

## Support for Increased Student Mental Health Services

### PURPOSE

The purpose of this analysis is to determine how to fund new mental health positions and how quickly additional positions should be hired. In general, we recommend hiring positions requested by Student Health and Counseling Services with a funding model that is bridged by Student Affairs-managed funds.

### BACKGROUND

In response to increasing demand for student mental health services and at the Regents' request, UC health and counseling directors created a staffing plan in January 2015 to meet clinical care needs and bring campuses more in line with national staffing benchmarks. Subsequently, the 2015 budget framework agreement approved by the Regents included annual Student Services Fee (SSF) increases to pay for critical services, including enhanced student mental health services. (See attached letter from President Napolitano.)

UC Davis' Student Health and Counseling Services (SHCS) requests 11 psychologist FTEs and 2.2 psychiatrist FTEs to meet staffing benchmarks. Based upon current enrollment projections, these new positions will bring UC Davis more in line with clinical staffing benchmarks by 2016-17. As enrollment grows, additional clinical positions will be needed to maintain benchmark ratios.

BIA has not extensively reviewed the national mental health staffing benchmarks upon which SHCS's request is based. This analysis assumes that the benchmarks have been adequately researched and evaluated by systemwide and campus subject matter experts.

The President expects each campus to move as quickly as possible toward the recommended hiring levels. To this end, the UC Office of the President (UCOP) created a loan option to be paid back with campus' future accrual of SSF revenue. Because existing and projected campus resources are sufficient to fund new mental health positions, we do not recommend pursuing the UCOP loan option. Given the high priority of achieving these goals, bridging strategies with one-time funds are considered to be prudent.

### FUNDING MENTAL HEALTH POSITIONS

As noted above, the Regents increased the systemwide SSF to support critical student services, including mental health. Specifically, they approved 5% annual increases through 2019-20, with half of the increase (net of return-to-aid) applied to the mental health fee, a

subset of the SSF. The other half of the fee increase may be used for any service or program that directly benefits students and that is complementary to, but not a part of, the core instructional program. This could include additional support for mental health, as determined by each campus.

Table 1 represents SHCS’s original and revised plans to hire new mental health positions. The original proposal meets the benchmark ratio of one psychologist per 1,200 students while the revised proposal exceeds this. The original proposal provided one psychiatrist per 10,000 students while the revised proposal provides one psychiatrist per 7,500 students. (Benchmark ratios for psychiatry range from one psychiatrist per 6,500 students to 10,000 students.)

*Table 1*

	Original SHCS Proposal	Revised SHCS Proposal
<b>Clinical Positions (FTEs)</b>		
Psychiatrist (Physician 5)	1.2	2.2
Counseling Psychologist 2	10.0	11.0
<b>Non-Clinical Positions (FTEs)</b>		
Case Manager	2.0	0.0
Analyst 2	1.0	0.0
Medical Office Svc Coordinator	2.0	0.0
Admin 2	1.0	0.0
Outreach/Health Educator (SAO 3)	1.2	0.0
<b>Total</b>	<b>18.4</b>	<b>13.2</b>

Table 2 outlines the one-time funding needed to pay for the requested 13.2 positions until new mental health revenues are sufficient to fully support these positions. The one-time funding need totals less than \$750,000 over 5 years. This assumes that 100% of mental health fee increases fund new positions and that the following funding sources continue to fund existing positions: health services income, SSF revenues, and funding from the School of Veterinary Medicine.

Further, BIA assumes that staffing ratios will be maintained as enrollment grows. Table 2 reflects the addition of clinical staff starting in 2018-19, increasing costs over the 5 years by about \$265,000.

*Table 2*

	2015-16	2016-17	2017-18	2018-19	2019-20	Totals
Annual contribution to reserve	\$ (14,559)	\$(1,123,390)	\$ (547,421)	\$ (76,633)	\$ 405,662	\$ (1,356,341)
FTE - new	6.6	6.6	0.0	0.6	1.1	14.90
One-time funding need	\$ -	\$ 530,553	\$ 547,421	\$ 76,633	\$ (405,662)	\$ 748,945

*Reserves cover negative contribution in 2015-16 and some in 2016-17. Excess mental health revenues projected in 2019-20 would pay back some of the one-time funds.*

BIA suggests that Student Affairs use available carryforward to meet the estimated one-time funding need of \$750,000. Note that we estimate no more than \$600,000 will be needed in any one fiscal year. Alternatively, SHCS could carry a deficit, anticipating that future mental health revenues will be sufficient to clear the deficit sometime after 2019-20. Given the rise of fixed cost increases and the uncertainty of continued SSF increases, we recommend a “pay as you go” strategy, using available carryforward to fund one-time needs.

#### OTHER CONSIDERATIONS

##### *Benchmark Ratios*

The President’s letter states that each campus is expected to move as quickly as possible toward the hiring levels recommended. Ultimately, each campus has the flexibility to determine its own hiring timeline. In fact, with so many campuses trying to hire so many similar positions at the same time, it may be very difficult to fill all positions by the end of 2015-16 or even 2016-17. Ideally, however, it would be prudent to have a plan for hiring positions within this timeline. Based on current enrollment projections, all but one clinical position requested by SHCS would need to be hired in order to meet benchmark ratios in 2016-17.

##### *Non-Clinical Positions*

We note that SHCS’s revised proposal does not request any non-clinical positions (e.g., case managers, administrative assistants). BIA understands that SHCS intends to meet these needs within existing resources and by looking for efficiencies. However, we are concerned that the addition of so many clinical positions to meet the increasing demands of students will eventually necessitate the addition of non-clinical positions.

##### *Space*

Student Affairs indicates that SHCS has sufficient facilities to accommodate all new positions.

## RECOMMENDATION

Hire the positions as requested in SHCS's revised proposal. Use carryforward available to Student Affairs to fund the one-time needs. This approach meets benchmark staffing ratios as quickly as possible and uses existing resources to bridge the gap between new mental health revenues and the total cost of new positions.

Additionally, staffing needs and available funding should be revisited on an annual basis, and metrics beyond staffing ratios should be evaluated to ensure student services are improving. Baseline and outcome data collected by UCOP should be reviewed to track progress addressing access to care, student satisfaction with services, and clinical outcomes as a result of staffing increases. Additional information should be requested, if needed, to ensure the campus can evaluate key metrics such as demand for services, number of students served, wait time before initial appointment, number of appointments available per student, etc.



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September 28, 2015

CHANCELLORS  
EXECUTIVE VICE CHANCELLORS

Dear Colleagues:

As you are aware, student demand for mental health services has exceeded our resources to deliver this care on our campuses for the past several years. Last September, data confirming increased utilization of counseling services, large percentages of students on psychotropic medications, significant delays in appointment time, and decreases in numbers of visits available were presented to The Regents. At their request, the Counseling and Psychological Services and Student Health Directors presented a staffing plan in January designed to meet critical integrated clinical care needs, which would also bring the University of California more in line with national staffing benchmarks. This plan, which is attached, was widely endorsed by student leaders across the system, as well as by The Regents.

Recognizing that the provision of this care would come at a cost to the campuses, the budget framework agreement negotiated earlier this year and approved by The Regents included an increase to the Student Services Fee to pay for enhanced student mental health services and other critical student services. Given that it will take several years for this fee to accumulate sufficiently to hire those staff, I have directed staff in the Office of the President to assist those campuses wishing to jump-start their hiring in the current academic year by creating a loan option that is paid back by using the campus' future accrual of student services fee revenue. We understand that a decision to accept such a loan needs to be a campus-driven decision, and we will be pleased to work with those who choose to take advantage of the offer.

An additional element of our work with The Regents and student groups on this important issue is their desire for ongoing updates and reporting. Beginning in early 2016, representatives from UC Health will engage their campus colleagues to prepare status updates on hiring and how the funds designated for mental health


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are being used. This information, as well as baseline/outcome utilization, access, and satisfaction measures, will be presented at The Regents' meeting in January 2016. Mental health outcome data will then be presented annually as we track progress addressing access to care, student satisfaction with services, and clinical outcomes as a result of these staffing efforts.

It is my hope and expectation that each campus will move as quickly as possible toward the hiring levels recommended in the aforementioned report, whether by leveraging the loan or by using other internal resources to achieve that goal. The sooner we are able to hire, the sooner students will receive these vital services. We recognize that hiring aggressively has cascading implications, but based on our previous discussions on this important matter, know that those issues can be readily addressed when considering the positive impact this effort will have on the well-being of students.

The Office of the President is ready to help facilitate this important effort. If you have questions, I suggest that you get in touch with UC Health's Medical Director for Student Health and Counseling, Gina Fleming, or with my Deputy Chief of Staff, Bernie Jones. Director Fleming can be reached by email at [Gina.Fleming@ucop.edu](mailto:Gina.Fleming@ucop.edu), and Deputy Chief of Staff Jones can be reached by email at [Bernie.Jones@ucop.edu](mailto:Bernie.Jones@ucop.edu).

Yours very truly,



Janet Napolitano  
President

Attachment

cc: Provost Dorr  
Executive Vice President Stobo  
Vice Chancellors of Student Affairs  
Vice Chancellors for Planning and Budget  
Vice President Sakaki  
Director Fleming  
Deputy Chief of Staff Jones

# Proposal for Funding Critical Mental Health Providers on UC Campuses

Regents' Meeting

January 21-22, 2015

# 2012 Mental Health Staffing Ratios: UC vs Ivy's

*\*All UC Campuses Exceed Ivy Averages*

CAMPUSES (smallest to largest enrollment)	TOTAL STUDENT ENROLLMENT FY 2012	PSYCHOLOGIST TO STUDENT RATIO	PSYCHIATRIST TO STUDENT RATIO
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<b>IVY LEAGUES ( 6 institution averages)</b>	20,533	1 to 939	1 to 4631
<b>BERKELEY</b>	36,198	1 to 1619	1 to 9283
<b>MERCED</b>	6,195	1 to 3100	NO PSYCHIATRIST
<b>SANTA CRUZ</b>	17,203	1 to 1570	1 to 6294
<b>RIVERSIDE</b>	21,248	1 to 1535	1 to 21722
<b>SANTA BARBARA</b>	22,215	1 to 1349	1 to 8462
<b>IRVINE</b>	28,820	1 to 1674	1 to 6382
<b>SAN DIEGO</b>	29,517	1 to 1543	1 to 18788
<b>DAVIS</b>	33,147	1 to 1202	1 to 15189
<b>LOS ANGELES</b>	40,795	1 to 1248	1 to 7500
<b>SAN FRANCISCO</b>	3,079	N/A	1 to 6176



# Psychologist to Student Ratios: Current and with Proposed new FTE

*\*green indicates standard met; red indicates failure to meet standard*

UC CAMPUS	CURRENT PSYCHOLOGIST TO STUDENT RATIO (2014/15)*	NEW FTE REQUEST	NEW PROPOSED RATIO*
BERKELEY	1 to 1724	11.00	1 to 1131
DAVIS	1 to 1578	5.96	1 to 1229
IRVINE	1 to 1747	9.00	1 to 1130
LOS ANGELES	1 to 1943	10.83	1 to 1282
MERCED	1 to 1475	3.00	1 to 860
RIVERSIDE	1 to 2512	9.00	1 to 1217
SAN DIEGO	1 to 1845	7.00	1 to 1283
SAN FRANCISCO**	1 to 1098	2.50	1 to 576
SANTA BARBARA	1 to 1587	8.00	1 to 1010
SANTA CRUZ	1 to 1840	4.60	1 to 1233
<b>TOTAL UC</b>		<b>70.89</b>	

*9/21/2015\*\*UCSF mental health services differ from other campuses: medical science graduate/professional students only; two, separate city campuses; and decentralized, student support services*

# Psychiatry Staff to Student Ratios: Current and With Proposed FTE

*\*UC lead psychiatrist recommend 1 psychiatrist per 6,500 patients based on VA and HMO studies.*

	PSYCHIATRY FTE (PSYCHIATRISTS/MENTAL HEALTH PCP/NURSES)		
UC CAMPUS	PSYCHIATRIST TO STUDENT RATIO (2014/15)*	NEW FTE REQUEST	NEW PROPOSED RATIO*
BERKELEY	1 to 9526	1.00	1 to 7541
DAVIS	1 to 14412	1.19	1 to 9498
IRVINE	1 to 6132	2.30	1 to 4117
LOS ANGELES	1 to 10460	2.70	1 to 6181
MERCED	N/A	1.00	1 to 6195
RIVERSIDE	1 to 13280	4.40	1 to 3541
SAN DIEGO	1 to 14399	2.32	1 to 6754
SAN FRANCISCO	1 to 2755	1.00	1 to 1443
SANTA BARBARA	1 to 8544	2.00	1 to 4829
SANTA CRUZ	1 to 12115	0.92	1 to 7352
<b>TOTAL UC</b>		<b>19.43</b>	

*\*\*Additional 12.5 Social Workers/Case managers and 9 IT and administrative support staff requested systemwide*

# Using Increases in the SSF to Fund Critical Mental Health FTE

	2015-16	2016-17	2017-18	2018-19	2019-20
Student Services Fee Level *	\$1,020	\$1,074	\$1,128	\$1,182	\$1,242
Total Enrollment **	251,183	254,807	258,082	261,748	265,508
Incremental Revenue Amount for Student Mental Health ***	\$5,042,462	\$5,577,022	\$5,574,786	\$5,838,846	\$6,512,970
Annual Revenue Amount for Student Mental Health	\$5,042,462	\$10,619,485	\$16,194,271	\$22,033,117	\$28,546,087
Annual Cost for Additional Critical Mental Health FTE	\$17,441,474	\$17,441,474	\$17,441,474	\$17,441,474	\$17,441,474
Additional Funding Needed for Critical MH Staff	\$12,399,012	\$6,821,989	\$1,247,203	\$4,591,643	\$11,104,613

\* Student Services Fee Levels based on levels approved by the Regents in the November 2014 meeting.

\*\* Enrollment figures based on November 2014 Regent-approved Budget Plan; Medical Residents (Housestaff) included in enrollment figures but not in revenue estimates.

\*\*\* Projected revenue based off of 50% of Student Services Fee incremental revenue net of aid.

# Student Mental Health Services Needs: Summary

- The UC campuses do not meet benchmarks for provider: student ratios
- Additional mental health FTE are needed in order to ensure the safety of our students
- The campuses have cut their initial requests to include only critical positions
- Funding for these positions can be achieved by allocating some portion of the increase in the Student Services Fund, one-time support, or a combination of the two