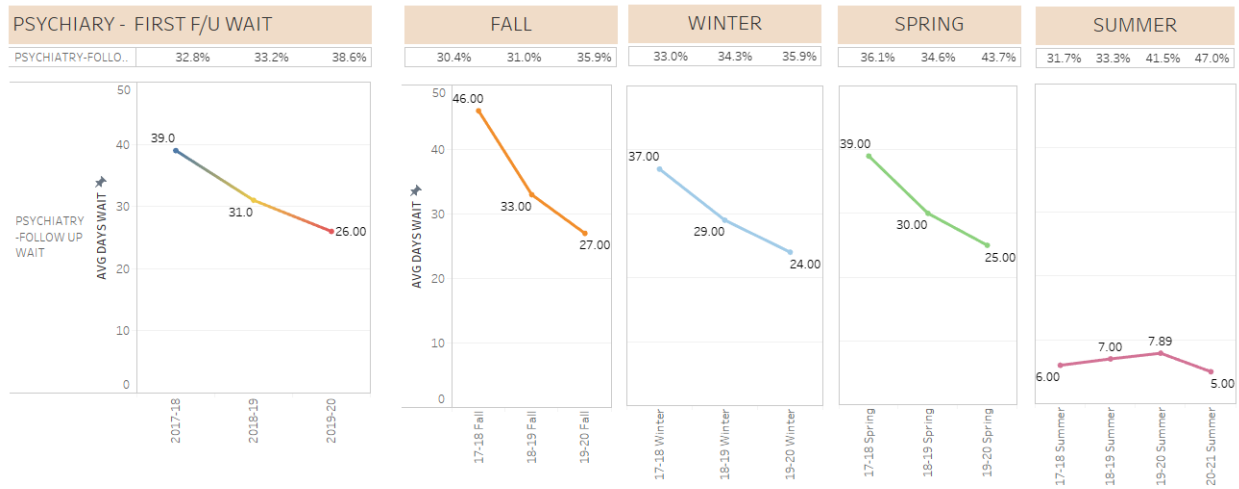


Figure 12 (below) depicts the average days' wait time to schedule a routine psychiatry follow-up appointment. Fiscal year and quarterly data over the past three years consistently demonstrates ongoing reductions in wait times for routine follow-up appointments, with a 33 percent decrease in the overall fiscal year average days' wait reduced from 39 days to 26 days, with quarterly data demonstrating similar decreases within those periods. Summer data has consistently shown excellent accessibility, with average days' wait of six to seven days in the past three fiscal years, falling to an average of five days' wait in the summer 2020 quarter.

Figure 12: Average Days Wait for First Psychiatry Follow-up Appointment by Fiscal Year Quarter 2017-2020



Fall 2020 Student Mental Health Provider-to-Student Ratios

In addition to monitoring appointment accessibility for counseling and psychiatry appointments across the system, UC Health has continued to track the overall number of Counseling Provider and Psychiatry Provider Full-Time Equivalent (FTE) positions at each campus and compared it

to student enrollment figures compiled annually by UC Institutional Research and Planning (IRAP) to calculate provider-to-student ratios for counseling and psychiatry positions located within Student Health and Counseling units. The International Association of Counseling Services (IACS), a recognized accrediting body for college and university counseling centers, recommends a target counselor-to-student ratio in the range of 1:1,000 to 1:1,500. UC previously has targeted a ratio of 1:1,250. By comparison, Ivy League schools, such as Dartmouth and Cornell, have prioritized counseling provider staffing levels to reach counselor-to-student ratios of approximately 1:700. Other "Ivy-Plus schools," such as Stanford, MIT, and the University of Chicago reportedly have even higher counselor-to-student ratios to provide higher levels of accessibility to student counseling services. The consensus of the CAPS Directors group is to target a ratio of 1:1,000 for counseling providers as their ongoing goal. As the UC system rebounds from COVID-19, anticipated continued enrollment growth will require continuous recruitment of additional counseling provider FTE to maintain these ratios or require the identification and development of additional, scalable capacity within the UC system (or the communities surrounding UC campuses) to meet the needs of UC's expanding student population.

Table 4 (below) shows the current open and filled FTE for counseling positions at UC Counseling and Psychological Services Centers. The current counselor-to-student ratios are calculated using UC IRAP data for fall 2020 enrollment at each of the campuses and the currently filled Counseling FTE at each campus as of October 2020. The column labeled "Needed to Reach Target" in Table 4 represents the number of additional new Counseling FTE needed to reach a counselor-to-student ratio of 1:1,000 after first filling any existing vacant FTE at current enrollment levels. Four campus CAPS centers are currently exceeding the target ratio of 1:1,000 for counseling positions, two additional campuses can reach target by filling existing vacancies, and four campuses need to add and fill additional positions to reach target.

Table 4: Fall 2020 Counselor-to-Student Ratios and Counseling FTE Levels

Counseling							
By Campus	**Fall 2020 Population**	**Growth**	**Ratio 1:**	**Total FTE**	**Filled FTE**	**Vacant FTE**	**Needed to Reach Target 1:1000**
UCB	42327	-1.99%	943	50.87	44.87	6	
UCD	39074	1.14%	1469	34.19	26.59	7.6	4.88
UCI	36303	1.64%	1390	31.28	26.1	5.18	5.02
UCM	9018	1.93%	1503	10	6	4	
UCR	26434	3.47%	1958	15.5	13.5	2	10.93
UCLA	44589	0.49%	829	58.75	53.75	5	
UCSB	26179	0.51%	911	31.18	27.26	3.92	
UCSC	19161	1.71%	977	23.36	19.6	3.76	
UCSD	39576	2.17%	1260	41.6	31.4	10.2	
UCSF	3201	0.66%	1641	1.95	1.95	0	1.25
Systemwide	**285862**	**0.23%**	**1138**	**298.68**	**251.02**	**47.66**	

Figure 13 (below) depicts the fluctuation of the systemwide provider-to student ratio over the past five years. As can be seen, funds from the Long Term Stability Plan for Tuition and Financial Aid (LTSPTFA) significantly improved the systemwide ratio and this ratio has remained relatively stable over the past three years, despite Year Five funding for the LTSPTFA being eliminated.

Figure 13: Systemwide Average Counseling Provider-to-Student Ratio 2015-2020

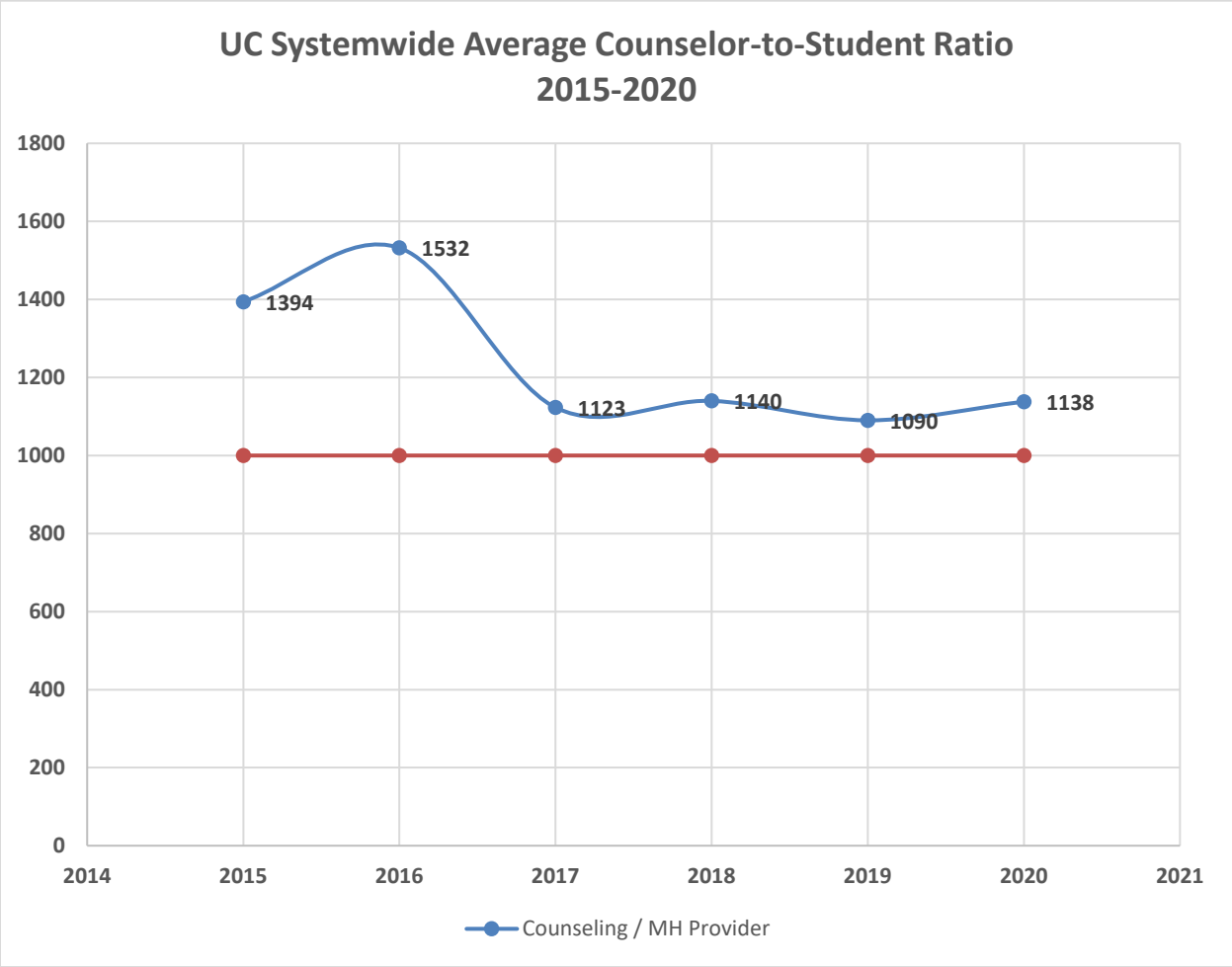


Table 5 (below) represents the current open and filled FTE psychiatry provider positions at UC Student Health and Counseling Centers. The target ratio used, based on U.S. Department of Health and Human Services Guidelines, is one psychiatry provider FTE per 6,500 students. The "Needed to Reach Target" category in Table 5 represents the number of additional new Psychiatry FTE needed (after first filling any existing vacant FTE) to reach a psychiatry provider-to-student ratio of 1:6,500 at current enrollment levels. As with the ongoing need to add more Counseling FTE, the anticipated continuous enrollment growth at UC will require the ongoing recruitment of additional Psychiatry FTE to maintain these ratios or will require the identification and development of additional psychiatry capacity within the UC system, in the

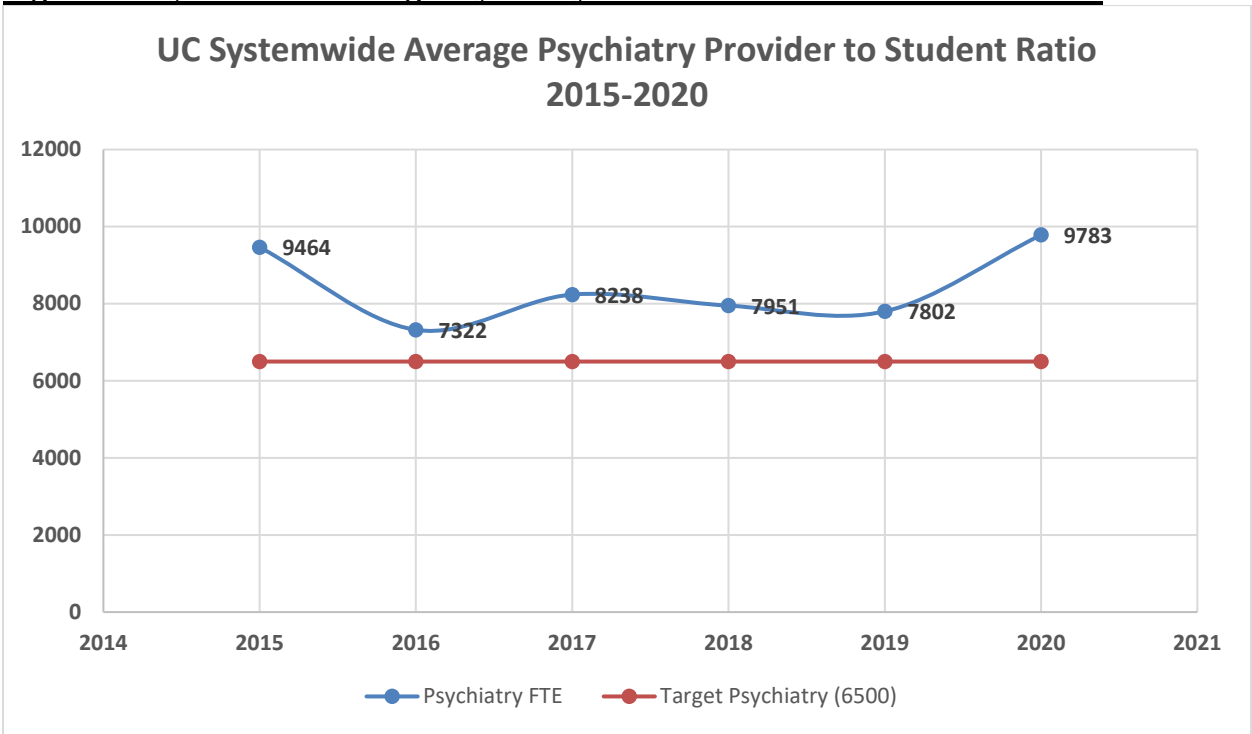
communities surrounding UC campuses, and/or via tele-psychiatry to meet the needs of the expanding UC student population. Five of ten UC campuses currently have psychiatry provider-to-student ratios below the target ratio of 1:6,500, one campus (UCI) can achieve the desired ratio by filling FTE vacancies, and four campuses (UCD, UCLA, UCR, and UCSD) must add additional FTE to achieve target ratios. The UCSD campus, however, by virtue of its access to UC San Diego Health's College Mental Health Program is able to refer students easily to adjacent facilities and has been able to sustain higher psychiatry provider-to-student ratios. It is anticipated that the UC Virtual Care Collaborative's initial pilot on student mental health services (beginning in 2021) will assist with student accessibility to psychiatry and other mental health services.

Table 5: Fall 2020 Psychiatry Provider-to-Student Ratios and Psychiatry FTE Levels

Psychiatry							
By Campus	**Fall 2020 Population**	**Growth**	**Ratio 1:**	**Total FTE**	**Filled FTE**	**Vacant FTE**	**Needed to Reach Target 1:6500**
UCB	42327	-1.99%	5838	8.25	7.25	1	
UCD	39074	1.14%	26049	3.7	1.5	2.2	2.31
UCI	36303	1.64%	11170	8.35	3.25	5.1	
UCM	9018	1.93%	2254	1.75	1.75	0	
UCR	26434	3.47%	13217	2	2	0	2.07
UCLA	44589	0.49%	8257	5.4	5.4	0	1.46
UCSB	26179	0.51%	5605	4.67	4.67	0	
UCSC	19161	1.71%	5069	3.78	0	0	
UCSD	39576	2.17%	16490	2.4	2.4	0	3.69
UCSF	3201	0.66%	3201	2	1	1	
System	**285862**	**1.72%**	**9783**	**42.3**	**29.22**	**9.3**	9.53

Figure 14 (below) depicts the average UC systemwide psychiatry provider-to-student ratio over the past five years. As with the counselor-to-student ratios, the LTSPTFA funds did reduce the psychiatry provider-to-student ratios initially. Variable campus-specific enrollment growth, hiring difficulties, vacant positions, and insufficient resources have made it difficult to bring the average psychiatry provider ratio closer to the target of 1:6,500. As stated above, however, five of ten campuses are currently meeting or exceeding this target.

Figure 14: Systemwide Average Psychiatry Provider-to-Student Ratio 2015-2020



Student Mental Health Initiatives

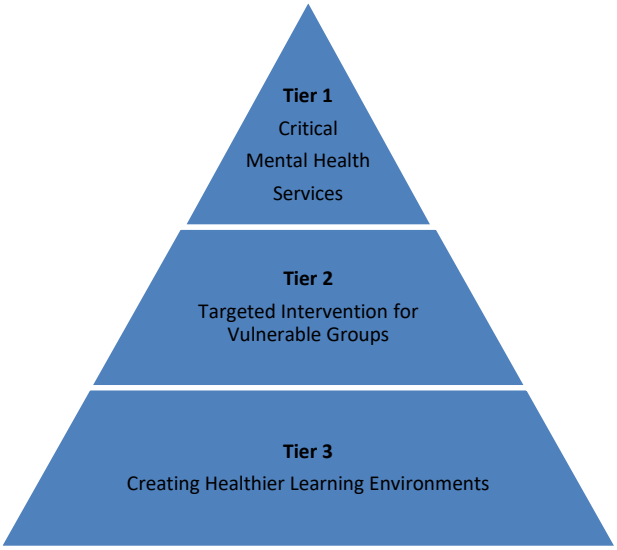
Student mental health initiatives across the system have worked nimbly and collaboratively amongst the campuses to address the mental health crisis UC students face. These efforts have been met with some successes, challenges, and barriers with regard to securing ongoing consistent support. For example, in 2006 the UC Student Mental Health Committee drafted a report to propose recommendations for identifying resources to support increased needs in this area.

The report provided *A Plan of Action for Creating Healthy Campus Learning Communities*, which included a *Three-Tiered Model* to address the fundamental mental health needs of UC students (Figure 15). Over the years, individual UC campuses have had some success with addressing Tier 1: Critical Mental Health Services, with many campuses meeting and in some cases exceeding the best practices guidelines set forth by the International Accreditation of Counseling Services (IACS) counselor to student ratio of 1:1,000. However, some campuses continue to be challenged with keeping pace with growing student populations and ongoing student mental health needs. There is no doubt that critical mental health services are absolutely needed to support the high acuity of mental health challenges UC students are experiencing; however, it is imperative that the University take steps to not just provide treatment, but look towards longer-term strategies to prevent high-risk student behaviors and promote healthy behaviors amongst students to help them cope with the challenges they are experiencing.

The University has made great strides with work towards increasing Tier 1: Critical Mental Health Services; however, it is essential that UC concurrently develop the infrastructure to

adequately support Tier 2: Targeted Intervention for Vulnerable Groups and Tier 3: Creating Healthier Learning Environments to support student success. Treatment alone cannot be the only response to the mental health challenges students and campuses face. As national mental health and well-being concerns persist as a public health crisis, trends of increased rates of anxiety, depression, stress, and suicidal ideation continue to grow. These factors are further affected by the COVID-19 pandemic, racial justice issues, and the economic impacts to come. It is essential that the University of California expand student mental health and well-being services and support to include a multi-disciplinary approach for student well-being.

Figure 15: Creating Healthier Learning Communities: A Tiered Model for Improving Student Mental Health



In September 2020, a new Director of Student Mental Health and Well-being joined the University of California Office of the President. This position reports to Academic Affairs within the Graduate, Undergraduate and Equity Affairs Unit. This position will work collaboratively with UC Health and UC SHIP to develop systemwide well-being strategies for student success, retention, and completion.

Some of the priority areas for the new director include:

- Administering a systemwide survey for Student Mental Health and Well-being. The survey will be launched in spring 2021 and data will be used to develop key priorities and strategies related to the health and well-being impediments to student success.
- Establish key partnership and collaboration with the California Department of Public Health and its new Office of Suicide Prevention as set forth by *AB 2112 Suicide Prevention* on November 18, 2020.
- Establish key partnerships and collaboration with the California Department of Mental Health Services and the California Mental Health Services Authority to explore opportunities for county and university services.
- Establish a health equity framework and systemwide initiative to address the gaps in

access to care for underrepresented minority students, black indigenous people of color, students with disabilities, students with adverse childhood experience and complex trauma, and students struggling with their basic needs.

- Develop innovative approaches to addressing student mental health and well-being within the UC system.

Update on Implementation of Medication Abortion Services at SHS Centers

Since the October 2019 passage of California SB 24, which requires the provision of medication abortion services in California college and university student health centers by January 1, 2023, the leadership of the UC Student Health Services (SHS) centers have continued preparations to deploy these services as soon as possible at each campus health center. Progress to date includes the development of 1) consensus agreement on clinical protocols, 2) standardized documentation templates for capturing key elements in the provision of this service, 3) standardized measures to assess health outcomes following delivery of these services, 4) a standardized patient satisfaction survey instrument to assess patient experience after receiving these services, and 5) a group purchasing arrangement through UC Health to obtain leveraged pricing for ultrasound machines for pregnancy dating.

In addition to progress on systemwide goals and the development of additional necessary infrastructure to support all campuses, three campuses will have already begun providing these services by January 2021 (UCSF, UC Berkeley, and UC Irvine). Several more SHS centers have engaged in staff and provider training for the provision of services and plan to begin providing these services later this year.

There have been a number of key factors in 2020 that have delayed progress. One of the most significant of these is that funding provided by SB 24 from the California Commission on the Status of Women and Girls (CCSWG) (a total $2.2 million to UC—$200,000 per campus and $200,000 to UCOP for administration and reporting) was not received by UCOP until late December 2020. This funding is critical to many campuses being able to undertake planned facility upgrades, purchase equipment, and provide necessary staff and provider training. Because receipt of this funding was delayed for more than a year after the law was enacted, delays in a planned early implementation could not be avoided at many campuses. Now that funding has arrived, campuses can begin to execute their implementation plans, which were dependent upon these funds. The other obvious and significant factor that has delayed further work in preparation to begin providing these services has been the need for the SHS centers to direct nearly 100 percent of their staff time and resources to delivering an effective campus response to the COVID-19 pandemic, which included the provision of many new critical services to the campuses (previously detailed in this report), as well as continuing the provision of services to students unrelated to COVID-19. As the COVID-19 vaccination programs start to reach a majority of students, staff, and faculty at each campus, it is anticipated that the demands on the SHS centers will gradually decrease and allow for more campuses to begin providing this service relatively soon. It is anticipated that all ten campus SHS centers will be offering these services well in advance of the January 2023 deadline.

Systemwide Quality Improvement Studies/Audits/Compliance

Due to the COVID-19 pandemic, development of systemwide benchmarking studies in 2020 has been significantly delayed. The SHS/CAPS centers continue to complete internal, campus-specific quality improvement (QI) studies and satisfaction surveys as required by their accrediting bodies. The SHS medical directors have agreed to move forward with three systemwide QI studies for 2021:

1) Baseline Influenza Vaccination Rates for Students in on-Campus UC Housing

2) Chaperone Utilization Rates for Sensitive Exams

3) Telehealth Patient Satisfaction Surveys
    a. A systemwide Student Health Services Patient Satisfaction Survey for Telehealth Visits has been finalized and is currently being deployed.
    b. The Counseling and Psychological Services units are developing a similar customized tool for their use.

Ethics, Compliance and Audit Services Cybersecurity Audit:
UCOP Ethics, Compliance and Audit Services (ECAS) completed an audit of the electronic health records systems used at nine of the ten Student Health and Counseling Services. Several instances of a common vulnerability were identified during the audit. Corrective actions have already been completed to address these. Recommendations in the final report (still pending) will be to conduct periodic penetration testing and attempt to further standardize software configurations to minimize exposure risk.

UC's Sexual Violence and Sexual Harassment (SVSH) Policy Compliance:

The Student Health Services (SHS) and Counseling and Psychological Services (CAPS) centers are in substantial compliance with UC Health's enterprise-wide SVSH guidance, issued in December 2019 by Executive Vice President Byington. All SHS centers have instituted opt-out policies for provision of patient attendants (chaperones) for any sensitive exams, with one center (UCD SHS) instituting a mandatory requirement for same. All SHS/CAPS providers have completed boundaries training and all centers have completed specific chaperone training for staff functioning in these roles. All nine campuses utilizing the Point and Click electronic health record (EHR) system have embedded documentation drop-down menus to easily record patient acceptance or declination of a chaperone and the name of the chaperone serving in this capacity. UCSD, which is on the Epic EHR system, can document this information manually and is working on configurations that can streamline the capture of this important information. As noted above under quality improvement studies, the SHS centers will be conducting a systemwide benchmarking study on patient acceptance rates of chaperones/patient attendants in the near future.

The SHS/CAPS centers have integrated 100 percent of the SVSH guidance on implementation of additional screening measures as part of provider credentialing and re-credentialing, including

expanded applicant querying regarding prior SVSH incidents or reports, licensing board queries regarding any prior allegations of same, and insurance claims history of any similar reports.

Over the past several years, the UC SHS and CAPS centers have implemented the use of an electronic incident management system, RL Solutions, that is currently deployed at all UC Health academic health centers. This system electronically stores reported incidents and allows for documentation of the investigation/root cause analysis and resolution in a protected environment. A similar feedback module has additionally been deployed in the past year, enabling the UC SHS/CAPS centers to track, report, and maintain records on all student feedback. This feedback system and policy ensures recording of the feedback with documented acknowledgment to the student of the receipt, investigation, and resolution along with communicating additional resources as needed.

The above additional measures deployed in the past year significantly augment previously existing policies and procedures designed to protect UC students and provide additional safeguards to promote high-quality care and an optimal patient/client experience for each student who seeks care at UC's campus-based SHS and/or CAPS centers.

UC SHIP Status Update

The student-run UC Student Health Insurance Plan (UC SHIP), administered through UCOP Risk Services with medical oversight through UC Health, has continued to perform well over the past year. All campuses with the exception of UC Berkeley are participating in UC SHIP, with a combined total enrollment of approximately 130,000 members. The plan provides comprehensive medical, prescription, dental, and vision coverage to UC students and their eligible dependents. The plan is governed by the UC SHIP Executive Oversight Board (EOB). Student members of the EOB are the designated voting members of this body and work closely with their local campus Directors of Student Health Services and Counseling and Psychological Services, as well as campus-based Student Health Advisory Committees, to determine their position on EOB proposals regarding addition of benefits, plan design changes, etc. Current proposals to be voted on for this year's plan include extending a $0 out-of-pocket coverage for COVID-19 evaluation, testing, and treatment. When public health directives permit vaccination of age-cohorts represented in the UC student population, COVID vaccination will be covered at $0 out-of-pocket cost whether administered at SHS centers or retail pharmacies.

The overall pooled UC SHIP premium base renewal rate for plan year 2021-22 is projected to be approximately a four percent increase, subject to final review by outside actuary (Milliman), with the final pooled renewal rate to be announced by April 1, 2021. Campus-specific renewal rates are subject to additional adjustment based on 1) the campus population performance versus the pooled UC SHIP population and 2) any plan design changes (co-pays, deductibles, and out-of-pocket maximums) that individual campuses choose to make for the next plan year.

At the completion of the 2019-20 plan year, UC SHIP reserves had an accounting fund balance of $57.3 million after reserve liabilities of $83 million were held (IBNR, Public Health Reserve, Claims Stabilization Reserve, and COVID Reserve). Last year, $19.2 million of UC SHIP reserves was invested in UC's Total Return Investment Pool (TRIP), a long-term investment

account, leaving an available reserve fund balance of $38.1 million. As detailed at the top of Table 6 (below), interest on this allotment of reserve funds into TRIP returned approximately $570,000 through June 2020.

The UC SHIP Reserve Fund Investment Committee (RFIC) was created to evaluate proposals for potential uses of reserve funds and has made recommendations to the UC SHIP EOB in the past several years to move forward with a number of initiatives to enhance the health of current and future students with UC SHIP. Table 6 (below) provides a list of the initiatives that have received approval for expenditure of UC SHIP Reserve funds. The remaining balance of the UC SHIP Reserve is $26.8 million after these EOB-approved investments and expenditures.

Table 6. EOB Approved Initiatives for Expenditure of UC SHIP Reserve Funds:

RESERVE FUND INVEST COMMITTEE (RFIC) EXCESS RESERVES FUNDED PROJECTS – updated 11/10/2020	EFFECTIVE DATE	AMOUNT FUNDED
TRIP Investment: Invested in UCOP's Total Return Investment Pool. $570,333.68 revenue from March 2019 to June 2020	March 2019	$19,200,000
TAO Connect: A digital mental health and mindfulness platform that provides self-guided modules, supplemental therapist assigned modules and therapist video visits (used by CAPS). • first year cost of $196,724 ($107,460.42 for UC SHIP) • UC SHIP picked up implementation cost for member campuses • Subsequent cost is $0.59/student/year • UC SHIP to pay for enrolled students • CAPS to pay for non-UC SHIP students • Will evaluate during the third year to determine if this will become a standard UC SHIP benefit and roll cost into premium	July 2019	$107,460 for first year; estimate of $72,000 for year 2 and 3 each
Campus Medical Care Assistance Fund: To provide financial assistance to UC SHIP enrollees who are experience significant out-of-pocket expenses due to an unforeseen medical emergency. One-time fund of $2 million, based on 2017-18 average enrollment: UC Davis: $270,300 — UC Riverside: $225,900 UC Hastings: $8,800 — UC San Diego: $350,800 UC Irvine: $209,700 — UC San Francisco: $31,700 UC Los Angeles: $513,600 — UC Santa Barbara: $115,200 UC Merced: $63,600 — UC Santa Cruz: $210,400	August 2020	$2,000,000 for 20-21 plan year
UC Telehealth Collaborative: The UC Telehealth Collaborative (UC Health Anywhere), is a three-year pilot program that will provide incremental telehealth services for students at five pilot campuses during the first year with expansion to all UC campuses.	October 2020	$4,948,532 total over 3 years: Year 1: S2,413,933 Year 2: $1,756,353 Year 3: $778,246

RESERVE FUND INVEST COMMITTEE (RFIC) EXCESS RESERVES FUNDED PROJECTS – updated 11/10/2020	EFFECTIVE DATE	AMOUNT FUNDED
Non-medical transportation pilot: Entering into contract with Circulation Health to provide non-medical transportation (NMT) services to community provider appointments. • Pilot roll-out o NMT benefit will be introduced to 1/3 of campuses per year with all member campuses live by the 3rd year ▪ UCSC, UCR and UCSD are pilot campuses scheduled for 20-21 implementation • Benefit parameters o Referral required o Maximum of 24 one-way trips per plan year o Each campus can determine the maximum trip distance o Cost projection is based on: ▪ 2018-19 referral count ▪ 3-year staggered roll-out • Will evaluate during the third year to determine if this will become a standard UC SHIP benefit and roll cost into premium	2021 Launch Delayed	$6,200,000 estimate over 3 years
Pending Proposal Not Yet Approved - Health Navigation Tool RFP: Conducting an RFI for a single source digital tool that will bring together all health benefits, carrier information, and resources in a UC SHIP branded tool. This will allow students to go to one source that will eliminate the use of carrier-specific tools and hopefully increase awareness and utilization of UC SHIP.		

Key to Acronyms:

CAPS	Counseling and Psychological Services
SHS	Student Health Services
COE	Center of Excellence
DHCS	California Department of Health Care Services
EVP	Executive Vice President
FTE	Full-Time Equivalent
MHSOAC	Mental Health Services Oversight and Accountability Commission
RFIC	Reserve Fund Investment Committee
SHC	Student Health and Counseling
SSF	Student Services Fee
UC SHIP	UC Student Health Insurance Plan