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Executive Summary

In the February 2024 Health Services Committee discussion item, **Improving Access to Care Across Student Health Services** data was reported, which showed that a decreased ability to maintain adequate SHS primary care physician staffing levels (reflected by sustained elevated vacancy rates for these positions) was associated with significant decreased SHS visit volume and increased utilization of emergency rooms.[1]

The initial section of this March 2025 Annual Report on Student Health and Counseling and UC SHIP provides a summary update of parameters that have been tracked related to the above trends, and an in-depth analysis of the relationship between primary care accessibility within UC's campus-based SHS/CAPS centers and its impact on Emergency Room (ER) utilization, one of the primary cost drivers for UC SHIP cost increases in recent years. The results of this analysis underscore the need to continue resourcing a robust and comprehensive primary care base and create more closely aligned strategic performance goals between the SHS/CAPS centers and UC SHIP to ensure access to high-quality and cost-effective care and to mitigate future increases to the overall student healthcare costs for students and the University. A summary of internal work to reduce emergency room utilization concludes this section.

The report then reviews campus-specific year-over-year clinical position vacancy rates for SHS clinical providers and a review of factors underlying the persistent and significant recruitment and retention difficulties the SHS and CAPS centers continue to face. While there have been incremental increases in staffing at approximately half of the SHS centers, additional primary care staffing is needed at all SHS centers to return to pre-COVID-19 baseline appointment capacities. Updates on SHS medication abortion services and patient satisfaction are also provided.

The following section covers a review of CAPS data and services, including clinical FTE growth and vacancy rates for counseling and psychiatry providers, visit volume, routine appointment scheduling wait times and other utilization data for individual counseling and psychiatry appointments, additional services provided by CAPS and an ethnicity comparison between campus enrollment and utilizers of CAPS or SHS services.

This annual report concludes with a brief update on UC's self-funded Student Health Insurance Plan (UC SHIP), which has had a significantly improved year-over-year performance compared to the prior year, with an overall pooled premium renewal rate of 4.8% for Plan Year 25-26 and early indications of improved performance thus far during Plan Year 24-25.

[1] https://regents.universityofcalifornia.edu/regmeet/feb24/h2.pdf

Year Over Year Changes in Filled Physician /Primary Care Nurse Practitioner FTE Levels:

In early 2024, the Directors of the Student Health Services were asked to develop clinical provider recruitment plans and present these to their Vice-Chancellors overseeing their units. Primary care physician FTE levels were re-assessed as of July 1, 2024, to monitor for initial progress in rebuilding physician staffing levels. Table 1 below shows changes in filled physician FTE between the two most recently completed fiscal years. Seven campuses demonstrated increases in their filled FTE levels in July 2024 compared to their FY 22-23 baseline. Two campuses, UCB and UCR, showed slight declines in their physician FTE levels. Overall, there was a systemwide increase of 4.6 physician FTE, a 6.2% increase over the systemwide FY 22-23 baseline of 74 FTE. UCSF FTE levels were not assessed due to sustained vacancies through FY 23-24 and the subsequent discontinuation of primary care services at UCSF Student Health in May 2024. UCSF students now receive their primary care through UCSF Health clinicians.

Table 1

YOY Changes in filled SHS Physician FTE between FY22-23 and 23-24

Campus	FY 2021-22	FY 2022-23	FY 2023-24	YoY Change FY 2022-23 versus FY 2023-24
UCD	10.5	9.18	10.20	11.07%
UCB	11.85	13.70	13.050	-4.74%
UCSC	5.50	4.30	5.30	23.26%
UCM	3.95	4.20	5.35	27.38%
UCSB	10.52	7.40	8.00	8.11%
UCR	5.9	5.40	4.20	-22.22%
UCLA	12.00	13.50	14.38	6.53%
UCI	8.20	9.43	9.50	0.74%
UCSD	7.55	6.95	8.60	23.74%
Totals	**76.00**	**74.00**	**78.60**	**6.20%**

In addition to monitoring Physician FTE levels, Nurse Practitioner levels were re-assessed at each campus SHS center in July 2024. Table 2 below shows the changes in filled FTE between the past two completed fiscal years. Overall, the system, in aggregate, has increased the number of filled nurse practitioner positions by approximately 5 FTE, yielding a 12% increase in filled NP FTE during this period. Five campuses showed an increase in FTE, two had no change, and three had decreases in FTE over this period. Of note, UCSC significantly increased primary care nurse practitioners to their clinical staff during this period, following the elimination of several physician FTE before FY 21-22. On another note, both UCSD and UCSC now approximate a primary care physician to nurse practitioner ratio of 1:1, with all other campuses falling well below that except for UCSB, with an MD/NP ratio of 8:5. Once a stable physician force is developed at each campus, increasing the number of nurse practitioners per physician may reduce the cost of increasing clinical capacity for a growing student population.

Table 2

YOY Changes in filled SHS Nurse Practitioner FTE between FY22-23 & 23-24

Campus	FY 2021-22	FY 2022-23	FY 2023-24	YoY Change FY 2022-23 Versus FY 2023-24
UCD	4.00	3.85	3.70	-3.90%
UCB	10.30	8.40	8.80	4.76%
UCSC	1.20	0.50	5.27	1054.00%
UCM	1.30	2.70	2.95	9.26%
UCSB	6.31	7.40	5.20	-29.73%
UCR	3.00	3.00	3.00	0.00%
UCLA	7.40	6.80	7.60	11.76%
UCI	2.00	0.80	0.80	0.00%
UCSD	7.20	7.00	8.00	14.29%
Totals	**42.71**	**40.45**	**45.32**	**12.04%**

Year-over-Year Changes in Primary Care/Urgent Care Visits per 1000 Campus Enrollees

1. A slight overall systemwide average increase in individual in-person or remote video visits per thousand enrollees of 3%.
2. Five campuses (UCM, UCR, UCSB, UCSC, and UCSD) had increases in this metric over this interval. Of these:
    a. Two campuses, UCR and UCSD, had increases of over 20% in this metric, though both came from relatively low baselines in the prior year.
    b. UCSC had a greater than 11% increase in this metric, from the highest baseline in the prior year, and again achieved the highest visits per thousand enrolled students at 996 visits/1000.
    c. UCSB demonstrated an 8.5% increase, while UCM had a 4.6% increase
3. Four campuses (UCB, UCD, UCI, and UCLA) had slight single-digit percentage decreases in this metric.

<u>Six-Year Trend in SHS Primary Care/Urgent Care Visits/1000 Campus Enrollees Compared to Pre-Covid Baseline Year of 2018-19:</u>

1. While 5/9 campus SHS centers have had significant year over year increases in SHS Visits/1000 enrolled students as outlined above, it should be noted that only 2 of 9 campus SHS centers had visits per 1000 that exceeded pre-Covid baseline year of 2018-19 (UCM with a 4.3% increase and UCR with a 4.5% increase over that baseline).
2. With 7/9 campuses still below their pre-Covid baseline rate of visits /1000, the systemwide average SHS visits/1000 has risen only slightly from 19.4% *below* the pre-Covid baseline last year to 18.7% *below* the pre-Covid baseline this year. See table 3 below for individual YOY and pre-Covid baseline year comparisons.
3. The above data suggests a sustained systemwide contraction of SHS primary care visit/1000 volume, despite good YOY growth in this metric at 5/9 campuses, compared to

the pre-Covid era. This is most likely the related to static SHS annual budgets supporting only a smaller number of providers over time, due to ongoing increases in the costs of providing care. This larger context will be discussed in the summary conclusions of this report.

As noted previously, UCSF was not included in this analysis due to persistent vacancies in primary care provider positions in FY23-24 and its eventual discontinuation of primary care services within the UCSF student health center as of May 2024. UCSF students now receive their primary care through UCSF Health clinicians.

Figure 1 below shows campus-specific changes in SHS Primary Care/Urgent Care visits per thousand enrollees over the past 5 years, with most campuses showing an increase in the past year, and a continued upward trend for all campuses since the COVID-19-related nadir in the fiscal year 2020 – 21. Table 3 below shows the same data in table form, along with the YOY variance seen in the past two years.

Figure 1

Student Health Primary Care/Urgent Care Visits per 1000 over the Past 6 Years

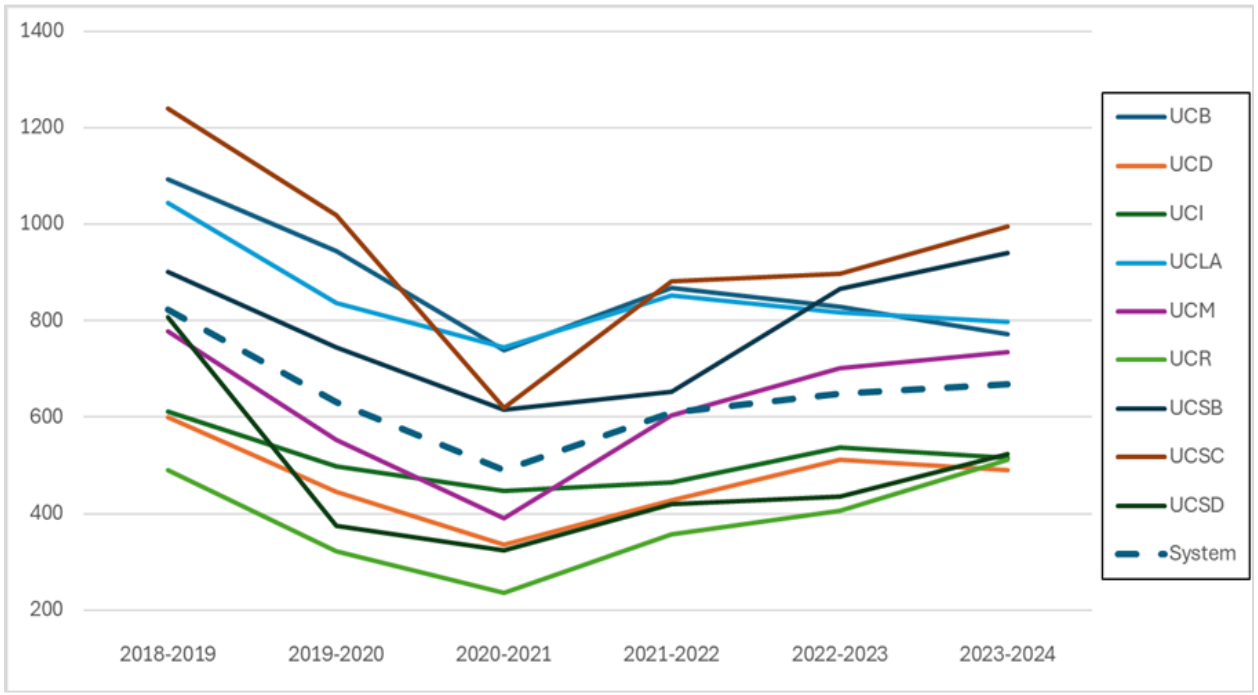


Table 3

Student Health Primary/Urgent Care Visits/1000 Enrollees over Past 6 Years

SHS Primary Care/Urgent Care Visits per 1000 Campus Enrollees								
Campus	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	FY23-24 Change from FY 22-23	FY 23-24 Change from FY18-19
UCB	1,093.15	944.59	739.08	867.68	829.23	771.69	-6.94%	-29.41%
UCD	600.78	444.53	335.06	428.01	512.49	490.74	-4.24%	-18.32%
UCI	610.87	497.67	447.95	464.10	536.44	516.77	-3.67%	-15.41%
UCLA	1,044.10	836.72	745.54	852.18	816.22	797.72	-2.27%	-23.60%
UCM	777.39	552.28	391.11	603.87	701.97	734.48	4.63%	-5.52%
UCR	490.09	321.33	236.70	357.21	406.65	512.37	26.00%	4.54%
UCSB	901.79	744.51	616.37	653.01	866.69	940.80	8.55%	4.33%
UCSC	1,240.46	1,018.21	620.01	880.80	896.45	996.05	11.11%	-19.70%
UCSD	806.61	375.00	324.09	420.13	435.39	523.73	20.29%	-35.07%
System	**822.85**	**631.50**	**490.41**	**610.53**	**649.05**	**668.42**	**2.99%**	**-18.77%**

Of note, in addition to individual in-person and remote video visits, many SHS centers have embarked on pathways to provide clinician visits for frequently needed, low-risk services via asynchronous care transactions and/or Registered Nurse services provided under Medical Director protocols. Due to these services being offered in a multitude of ways, it has been challenging to identify methods to accurately quantify services provided to students via these pathways.

Year-over-year changes in ER visits/1000 UC SHIP or BSHIP members per campus

Figure 2 and Table 4 below look at unique ER Visits per/1000 SHIP-enrolled members by campus. Overall, the rate of rise of ER visits has stabilized or decreased from prior peak utilization periods of FY21-22 or FY22-23. Year-over-year (YOY) data demonstrate decreases in ER utilization at 7 of 10 campuses, with the largest decreases seen at UCM (-18.5%), UCSB (-10.9%) and UCR (-10.3), and smaller decreases at UCLA (-8%), UCI (-4.25%) and UCSC (-2%). Three campuses, however, had slight YOY increases in ER utilization, including UCSD (0.8%), UCD (0.5%), UCSF (3.9%%) and UCB (6%). Overall, there has been a systemwide average decrease in ER visits over the past two years of 5.65%. By comparison, last year's report showed a systemwide average increase of 32% over a five-year period. More recent unofficial

UC SHIP rolling 12-month claims data continues to show promising progressive trends in the reduction in the number of ER utilizers.

Each of the campuses has made efforts to better educate their students on appropriate ER usage, as has the UC SHIP program, through various instructional media efforts. Slight increases in primary care appointment volume have also occurred at most campuses. The expansion of accessibility through asynchronous care transactions and RN protocols is becoming increasingly popular with students, providing them with the capacity to interact with clinical providers at different points in time, including after-hours. This often enables clinicians to provide care and services more efficiently and faster than with traditional in-person or remote video visits. SHS centers are working with their electronic health system vendor to capture better the volume of clinical services volumes being provided through asynchronous care and nurse protocols.

Figure 2

Emergency Room Visits per 1000 UC SHIP/B SHIP members over Past 6 Years

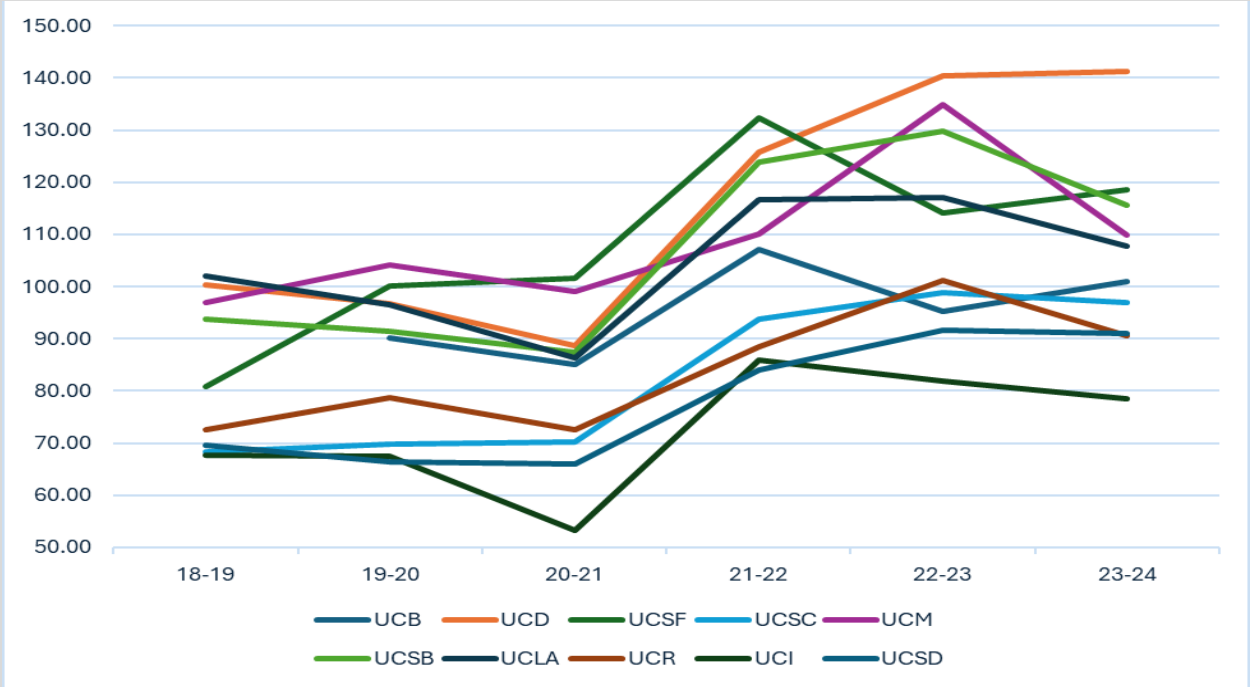


Table 4

Emergency Room Visits per 1000 UC SHIP/B SHIP members over Past 6 Years

Campus	18-19	19-20	20-21	21-22	22-23	23-24	YoY Change
UCB		90.10	85.15	107.04	95.34	101.07	6.02%
UCD	100.24	96.68	88.59	125.83	140.47	141.23	0.54%
UCSF	80.91	100.18	101.55	132.37	114.22	118.64	3.88%
UCSC	68.26	69.71	70.30	93.78	98.94	96.99	-1.98%
UCM	96.86	104.10	99.14	110.13	134.80	109.87	-18.50%
UCSB	93.71	91.46	87.51	123.83	129.79	115.69	-10.86%

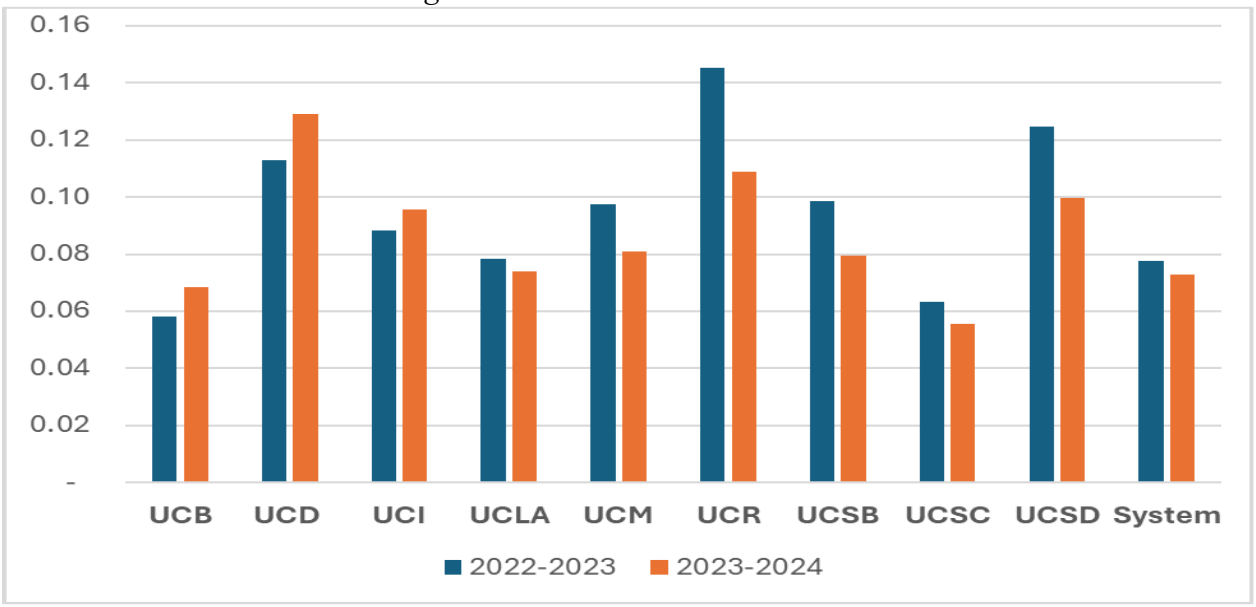
Campus	18-19	19-20	20-21	21-22	22-23	23-24	YoY Change
UCLA	102.12	96.45	86.32	116.67	117.15	107.75	-8.03%
UCR	72.51	78.78	72.62	88.47	101.12	90.66	-10.35%
UCI	67.72	67.52	53.32	86.00	81.99	78.50	-4.25%
UCSD	69.65	66.49	66.06	84.10	91.69	90.98	-0.77%
System	**83.71**	**82.09**	**75.30**	**103.07**	**108.88**	**102.73**	**-5.65%**

Year over Year Changes in Ratio of ER visits to SHS visits over the past two fiscal years

A benchmark commonly used by healthcare researchers to evaluate potential primary care access issues is the analysis of changes in the ratio of ER visits to primary care visits over time. Figure 3 and Table 5 below show this analysis for UC SHIP/B SHIP ER visit volume compared to SHS visit volume for the past two fiscal years. Six campuses (UCLA, UCM, UCR, UCSB, UCSC and UCSD) show a decrease in this ratio over the past two years. Three campuses continued to show an increase in this ratio (UCD, UCB and UCI). The average systemwide ratio decreased from 0.8 to 0.7, which represents a systemwide average ratio of 7 ER visits per 100 SHS primary care visits, a 6.25% decrease in this metric from the prior year. The highest ratios in the most recent fiscal year are UCD (0.13), UCR (0.11), UCI (0.10) and UCSD (0.10). The lowest ratio is UCSC (0.06), by virtue of a slightly below average ER visits/1000 but the highest SHS visit volume/1000. See figure 3 below for a comparative visualization of year-over-year trends over the past two completed fiscal years.

Figure 3

Year over Year Change in ER Visit/SHS Visit Ratio FY22-23 vs. FY23-24



Year over Year Percentage Changes in ER Visit/SHS Visit ratio

Figure 4 below summarizes the % change in the ER Visit/SHS Visit Ratio. Over the past two fiscal years, three campuses show increases in this ratio over the past two years: UCB (17.3%), UCD (14.3%), and UCI (8.2%). Six campuses showed decreases in this ration: UCLA (-5.5%), UC< (-17.3%), UCR (-25.1%), UCSB (-19.5%), UCSC (-11.8%) and UCSD (-20.1%). The systemwide average decrease in this metric was -6.2%.

Figure 4

Year over Year % Change in ER Visit/SHS Visit Ratio FY22-23 vs. FY23-24

Internal Improvement Work to Further Reduce ER Utilization

Enhanced Recruitment Efforts: Directors of the Student Health services programs were asked in March 2024 to ready clinical provider recruitment plans and present these to their Vice-Chancellors overseeing their units. As this discussion item was presented the SHS Directors, the Vice-Chancellors for Student Affairs or Administration overseeing budget and operations for these SHS units, the Provost and Executive Vice-Chancellors, and Chancellors prior to the February 2024 Health services Committee meeting, these campuses were expected to mobilize resources and take appropriate steps to begin filling staffing gaps identified in this report. Clinical provider FTE data was obtained in July 2024 to monitor for initial hiring progress, which will be presented later in this report. Going forward, compilation of SHS clinician FTE data will be tracked annually at the beginning of each fiscal year and reported to the SHS Directors and the senior campus leadership overseeing these units.

Enhanced Promotion of After-Hours Resources: SHS centers were tasked in February 2024 to further showcase and highlight the visibility of after-hours care recommendations and services on their websites, social media campaigns and student orientation materials. A best practice review of the SHS webpages directing students to after-hours care resources was held in Spring 2024 and has been revisited periodically in monthly SHS/CAPS Directors meetings.

Focus on improved primary care access in healthcare delivery in the changed healthcare

Over the past year, the primary focus of UC Student Health and Counseling Services has been maintaining and enhancing access to our student health centers. Students continue to predominantly access medical services through in-person, on-site visits at the Student Health centers while primarily using telehealth to access the Counseling and Psychological Services centers. Students can typically schedule advanced appointments and have urgent walk-in access available to both SHS and CAPS Centers. UC Student Health centers have formed a systemwide Asynchronous Care Workgroup, examining alternate care pathways to increase visit capacity and their ability to address student needs without needing an in-person visit. Given the increased competition for skilled staff and personnel, UC SHS and CAPS centers continue to have staffing difficulties, though most have shown improvements in key provider areas. Efforts are underway to address recruitment efforts with Student Affairs, Chancellors, and Provosts.

Post-Utilization Survey

UC SHIP Emergency Room Utilizers with Minor Discharge Diagnoses: An Emergency Room survey was conducted in August/September of 2024 for UC SHIP members who received emergency room care for relatively minor complaints such as cough, runny nose, sore throats, urinary tract infections, etc. The survey attempted to assess the rationale for ER use in members with relatively minor discharge diagnoses on ER claims such as cough, runny nose, sore throats, urinary tract infections, etc. A total of 441 students were contacted at least 3 times, and a total of 30 interviews were completed. Key takeaways are that most (80%) of this sample's ER visits occurred less than 10 miles from campus, occurred after-hours (73%), and that most students (83%) did not seek or attempt to access care elsewhere. Other important findings are that less than half the respondents (47%) were aware of local, in-network urgent care options. Student responses indicated that campuses are already using students' preferred methods of communication of after-hours resource information. Lastly, student responses indicated that almost two-thirds 63%) of students were aware of Anthem's healthcare navigation app, "Sydney", and that a majority (83%) of student responders said they were "likely" or "very likely" to use it if UC SHIP encouraged its member to download the app on their phones. The above findings were communicated to the SHS leadership and the UC SHIP Executive Oversight Board in December 2024.

SHS After-Hours Access Workgroup

An SHS After-Hours Access workgroup was convened in the fall of 2024 to perform a systemwide review of existing after-hours access resources currently deployed, share best practices across the system, and identify opportunities for improvement or further leveraging of existing local arrangements. A key factor in evaluating these resources is the capacity to obtain clinical information obtained during an after-hours assessment or triage and relay this information to the SHS centers for intervention/follow-up as appropriate and incorporate it into each student's medical record. Even though the SHS centers are extremely resourced constrained at this time, and that each center is entirely unique in its local environment and its relationships with other health entities (UC or not), it was felt that benefit could be derived by examining best practices and sharing these broadly between all SHS centers. A survey was developed to review available after-hours digital and video services, navigation apps, and local urgent care services,

along with methods used to raise student awareness of these resources. The workgroup began reviewing survey responses in January 2025 to identify the best practices and share these with all campuses. The results of this review will be shared with systemwide SHS Directors and Medical Directors at an upcoming in-person systemwide meeting in March 2025. Highlights of the initial findings of this group's review include:

1. The use of CareNet Health for after-hours triage at 5 of 9 of the SHS centers currently. This vendor notifies the campus of any student interactions by the next business day via secure email, providing information obtained during the after-hours triage, which enables the SHS center to contact the patent for further evaluation or follow-up as appropriate, and enter this information into the clinical record. There are potential opportunities to pursue central contracting of this service at a possible discount and to expand the number of campuses utilizing this vendor which relays clinical information to the clinics.

2. The use of ProtoColl at all 10 CAPS centers. This vendor provides clinical assessment by licensed counselors and relays clinical information on students to individual CAPS centers so that students can be contacted the following business day. In emergencies ProtoColl also contacts the on-call counseling provider at any campus when there is a need to notify campus of an emergency which may impact other students.

3. The availability of urgent care, express care, and telehealth options to UC students is now provided by 3 UC AHCs (UCI, UCLA and UCSD) to co-located SHS patients. These services provide clinical evaluation by licensed clinicians from UC medical centers or medical groups. Sharing of clinical records is facilitated and care is kept within the UC provider network. There are opportunities to expand this type of partnership at other UC AHCs (UCD, UCSF, and potentially UCR faculty practices). If sufficient capacity exists, telehealth services from these UC AHCs could also be promoted by other SHS centers and accessed by their students. This is a win-win for UC providers and students and can easily by scaled up.

4. SHS and CAPS center engagement with **Soluna**, a new mental-health focused self-care app made available by the CA Department of Healthcare Services. This app is a free, confidential interface where UC students can connect one-on-one to health coaches, mental health educators, or join drop-in sessions online. Licensed clinical backup support and emergency/crisis response help is also available to all users. UCOP Graduate, Undergraduate, and Equity Affairs is also working directly with Soluna to populate this platform with campus-specific health and mental health resources from each campus. This feature should become available in early 2025. UC students will be able to enter their birthdate, zip code, and answer "yes" to a prompt of "Are you a UC student?". The platform will then be able to provide a campus-customized list of resources for that student. Additional negotiations are underway towards Soluna later developing the capacity to provide guided referrals to clinical and non-clinical campus resources for UC students at all 10 campuses. This functionality is a major advancement and has the potential to assist innumerable UC students. Systemwide marketing and promotion of this app platform is underway.

5. UCSD SHS has launched its own unique, student-centered wellness app, **Willo**, created by UCSD student engineers. This app has a wellness, community, and activity focus that helps direct students towards activities and events that match their previously stated interests. New geo-location functionality is being added that will also help direct students in real-time to available resources and activities. Current users also have the option to enter the EPIC MyChart portal via the phone app, allowing a direct connection to each student's clinical records and providers. Future aspirations include ongoing version upgrades to add more functionality and eventually to make this this app available to any UC campuses that wish to market and promote its use. While there are many college health apps available on the market, most with generic resources and databases, both **Soluna** and **Willo** are very unique and exciting resources that provide students with campus-specific information and opportunities to interact with the wider campus communities.

SHS FY 2023-24 Clinical Provider FTE Levels and Vacancy Rates

Three-year primary care provider Full-Time Equivalent (FTE) data from FY21-22 through FY 23-24 generally indicate slightly improved staffing levels at the majority of SHS centers, examined both through the lens of changes in filled FTE over time (which reflects actual provider occupation of an FTE and practical clinical accessibility) and through the lens of changes in provider FTE vacancy rates (which reflect prior budgetary commitments to fund an FTE, but an inability to fund or effectively fill the position at the time of assessment. Though not demonstrated in data from the past 3 years, one caveat is that sustained vacancies and difficulties in filling these positions have led to the elimination of existing positions at some campuses. Primary care clinical provider vacancy rate data show that there have been improvements or stabilization of MD and NP vacancy rates at the majority of campuses, though significant vacancies persist, particularly at UCD, UCB, and UCR (Tables 5 and 6).

Table 5 below reflects the state of the Student Health Primary Care Physician workforce at the close of FY23-24. Regional disparities are still apparent in our data, with several Northern CA and Inland Empire campuses experiencing persistent vacancies. The overall systemwide SHS physician vacancy rate as of June 30, 2024, has improved from 17% system-wide to 10%. Four campuses have significantly improved their physician FTE vacancy rates, two campuses have maintained vacancy rates below 10%, and three campuses have physician vacancy rates averaging over 25% (UCB 24%, UCD 28%, and UCR 25%).

Table 5
SHS Primary Care Physician Filled, Vacant and Total FTE and Vacancy Rates June 30, 2024 vs. October 2023

Campus	Physicians Filled	Physicians Vacant	Physicians Total FTE	Vacancy Rate 6/30/24	Vacancy Rate 10/1/2023
UCD	10.20	4.00	14.20	28.17%	24.62%
UCB	13.05	4.2	17.25	24.35%	12.74%
UCSC	5.3	0	5.3	0.00%	0.00%

Campus	Physicians Filled	Physicians Vacant	Physicians Total FTE	Vacancy Rate 6/30/24	Vacancy Rate 10/1/2023
UCM	5.35	0.00	5.35	0.00%	26.32%
UCSB	8.00	0.00	8.00	0.00%	11.90%
UCR	4.2	1.4	5.6	25.00%	0.00%
UCLA	14.38	1	15.38	6.50%	16.15%
UCI	9.5	1	10.5	9.52%	9.59%
UCSD	8.6	0.2	8.95	2.23%	22.35%
Totals	**78.58**	**11.80**	**90.53**	**10.64%**	**17.23%**

Table 6 below shows changes in vacancy rates for SHS Primary Care Nurse Practitioner positions between the last two completed fiscal years. The overall systemwide vacancy rate has improved from 16.2% to 9.4% as of July 1, 2024. UCB and UCD have significantly high vacancy rates of approximately 28% and 35% respectively, which skews the systemwide average up. UCLA has one vacant NP position with a vacancy rate of 11.6%, while UCM and UCSD have low vacancy rates of 7.7% and 2.4 %, respectively. Four campuses (UCSC, UCSB, UCR, and UCI) have no vacant NP positions. As stated earlier, one strategy from now on to reduce the costs of expanding clinical capacity would be to increase the ratio of NPs to MDs.

Table 6

Primary Care Nurse Practitioner Filled, Vacant, and Total FTE and Vacancy Rates June 30, 2024 vs. October 2023

Campus	Nursing Practitioners Filled	Nursing Practitioners Vacant	Nursing Practitioners Total	Vacancy Rate 6/30/24	Vacancy Rate 10/1/23
UCD	3.70	2.00	5.70	35.09%	0.00%
UCB	8.8	3.4	12.2	27.87%	33.33%
UCSC	5.27	0	5.3	0.00%	86.23%
UCM	2.95	0.25	3.25	7.69%	0.00%
UCSB	5.20	0.00	2.84	0.00%	0.00%
UCR	3	0	3	0.00%	0
UCLA	7.6	1	8.6	11.63%	10.53%
UCI	0.8	0	0.8	0.00%	0.00%
UCSD	8	0.2	8.2	2.44%	0.00%
Totals	**45.32**	**6.85**	**49.89**	**9.41%**	**16.23%**

Lastly, Table 7 similarly shows Registered Nurse FTE vacancy rates for 2024, UCB has the highest vacancy rate of 35.7%, but within the context of having the highest RN FTE count (17 FTE) within the system. UCD and UCSD have modest RN vacancy rates of 11% and 12% respectively with moderate FTE counts of 9 RN positions at each of these campuses. All other campuses had no vacant RN positions at the time of FTE assessment.

Table 7
Registered Nurse Filled, Vacant and Total FTE October 2023 with Vacancy Rates June 30, 2024 vs October 1, 2023

Campus	Registered Nurses Filled	Registered Nurses Vacant	Registered Nurses Total	Vacancy Rate 6/30/24	**Vacancy Rate 10/1/23**
UCD	8.00	1.00	9.00	11.11%	10.00%
UCB	10.9	6.05	16.95	35.69%	68.85%
UCSC	7.1	0	7.1	0.00%	0.00%
UCM	2	0	2	0.00%	0.00%
UCSB	7.08	0	7.08	0.00%	15.91%
UCR	5	0	5	0.00%	0.00%
UCLA	6	0	6	0.00%	3.08%
UCI	8.4	0	8.4	0.00%	0.00%
UCSD	8.6	1.2	9.8	12.24%	23.40%
Totals	**63.08**	**8.25**	**71.33**	**6.56%**	**15.33%**

Due to several ongoing factors, filling physician and clinical positions is daunting for healthcare organizations. A significant challenge for SHS and CAPS is California's shortage of qualified candidates. The education and training requirements for these positions limit the pool of available candidates. Another significant challenge is the fierce competition for talent in the California healthcare industry. Healthcare organizations compete with one another and other industries, such as technology and finance. These industries typically offer more attractive compensation packages and benefits, making it harder for healthcare organizations to attract and retain top clinical talent. Our data indicates this is particularly true in the Northern California area and in the Inland empire area of Southern California. While some UC Student Health Centers benefit from our affiliation with UC Academic Medical Centers in Northern California, the presence of prestigious medical institutions in concentrated areas creates difficulties in recruitment for primary care practices. Clinicians and clinical staff have many employment options with larger health systems with higher salaries and practice options than the relatively small Student Health Centers.

The SHS Centers are diligently attempting to recruit qualified candidates to fill open positions across the system to restore and expand clinical capacity to provide highly accessible and efficient care to their student populations. Salary and market conditions in all UC SHS and CAPS locations play a factor in maintaining staff stability. SHS leaders are working with their respective Vice-Chancellors and Chancellors to address regional recruitment and retention challenges. The highly competitive marketplace and the relative shortage of physicians in California have been noted in various UC Health reports and panels on the Primary Care workforce.[2]

[2] https://www.ucop.edu/uc-health/reports-resources/profession-specific-reports/medicine.pdf

Update on Medication Abortion Services at SHS Centers

In response to California Senate Bill 24, signed by Governor Newsom in 2019, which required all CSU and UC campuses to begin offering medication abortion services at their campus-based Student Health facilities by January 1, 2023; all UC campuses now provide these services per the statute's guidelines. UC SHS centers systemwide provided 276 procedures during FY 23-24, compared to 203 in the prior fiscal year, a 36% increase. Table 8 below shows the number of procedures provided by each campus and in aggregate for FY 23-24. The data is limited to the number of students seen who chose to have a procedure performed at UC SHS centers.

Table 8

Medication Abortion Procedures by Campus for FY 23-24

Campus	No. of Abortions by Medication Techniques Provided FY 23-24
UC Berkeley	40
UC Davis	17
UC Irvine	29
UC Los Angeles	58
UC Merced	11
UC Riverside	22
UC San Diego	39
UC San Francisco	0[3]
UC Santa Barbara	37
UC Santa Cruz	23
UC Total	**276**

Table 9 below includes cumulative reimbursed grant funds and expenditures from other non-federal fund sources. UC SHS centers are working to improve capacity and infrastructure and continue to invest in provider training, security enhancements, equipment, additional supplies, campus promotion and marketing, etc.

Table 9

Cumulative SB-24 Readiness Expenses by Fund Source Type

Campus	SB-24 Grant Amount	Other Fund Sources	Totals
UC Berkeley	$144,750.70	$95,217.00	$239,967.70
UC Davis	$91,546.42	$28,385.00	$119,931.42
UC Irvine	$149,972.31	$496,965.10	$646,937.41
UC Los Angeles	$0	$634,920.00	$634,920.00
UC Merced	$0	$0	$0
UC Riverside	$136,802.43	$280,706.00	$417,508.43
UC San Diego	$53,876.58	$39,540.08	$93,416.66
UC San Francisco	$0	$0	$0

[3]. UCSF no longer has a Student Health Services unit as of 5/31/2024. All students are seen by UCSF Health Primary Care Physicians and are provided access to UCSF Health's Women's Option Center.

Campus	SB-24 Grant Amount	Other Fund Sources	Totals
UC Santa Barbara	$126,767.54	$10,458.00	$137,225.54
UC Santa Cruz	$173,545.56	$0	$173,545.56
UCOP	$132,117.58	$0	$132,117.58
UC Total	**$1,009,379.12**	**$1,586,191.18**	**$2,595,570.30**

The Medication Abortion Workgroup continues to meet monthly to review and share best practices, troubleshoot service delivery issues, and review clinical quality data. Clinical outcomes data is periodically monitored and assessed. UC SHS centers provide a full range of sexual health and reproductive services, including comprehensive contraception options, long-acting, reversible contraception such as intra-uterine devices and implants, comprehensive STI prevention, testing and treatment services, PAP smears, colposcopy, etc. A focused update on this area, entitled Comprehensive Reproductive Health Services at Student Health Centers, was provided to the Regents Health Services Committee on June 12, 2024.[4]

Initial Responses to Medication Abortion Services Provision at Student Health

As part of implementing Medication Abortion Services at UC Student Health Centers, a series of standardized clinical protocols and outcome measures were established by the multidisciplinary SHS Medication Abortion Workgroup. One was the implementation of a standardized patient satisfaction survey. UCSB and UCB were the first campuses to implement services and include a patient satisfaction survey. 92% of respondents were "very satisfied" with their experience, and 96% found that the appointment process was more accessible than expected. All respondents found it helpful, and 96% of respondents found it beneficial to have the service in our Student Health Centers. As part of our ongoing quality improvement efforts, the patient satisfaction survey has recently been augmented with additional content from UCLA Health, and all SHS centers will be able to report their data on this service in the upcoming fiscal year.

SHS Patient Satisfaction Survey Results

Since 2014, SHS centers have conducted continuous patient satisfaction surveys using a modified version of the US Department of Health and Human Resources' Agency for Health Care Research and Quality (AHRQ) instrument, the **Clinician and Group Survey (CG-CAHPS).** The CAHPS Survey (Consumer Assessment of Healthcare Providers and Systems) is a validated instrument used by numerous clinical practice groups nationwide. The survey covers essential areas for consumers and focuses on areas of quality where consumers are best positioned to provide feedback and assess areas such as ease of access to care, communication skills of providers, etc. Responses are given on a 4-point Likert scale, where 4 is the best possible answer, and 1 is the worst. Student Health Services routinely evaluates and modifies the survey based on revisions from AHRQ. Some campuses have modified or augmented survey sections to more fully assess their campus-specific needs or issues.

Appendix Tables 1 and 2 list the SHS ongoing patient satisfaction study results for Academic Year 23-24. The data show little change year over year with our centers. Student responses

[4] https://regents.universityofcalifornia.edu/regmeet/june24/h5.pdf

regarding care provided by SHS clinicians generally indicate high satisfaction levels. The survey consistently shows high satisfaction levels with individual clinicians, provider communication skills, and time spent with the patient during the visit.

Of the two significant areas to highlight in Appendix Table 1, patients gave significantly lower ratings when they contacted the provider's office to get an answer to a medical question after regular office hours. The scores for this question were six percent lower than the previous year, indicating continued concerns with our existing communication pathways. Conversely, there was a five percent increase in ratings related to getting an appointment for the care they need right away, indicating increased appointment access. The lowest level of satisfaction was reported for getting answers to medical questions after hours. All campuses have after-hours call centers to direct students to care resources, but these cannot provide students with information in their SHS records. The consistent outlier to this trend has been UCSD, which receives higher scores for getting answers to medical questions after-hours but does not currently have site-based extended hours. UCSD SHS and CAPS, however, are the only SHS and CAPS centers on the EPIC electronic health record system. As UCSD students have become more accustomed to the system for the past several years, EPIC's suite of tools, including web-based My Chart and phone-based options, likely have increased communication options for students to use 24/7, which may be why students feel they can access providers and access information more easily. Notably, two additional campuses, UCLA and UC Berkeley, are migrating to EPIC within FY 2025-26.
SHS Medical Directors continue to evaluate further specific responses in areas with lower satisfaction ratings and work on campus-specific solutions to address these. The systemwide Telehealth and Asynchronous Care workgroup looks at developing pathways to assess students with remote visits or asynchronous patient/provider communication. SHS medical directors continue to monitor the success and clinical outcomes of care these pathways provide, and they meet monthly to share best practices and explore opportunities to provide additional services. The workgroup also continues to evaluate clinical risks in providing asynchronous care services and enhance the documentation of care related to these services.

Observed changes in other patient satisfaction score responses year over year (YoY) are statistically insignificant across all fields, and the general student responses have been consistently favorable since 2014. The survey provides valuable information to SHS leaders and student feedback on our services. Benchmarking with this validated survey instrument represents a unique collaborative effort between all our SHS centers.

Counseling and Psychological Services Updates

CAPS FTE Growth and Vacancy Rates

For the past eight years, the Annual Regents Reports on Student Health and Counseling and UC SHIP have focused on assessing UC's responsiveness to the college mental health crisis. These serial assessments have included the measurement of counselor-to-student ratios, lead times to routine initial and follow-up appointments, and for several years, assessing the Center for Collegiate Mental Health's (CCMH) **Clinical Load Index**, which predicts sustainable service models based on the clinical capacity of counseling units relative to the demand level of unique utilizers served by that unit.

In addition to California's physician shortage, it is also broadly recognized that there is a statewide shortage of counseling providers, and some regions are especially difficult for recruitment (e.g., Northern California and, in particular, medically underserved areas such as Merced and Riverside, etc.). The vacancy rate is nearly seven percent lower than last year despite a four percent increase in total positions. CAPS Directors have collaborated with their campus leadership to increase the placement of new providers at many CAPS centers. Table 10 displays the overall growth of positions at our CAPS centers over the past year.

Table 10

Counseling Provider FTE by Campus
June 30, 2024 vs October 2023

	2022-2023				2023-2024				Funded FTE Growth
CAMPUS	Filled	Open	Totals	Vacancy Rate (10/1/23)	Filled	Open	Totals	Vacancy Rate (6/30/24)	
UCD	36.13	8.92	45.05	19.79%	39.62	8.00	47.62	16.80%	2.57
UCB	44.88	10.75	55.63	19.32%	45.68	14.75	60.43	24.41%	4.80
UCSF	3.40	2.00	5.40	37.04%	5.40	0.00	5.40	0.00%	0.00
UCSC	19.69	5.84	25.53	22.88%	17.49	8.46	25.95	32.60%	0.42
UCM	3.80	2.00	5.80	34.48%	8.00	5.00	13.00	38.46%	7.20
UCSB	32.15	9.00	41.15	21.87%	32.62	7.00	39.62	17.67%	-1.53
UCLA	60.25	5.00	65.25	7.66%	57.00	9.00	66.00	13.64%	0.75
UCR	16.50	7.00	23.50	29.79%	18.50	6.00	24.50	24.49%	1.00
UCI	35.10	4.50	39.60	11.36%	36.10	3.50	39.60	8.84%	0.00
UCSD	47.60	4.00	51.60	7.75%	45.00	9.00	54.00	16.67%	2.40
UC SYSTEM	299.5	59	358.5	16.5%	305.4	70.7	376	18.8%	17.6

While some campuses have successfully increased staffing, others have had limited growth, and one has had reductions in the number of positions. This may reflect restructuring, operational changes, difficulty in filling open positions, and/or other competing needs. Given the strong demand for mental health services, this continues to be an operational challenge.

Table 11

July 2024 CAPS Counseling FTE Vacancy Rates and IACS Provider-to-Student Ratios (Funded vs Filled FTE June 2024)

CAPS Counseling Provider FTE							
Campus	Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate (June 30, 2024)	Fall 2023 Enrollment	IACS Ratio Filled FTE (Goal 1:1000)	IACS Ratio Funded FTE (Goal 1:1000)
UCD	39.62	8	47.62	16.80%	39,707	1002	834
UCB	45.68	14.75	60.43	24.41%	45,699	1000	756
UCSF	5.40	0.00	5.40	0.00%	3,126	579	579
UCSC	17.49	8.46	25.95	32.60%	19,764	1130	762

CAPS Counseling Provider FTE							
Campus	Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate (June 30, 2024)	Fall 2023 Enrollment	IACS Ratio Filled FTE (Goal 1:1000)	IACS Ratio Funded FTE (Goal 1:1000)
UCM	8.00	5.00	13.00	38.46%	9,147	1143	704
UCSB	32.62	7.00	39.62	17.67%	26,068	799	658
UCLA	57.00	9.00	66.00	13.64%	46,678	819	707
UCR	18.50	6.00	24.50	24.49%	26,426	1428	1079
UCI	36.10	3.50	39.60	8.84%	36,582	1013	924
UCSD	45.00	9.00	54.00	16.67%	42,376	942	785
UC SYSTEM	**305.41**	**70.71**	**376.12**	**18.80%**	**295,573**	**968**	**786**

The International Association of Counseling Services (IACS) recommends a counselor-to-student ratio of 1:1000 as the staffing needed to meet the anticipated demands of a university student counseling center, based upon the size of the student population served by these centers. Several years ago, nearly half of the campuses did not achieve counselor-to-student ratios recommended by IACS. Fortunately, this year's report shows that eight of the ten campuses now have ratios that meet or exceed these ratios with positions filled as of October 2023, according to Table 7 above.

2024 Psychiatry Provider FTE Levels and Vacancy Rates

Table 12 below reflects the number of filled and vacant psychiatry provider FTEs. Of note, UCD's vacancy rate is primarily the result of recent increases in psychiatry positions at their clinic that are not yet filled. SHS and CAPS Directors continue to work with their Vice-chancellors and Chancellors to address staffing shortfalls in their clinics and bring their staffing levels closer to the general managed care guideline of 1 psychiatry provider for every 6500 potential patients in a population.

Table 12

Psychiatric Provider FTE Vacancy Rates and Managed Care Provider-to-Student Ratios by Campus (Funded vs Filled FTE July 2024)

Psychiatry FTE July 1, 2024							
CAMPUS	Filled	Open	Totals	Vacancy Rate (Current)	Fall 2023 Enrollment	Ratio Filled (1:6500)	Ratio Funded (1:6500)
UCD	2.7	2.4	5.1	47.06%	39,707	12809	7786
UCB	7.475	0.7	8.17	8.56%	45,699	6260	5590
UCSF	1.05	1	2.05	48.78%	3,126	2605	1525
UCSC	2.65	0	2.65	0.00%	19,764	5229	7458
UCM	1	0	1	0.00%	9,147	12196	9147
UCSB	4.61	0	4.61	0.00%	26,068	4818	5655

Psychiatry FTE July 1, 2024							
CAMPUS	Filled	Open	Totals	Vacancy Rate (Current)	Fall 2023 Enrollment	Ratio Filled (1:6500)	Ratio Funded (1:6500)
UCLA	6.15	0	6.15	0.00%	46,678	8048	7590
UCR	1.2	1	2.2	45.45%	26,426	22022	12012
UCI	3	1.8	4.8	37.50%	36,582	11763	7621
UCSD	2.2	0	2.2	0.00%	42,376	19262	19262
UC SYSTEM	32.04	6.9	38.94	17.72%	295,573	8732	7591

Using currently filled positions, five of the ten campuses have psychiatry provider-to-student ratios that reasonably approach or meet the general managed care ratio recommendation of 1:6500 for providers per covered patient in a population. UCSD would meet this guideline by adding 4.3 FTE, though this shortage is currently being alleviated by facilitated referrals to UC San Deigo Health's College Mental Health Program. As with the primary care physician and counseling provider marketplace in California, there is a highly competitive market and a significant shortage of psychiatry providers across the State. The difficulty in hiring psychiatrists continues to be a persistent problem for SHS, as it is in many California healthcare settings.

CAPS Clinical Visit Volume and Utilization Trends

Table 13 shows the total number of counseling visits and unique counseling clients have almost returned to pre-pandemic levels. In psychiatry, the number of unique clients has returned to pre-pandemic baseline, though the number of psychiatry visits has not yet fully recovered.

Table 13

Total Counseling & Psychiatry Visits/ Unique Clients by Year

Utilization By Year	COUNSELING	PSYCHIATRY
VISITS	2019-20: 128,343 2020-21: 132,301 2021-22: 131,573 2022-23: 128,619 2023-24: 129,047	2019-20: 31,343 2020-21: 30,180 2021-22: 31,353 2022-23: 29,625 2023-24: 30,976
UNIQUE CLIENTS	2019-20: 33,640 2020-21: 29,598 2021-22: 31,353 2022-23: 34,467 2023-24: 32,876	2019-20: 6,378 2020-21: 5,564 2021-22: 5,783 2022-23: 6,130 2023-24: 6,363

Wait Time Trends for Individual Counseling and Psychiatry Appointments

Table 14 below shows the year-over-year comparison of average wait time for initial intake and first follow-up appointments for counseling and psychiatry. The average waiting times for initial intake appointments for counseling and psychiatry are at or near historic lows. The average lead times for counseling follow-up appointments have risen slightly. The average psychiatry lead time for initial intake appointments remains unchanged since last year, remaining close to historic lows. A modest increase in the average lead time to first follow-up psychiatry appointments has likely reflected limited staffing capacity.

Table 14
Average Lead Times for Counseling and Psychiatry Appointments by Year

AVG DAYS WAIT	COUNSELING	PSYCHIATRY
INTAKE	2019-20: 10 DAYS 2020-21: 8.7 DAYS 2021-22: 9 DAYS 2022-23: 8.6 DAYS 2023-24: 7.6 DAYS	2019-20: 11 DAYS 2020-21: 11 DAYS 2021-22: 13 DAYS 2022-23: 11.8 DAYS 2023-24: 11.8 DAYS
FIRST FOLLOW-UP	2019-20: 18 DAYS 2020-21: 16 DAYS 2021-22: 17 DAYS 2022-23: 15.5 DAYS 2023-24: 16.6 DAYS	2019-20: 26 DAYS 2020-21: 24 DAYS 2021-22: 23 DAYS 2022-23: 25 DAYS 2023-24: 25.3 DAYS[5]

Average Number of Individual Counseling Sessions per Client by Campus

Figure 5 below shows the average number of individual counseling sessions per client by campus in FY 2022-23. The systemwide average per client is 4.07, up slightly from 3.93 visits last FY. Of note, UC Berkeley's data again shows a lower number of average visits per client, which may be due to the institution of their "*One-at-a-Time"* therapy two years ago, part of a phased implementation of a stepped care model by UCB CAPS, as well as a collaborative care model where behavioral health providers are embedded into all primary care teams, in addition to being available separately within the CAPS clinic. Berkeley has utilized this model for many years now. Figure 1 also shows the average number of sessions per client.

[5] If we included UCSF's average follow-up time of 116 Day wait time. It would make the average wait 36.6. Not including UCSF yields a 25.3 number that is consistent with existing data

Figure 5
CAPS Individual Counseling Sessions:
Average Number of Sessions per Client by Campus FY 23-24

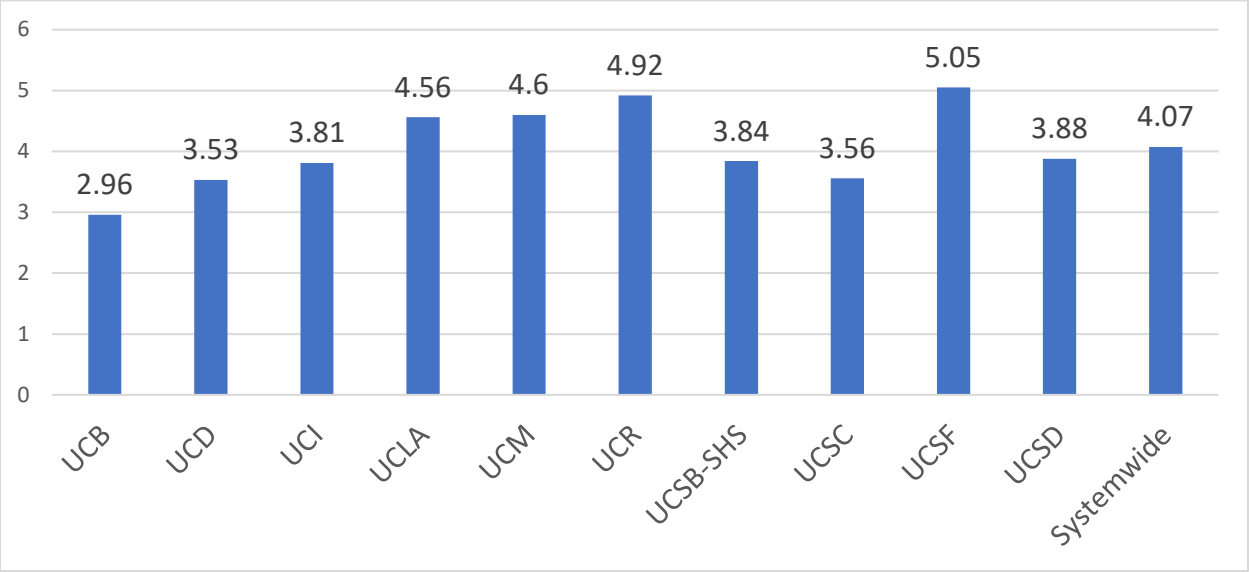
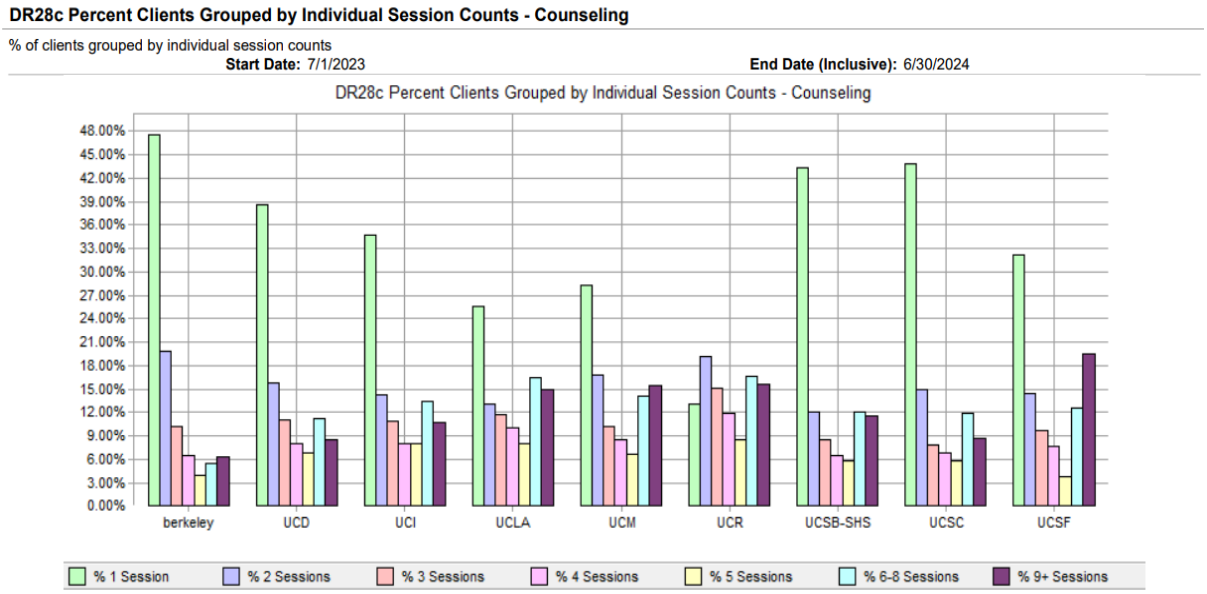


Figure 6 below shows the percentage of students grouped by visit count for individual counseling sessions. UCB (47%), UCSB (43%) and UCSC (43%) have the highest percentage of students seen for only one counseling session, while UCD, UCI, and UCSF percentages of students with only one session in the 30% range. All campuses except UCR have data demonstrating that the highest percentage of students are seen for one session, whereas at UCR, the highest percentage of students are seen for two sessions.

Figure 6
CAPS Individual Counseling Sessions:
Percentage of Unique Clients Grouped by Session Count by Campus FY 23-24



Additional Services Provided by CAPS Counselors

UC CAPS centers provide a comprehensive array of support services critical to meeting the specific needs of UC students. All students have access to 24/7 immediate crisis intervention by phone. During regular hours, each center provides same-day virtual and/or in-person triage assessment services that can assist students in identifying their treatment needs and/or referrals for on- and off-campus support. Individual and group therapy services, delivered as in-person or remote telehealth sessions, are the largest and most robust part of the care model. Highly trained licensed mental health professionals provide individual short-term therapy and supervise trainees through evidence-based treatment models that support the unique needs of UC's communities. Evidence-based group therapy is also available for specific diagnoses such as depression or anxiety, as well as other support and specialty treatment.

Outside of direct clinical assessment and intervention services, CAPS center staff routinely provide prevention education, training, and outreach, working with various campus identity centers, departments, and programs to bring services and information to students, staff, and faculty within their familiar campus settings. Examples include *Let's Talk* programs to increase treatment readiness, drop-in support, satellite and/or embedded programs, and other co-programmed training opportunities and workshops. Campus partners include basic needs programs, ethnic identity Centers, LGBTQIA Resource Centers, undocumented student programs, former foster youth programs, graduate student support programs, and UC's Campus Assault Resources and Education (CARE) departments, which serve survivors of sexual violence, sexual harassment, stalking, and dating/domestic violence. In addition, CAPS devotes time to staff/faculty training aimed at working with and referring distressed students to care safely and on time. CAPS staff are also a key resource when campus or community disasters or untoward events create the need to assess and interact with a large number of students in crisis. UC CAPS works to provide a culturally sensitive continuum of care to a diverse range of students, aiming toward health equity, social justice, and healing.

Psychiatry Services within Student Health Services and/or Counseling and Psychological Services (CAPS)Centers

Figure 7 below shows the average number of individual psychiatry appointments per patient by campus in FY 2023-24. The systemwide average per patient is 4.06, down slightly from 4.36 visits in last year's reports. UC Santa Cruz data continue to show a higher number of average visits per patient. UCSF's low relative number is multi-factorial, related to psychiatry FTE vacancy, variance in student population composition, proximity to co-located UC Academic Health Center services, and the availability of a dense network of psychiatry providers in the local community. UC Merced's relatively low number was due to the on boarding of a new psychiatry provider during the mid-point of FY 23-24.

Figure 7

SHS/CAPS Psychiatry Appointments:
Average number of Appointments per Patient by Campus FY 23-24

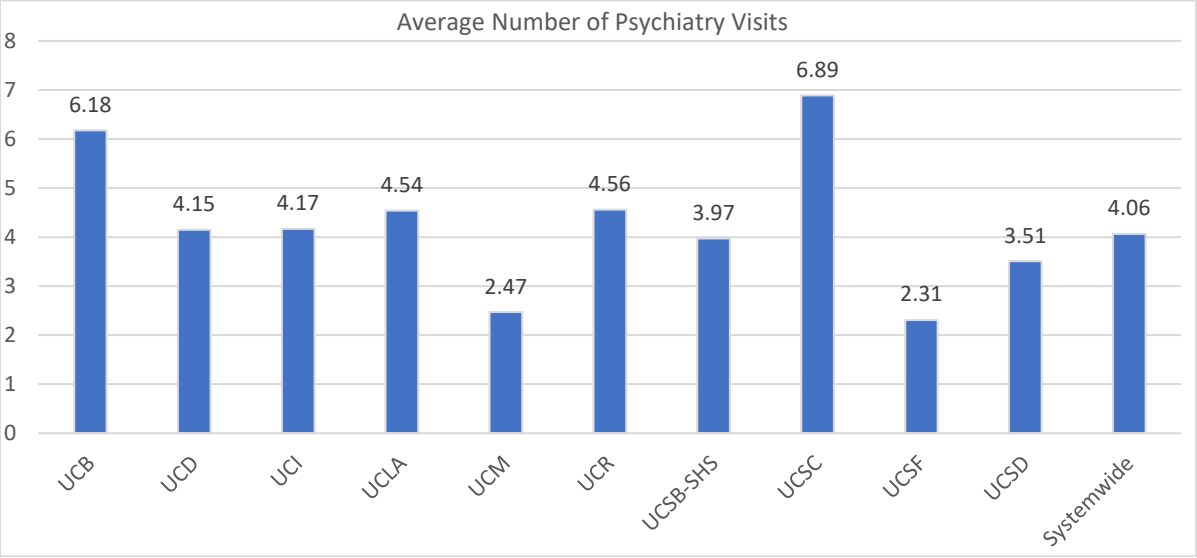
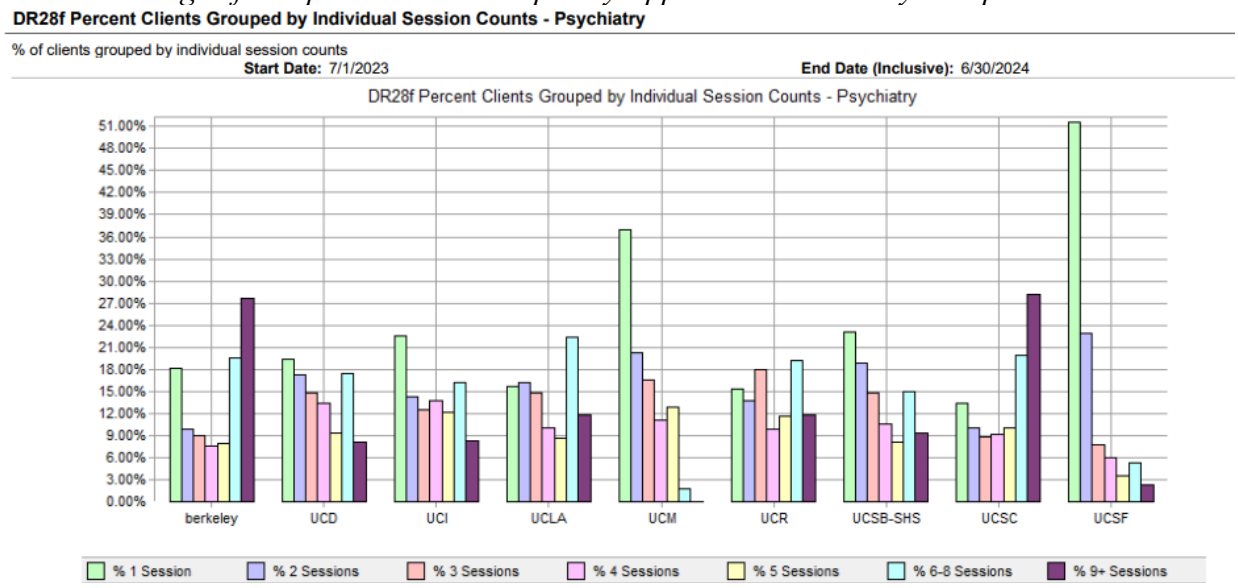


Figure 8 below shows the percentage of unique psychiatry patients grouped by visit count and shown by campus in FY 2023-24. As with prior years' reports, a more even distribution of visit counts for unique patients is seen in the psychiatry practices compared to counseling visit data. UCB and UCSC have a significant percentage of students seen nine or more times. UCSF data again shows significant variance with the visit count distributions from other campuses for the reasons outlined in the preceding paragraph. Psychiatry visits differ from counseling visits in that medication management may require ongoing care while patients titrate up and down on medication, and changing medical conditions require specialized ongoing treatment.

Figure 8

SHS/CAPS Psychiatry Appointments:
Percentage of Unique Patients Grouped by Appointment Count by Campus FY 23-24



Ethnicity Comparison of Systemwide Student Enrollment vs. SHS/CAPS Utilizers

Table 14 represents demographic data of unique patients at Student Health and Counseling and Psychological Services Centers systemwide and demonstrates the diversity of the student populations served by those centers. UC Student Health Centers compared race/ethnicity data from their Electronic Health Record systems with systemwide race/ethnicity data reported in campus enrollment files. UC Counseling and Psychological Services Centers collected responses from a student questionnaire. The aggregate data show that utilization at SHS and CAPS is relatively consistent with enrollment demographics.

Table 15

Ethnicity of SHS/CAPS Utilizers versus UC enrollment in Fiscal Year 2023-24

	UC Enrollment (n =300,505)	*Student Health Services (n=90,083)*	*Counseling and Psychological Services (n=49,342)*
African American	*4.57%*	*4.52%*	*5.75%*
American Indian	*0.53%*	*0.50%*	*.46%*
Hispanic / Latino(a)	*22.18%*	*17.99%*	*22.61%*
Pacific Islander	*0.27%*	*.17%*	
Asian	*32.27%*	*32.72%*	*31.07%*
White	*22.50%*	*21.89%*	*22.35%*
Domestic Unknown	*2.93%*		*10.08%*
International	*14.75%*		
Multi		*5.13%*	*7.86%*
Declined to State		*17.08%*	

UC SHIP Status Update

The student-led UC Student Health Insurance Plan (UC SHIP), administered through UCOP Risk Services with UC Health's medical oversight, has continued growth since the COVID-19 pandemic. The self-insured UC SHIP plan provides comprehensive medical, prescription, dental, and vision coverage to enrolled UC students and their eligible dependents. All campuses except UC Berkeley continue to offer students insurance through UC SHIP. The UC SHIP Executive Oversight Board (EOB) governs the plan. Student members are the designated voting members of the EOB, working closely with their local campus SHS and CAPS Directors and their campus-based Student Health Advisory Committees to determine their position on EOB proposals regarding adding benefits, plan design changes, etc.

The estimated pooled UC SHIP premium base renewal rate for the plan year 2025-26 is projected to be approximately a 4.8 % increase from 2024-2025, subject to final review by an outside actuary (Milliman). Allocated final campus premium renewal rates will be determined by adjustments based on each campus' performance relative to the total plan pooled renewal. Compared to the previous plan year, UC SHIP has seen a significant reduction in major cost drivers, including decreases in total emergency room visits and utilizers and significant decreases

in outpatient mental health expenditures. UC SHIP continues to explore additional changes in benefit structure, eligibility, and risk pooling to minimize volatility in annual premium renewals and to mitigate premium rise due to ongoing market increases in medical and pharmaceutical costs.

Initiatives Underway to Augment SHS Clinical Reimbursement for Clinical Services

Third-Party Billing Assessment Project:

During the UC SHIP Plan Year (PY) 23-24, UC Student Health Services in aggregate billed and received a total of $43.3M from UC SHIP for services rendered to students with this plan. This represents a 13.6% annual increase from UC SHIP reimbursement received in PY22-23 ($38.1M) and a 36.2% increase over two years from UC SHIP reimbursement in PY21-22.

Despite these significant increases in clinical revenues from UC SHIP in recent years, it is recognized that Student Health Services has several additional opportunities to increase clinical revenues from other sources. The first of these is the expansion of third-party billing to seek reimbursement from the most common insurance plans held by students besides UC SHIP. Initiating third-party billing represents a significant revenue generation opportunity for all SHS Centers and will support increased accessibility to care.

In August 2024 UC Health and UC Student Health Services embarked on a plan to launch a feasibility study to identify the required elements to expand third-party billing at all campuses, estimate the costs of acquiring these elements and capacities, and project future campus-specific revenue potential for broad scale adoption. The plan was discussed with the systemwide Vice-Chancellors of Student Affairs in October. An RFP process was launched in November to identify a consultant to advise and inform UC SHS centers of necessary process and resource requirements to begin billing the most common third-party payers for students who waive out of SHIP. The RFP process concluded in December. The contract was awarded to Huron Consulting, and the project kick off was in January. Data collection and campus interviews were begun in February 2025. The project hopes to provide participating campuses with a reliable estimate of their campus specific costs and revenues in establishing 3rd party billing and the resource requirements needed to implement this effectively.

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program:

A second line of work around billing expansion for the SHS/CAPS centers is being pursued independently of the above project and is being facilitated by Dr. Genie Kim of UCOP Student and Equity Affairs. Exploration of this potential new revenue stream is underway to clarify available pathways to begin billing all students for mental health services under the California's Department of Health Care Services' (DHCS) Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program. The CYBHI Fee Schedule program is a first-of-its kind effort to make it easier for students and families to get outpatient mental health and substance use treatment. The program creates a sustainable reimbursement pathway for Local Educational Agencies (LEAs) and public institutions of higher education (IHEs) to receive funding for services rendered at a school or school-linked site. The program sets the reimbursement rate for a certain set of outpatient, school-linked services rendered to children and youth who are: 1) under

the age of 26, 2) enrolled in public TK-12 schools or institutions of higher education (e.g., California Community Colleges, CSU, UC), and 3) covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans, and disability insurers.

The CYBHI Fee Schedule Program was launched several years ago but has required additional time to develop needed central infrastructure to begin processing reimbursements for mental health services to California youth and young adults. The initial two cohorts approved to participate in this CYBHI program were comprised of a total 47 (cohort 1) and 91 (cohort 2) Local Educational Agencies (LEAs) such as county programs and local school districts. In October 2024, CYBHI approved its third cohort that was comprised of 155 additional LEAs, and for the first time - 5 Institutions of Higher Education (IHE), which included UC Santa Cruz and UC Riverside. In collaboration with DHCS representatives and UCOP Graduate, Undergraduate and Equity Affairs, a webinar was held on January 30th to provide a status update on the implementation timeline for the 3rd cohort and to provide information and assistance to campuses with their program applications as desired.

Prop 1-Behavioral Health Services Act (BHSA - formerly Prop 63 Mental Health Services Act)
Passed in March 2024, the BHSA requires each county to consult with institutions of higher education on the delivery of funding and services. Initial outreach to campuses has started to occur in recent months. The BHSA and CYBHI have the potential to augment existing clinical revenues and build capacity to serve the behavioral health needs of students and strengthen the level of collaboration and support between counties and UC campuses.

Exploring Medi-Cal Billing Strategy Collaboration with UC Academic Health Centers:

A third opportunity being evaluated is the ability of SHS centers to work in collaboration with a co-located or regionally proximate UC Academic Health Center (AHC) to explore options for Medi-Cal billing for the SHS centers. One option is that UCSD SHS is currently working with UCSD Health to evaluate the prospects of *adding SHS providers to existing Medi-Cal contracts held by UCSD Health*. This would enable SHS providers to bill Medi-Cal for services rendered to students with Medi-Cal coverage under these existing contracts.
Another potential collaborative strategy is for SHS units to engage with their co-located or regionally proximate UC AHC's billing units to create MOUs whereby the AHC billing units either directly provide billing capacity for their partner SHS clinical unit for an agreed-upon fee or use their in-house expertise and personnel to help SHS units develop their own independent billing capacity for students with Medi-Cal coverage. These potential opportunities to access Medi-Cal reimbursement require additional exploration by SHS units and AHCs and would likely require high-level commitment and a formalized process to create this capacity at multiple campuses. At the present time, only UCSD, with its direct reporting line to UCSD Health, has embarked on this pathway.

Summary Conclusions and Recommendations

The SHS and CAPS units have made incremental progress over the past year in expanding access to services for the many students they serve despite very limited resources to do so. To further these positive developments, campus administrators overseeing the SHS/CAPS units must continue to work on further developing additional base funding and new clinical revenue

streams to increase clinical staffing, restore service capacity, and further expand service options for students. UC Health and UCOP Student and Equity Affairs are actively involved in several initiatives that will provide critical information to the campuses to support decision-making on next steps to further improve access to care. Further SHS collaboration with proximate UC AHCs may offer additional opportunities to expand clinical revenues and care delivery partnerships.

A critical first priority that each campus must take action on during this academic year is to critically evaluate their baseline funding levels provided to SHS/CAPS centers for direct clinical services via Student Services Fees and other assessments to determine whether the total funding available to each SHS/CAPS unit (including capitated campus fees plus clinical revenues generated through service provision) is sufficient to provide a minimum level of services. In addition, these services should be equally available to all students regardless of insurance, provided in ways that are easy for students to access, and tailored to meet the basic and most common healthcare needs of our campus student populations. To conserve overall University resources, additional investment must be made at the campus level.

Another high priority should be strong consideration of higher-level integration of the SHS units with UC's Academic Health Centers (AHCs). The SHS centers are not robustly staffed with resources to manage the myriads of responsibilities inherent in conducting clinical operations and complex administrative oversight. In contrast, UC AHCs have many highly trained staff to address these. Additional expertise in operational and administrative support is needed. Specific areas for improvement include managing resource requests, obtaining sufficient IT staff to manage basic operations and perform routine analyses, operations surveillance and improvement, billing expansion, etc. Additional areas that could be addressed by using shared resources include healthcare compliance, communications, and legal. Further potential benefits of integration include opportunities for the expansion of residency/fellowship training into SHS/CAPS centers and the creation of additional collaborative care initiatives between SHS/CAPS units and proximate UC AHC, such as UC San Diego Health's College Mental Health Program and UCLA Health's Behavioral Health Services program for UCLA students.
A third high priority is to further develop IT infrastructure and staffing levels to enhance reporting capacity and monitor appointment accessibility at each campus and collectively. This could temporarily be done at a very low cost with the current electronic health record (EHR) system, "Point n' Click", by centrally hosting on a common platform and using limited staff to provide basic reporting capacity to the campuses. It is concerning that many campuses do not currently have this capacity. Once created, this system could also be configured to provide more accessible healthcare information between campuses, SHS units, and UC AHCs to optimize patient care and allow for systemwide analyses of population health outcomes.

While a future transition of all campus SHS/CAPS centers to the EPIC EHR system used by all UC AHCs is envisioned as an ideal solution, prohibitive costs have thus far limited campuses' abilities to move forward. Options for shared hosting with UC AHCs and supplemental implementation assistance funds were identified in the past several years. Due to these efforts, two additional schools, UCLA and UCB, are transitioning to the EPIC electronic health record platform in the coming year. The remaining SHS/CAPS centers are eager to move in this direction if sufficient funding is identified to do so. This would open many new additional

pathways for care partnerships, mobility of student records, ease of student access their provider teams, and connectivity between UC healthcare teams across the system.

SHS/CAPS leadership has also been actively involved in expanding care delivery models, emphasizing efficient, student-friendly services that meet students' needs through models such as asynchronous care and team-based care. In addition, continued collaboration with campus wellness, prevention, and health promotion services is ongoing. With continued effort by the SHS/CAPS centers and renewed commitments from campus administrations to adequately resource these units, the UC system can continue to build a reputation for providing student clinical services marked by excellence, the provision of safe, high-quality care, services that are easily accessible and relevant to our student populations, and a patient experience that is meaningful, empowering and rewarding.

Key to Acronyms:

AAAHC	Accreditation Association for Ambulatory Health Care
AHC	Academic Health Center
AHRQ	Agency for Health Research and Quality
ASQ	Age and Stages Questionnaire
SHS	Student Health Services
BHCP	Behavioral Health Community of Practice
CAIR	California Immunization Registry
CAPS	Counseling and Psychological Services
CCAPS	Center for Collegiate Mental Health
CG-CAHPS	Clinician and Group Survey
CRT	Critical Response Team
CYBHI	California Youth Behavioral Health initiative
EMH	Equity in Mental Health
EHR	Electronic Health Record
EMT	Emergency Medical Technician
FTE	Full-Time Equivalent
GAD	General Anxiety Disorder
IACS	International Association of Counseling Services
NDP	Naloxone Distribution Project
PHQ	Patient Health Questionnaire
QI	Quality Improvement
SB-24	Senate Bill 24 (College Student Right to Access Act
SHS	Student Health Services / Center
SVSH	Sexual Violence and Sexual Harassment Policy
RFIC	Reserve Fund Investment Committee
SMHOC	Student Mental Health Oversight Committee
UC SHIP	UC Student Health Insurance Plan

Appendix
Appendix Table 1
2023-2024 Patient Satisfaction Survey Results

Campus	UCB	UCD	UCI	UCR	UCSB	UCSC	UCSD	UCM	UCLA	**Average System**	% Change
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	3.23	3.00	3.09	3.50	3.40	3.66	3.44	3.50	3.19	**3.33**	5.19%
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	3.14	3.03	3.12	3.16	2.91	3.34	3.27	3.33	3.28	**3.18**	-1.96%
When you contact this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	3.39	3.30	3.31	3.57	3.32	3.62	3.43	3.57	3.14	**3.41**	1.05%
When you contact this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	2.91	2.58	2.42	2.83	2.37	2.73	3.32	2.41	2.98	**2.73**	-6.30%
Wait time includes time spent in the waiting room and exam room. How often did you see this provider within 15 minutes of your appointment time?	3.56	3.64	3.34	3.65	3.43	3.78	3.56	3.62	3.62	**3.58**	1.05%
How often did this provider explain things in a way that was easy to understand?	3.82	3.96	3.73	3.76	3.74	3.93	3.78	3.80	3.68	**3.80**	0.83%
How often did this provider listen carefully to you?	3.77	3.93	3.68	3.78	3.77	3.93	3.78	3.85	3.67	**3.80**	1.75%
How often did this provider give you easy to understand information about these health questions or concerns?	3.75	3.93	3.69	3.71	3.71	3.87	3.73	3.81	3.70	**3.77**	-1.92%
How often did this provider show respect for what you had to say?	3.81	3.96	3.70	3.78	3.81	3.93	3.78	3.89	3.70	**3.82**	1.27%

Appendix Table 2
2023-2024 Patient Satisfaction Survey Results

Campus	UCB	UCD	UCI	UCR	UCSB	UCSC	UCSD	UCM	UCLA	**Average System**	% Change
How often did this provider spend enough time with you?	3.71	3.89	3.70	3.70	3.77	3.92	3.70	3.76	3.65	**3.75**	1.45%
When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this providers office follow up to give you those results?	3.62	4.00	3.63	3.75	3.56	3.88	3.62	3.64	3.44	**3.68**	1.46%
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	9.06	9.67	8.77	9.44	9.03	9.49	9.08	9.23	8.80	**9.17**	2.73%
Reception Staff at the Student Health Center How often were the reception staff at the Student Health Center as helpful as you thought they should be?	3.51	3.68	3.54	3.52	3.69	3.82	3.74	3.60	3.53	**3.63**	1.54%
How often did the Student Health Center reception staff treat you courteously and respectfully?	3.72	3.80	3.68	3.54	3.73	3.86	3.58	3.78	3.69	**3.71**	0.51%