

**Health Care Advisory Committee**

**November 22, 2016**

**4:00PM – 5:00 PM**

**JD Kabler Conference Room – (8003)**

**UHS – 333 East Campus Mall**

Present: Annalise Panthofer, Madeline Ford, Marah Curtis, Jordan Madden, Nathan Stack, Matt Wulf, Sarah Kruger, Manish Patankar, Sarah Van Orman(UHS), Arnie Jennerman(UHS), Marlena Holden(UHS), Jim Morrison(UHS), Bill Kinsey(UHS), Andrea Lawson(UHS),

1. **Meningococcal Disease Outbreak Updates**-Sarah provided an update on the meningococcal disease outbreak and immunization efforts. She reported that over 21,000 undergraduates were vaccinated, 74% of residence all students, and 67% of undergraduates. There are ongoing challenges with delivering the second dose of vaccine as there is no additional federal funding available and it would cost over \$2M to purchase vaccines for campus. UHS has been working with area health care providers to provide 2<sup>nd</sup> doses to student's in-network while they are home over break. Some doses are available for uninsured students. UHS is still determining the budget impact of the outbreak- currently estimated at approx. \$100,000. It was noted that events such as this are a strong argument for maintain reserves at UHS
2. **2017-2018 Budget Program Proposals**-UHS presented its proposal for an expansion of mental health services for next year which included adding an additional 8 FTE of counselors. Andreas also discussed that the goal would be to provide individual counseling within two weeks. She discussed the balance between immediate access to care and the need for treatment and follow-up appointments. It was noted that should demand grow significantly this may not be adequate but that it represents a reasonable level of staffing. (Attached)

Matt shared a proposal he was working on within the School of Human Ecology for imbedded counselors. These positions already exist within the health professions and school of engineering. There was general support for these services as complementary with counseling provided at UHS. The committee in general expressed support and recognized the need for expanded access to mental health services. Arnie and Sarah noted that UHS had been provided an allocation from campus to support remodeling and additional office space. (attached)

Next Meeting December 20th

## MH Update

Our goal in Mental Health is in line with the greater UHS mission to promote, protect and restore the health and well-being of UW students. We believe that mental health is a key part of overall health and well-being. As you know, mental health includes a spectrum of wellness and illness, and services can range from basic self-care strategies, to learning how to support a friend, to individual counseling, to groups and medication. We have worked strategically and intentionally to develop an array of services to meet the needs of students across this spectrum with appropriate, informed, culturally aware care.

And, as you may be aware, **our resourcing is not meeting the needs of students in terms of quantity of services and time to treatment especially for counseling services.** In addition to counseling, we provide psychiatry, group, crisis and care management services, but our request this year is focused on better resourcing counseling.

**In 2016 we saw a 12% increase in visits, and a 10% increase in clients seen.** This fall so far, we see this trend continuing. **Fall to date visits:**

# of **triage (Open Access)** visits: **1540** (up 7.5% from last year, of note the biggest increases in the last 3 weeks where visits are up 21% compared to the same 3 week period in 2015. Prior to that, we were up 3.3%, which was within the 5% increase we accounted for).

# of **Counseling** Scheduled Consultation (intake): **627** (4.2% increase from last year)

**We are using utilization data to inform our system.** We studied the time of day, week, and semester that students were accessing our services and adjusted our coverage to better account for these variations.





**Our focus has not only been on Access (triage and intake availability), but also on continuing care in appropriate intervals.** We have been able to reduce the time to appointment this year, and with continued expansion of resources should be able to see this continue:

Waits for CO SC: 29 days (compared to 35 days at this time last year)

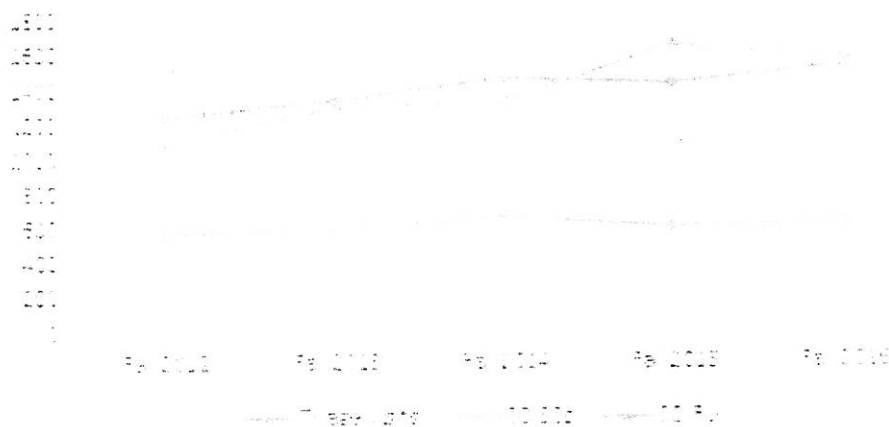
Waits for CO FU: 19 days (compared to 20 days last year; it was 14 days until mid-November)

**We refer out less than 10% of students who come to see us.** Reasons for referrals may include student preference, more frequent treatment desired, session limit would mean transferring therapists later on, or a higher level of care may be required.

**Over the last 5 years, our overall visits have increased.** This year to date we have seen 23% more people for access appointments, and a 32% increase in individual appointments attended (SC + FU) than we did in the fall of 2012.

	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016	5 yr change:
Triage Visits	1248	1347	1476	1432	1540	23.4%
CO SCs	575	590	667	602	627	9.0%
CO FU	1100	1295	1327	1657	1578	43.5%

Service Utilization - Fall Semester  
(through Mid November)



**We can think about treatment on one side and access on the other side of a continuum – we need to provide both in balance with one another – being responsive and getting students in for initial evaluation and having space to continue to see them beyond that first contact.** Currently we have 14 FTE of staff counselors for general students – **the addition of 6 providers will substantially bolster both access and treatment in counseling.**

### Mental Health Services

UHS has seen increased demand for mental health services over the past five years, an increase in prevalence and severity of mental health issues, and increased incidence of threats to harm self and/or others. UHS Mental Health Services' utilization rate is higher and referral out rate is lower than comparable peers. In the past five years UHS has added additional staff to provide immediate access to evaluation through the triage systems, increased opportunities for students to access care in alternate settings such as behavioral health and "Let's Talk", reduction in number of students referred to the community, and when referred, support for connecting with recommended resources and stabilization of students in crisis prior to making treatment decisions.

UHS GPR (101) funding for mental health services was held flat for several years and was reduced by 4.5% (\$50,025) during FY16 and will be reduced by 6.5% (\$72,259) in FY 2016-2017. As mental health needs on campus have increased GPR support for mental health services have decreased from 46% in FY 2007-2008 to a projected 33% this fiscal year.

Current staffing levels, however, remain inadequate to provide access to **weekly individual counseling within an acceptable time frame of less than two weeks**. Demands for this level of access have been emerging from multiple student stakeholders. Currently, UHS has a wait time of 3-4 weeks for an initial counseling appointment and is able to provide ongoing therapy every 2-3 weeks.

To meet student demand UHS has initiated a two-year staffing increase with goals to support current services while **providing access to weekly, individual counseling for most students within two weeks of initial consultation. An additional 6,000-7,000 individual counseling appointments** would be provided in addition to outreach programming that serves the needs of students in less formal settings to better reach students including underserved students and supports faculty/staff interactions with students. Required staffing includes:

Staff Requests	FTE
Access Consultation	1.0
Individual	11.3
Behavioral Health	.5
Campus-Based Services	1.0
Group Therapy	2.0
Vacated/Reallocated (FTE)	-2.3
Spousal Hire Completed	-1.0
Total Request	12.5
Permanently Funded 16-17	4.5
Temporarily Funded 16-17	2.0
17-18 Request	8.0

UHS is phasing this additional level of staffing in over two years to allow sufficient time to adequately recruit new staff and address space constraints. If all additional mental health staffing increases are funded by the student health fee GPR support for mental health services is projected to fall to 28% in FY 2016-2017 and to 25% in FY 2017-2018.



## Projected Financial and Facility Impact of UHS Mental Health Service Expansion Proposal FY18

### Service Expansion Stage One: Completed FY16-17

Staff	Estimated Salary	Estimated Fringe	FTE Percent	Annualized Personnel Cost	Estimated Supplies and Services	Total Annual Cost	Projected Increase In Health Fee	Per Semester Increase In Health Fee
2.5	175,000	61,250	0.75	236,250	14,175	250,425	1.95%	
2	140,000	49,000	1	189,000	11,340	200,340	1.56%	
Total	315,000	110,250		425,250	25,515	450,765	3.31%	\$5.54

### Service Expansion Stage Two: Added Staff Capacity To Meet Current Demand

Staff	Estimated Salary	Estimated Fringe	FTE Percent	Annualized Personnel Cost	Estimated Supplies and Services	Total Annual Cost	Projected Increase In Health Fee	Per Semester Increase In Health Fee
4	280,000	98,000	0.75	378,000	22,680	400,680	3.12%	
4	280,000	98,000	1	378,000	22,680	400,680	3.12%	
Total	560,000	196,000		756,000	45,360	801,360	5.89%	\$9.85

#### Office Space Requirements:

This stage of expansion would require added space. Each current Mental Health provider is in a 120 square foot office. An additional Group Room of 240 square feet would also be required. Assuming 20% added space for common area and circulation this stage of expansion would require an added 1,484 Square feet of office space.

### Combined Annual Budget Impact of Entire Expansion Program

Staff	Estimated Salary	Estimated Fringe	FTE	Annualized Personnel Cost	Estimated Supplies and Services	Total Annual Cost	Projected Increase In Health Fee	Per Semester Increase In Health Fee
12.5	875,000	306,250	3.5	1,181,250	70,875	1,252,125	9.20%	\$15.39

#### Office Space Requirements:

The combined Mental Health expansion program would require 1,484 additional square feet of Mental Health Office and Group Room space.

Note: Average annual salary of \$70,000 used for projections.



School of Human Ecology  
UNIVERSITY OF WISCONSIN-MADISON

November 17, 2016

To: Healthcare Advisory Board  
From: Annette McDaniel, Senior Assistant Dean, School of Human Ecology  
Re: Support for ASM proposal to create school/college specific mental health counselors

I am writing an enthusiastic letter of support for the proposal to increase access to mental health services for UW-Madison students by hiring college-specific counselors, similar to the model that is in place for the College of Engineering and the School of Medicine and Public Health.

As the academic dean for the School of Human Ecology (SoHE) and as a student services professional with 16 years of experience at UW-Madison, I have noticed increasing levels of stress and mental health issues among our student body. This personal experience is congruent with the well-established national data on the prevalence of mental health disorders among college students. The mental health resources provided by UHS – like individual and group counseling, crisis services, and “Let’s Talk” – are critical and essential, but the current campus capacity to deliver these resources doesn’t meet student needs. This is especially evident during high-stress times in the semester when students have the greatest need and counseling appointments are frequently unavailable.

As a campus community we need to do a better job of (1) offering preventative approaches that support student well-being and (2) increasing access to mental health care. In SoHE we are actively working to promote well-being among our students through our EcoWell initiative. The mission of EcoWell is to create proactive and responsive pathways in SoHE for the pursuit of equity, justice, love, belonging, and well-being. We are committed to strengthening this work. But these efforts are not enough and don’t address the increasing need for professional mental health care among our students.

Not only would the ASM proposal increase the accessibility of counselors for UW students, it would reduce barriers for students seeking mental health care. Having someone who is dedicated to work with students by school/college would allow for the development of specialized knowledge regarding the unique stressors inherent in specific disciplines and student populations. Additionally, it would improve the effectiveness of mental health referrals. Something as simple as being able to refer students to a specific individual and calling that person by name can instill trust and increase the likelihood that students will seek the care they need.