THE UNIVERSITY OF NORTH CAROLINA SYSTEM

MEETING OF THE BOARD OF GOVERNORS
Committee on Strategic Initiatives

May 26, 2021 at 1:45 p.m.
Via Videoconference and PBS North Carolina Live Stream
University of North Carolina System Office
Center for School Leadership Development, Room 128
Chapel Hill, North Carolina

AGENDA

A-1. Approval of the Minutes of April 21, 2021..... Carolyn Coward

A-2. UNC System Student Mental Health Initiative ..... Vivian Barnette, North Carolina A&T
Elizabeth Hardin, UNC Greensboro
Monica Osburn, NC State

A-3. Adjourn

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

MEETING OF THE BOARD OF GOVERNORS
Committee on Strategic Initiatives

DRAFT MINUTES

April 21, 2021
University of North Carolina System Office
Via Videoconference and PBS NC

This meeting of the Committee on Strategic Initiatives was presided over by Chair Carolyn Coward. The following committee members, constituting a quorum, were also present in person or by phone: J. Alex Mitchell, W. Marty Kotis, III, Anna Spangler Nelson, David Powers, and Michael Williford.

Chancellors participating were Chancellor Kelli Brown and Chancellor Brian Cole.

Staff members present included Dr. Andrew Kelly and others from the UNC System Office.

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1. Call to Order and Approval of OPEN Session Minutes (Item A-1)

The chair called the meeting to order at 2:01 p.m., and called for a motion to approve the open session minutes of February 17, 2021.

MOTION: Resolved, that the Committee on Strategic Initiatives approve the open session minutes of February 17, 2021, as distributed.

Motion: David Powers
Motion carried

Roll Call Vote	
Coward	Yes
Mitchell	Yes
Kotis	Yes
Nelson	Yes
Powers	Yes
Williford	Yes

2. Update on Key Initiatives (Item A-2)

Dr. Andrew Kelly provided the committee with brief updates on the Teacher Preparation and Student Mental Health initiatives. Dr. Kelly noted that the literacy framework is completed and a detailed study would be presented to the committee in July. Findings regarding the student mental health initiative will be presented during the May Board meeting.

3. Higher Education Innovation: Employer Partnerships to Serve Adult Learners (Item A-3)

Ms. Terah Crews, vice president at Guild Education provided the committee with a detailed presentation concerning the barriers that affect adult learners and how the System Office can adjust and adopt new practices to reach this growing demographic. Ms. Crews outlined the many benefits of tapping into the market of adult learners and how they will ultimately shape the success of higher education systems.

There being no further business, the meeting adjourned at 3:10 p.m.

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W. Marty Kotis, III, Secretary

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

MEETING OF THE BOARD OF GOVERNORS
Committee on Strategic Initiatives
May 26, 2021

AGENDA ITEM

A-2. UNC System Student Mental Health Initiative ..... Vivian Barnette, North Carolina A&T
Elizabeth Hardin, UNC Greensboro
Monica Osburn, NC State

Situation: The committee will hear a presentation on the findings and recommendations from the UNC System's student mental health initiative.

Background: Research suggests that college students are more likely to experience mental health conditions like depression and anxiety today than in the past. The increase in mental health challenges has increased demand for counseling and other services, stretching budgets and capacity.

In September 2020, the Board of Governors passed a resolution tasking the president with convening a group of experts across the System to assess the status quo in student mental health provision and to develop a set of recommendations for the Board of Governors to consider. Specifically, the resolution identified the following questions:

- What is the appropriate level of mental health service that UNC System institutions should strive to provide, and how should the System measure whether that level of service delivery has been achieved?
- Are existing funding sources sufficient to meet that standard across the System? What alternative revenue models should the UNC System consider?
- What best practices and innovations should the UNC System and its constituent institutions consider to improve the delivery of student mental health services?

In response, the System Office convened three work-groups made up of experts in each area: Measurement and Outcomes, Promising Practices and Innovation, and Finance. Task force members in each working group met weekly for three months, collected and analyzed data, and consulted with stakeholders across the UNC System. The resulting report and associated recommendations have been made available in the Board materials.

Assessment: In this session, the committee will review key findings and recommendations outlined in the Student Mental Health Initiative's final report.

Action: This item is for information only.

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

HEALTHY MINDS, STRONG UNIVERSITIES: CHARTING A COURSE TO MORE SUSTAINABLE STUDENT MENTAL HEALTH CARE

May 26, 2021

University of North Carolina System
Chapel Hill, North Carolina

Contents

Acknowledgements

First and foremost, the University of North Carolina System Office ("System") wants to thank and acknowledge the mental health caregivers and professionals across all 17 institutions for supporting its students during the COVID-19 pandemic. We are grateful for the care and continued support of our students.

Additionally, the University of North Carolina System Office would like to thank the leadership of the Strategic Initiatives Committee, including Chair Carolyn Coward and Vice Chair (and former chair) Alex Mitchell for putting the issue of student mental health on the Board's agenda.

The University of North Carolina System would like to acknowledge the following workgroup members for their contribution to this effort:

Measurements and Outcomes Workgroup

- Dr. Monica Osburn, Executive Director of Counseling Center and Prevention Services, NCSU (chair)
- Dr. Melinda Anderson, Interim Associate Vice Chancellor of Academic Affairs, ECSU
- Ronette Gerber, Director, Title IX and Clery Compliance Officer, UNCP
- Dr. Dionne Hall, Director of the Counseling and Personal Development Center, FSU
- Dr. Paula Keeton, Director, Center for Counseling at Psychological Services, UNCC
- Dr. Terry Lynch, Vice Chancellor for Students Affairs, NCSSM

Promising Practices and Innovation ("Promising Practices") Workgroup

- Dr. Vivian Barnette, Executive Director of Counseling Services, NC A&T (chair)
- Dr. Brett Carter, Dean of Students, UNCG
- Dr. Kim Gorman, Director of Counseling and Psychological Services, WCU
- Dr. Christopher J. Hogan, Director and Chief Psychologist, ASU
- Dr. Valerie Kisler-van Reede, Director of Counseling Services, ECU
- Dr. Carolyn Moore, Director of Counseling Center, NCCU
- Dr. Mark Perez-Lopez, Director of Counseling Center, UNCW
- Kelly White, Deputy Chief of Police and Public Safety, WSSU

Finance Workgroup

- Beth A. Hardin, Executive in Residence, UNCG; former Vice Chancellor for Business Affairs, UNCC (chair)
- Dr. Lee Brown, Interim Provost and Vice Chancellor for Academic Affairs, FSU
- Paul Forte, Vice Chancellor for Business Affairs, ASU
- Nikkia Sheppard Lynch, Business Officer, Academic Finance Office, UNC-CH
- Akua Matherson, Vice Chancellor for Administration and Finance, NCCU
- Michael Smith, Vice Chancellor for Finance and Administration, UNCSA
- Virginia Teachey, Vice Chancellor for Finance & Administration, UNCP

Finally, the Committee on Strategic Initiatives heard several presentations in 2019 and 2020 from the following experts that provided critical data and context and set the stage for this work:

Dr. Benjamin Locke
Executive Director
Center for Collegiate Mental Health

Dr. Daniel Eisenberg
Director
Healthy Minds Network

Dr. Allen O'Barr
Director, Counseling and Psychological Services
UNC-CH

Dr. Robert Bashford
Psychiatrist, Professor, and Associate Dean
UNC School of Medicine

Laurel N. Donley
Clinical Case Manager, Counseling Services
UNCSA

Dr. Vivian Barnette
Executive Director of Counseling Services
NC A&T

Dr. Monica Osburn
Executive Director of Counseling Center and Prevention Services
NCSU

Dr. Jane Cooley Fruehwirth
Associate Professor, Department of Economics
UNC-CH

Executive Summary

Context

- **Escalating demand for student mental health services**. Like most university systems across the country, the University of North Carolina System has seen a significant increase in the incidence of mental health challenges among our students, a trend that has only accelerated during the COVID-19 pandemic. While university administrators – and the UNC Mental Health Workgroups – are awash in data on mental health incidences, three data points saliently captured and identified the changing nature and magnitude of student mental health challenges. They are as follows:
    - *Increasing rates of entering college students with previous mental health diagnosis.* Nationwide reports indicate that 20-30 percent of incoming college students are arriving with a previous mental health diagnosis.
    - *Increasing rates of students with suicidal ideation.* Collegiate mental health surveys indicate that 10-15 percent of college students have had serious thoughts of suicide within the past 12 months.
    - *Rise in traumatic incidences.* Whereas previous stereotypes around student mental health may have suggested that college students simply lack "grit" and "resilience" for everyday challenges, an alarming finding for the Mental Health Workgroups was the rise in traumatic life events that students find themselves coping with. Examples of traumatic life events include: recent loss of a parent or loved one, interpersonal emotional or physical abuse, and/or forms of sexual assault.

- **Strained capacity.** While demand for collegiate mental health services has significantly grown in the past few years (and outpaced enrollment growth), college counseling centers have struggled to keep pace. The Workgroups concluded that revenue and staff increases in college counseling centers have not kept up with the rise in utilization of mental health services.

- **More at stake than student health and wellbeing.** In addition to promoting and ensuring student health and wellbeing, addressing student mental health challenges has far-reaching implications for student success and educational attainment. For example, international organizations such as the World Health Organization now undertake an annual collegiate mental health survey to understand the rising prevalence of mental health disorders and human capital implications for a country (e.g., impacts on educational attainment rates, entry-level workforce productivity, and effects on economic growth). The increasing incidence of student mental health conditions has clear implications for UNC's student success objectives as student mental illness is one of the most cited reasons that students drop out of college.

Key Service Provision Findings

Recognizing the scope and nature of student mental health challenges, the UNC Mental Health Workgroups set out to understand the nature of mental health service provision across the UNC System. Below are key findings:

- **Institutions provide a wide swath of mental health services**. UNC institutions provide several types of mental health services, including but not limited to clinical services, outreach and educational services, crisis intervention and emergency services, as well as other types of support.

- **Growth in the breadth and depth of student mental health needs are increasingly beyond the scope of what current mental health staff, funding streams, and operational structures can provide.** While mental health clinicians are often generalists and able to serve a wide variety of student needs, the increase in the number of students seeking help, the number of conditions that students are presenting with, *and* the number of students needing more intensive mental health care has stretched the capacity of mental health staff to serve all of the students in need. Students seek out and require help for a wide variety of reasons, and mental health centers are largely expected (and endeavor to) assist them. But this comes at a cost, as a relatively small proportion of students can require a disproportionate amount of mental health services and are often in need of urgent care. At many institutions where growth of resources for mental health services (i.e., staff and revenue) has not kept pace with demand, finite resources in mental health centers are consumed with addressing urgent student needs in crisis care and more complex conditions, leaving fewer resources for more routine clinical care and outreach/educational services.

- **Smaller institutions struggle to address the full range of complex mental health issues.** Some mental health conditions require a mental health professional with experience and/or training in a particular area. Unfortunately, it is logistically and financially difficult for smaller UNC System institutions to employ a full suite of specialized mental health professionals to serve all student needs that may arise.

- **Sharing and coordination of services and resources across institutions is limited, but institutional willingness to share is high.** While the UNC System has made strides in sharing mental health resources across institutions in the past few years (e.g., UNC System Behavioral Health Convening which provided institutions an opportunity to share best practices; the 2020 System-wide adoption of ProtoCall to provide 24/7 crisis support to students), there are ample opportunities for further collaboration and sharing of services and resources between institutions.

<u>Key Finance Findings</u>

Recognizing the scope and nature of student mental health challenges, the UNC Mental Health Workgroups set out to understand the funding models for mental health services across the UNC System. Below are key findings:

- **Mental health services are primarily funded through student fees and General Fund revenues**. Across the UNC System, mental health services are primarily funded through Student Fees (60 percent) and General Funds (31 percent). The average expenditures per student full-time equivalent (FTE) across the UNC System was $125. The range of spending across institutions varied from $77 to $316.

- **The health fee does not fully fund mental (and physical) health services on campuses.** The Health Fee (which represents a majority of all Student Fee revenues that go towards mental health services) does not fully fund the cost of mental health services. The rising cost and consumption of mental health services has put UNC System institutions in a position of increasing reliance on General Fund revenues to fully fund mental health services.

- **Reliance on General Funds increases financial fragility for mental health centers.** All but three UNC System institutions rely on General Funds to support mental health services. The reliance on General Funds is concerning due to the multitude of demands placed on this revenue source. If General Fund

revenue does not meet expenses for a particular UNC System institution (due to enrollment declines, declining net tuition revenue, or a mix of both), mental health service units could be in a precarious financial situation and lack dedicated financial resources. This may leave universities with insufficient capacity to cover increases in costs and utilization.

- **Approved health fee increases will not materially increase incremental revenue for mental health service units.** In February 2021, the UNC Board of Governors undertook a review of Health Fees and, subsequently, approved rate increases across the UNC System. The Finance Workgroup's analysis indicates the incremental annual revenue will be unlikely to have a material effect on mental health service units, especially in light of the fact that the Health Fee is used for both mental *and* physical health services. Physical health service expenditures are generally two to three times higher than mental health expenditures.

Recommendations

Recommendation #1: Increase investment in quality and coordination of student mental health care within and between institutions

a. Provide sufficient staff (including clinicians, practitioners, caseworkers or social workers) and space to meet target levels of service, including but not limited to providing weekly therapy to students who seek help. Determine the sufficient number of staff by benchmarking against the Clinical Load Index, the International Accreditation of Counseling Services (IACS) staffing ratio, and Healthy Minds data (where available).

b. Consider using a stepped care model to distribute counseling needs across a continuum of service options and develop a scope of practice to clearly communicate when referral out of the center is warranted.

c. Increase the diversity of staff and expand access to counseling professionals with diverse backgrounds and/or training in trauma-informed and culturally responsive methods.

d. Ensure there is adequate staff to comply with federal regulations (i.e., under the Clery Act and Title IX, universities must make counseling services available to both the complainants and respondents of sexual misconduct violations).[1]

e. Offer student support and mental health programming targeted at underrepresented populations (e.g., black males). Provide a variety of different structures and culturally relevant program types (e.g., mentor networks, discussion groups, workshops, and transition programs) focused on supporting the mental health and well-being of students of color, international students, graduate/professional students, male students, LGBTQ, and other populations with special needs.

f. Make mental health and wellbeing part of institutional strategic planning and goal setting for student success outcomes. Offer student support and mental health programming at critical student transition points (e.g., first-year student experience, transfer student experience, graduation).

[1] Each institution must make counseling services available to both the complainants and respondents of sexual misconduct violations.

g. Develop a System-wide standing memorandum of understanding (MOU) to allow counseling centers to assist other institutions in the event of a large-scale emergency mental health need.
h. Create a System-wide referral network for students seeking off-campus care (e.g. Shrink Space or Thriving Campus).
i. Create a System-wide pool of psychiatric providers and other specialized staff that operate as a shared service and can be deployed to institutions in need of assistance, either via regional hubs or from a centralized home.
j. Explore System-wide solutions to providing or continuing after-hours care (in-person and/or virtual) to students to accommodate student needs (e.g. through ProtoCall Services).

Recommendation #2: Invest in tools that enable better measurement of service delivery and outcomes so that campuses can make informed care decisions

a. Ensure that every mental health center has an electronic medical record (EMR) system designed for student mental health services (e.g., Titanium) and determine how technology can best be used to manage service provision and measure outcomes.

b. Implement tools and surveys to measure service-level effectiveness (e.g., Counseling Center Assessment of Psychological Symptoms) and awareness of available mental health services if not already in place.

c. Dedicate IT support (either at the campus-level or the System-level) to facilitate the adoption of new data technologies.

d. Implement a health and well-being institutional task force charged with making data-informed decisions regarding mental health services and programming, monitoring best practices, contributing to institutional strategic planning for student success, and identifying trends in student mental health.

e. Establish a System-wide committee on student mental health that advocates for institutions and the System as a whole, tracks data and progress towards goals, shares information and resources between institutions, and defines and promotes a System-wide standard of care that falls within the reasonable bounds of each institution.

f. Create an internal peer review team of counseling staff to assist other centers in implementing standards aligned with accreditation by IACS (International Accreditation of Counseling Services).

g. Subscribe to membership in national mental health data sets in coordination with System (e.g. Healthy Minds, Center for Collegiate Mental Health, etc.).

Recommendation #3: Increase crisis intervention support and mental health education among various campus stakeholders

a. Implement “gatekeeper” training (such as Question, Persuade, and Refer (QPR) or Mental Health First Aid and offer tools for faculty and staff to help identify students who are showing warning signs of mental health distress and help students get the services they need.

b. Integrate mental health awareness into existing training programs (such as Green Zone or Safe Zone training) and develop new and/or take to scale campus-wide initiatives that promote positive mental health and wellness practices (i.e., health and wellbeing coaching, integrated health initiatives, stress management strategies/mindfulness workshops).

c. Invest in and educate student ambassadors, student leaders, peer academic leaders, student mentors and paraprofessionals across the campus community to help build and advocate for mental health awareness.

d. Invest in app-based and other technology-enhanced supplemental service programs that provide guided self-help (e.g., TAO, WellTrack, Sanvello, etc.).

e. Promote and advertise student mental health resources through multiple channels (including social media). Additionally, consolidate fragmented institutional mental health resources into a "one-stop, concierge" application that can be embedded in existing student applications (e.g. student success app or other websites/apps that have high student traffic).

f. Create a System-wide network of certified trainers to work across universities to provide training to staff, faculty, and students, allowing campuses without such trainers to host programs such as Mental Health First Aid; Question, Persuade, and Refer (QPR) training; and Trauma Informed Care and Inclusion Training.

g. Create a System-wide mental health resource website to share news and updates on services and key initiatives.

Recommendation #4: Invest in professional development and retention efforts of mental health professionals

a. Encourage membership in professional organizations (such as the Association for University and College Counseling Center Directors) so that staff can have access to resources such as the professional listserv, results of salary surveys, programming references, and support (pursuant to institutional policy).

b. Sponsor continuing ed programs for mental health professionals (e.g., American Psychological Association, National Association of Social Work, etc.).

c. Consider various staffing options outside of full-time, permanent staff to increase capacity, maximize client service time (e.g., part-time, temporary, trainees, etc.), and/or to provide crisis or same-day counseling services.

d. Conduct a System-wide salary review and benchmark against national data sets in both the public and private sectors to ensure adequate recruitment and retention of mental health professionals.[2]

e. Create a System-wide mentor program for new counseling center staff in both administrative roles (e.g., Director or Associate Directors) and dedicated roles (e.g., Diversity and Inclusion, Outreach, Trauma Services).

[2] See the Association for University and College Counseling Center Directors Annual Survey for benchmark data example.

f. Create new pipelines and pathways of talent from and through the UNC System, including expanding masters- and doctoral-level internships and other training programs. Pair existing masters- and doctoral-level programs with institutions that do not have graduate training programs to expand clinical opportunities and increase capacity across the System.

g. Provide centralized System support to mental health centers that need assistance in building capacity to host internships and trainings.

Recommendation #5: Pending System analysis of insurance recovery, expand insurance recovery in ways and for purposes with demonstrated return on investment

a. If an insurance feasibility analysis reveals that insurance recovery is a financially and operationally viable endeavor, institutions should consider developing a methodology to allocate a portion of insurance recovery monies to student mental health services.

b. The UNC System Office should work to secure one-time funding to conduct an insurance feasibility analysis before proceeding with a System-wide rollout.

c. The UNC System Office should work alongside one to three institutions that have previously committed to rolling out a full insurance recovery program to help them complete the rollout of their insurance recovery program, as well as to collect data and lessons from these efforts so that other institutions can use that information as they decide what to do about insurance recovery.

Recommendation #6: Utilize Federal Coronavirus Relief funds for non-recurring mental health service expenses

a. The UNC System should encourage institutions to utilize a portion of the Higher Education Emergency Relief Fund (HEERF) for non-recurring student mental health services. Examples of such fund uses (subject to review of HEERF funding restrictions) may include: temporary and/or contracted clinician staff, student micro-grants for off-campus mental health services, licensures and certifications for clinical staff to provide telemental health services, and furniture and equipment for offices and waiting rooms.

b. UNC System institutions should actively increase awareness among students to utilize the student aid portion of HEERF to seek off-campus mental health support (especially for those students that remain in a distance learning environment or student subpopulations that may be better served by specialized clinicians in the surrounding community.)

c. The UNC System should work to secure one-time federal funds from the Governor's Emergency Education Relief (GEER) Fund or American Rescue Plan (ARP) Funds to implement strategies that will help universities attain a sustainable service and financial delivery model for student mental health services. Examples of potential uses of funds include: investment in electronic medical record system at counseling centers (e.g., Titanium), investment in a shared pool of psychiatric providers across the UNC System, and implementation of a system-wide off-campus referral tracking system (e.g., Shrink Space or Thriving Campus, etc.).

Recommendation #7: Pursue additional philanthropic funds to support student mental health services

a. Institutions should collaborate with Advancement Offices to determine the feasibility of establishing mental-health giving funds and/or student-union micro grants.
b. The UNC System Office should identify additional student success grants to assist UNC System institutions. An experienced individual should be dedicated to grant writing and grant administration on behalf of smaller UNC System institutions that either do not have the personnel capacity or expertise to do so on their own. Additionally, the System should apply for one-time federal or state Coronavirus Relief funds to fund these costs.

Recommendation #8: Develop alternative service delivery models for specialized mental health services

a. The System Office should identify and prioritize those specialized mental health services that need to be scaled up across the UNC System. Additionally, the System Office should work to secure one-time federal funds provided to the state for Coronavirus relief to identify the most appropriate service delivery model (in conjunction with UNC System institutions) for each specialized mental health service and develop a pilot model in key service areas.

Background on the UNC System Student Mental Health Initiative

Over the course of 2019 and 2020, the Board of Governors' Committee on Strategic Initiatives hosted a series of discussions about student mental health and the implications for academic performance, retention and graduation, and the quality of student life on campus. Experts on mental health presented compelling data on mental health challenges on college campuses. Those discussions highlighted increases in the incidence of student mental health conditions among college-age students and the associated increase in demand for mental health services. These trends have strained student health budgets and the capacity of counseling and psychological centers to respond.

In response, in September 2020 the Board of Governors passed a resolution that tasked the president, in consultation with experts from across the UNC System, with examining the following questions:

- What is the appropriate level of mental health service that UNC System institutions should strive to provide, and how should the System measure whether that level of service delivery has been achieved?
- Are existing funding sources sufficient to meet that standard across the System? What alternative revenue models should the UNC System consider?
- What best practices and innovations should the UNC System and its constituent institutions consider to improve the delivery of student mental health services?

To analyze these questions and develop associated recommendations to the Board of Governors, the UNC System convened three workgroups made up of experts from across the System. Each group was chaired by a senior leader in the area of focus. The workgroups were as follows:

The **Measurement & Outcomes** workgroup was tasked with examining existing measures of student demand for services, utilization, and capacity to serve demand; exploring the appropriate level of mental health service that UNC System institutions should strive to provide; and determining how the System should measure whether that level of service delivery has been achieved. The group considered widely used measures of mental health need and service provision as well as the data collection and analysis tools needed to produce such data, including their current and potential applications within and across the System.

The **Promising Practices & Innovations** workgroup was tasked with reviewing the literature and identifying models of excellence across the field of mental health. The group reviewed the most recent literature and innovative practices in the field, and considered which models had the most potential for application to the UNC System.

The **Finance** workgroup was charged with examining the existing funding and operational models across the System, assessing gaps and needs in existing practices and funding sources, and identifying alternative revenue sources and models for funding student mental health services. The group analyzed financial and operational data from across the System, identified primary cost drivers and major areas of investment, explored the current role of general fund revenues, student fees, and student health insurance in financing student health, and identified alternative sources of revenue and models of delivery.

After assembling during the fall 2020 semester, the groups met frequently between January and April 2021 to collect and analyze data from across the System, consider efforts made at peer institutions, and formulate their recommendations.

UNC System Responds to Student Mental Health Needs During COVID-19

While the workgroups responded to the Board of Governors resolution, President Hans and System Office staff prioritized addressing student mental health needs that emerged during the pandemic:

- In December 2020, the UNC System launched a System-wide contract with ProtoCall Services, which provides students with access to telephonic crisis assessment and intervention support 24 hours a day, seven days a week, 365 days a year. This shared service—the first of its kind in a public university system—enhances the face-to-face support students can find on every UNC System campus by providing every student access to a safety net of support whenever they need it.
- In March 2021, President Hans sent a guidance to chancellors on how to prioritize HEERF III monies in support of system-wide goals. One of the primary recommendations was for institutions to use HEERF funds to support the mental health needs of their campus communities, in particular to improve the delivery of mental health services for students and employees of color, as recommended by the Racial Equity Task Force.
- In May 2021, President Hans secured $5 million from the Governor's Emergency Education Relief (GEER) Fund, a part of the federal government's Coronavirus relief efforts, to immediately begin implementing the recommendations outlined in this report related to acute student mental health needs.

Context on Student Mental Health

In recent decades, student mental health has become a major challenge on college campuses. Based on a 2018 survey, the World Health Organization found that 29 percent of first-year college students in the U.S. screened positive for at least one mental disorder during their lifetime and the average age of onset was 13.5 years of age.[3] And in 2019, the Healthy Minds Network identified that 14% of college students had thoughts of suicide in the past year and six percent of college students had a suicide plan (up from 10 percent and three percent, respectively, since 2014).[4] Finally in 2020, the Center for Collegiate Mental Health found a 12 percent increase between 2012 and 2020 among students seeking mental health care that had experienced a traumatic life event.[5]

The University of North Carolina System is not immune to the nationwide trends in student mental health. A recent Healthy Minds survey conducted at five UNC institutions from 2016-2017 to 2019-2020 reveal that mental health incidences closely follow national trends. For example, the Healthy Minds data identified that 14 percent of U.S. college students have had thoughts of suicide and, similarly, the data for UNC System institutions identify a suicide ideation range between 10 percent and 23 percent of UNC System students. Additionally, the Healthy Minds data identified that 37 percent of U.S. college students have had a mental health diagnosis within their lifetime, while the data for UNC System institutions reflects a similar range of 31 percent to 47 percent of UNC System students. Finally, whereas 24 percent of U.S. college students have taken psychiatric medication within the past year, 23 percent to 28 percent of UNC System students have taken psychiatric medication within the past year.[6]

Pre-existing mental health challenges have only been exacerbated by the pandemic. A recent survey of approximately 45,000 undergraduate, graduate, and professional students conducted in May-July 2020 at nine public research universities found that 35 percent of undergraduates and 32 percent of graduate and professional students screened positive for major depressive disorders.[7] The Healthy Minds Survey, which surveyed 33,000 students at 36 colleges in fall 2020, has also found increases in reported rates of depression among students during the pandemic, with 47 percent of students screening positive for clinically significant symptoms of depression or anxiety.[8] Finally, a mental health study conducted at the University of North Carolina at Chapel Hill between June and July 2020 identified that over half of students experienced academic stressors

[3] Auerbach RP, Mortier P, Bruffaerts R, Alonso J, Benjet C, Cuijpers P, et al. WHO World Mental Health Surveys International College Student Project: prevalence and distribution of mental disorders. J Abnorm Psychol 2018; 127: 623–38.

[4] Eisenberg, D., Lipson, S. K., & Heinze, J. (2019). The Healthy Minds Study, Fall 2019 Data Report (pp. 1– 26). Healthy Minds Network.

[5] Center for Collegiate Mental Health. (2021, January). *2020 Annual Report* (Publication No. STA 21-045).

[6] Eisenberg, D., Lipson, S. K., & Heinze, J. (2019). The Healthy Minds Study, Fall 2019 Data Report (pp. 1– 26). Healthy Minds Network.

[7] Chirikov, I., Soria, K.M., Horgos, B., Jones-White, D. (2020). SERU COVID-19 Survey: Undergraduate and Graduate Students Mental Health During the COVID-29 Pandemic. Student Experience in the Research University (SERU) Consortium. Retrieved from https://escholarship.org/content/qt80k5d5hw/qt80k5d5hw_noSplash_8aa48acc02df1194e79008d5043474eb.pdf?t=qf0aui

[8] Part 4 of 5: Impact of COVID-19 on Students Served at College Counseling Centers. CCMH. Retrieved on March 3, 2021 from https://ccmh.psu.edu/assets/BlogPDFs/Part%204%20of%205%20COVID%20Blog_Utilization.pdf.

stemming from the pandemic including: difficulty finding a space to work, difficulty performing work up to standards, and difficulty adapting to distance learning.[9]

Mental health issues impede academic progress and can lead to lower GPAs, leaves of absence, and stop outs.[10] According to one study, simply identifying students who have a low GPA *and* are experiencing a mental health issue could help administrators identify 30 percent of students who are at risk of dropping out.[11] Given that increasing retention rates is a key part of the UNC System's student success goals for the UNC System, it is vital that mental health and academic supports be integrated going forward.

In short, the incidence of mental health challenges has increased across student populations over the past decade while enrollment and expectations for student success have increased. However, in many cases, student mental health staff and funding have not increased proportionately but have either remained stagnant or declined on a per-student basis. As a result, many centers are strained beyond capacity, and are not able to provide students with the care they need, retain valuable mental health practitioners on staff, or support other units on campus in providing educational and outreach mental health services to students.

[9] Fruehwirth, J. C., Biswas, S., & Perreira, K. M. (2021). The Covid-19 pandemic and mental health of first-year college students: Examining the effect of Covid-19 stressors using longitudinal data. *PloS one*, *16*(3), e0247999. https://doi.org/10.1371/journal.pone.0247999

[10] https://www.acenet.edu/Documents/Investing-in-Student-Mental-Health.pdf

[11] Eisenberg, Daniel, Ezra Golberstein, and Justin B. Hunt. 2009. "Mental Health and Academic Success in College." The B.E. Journal of Economic Analysis & Policy 9 (1): Article 40.

Overview of Mental Health Service Provision in the UNC System

Student mental health service provision varies across the UNC System, which creates challenges in describing System-wide themes and trends. In this section, the report aims to provide an overview on three dimensions: organizational structure, services offered, and staffing. The following section examines funding of student mental health. The information for both the service and funding provision sections was gathered via institutional interviews and a System-wide survey administered to UNC institutions in spring 2021.

Organizational Structure

Within the UNC System, student mental health services are typically delivered via three complementary units on campus:[12]

- **Counseling and Psychological Services ("CAPS").** This unit primarily provides clinical services for students seeking mental health care (e.g., individual counseling services, group counseling services, etc.).
- **Center for Wellness and Prevention.** This unit primarily provides outreach and educational programs via classroom and campus programs to help students establish and maintain overall mental health (e.g., sexual assault awareness, alcohol and drug use awareness, interpersonal violence education, etc.).
- **Student Health Center.** While Student Health Centers primarily provide physical health services, it also provides psychiatric services for students (including routinized medication management). Additionally, institutional interviews and survey responses revealed that approximately 15 percent of primary care provider visits are primarily related to mental and emotional concerns. For instance, Appalachian State University conducted a noteworthy analysis identifying that of eight primary care providers in the Student Health Center, the equivalent of 0.9 FTEs provided mental health services based on a review of medical diagnosis codes.

Service Offerings

Each institution provides a wide array of mental health services. Below is an overview of on-campus mental health service offerings by institution, which have been divided into three categories: clinical services, outreach and educational services, crisis care and specialized services.

Clinical Services:

	Individual Counseling Services	Group Counseling Services	Community-Provider Referral Coordination
Doctoral Universities - Very High Research Activity			
NCSU	✓	✓	✓
UNC-CH	✓	✓	✓

[12] Please note that the organizational name and organizational structure may vary by institution. For example, some UNC institutions have the "CAPS" unit located within the Student Health Center instead of as a standalone unit.

Clinical Services (continued):

Doctoral Universities - High Research Activity			
ECU	✓	✓	✓
NC A&T	✓	✓	✓
UNCC	✓	✓	✓
UNCG	✓	✓	✓
UNCW	✓	✓	✓
Master's Colleges and Universities – Larger programs			
ASU	✓	✓	✓
NCCU	✓	✓	
UNCP	✓	✓	✓
WCU	✓	✓	✓
Master's Colleges and Universities – Medium programs			
FSU	✓	✓	✓
WSSU	✓	✓	
Baccalaureate Colleges - Arts & Science Focus			
UNCA	✓	✓	✓
Baccalaureate Colleges - Diverse Fields			
ECSU	✓	✓	✓
Special Focus Four-Year			
UNCSA	✓	✓	✓
Other			
NCSSM[13]	✓	✓	

Outreach and Educational Services:

	Mental Health Classroom/Campus Outreach and Education	Interpersonal Violence Education (i.e., Sexual Assault, Domestic Violence)
Doctoral Universities - Very High Research Activity		
NCSU	✓	✓
UNC-CH	✓	✓
Doctoral Universities - High Research Activity		
ECU	✓	✓
NC A&T	✓	✓
UNCC	✓	✓
UNCG	✓	✓
UNCW	✓	✓

[13] The Mental Health Workgroups are grateful to the North Carolina School of Science and Math (NCSSM) for their participation and completion of the UNC mental health survey in light of the fact that the majority of the survey inquiries were not applicable to the nature of their institution (i.e., a public, two-year high school). As such, only applicable service offerings are noted for NCSSM.

Outreach and Educational Services (continued):

Master's Colleges and Universities – Larger programs		
ASU	✓	✓
NCCU	✓	✓
UNCP	✓	✓
WCU	✓	✓
Master's Colleges and Universities – Medium programs		
FSU	✓	✓
WSSU	✓	✓
Baccalaureate Colleges - Arts & Science Focus		
UNCA	✓	✓
Baccalaureate Colleges - Diverse Fields		
ECSU	✓	✓
Special Focus Four-Year		
UNCSA	✓	✓
Other		
NCSSM	✓	

Crisis Care & Specialized Services:

	Crisis Services	Psychiatric Services	Psychiatric Medication Mgmt	Collegiate Recovery or Addictive Services	Smoking Cessation Programs	Interpersonal Violence Counseling (i.e., Sexual Assault, Domestic Violence)	Multi-cultural Specific Programs
Doctoral Universities - Very High Research Activity							
NCSU	✓	✓	✓	✓	✓	✓	✓
UNC-CH	✓	✓	✓	✓	✓	✓	✓
Doctoral Universities - High Research Activity							
ECU	✓	✓	✓	✓		✓	✓
NC A&T	✓	✓	✓	✓		✓	✓
UNCC	✓	✓	✓	✓	✓	✓	✓
UNCG	✓	✓	✓	✓		✓	✓
UNCW	✓	✓	✓	✓	✓	✓	✓
Master's Colleges & Universities - Larger Programs							
ASU	✓	✓	✓	✓		✓	✓
NCCU	✓	✓	✓	✓		✓	
UNCP	✓	✓	✓	✓		✓	
WCU	✓		✓	✓	✓	✓	✓
Master's Colleges & Universities - Medium Programs							
FSU	✓			✓		✓	
WSSU	✓	✓	✓	✓	✓	✓	✓

Crisis Care & Specialized Services (continued):

Baccalaureate Colleges							
UNCA	✓	✓	✓	✓	✓	✓	✓
ECSU	✓			✓		✓	✓
Special Focus Four-Year							
UNCSA	✓	✓	✓	✓	✓	✓	✓
Other							
NCSSM[14]							✓

The provision of crisis care and specialized services emerged as a key insight in institutional interviews and survey analysis conducted by the Finance Workgroup. Many centers provide care for a long list of issues for which students may seek help. Additionally, some students have acute and/or long-term mental health needs, and serving these students can require health professionals with experience and/or training in a particular area (i.e., psychiatric services). Meeting these needs can be particularly challenging for small institutions as these institutions cannot employ a full suite of mental health specialists, due to cost and/or the availability of specialists within its region.

From the discussions of the workgroups, it appears that a small proportion of students utilize a high proportion of mental health services. In an environment of finite budgets and capacity, this dynamic may "crowd out" others who are also in need of care. While it is important that UNC System institutions continue to promote the health and wellbeing of students requiring acute and/or long-term mental health care, it is also necessary to serve the larger population of students that are primarily in need of more routine clinical services and/or outreach and educational services.

To ensure the mental health and wellbeing of *all* students, the UNC System will need to develop an approach that serves students who need clinical services and outreach/education services and those in need of crisis and more intensive and/or long-term mental health care. To do so, both institutions and the System must work to increase capacity on individual campuses and through System-wide shared services. Specifically, while individual institutions can increase staffing and funding resources for clinical and outreach services, a shared System-wide model should be developed to address critical items on the list of specialized mental health services.

Below is a list of crisis and specialized mental health services that were identified in the course of data collection, in addition to the list of services identified at the onset of survey development:

- Eating Disorder Support
- Alcohol and Drug Use Counseling
- Interpersonal Violence Counseling
- Autism Spectrum Disorder Support
- Sexual Assault Grief Counseling
- Sexual Offender Counseling
- Racial Trauma Support
- Undocumented Student Support

<u>Staffing</u>

In order to understand capacity in mental health service provision, it is necessary to take a detailed look at staffing in each center. The Measurement & Outcomes and Promising Practices workgroups examined several established measures that focus on staff size and

[14] Please see previous note.

clinical capacity. Two measures in particular are commonly used in the field:

- **Staff to student ratios.** The International Accreditation of Counseling Services ("IACS") staff-to-student ratios have been a widely used measured for evaluating adequate levels of staffing. At the most basic level, meeting student demand for services requires having qualified staff who can provide them. IACS recommends that minimum staffing ratios should be in the range of one full-time equivalent ("FTE") professional clinical provider (i.e., excluding trainees) to every 1,000 to 1,500 students. The clinical staff to student ratios in the UNC System range from 1:350 to 1:1,910, with an average of 1:1,330 across the System. (For a full list of staffing ratios across the System, please see the table below.)

- **Clinical Load Index.** The IACS staff-to-student ratio (while very helpful) has two limitations: (1) it assumes a constant level of demand and (2) it assumes each staff FTE provides a constant level of clinical supply/capacity. Due to these limitations, a more recent measurement was introduced by the Center for Collegiate Mental Health ("CCMH") at Penn State University: The Clinical Load Index ("CLI"). The CLI describes the relationship between the demand for, and supply of mental health services in college and university counseling centers by calculating an index based on an institution's enrollment, counseling center utilization, counseling center clinical capacity, and percent utilization. The CLI score can be thought of as "clients per standardized counselor (per year)" or the "standardized caseload" for the counseling center. CLI scores can fall into one of three zones:
    - Low CLI Centers (scores between 30 and 72): These centers are more likely to be at smaller institutions, provide full-length assessments and intake forms, and provide ongoing weekly counseling. One note of caution is that while some institutions may have a low CLI score, this may be due to the fact that the institution provides a very limited band of services and students are generally dissuaded from seeking help from the center. As such, a low CLI can mask a greater mental health need than is evident from the score.
    - Mid CLI Centers (scores between 73 and 167): This includes the vast majority of centers. Institutions in this range are often in "demand management" model and are more likely to shift from full-length assessment and intake forms to brief assessments, invest in more rapid access and self-help resources as compared to routine clinical care; and place limits on the number of sessions or treatments students can access.
    - High CLI Centers (scores 168 to 310): These centers are often in "crisis and referral" mode and are more likely to introduce fees to stem demand, shorten the amount of time or number of individual clinical sessions, and put quite a bit of oversight on each clinician's case load (i.e., "productivity rate").

  Across the UNC System, CLIs for the academic year 2018-2019 range from a low of 70 to a high of 272, with an average of 151, showcasing the diversity of clinical capacity across institutions. (For a full list of CLIs across the System, please see the table below.) While acknowledging that raising or lowering CLIs can be a challenge (the measure moves in response to increasing enrollment and/or adding staff), the Measurement & Outcomes Workgroup agreed that narrowing the wide range of CLIs across the System would be favorable.

With these measures in mind, below is an overview of staffing size and composition at each UNC institution. Each institution was asked to respond with full-time equivalents (FTEs) of in-house *and* contracted providers. Note that staffing ratios should *not* be interpreted as measures of quality or effectiveness of care.

Staffing Ratios and Clinical Load Index:

	Clinical Load Index (2018-2019)[15]	Clinical Provider Staffing Ratio (2020-2021)	Psychiatric Provider Staffing Ratio (2020-2021)[16]
Doctoral Universities - Very High Research Activity			
NCSU	186	1:1,260	1:9,010
UNC-CH	241	1:1,160	1:5,560
Doctoral Universities - Very Research Activity			
ECU	128	1:1,470	1:49,850[17]
NC A&T	116	1:1,170	1:5,840
UNCC	159	1:1,510	1:13,600
UNCG	221	1:1,910	1:87,320[18]
UNCW	99	1:1,570	1:7,480
Master's Colleges & Universities: Larger Programs			
ASU	144	1:1,280	1:19,160
NCCU	133	1:1,390	1:5,570
UNCP	134	1:1,190	1:17,900[19]
WCU	191	1:1,470	0
Master's Colleges & Universities: Medium Programs			
FSU	96	1:1,750	0
WSSU	272	1:1,530	1:9,470
Baccalaureate Colleges			
UNCA	135	1:600	1:10,070
ECSU	70	1:710	0
Special Focus Four-Year			
UNCSA	91	1:350	1:1,060
Other			
NCSSM	N/A	N/A	N/A
ALL			
UNC System	151	1:1,330	1:10,960

[15] The Clinical Load Index ("CLI") for 2018-2019 was provided in lieu of 2019-2020 as the workgroups believe that the pre-pandemic CLI more accurately represents the true CLI for institutions. For 2020-2021, most UNC institutions reported a lower CLI. Based on institutional interviews, many institutions experienced a reduction in students served in 2020-2021 which corroborates with national data as presented in the Center for Collegiate Mental Health COVID-19 Blog Series. It should be noted that although many UNC institutions experienced a reduction of students served in 2020-2021, overall workload increased due to the following factors: (1) mental health professionals investing, learning, and/or obtaining appropriate licensures to provide telemental health; (2) additional regulatory compliance tasks to identify the physical location of each student served to ensure state/federal compliance with service delivery; and (3) follow-up calls and interactions to identify potential students of self-harm. (It should be noted that these follow-up interactions are not "counted" in an institution's CLI.)

[16] In the event that an institutional survey noted use of a part-time psychiatric provider but did not indicate the full-time equivalent, the Finance Workgroup applied a 50% rate to part-time providers. This rate was only applied to one part-time psychiatric provider.

[17] ECU has 0.5 FTE psychiatric providers for ~24.9K FTE students. Therefore, to retain the staffing ratio of "1 FTE per X students," it is noted that ECU has "1 FTE per 49.9K FTE students."

[18] UNCG has 0.2 FTE psychiatric providers for 17.5K FTE students. Therefore, to retain the staffing ratio of "1 FTE per X students," it is noted that UNCG has "1 FTE per 87.3K FTE students."

[19] UNCP has ~0.4 FTE psychiatric providers for ~7.2K FTE students. Therefore, to retain the staffing ratio of "1 FTE per X students," it is noted that UNCP has "1 FTE per 17.9 FTE students."

Overview of Mental Health Funding Sources in the UNC System

Based on institutional interviews and a survey conducted by the Finance Workgroup, the following funding sources were identified at UNC institutions:

1. **Student fee revenue.** This includes the Health Fee, Campus Security Fee (to the extent such fee is used for suicide intervention services and/or interpersonal violence services), and the Athletics Fee (to cover mental health services specific to student athletes).
2. **General Fund.** This includes tuition and state appropriations to support mental health services. (Physical and mental health services for students are permissible uses of General Funds.)
3. **Insurance recovery**. This includes Student Blue reimbursements and third-party insurance reimbursements.
4. **Grants.** Grant funding from external organizations—especially in the area of alcohol and drug counseling and suicide prevention—is used by institutions to support mental health services.
5. **Other.** This includes fees-for-services and investment income.

Based on the survey findings collected by the Finance Workgroup, below is an overview of funding by institution:[20]

	Student Fee	General Fund	Insurance Recovery	Grants	Other
Doctoral Universities - Very High Research Activity					
NCSU	78%	16%	1%	1%	4%
UNC-CH	75%	0%	24%	0%	1%
Doctoral Universities - High Research Activity					
ECU	46%	50%	0%	4%	0%
NCA&T	10%	69%	4%	17%	0%
UNCC	96%	4%	0%	0%	0%
UNCG	37%	50%	0%	11%	2%
UNCW	0%	100%	0%	0%	0%
Master's Colleges & Universities: Larger Programs					
ASU	45%	55%	0%	0%	0%
NCCU	43%	13%	0%	44%	0%
UNCP	13%	74%	0%	13%	0%
WCU	100%	0%	0%	0%	0%
Master's Colleges & Universities: Medium Programs					
FSU	14%	86%	0%	0%	0%
WSSU	63%	37%	0%	0%	0%
Baccalaureate Colleges					
UNCA	73%	14%	0%	0%	13%
ECSU	98%	2%	0%	0%	0%
Special Focus Four-Year					
UNCSA	100%	0%	0%	0%	0%
All					
UNC System	60%	31%	4%	3%	2%

[20] For the purpose of this analysis, North Carolina School of Science and Math was excluded as many of the finance survey questions were not applicable considering NCSSM is a public high school that generally refers students to off-campus mental health services when a student need arises.

The survey findings suggest that, on average, UNC institutions spend $125 per student FTE for mental health service provision. Spending varied between institutions with cost ranging between $77 and $316 per student FTE. As previously noted in the review of staffing ratios, the institutional expenditures listed below should *not* be interpreted as measures of quality or effectiveness of care. Below is an overview of mental health expenditures by student FTE by institution:

	Mental Health Labor Expenditures per Student FTE (FY19)	Mental Health Non-Labor Expenditures per Student FTE (FY19)	Total Mental Health Expenditures per Student FTE (FY19)
Doctoral Universities - Very High Research Activity			
NCSU	$177	$27	$204
UNC-CH	$109	$13	$122
Doctoral Universities - High Research Activity			
ECU	$66	$11	$77
NCA&T	$98	$17	$115
UNCC	$119	$8	$127
UNCG	$118	$18	$136
UNCW	$80	$12	$92
Master's Colleges & Universities – Larger Programs			
ASU	$88	$8	$96
NCCU	$102	$12	$114
UNCP	$123	$6	$129
WCU	$70	$7	$77
Master's Colleges & Universities – Medium Programs			
FSU	$63	$21	$84
WSSU	$81	$4	$85
Baccalaureate Colleges			
UNCA	$181	$58	$239
ECSU	$120	$10	$130
Special Focus Four-Year			
UNCSA	$238	$78	$316
All			
UNC System	$110	$15	$125

The high reliance on student fees and general fund income create two forward-looking concerns:

1. **The rise in cost and consumption of physical and mental health services puts some institutions on the verge of no longer being able to rely solely on the health fee to fund mental health services.** The ability to cover costs through student fee revenue has diminished. Given sustained or increased levels of demand, this fragile financial balance may become unsustainable.

2. **Reliance on General Fund increases financial fragility for mental health centers**. As noted in the table above, all but three UNC System institutions utilize General Funds to fund mental health services. As financial pressures on the General Fund continue to mount in the coming years (i.e., due to fragile finances, a shifting enrollment landscape, etc.), this leaves mental health service units in a

precarious financial situation to maintain year-over-year funding levels. Mental health service units could find themselves in the situation of having to petition for funding increases (to cover cost and utilization increases) against a broad swath of other General Fund requests.

In addition to the concerns about student fee and General Fund revenues, the Finance Workgroup identified additional insights through survey analysis and institutional interviews:

- **Insurance recovery is underway at many campuses.** A noteworthy finding of the Finance Workgroup was that 14 of 17 UNC System institutions have implemented at least partial insurance recovery programs – many within the last two to three years. The Finance Workgroup's interviews identified that to cope with the rising cost and consumption of physical and mental health services, many UNC System institutions have either independently (or with the System Office's assistance) implemented a partial insurance recovery program. These programs typically recover only for physical health services and in some cases for psychiatric medication management and often recover only from Student Blue or from a subset of third-party insurance providers.
- **Insurance recovery dollars do not support mental health services.** The Finance Workgroup's working assumption at the onset of the survey was that institutions would use a portion of insurance recoveries to fund the expansion of mental health services – especially as this is one of the few recurring revenue sources that can be used to fund new positions and/or salary increases. However, the survey responses indicate that though insurance recovery is underway at many campuses, such recoveries are being allocated to fund physical health services.
- **Smaller and/or Minority-Serving Institutions fund mental health services through a "piecemeal" approach.** Another key finding among the Finance Workgroup was the use of grant funding by smaller and/or minority-serving institutions. While the use of grants funds is commendable, especially in the areas of suicide prevention services, alcohol and drug use counseling, and interpersonal violence counseling and education, it does appear that grant funding was primarily used as a mechanism to "find enough money" to fund mental health services. While we appreciate the entrepreneurial effort put forth by university administrators to raise the funds needed to provide services, our concern is the use of non-recurring grants funds creates a fragile financial foundation for mental health service units.

Approved FY22 Health Fee Revenue Increases

Recognizing the limitations on the various funding streams, the Finance Workgroup reviewed approved Health Fees for 2021-22 to determine if the increases would materially increase funding for mental health service units. The Finance Workgroup reviewed the estimated incremental revenue for each institution to understand if such revenue would provide a material source of new revenue for each institution. Below is an overview of the analysis:

Institution	2020-21 Health Fee	2021-22 Health Fee	Health Fee % Increase	Estimated Incremental Revenue
Doctoral Universities - Very High Research Activity				
NCSU	$407.00	$445.00	9.3%	$1.1M
UNC-CH	$400.15	$410.15	2.5%	$280K
Doctoral Universities - High Research Activity				
ECU	$263.00	$319.00	21.3%	$1.1M
NC A&T	$338.50	$370.00	9.3%	$340K
UNCC	$247.00	$335.00	35.6%	$2.4M
UNCG	$310.00	$372.00	20.0%	$770K
UNCW	$219.00	$246.07	12.4%	$335K
Master's Colleges & Universities: Larger Programs				
ASU	$325.00	$335.00	3.1%	$180K
NCCU	$312.66	$312.66	0.0%	-
UNCP	$205.49	$215.49	4.9%	$50K
WCU	$314.00	$350.00	11.5%	$330K
Master's Colleges & Universities: Medium Programs				
FSU	$247.00	$287.00	16.2%	$100K
WSSU	$267.00	$340.00	27.3%	$310K
Baccalaureate Colleges				
UNCA	$368.00	$403.00	9.5%	$100K
ECSU	$265.23	$333.00	25.6%	$110K
Special Focus Four-Year				
UNCSA	$882.00	$882.00	0.0%	-

As indicated in the table above, the majority of institutions (with the exception of ECU, NCSU, UNCC, and UNCG) will not see a material increase in health fee revenue in the years to come. It should also be noted that the estimated incremental health fee revenue indicated in the table above is used to cover mental and physical services. The Finance Workgroup's survey findings indicate that physical health expenses at UNC System institutions are 2.0-3.0x of mental health services. Therefore, it is reasonable to expect that of the health fee revenue increases listed above, a sizable portion of these will be used for physical health services.

Therefore, it does not appear that the estimated incremental revenue generated from the approved health fee will create material change to the financial picture for mental health services for the majority of UNC System institutions.

Recommendations to Improve Service Provision

Each workgroup conducted its own analysis and developed an initial set of recommendations, which were then consolidated into a single set of recommendations across two primary areas: Improving Service Provision and Improving Financial Sustainability. Recommendations are categorized according to whether they apply to individual institutions or the System as a whole (as represented by the System Office).

Recommendation #1: Increase investment in quality and coordination of student mental health care within and between institutions

Both the Promising Practices and Measurement & Outcomes workgroups discussed at length how to determine the appropriate level of service that institutions should provide. While the diversity of institutions within the System—ranging from large research universities to small liberal arts colleges, urban and rural-serving institutions, HBCUs and MSIs—is an asset, it also creates a challenge in trying to identify a standard level of service. Nearly all institutions face capacity challenges in meeting the growing needs of their students, such as having sufficient staff to see students in a timely manner, being able to serve students from diverse backgrounds and with diverse needs, or generally providing care when and where students need it. But identifying a one-size-fits-all solution is difficult given the diversity of students served, institutional missions, levels of funding, and institutional cultures across the System.

Another challenge to identifying a universal level of service is the varying ecosystems that each institution operates in. The ability to serve students is not only contingent on the resources available at each institution but also within the neighboring area. For example, institutions in the resource-rich Research Triangle or Charlotte area are fortunate to have a pool of health professionals in the community—professionals who can serve as referrals for students that may need additional care. However, for institutions in more rural or remote areas, accessing and referring a student to a community provider can be more difficult, if not impossible. Institutions in rural or remote areas are, therefore, in a position whereby they not only have to be able to provide all of the care a student might need, but sometimes are also called upon to provide services to the community as they may be the only provider in town.

Within institutions themselves, counseling centers must meet a wide variety of student needs. To address these needs, the Promising Practices group recommends that institutions consider using a stepped-care model, also referred to as “continuum of services.” In this model, counseling centers offer students various treatment options with the understanding that students will receive the least intensive level of treatment appropriate for their treatment needs thereby conserving resources for those requiring a higher level of care.

NC State's Stepped Care Model:

Source: NC State Counseling Center (https://counseling.dasa.ncsu.edu/services/)

In a stepped care model services range from helping students learn effective strategies to manage their stress and hopefully prevent their condition from worsening, to those that require more involved and resource-intensive interventions from counseling center staff. In this continuum, students may enter the system at any point and counseling centers will have appropriate resources to assist.

Recognizing that there are distinct student needs on each campus and no two centers are exactly alike, both Promising Practices and Measurement & Outcomes agreed that it is imperative that all campuses provide a more robust approach to ensure that students are thriving, and not merely surviving. The recommendations below are designed to address some of these challenges.

Institutional Recommendations:

a. Provide sufficient staff (including clinicians, practitioners, caseworkers or social workers) and space to meet target levels of service, including but not limited to providing weekly therapy to students who seek help. Determine the sufficient number of staff by benchmarking against the Clinical Load Index, the IACS staffing ratio, and Healthy Minds data (where available).

b. Consider using a stepped care model to distribute counseling needs across a continuum of service options and develop a scope of practice to clearly communicate when referral out of the center is warranted.

c. Increase the diversity of staff and expand access to counseling professionals with diverse backgrounds and/or training in trauma-informed and culturally responsive methods.

d. Ensure there is adequate staff to comply with federal regulations (i.e., under the Clery Act and Title IX, universities must make counseling services available to both the complainants and respondents of sexual misconduct violations).[21]

e. Offer student support and mental health programming targeted at underrepresented populations (e.g., black males). Provide a variety of different structures and culturally relevant program types (e.g., mentor networks, discussion groups, workshops, and transition programs) focused on supporting the mental health and well-being of students of color, international students, graduate/professional students, male students, LGBTQ, and other populations with special needs.

f. Make mental health and wellbeing part of institutional strategic planning and goal setting for student success outcomes. Offer student support and mental health programming at critical student transition points (e.g., first-year student experience, transfer student experience, graduation).

System-Led Recommendations:

g. Develop a System-wide standing MOU to allow counseling centers to assist other institutions in the event of a large-scale emergency mental health need.

h. Create a System-wide network of referral resources for students seeking off-campus care (e.g. Shrink Space or Thriving Campus), such that centers can refer students out to appropriate providers across the State, regardless of where the institution is located.

i. Create a System-wide pool of psychiatric providers and other specialized staff that operate as a shared service and can be deployed to institutions in need of assistance, either via regional hubs or from a centralized home.

j. Explore System-wide solutions to providing or continuing after-hours care (in-person and/or virtual) to students to accommodate student needs (e.g. through ProtoCall Services).

Recommendation #2: Invest in tools that enable better measurement of service delivery and outcomes so that campuses can make informed care decisions

In its efforts to examine how mental health service provision and delivery can best be measured, the Measurement & Outcomes workgroup found that while some UNC institutions collect and use data to inform their service provision and delivery, not all campuses are able to do so because they do not have the same data and measurement capacity as other institutions. For example, electronic medical record systems (EMRs) that are

[21] Each institution must make counseling services available to both the complainants and respondents of sexual misconduct violations.

specifically designed for university and college counseling centers not only allow practitioners to efficiently schedule appointments and send reminders to students, but also enable them to administer various assessments, evaluations, and client satisfaction surveys to conduct repeated measurements.

These measurements allow institutions to ensure that students are getting better, and track whether centers are achieving their desired outcomes. (Examples of commonly used assessments and surveys include the Counseling Center Assessment of Psychological Symptoms and the Outcome Questionnaire). Data from these specially designed EMRs can also feed into both institutional and national surveys such as the Healthy Minds Survey, which is administered by the Healthy Minds Network annually to examine mental health, service utilization, and related issues among undergraduate and graduate students.[22]

The Promising Practices Workgroup found that technology can be particularly useful in making scheduling and record-keeping more accurate and efficient, and is especially beneficial in gathering, analyzing, and sharing data. Reporting data is critical for documenting utilization on campus and measuring student outcomes, but also for contributing to national databases such as the Association for University and College Counseling Center Directors and Center for Collegiate Mental Health, which publish analyses of mental health trends. Indeed, technology can fulfill a host of needs, including note-keeping, electronic form completion, automatic appointment reminders, navigating local and national comparison data, and electronic satisfaction or outcome data surveys.

Both the Promising Practices and the Measurement & Outcomes Workgroups agreed that having proper data collection tools and measurement systems (such as EMRs designed for college mental health centers) is necessary for understanding service delivery efficacy and efficiency at each institution. Additionally, having appropriate IT staff to extract information from such systems so that the data can be consistently reviewed is important. (It should be noted that even to extract data to conduct the institutional CLI analysis for this report, smaller institutions without dedicated IT staff sometimes had to rely on the assistance of larger institutions in learning how to extract the required data. This highlights the importance of not only investing in the data and tools to capture data, but also providing IT staff to ensure each institution is optimizing use of data collection efforts.)

In the absence of an ability to collect and review data, institutions cannot know the true demand for mental health services, the efficacy of the services they deliver, and the areas in need of improvement. Developing and implementing data collection tools and strategies is vital to improving the provision of student mental health.

Institutional Recommendations:

a. Ensure that every mental health center has an electronic medical record (EMR) system designed for student mental health services (e.g., Titanium) and determine how technology can best be used to manage service provision and measure outcomes.

[22] The Healthy Minds Survey captures information related to the major mental health challenges facing students as well as their likelihood to participate in various help-seeking activities. Linking survey data to participation rate data, Healthy Minds can estimate the percentage of students with unmet need on a given campus. Six UNC System institutions have participated in Healthy Minds within the last five years: ASU, NCSU, UNCG, UNCSA, WCU, and UNCW. The survey also collects data on the percentage of students on a given campus who have knowledge of campus mental health resources, and know where to go on campus to receive services.

b. Implement tools and surveys to measure service-level effectiveness (e.g., Counseling Center Assessment of Psychological Symptoms) and awareness of available mental health services if not already in place.

c. Dedicate IT support (either at the campus-level or the System-level) to facilitate the adoption of new data technologies.

d. Implement a health and well-being institutional task force charged with making data-informed decisions regarding mental health services and programming, monitoring best practices, contributing to institutional strategic planning for student success, and identifying trends in student mental health.

System-Led Recommendations:

e. Establish a System-wide committee on student mental health that advocates for institutions and the System as a whole, tracks data and progress towards goals, shares information and resources between institutions, and defines and promotes a System-wide standard of care that falls within the reasonable bounds of each institution.

f. Create an internal peer review team of counseling staff to assist other centers in implementing standards aligned with accreditation by IACS (International Accreditation of Counseling Services).

g. Subscribe to membership in national mental health data sets in coordination with the System (e.g. Healthy Minds, Center for Collegiate Mental Health, etc.).

Recommendation #3: Increase crisis intervention support and mental health education among various campus stakeholders

The Promising Practices and Measurement & Outcomes Workgroups agreed that caring for students is a campus-wide responsibility, and suggested that colleges and universities adopt a shared institutional approach to supporting students' mental and physical wellbeing. Given the numbers of students who report struggling with mental health challenges and the limited capacity of counseling centers to see all students for all issues, it is critical to collaborate with campus partners such as faculty, campus recreation, student engagement, campus ministries, academic advising, and housing and residence life, all of whom can provide non-clinical support to students. Additionally, fellow students often serve as key intermediaries in student mental health. Data has shown that students are more likely to go to roommates or peers for help first before seeking professional care. And while still relatively new in higher education, peer coaching practices can be an effective tool to improve student wellbeing and academic achievement.

Recognizing the interconnected nature of students' mental wellbeing, all efforts should be made to cultivate a community of care across campus and connect efforts across siloes. By taking an integrated, holistic approach to mental health and wellbeing, campus-wide partnerships will not only increase the amount of resources available to students, but these partnerships can also serve as great indicators and early-warning systems for when a student is in need. Furthermore, given the importance of mental health to academic success, mental health education and wellness should be integrated with more traditional models of academic support and advising, such that students receive seamless support to help them succeed in their academic careers.

The recommendations in this section seek to promote a more comprehensive approach to mental health care for students.

Institutional Recommendations:

a. Implement "gatekeeper" training (such as Question, Persuade, and Refer (QPR) or Mental Health First Aid) and offer tools for faculty and staff to help identify students who are showing warning signs of mental health distress and help those students get the services they need.

b. Integrate mental health awareness into existing training programs (such as Green Zone or Safe Zone training) and develop new and/or take to scale campus-wide initiatives that promote positive mental health and wellness practices (i.e., health and wellbeing coaching, integrated health initiatives, stress management strategies/mindfulness workshops).

c. Invest in and educate student ambassadors, student leaders, peer academic leaders, student mentors and paraprofessionals across the campus community to help build and advocate for mental health awareness.

d. Invest in app-based and other technology-enhanced supplemental service programs that provide guided self-help (e.g., TAO, WellTrack, Sanvello, etc.).

e. Promote and advertise student mental health resources through multiple channels (including social media). Additionally, consolidate fragmented institutional mental health resources into a "one-stop, concierge" application that can be embedded in existing student applications (e.g. student success app or other websites/apps that have high student traffic).

System-Led Recommendations:

f. Create a System-wide network of certified trainers to work across universities to provide training to staff, faculty, and students, allowing campuses without such trainers to host programs such as Mental Health First Aid; Question, Persuade, and Refer (QPR) training; and Trauma Informed Care and Inclusion Training.

g. Create a System-wide mental health resource website to share news and updates on services and key initiatives.

Recommendation #4: Invest in professional development and retention efforts of mental health professionals

From a review of both popular and scholarly literature, it is clear that there has been a paradigm shift in the way many students, faculty, staff, and other constituencies think about mental health and wellness on campuses. Many now recognize that mental health and wellness is an integral component of student success. And yet at many campuses, the infrastructure (such as staffing, technology, facilities, and operational structures) has not yet caught up to the change in culture.

The resourcing of counseling centers will affect service models, delivery and emphasis. In particular, the staffing of a center will have a direct impact on the types of services counseling centers are able to offer. The Measurement & Outcomes Workgroup noted the high turnover rate for mental health staff, particularly in

lower-resourced institutions. This decreased capacity not only prevents practitioners from providing direct care to more students in the form of weekly therapy, but also prevents them from holding trainings and providing educational opportunities to promote mental health across campus. It can even preclude them from hosting graduate interns who might be able to add capacity to the center.

Building capacity in current staff, deepening the bench for potential leadership, and building new pipelines of talent into mental health staff positions are necessary for success. The recommendations below seek to bolster the current workforce such that they can provide the best possible care to all UNC System students, all while recognizing the resource constraints under which the System is operating.

Institutional Recommendations:

a. Encourage membership in professional organizations (such as the Association for University and College Counseling Center Directors) so that staff can have access to resources such as the professional listserv, results of salary surveys, programming references, and support (pursuant to institutional policy).

b. Sponsor continuing education programs for mental health professionals (e.g., American Psychological Association, National Association of Social Work, etc.).

c. Consider various staffing options outside of full-time, permanent staff to increase capacity, maximize client service time (e.g., part-time, temporary, trainees, etc.), and/or to provide crisis or same-day counseling services

System-Led Recommendations:

d. Conduct a System-wide salary review and benchmark against national data sets in both the public and private sectors to ensure adequate recruitment and retention of mental health professionals.[23]

e. Create a System-wide mentor program for new counseling center staff in both administrative roles (e.g., Director or Associate Directors) and dedicated roles (e.g., Diversity and Inclusion, Outreach, Trauma Services).

f. Create new pipelines and pathways of talent from and through the UNC System, including expanding masters- and doctoral-level internships and other training programs. Pair existing masters- and doctoral-level programs with institutions that do not have graduate training programs to expand clinical opportunities and increase capacity across the System.

g. Provide centralized System support to mental health centers that need assistance in building capacity to host internships and trainings.

[23] See the Association for University and College Counseling Center Directors Annual Survey for benchmark data example.

Recommendations to Improve Financial Sustainability

Based on the Finance Workgroup's observations and findings, the following funding service provisions are presented for consideration.

Recommendation #5: Pending System analysis of insurance recovery, expand insurance recovery in ways and for purposes with demonstrated return on investment

Recognizing that many UNC System institutions have begun partial insurance recovery programs in the last two to three years, the Finance Workgroup recommends that institutions (under the leadership of the UNC System Office) consider expansion of insurance recovery programs, and more specifically, physical and mental health insurance recovery for Student Blue and third-party insurance providers.

However, because this is the only recommendation likely to generate recurring revenues, special attention must be given to the viability of insurance billing as a revenue enhancement strategy. As such, the Finance Workgroup is not recommending an "automatic go" for institutions to proceed with insurance recovery. Instead, the System Office should conduct a feasibility analysis to determine the financial, operational, and labor market consequences before proceeding with a System-wide rollout of expanded insurance billing. While the Finance Workgroup has had multiple conversations with individual institutions to understand the various consequences and benefits of insurance recovery, it is the Finance Workgroup's overall conclusion that institutions have had varying results with the implementation of their insurance recovery programs. Because institutions are typically only a few years into their partial insurance recovery programs, it has been difficult to ascertain the true impact of insurance recovery programs on student health finances.

Additionally, the Finance Workgroup recommends that insurance recovery for mental health services be limited to medication management for psychiatric services. Interviews with mental health professionals across the UNC System highlighted the concern that insurance recovery for mental health services could create access barriers. However, interviews also highlighted that such access barriers generally do not exist when limited to insurance recovery for medication management for psychiatric services. Additionally, some institutions provide initial consultations with psychiatric providers at no cost and, should the student decide to move forth with routine, medication management appointments, subsequent appointments are billed under insurance recovery. The Finance Workgroup believes that this is a noteworthy practice that other institutions should consider to reduce access barriers.

Finally, recognizing that most of the insurance recovery revenues will come from physical health services, the Finance Workgroup recommends that institutions consider adopting a methodology for a portion of the insurance recoveries to be allocated to mental health services.

To recap, below is an overview of recommendations delineated by institutional versus System responsibility:

Institutional Recommendation:

a. If an insurance feasibility analysis reveals that insurance recovery is a financially and operationally viable endeavor, institutions should consider developing a methodology to allocate a portion of insurance recovery monies to student mental health services.

System-Led Recommendations:

b. The UNC System Office should work to secure one-time funding to conduct an insurance feasibility analysis before proceeding with a System-wide rollout. (See text box for specific questions.)

c. The UNC System Office should work alongside one to three institutions that have previously committed to rolling out a full insurance recovery program to help them complete the rollout and collect data and lessons from these efforts so that other institutions can use that information as they decide what to do about insurance recovery.

Questions to Answer in an Insurance Recovery Feasibility Analysis

1. What is the estimated net financial contribution (i.e., insurance recovery revenue less recurring and/or one-time costs) for institutions to implement an insurance recovery program on Student Blue and third-party providers (for physical health and medication management on psychiatric services?)

2. How does the net financial contribution vary under the following three insurance billing models: (1) a System-wide shared billing model; (2) an in-house, institution-led billing model, and (3) an outsourced, institution-led billing model?

3. What would be the labor market consequences to Student Health Centers and/or Counseling Centers for implementing an insurance recovery program (i.e., is there any impact on personnel turnover and/or salary premiums)?

4. Is a coordinated, System-wide approach to insurance recovery an operationally and financially feasible solution? Said differently, how much standardization would have to take place across institutions to health service charges and insurance reimbursement rates to bring institutions under a common, System-wide contract?

5. If a System-wide contract is neither operationally nor financially feasible, can the System still negotiate a contract to cover student subpopulations for which institutions cannot do on their own?

Recommendation #6: Utilize Federal Coronavirus Relief funds for non-recurring mental health service expenses

The Finance Workgroup recommends that institutions consider utilizing federal funds from the Higher Education Emergency Relief Funds (HEERF), the Governors Education Emergency Relief (GEER), and/or the American Rescue Plan (ARP) for non-recurring expenses related to student mental health services. Specifically, the Finance Workgroup recommends that UNC System institutions and the UNC System consider the following HEERF sources and uses:

Institutional Recommendations:

a. The UNC System should encourage institutions to utilize a portion of the Higher Education Emergency Relief Fund for non-recurring student mental health services. Examples of such fund uses (subject to review of HEERF funding restrictions) may include: temporary and/or contracted clinician staff; student micro-grants for off-campus mental health services; licensures and certifications for clinical staff to provide telemental health services, and furniture and equipment for offices and waiting rooms.

b. UNC System institutions should actively increase awareness among students to utilize the student aid portion of HEERF to seek off-campus mental health support (especially for those students that remain in a distance learning environment or student subpopulations that may be better served by specialized clinicians in the surrounding community.)

System-Led Recommendations:

c. The UNC System should work to secure one-time federal funds (from GEER or ARP) to implement strategies that will help universities attain a sustainable service and financial delivery model for student mental health services. Examples of potential uses of funds include: investment in a shared pool of psychiatric providers across the UNC System, investment in electronic medical record system at counseling centers (e.g., Titanium), and implementation of a systemwide off-campus referral tracking system (e.g., Shrink Space or Thriving Campus, etc.).

While the Finance Workgroup recognizes that the student aid portion of HEERF I and HEERF II (i.e., the student aid made available in March 2020 and December 2020, respectively) was primarily used by students to cover basic living expenses (e.g., rent, food, etc.), the Finance Workgroup is hopeful that the increase in student aid available under HEERF III can and will be used by students to cover more than basic living expenses. A concerted effort to raise awareness among students to use these student aid funds for mental health should be made by each UNC institution.

Recommendation #7: Pursue additional philanthropic funds to support student mental health services

Philanthropic support for college mental health has grown in recent years as mental health status has become better understood as a potential impediment to persistence and graduation. The Finance Workgroup has identified the following philanthropic funding sources for consideration:

- **Mental Health Giving Funds.** The Finance Workgroup has identified an increasing number of institutions - across the Carnegie Classification spectrum - have established fundraising campaigns for student mental health services in the recent past. This area of philanthropy appears to have high affinity and empathy among donors along with an easy "return on investment (ROI)" proposition to correlate student mental health and student success. Although mental health-giving funds have grown in prevalence in recent years, only two UNC System institutions (UNC-CH and NCSU) have established such funds.
- **Student Union Micro Grants.** Similar to the mental health-giving funds, student-union micro grants are also based on philanthropic giving. The primary difference is that instead of relying on large-donation grants to fund mental health services for the general student population, these micro-grants are aimed

at addressing the most at-risk student populations. These micro-grants can be used by students to cover co-pays, session fees, transportation costs, etc.

- **Student Success Grants.** As there has been increasing awareness of the correlation between student mental health and student success, the Finance Workgroup has noted that a growing number of student success grants have allowed grants to be used for mental health initiatives.

Below are specific recommendations for UNC System institutions and the System Office:

Institutional Recommendations:

a. Institutions should collaborate with Advancement Offices to determine the feasibility of establishing mental-health giving funds and/or student-union micro grants.

System-Led Recommendations:

b. The UNC System Office should identify additional student success grants to assist UNC System institutions. An experienced individual should be dedicated to grant writing and grant administration on behalf of smaller UNC System institutions that either do not have the personnel capacity or expertise to do so on their own. Additionally, the System should apply for one-time federal or state Coronavirus Relief funds to fund these costs.

Recommendation #8: Develop alternative service delivery models for specialized mental health services

As noted in the section on "Overview of Mental Health Service Provision in the UNC System," the Finance Workgroup found it particularly noteworthy to see the growing list of specialized mental health issues that students are struggling with across UNC institutions. Considering that providing targeted care for all of these issues is generally more costly than core services and recognizing that it is difficult for smaller institutions to provide the full-suite of specialized mental health services, the Finance Workgroup recommends that alternative service delivery models be developed across the System for such services. In addition to ensuring student equity to access such services – irrespective of the student's "home" campus – the Finance Workgroup believes that developing alternative service delivery models for specialized mental health services is needed to safeguard against the expected growing costs (and utilization) of such services in the years to come.

The Finance Workgroup has identified six alternative delivery models for specialized mental health services that are identified below. The delivery models are delineated between intra-institutional models (i.e., sharing services between institutions in the UNC System) and inter-institutional models (i.e., sharing services between a UNC System institution and a non-UNC System institution).

Intra-Institutional Models*:*

1. Hub and Spoke Shared Service Model - A "larger" UNC System institution (or an institution with additional capacity/resources) provides specialized mental health care services to students of a "smaller" (or more constrained) UNC System institution. An illustrative example would be a larger UNC System institution providing eating disorder support to students of a smaller UNC System institution.

2. System-wide Shared Service Model - The UNC System Office employs or contracts a pool of specialized mental health service professionals to be shared across UNC System institutions. An illustrative example would be the development of a system-wide pool of shared psychiatric providers.

3. Regional/Networked Shared Service Model - Similar-sized or regionally-located UNC System institutions pool together financial and/or human resources to provide specialized mental health services. An illustrative example would be sharing interpersonal violence counselors.

Inter-Institutional Models:

4. Health Clinic and Medical Center Partnerships – A UNC System institution contracts with a nearby health clinic or academic medical center to provide specialized mental health services for its students. An illustrative example would be eating disorder support, where students may be best served in an in-patient care environment.

5. Third-Party Service Provider – A UNC System institution would contract with a behavioral health and wellness company (e.g., Christie Campus) to provide a suite of specialized mental health services. The Finance Workgroup has noticed that in the prior two to three years there appears to be a growing cottage industry of behavioral health and wellness companies aimed at serving universities to meet escalating demand of mental health services.

6. Limited-Service, Contracted Provider – A UNC System institution contracts with a known mental health clinician (generally in the nearby community) to provide a specialized mental health service. Unlike a third-party service provider, this model generally allows UNC System institutions more autonomy over service contract provisions and allows the UNC System institution to engage with a provider with an existing service quality history. An illustrative example would be a UNC System institution contracting with an alcohol and drug use specialist.

Below is a specific recommendation for the System Office:

System-Led Recommendations:

a. The System Office should identify and prioritize the specialized mental health services that need to be scaled up across the UNC System. Additionally, the System Office should work to secure one-time federal funds provided to the state for Coronavirus relief to identify the most appropriate service delivery model (in conjunction with UNC System institutions) for each specialized mental health service and develop a pilot model in key service areas.

Next Steps

While much work lays ahead, the UNC System is thankful to have a strong foundation to build upon, and for the progress made even while this initiative has been under way. With the allocation of one-time federal resources to the System—through both HEERF and GEER—we have an opportunity to move from recommendations to actions on our most pressing priorities. The President and UNC System Office staff will work with the Board of Governors, institutional leadership, mental health professionals and their service units, and faculty, staff, and students to make progress on these issues in the months and years to come.

Appendix

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Copy of UNC Mental Health Survey

Mental Health Services Finance Survey

Instructions: Please fill out the **attached Excel file** to capture the mental health revenue sources and expenses for 2018-2019. Additionally, please answer the questions below:

1. **Please fill out the below table regarding mental health services provided on a regular, systematic basis to your student body (i.e., not simply on a one-off, emergency basis).**

Service	Provided in-house through CAPS/ Counseling Ctr?	Referred off-campus?	Provided by another unit on campus (please name)?	% of help-seeking students referred out for this service	Covered by health fee?	Session limits per year (if any)?
Individual Counseling Services						
Group Counseling Services and Workshops (including Support and Drop-in Groups)						
Psychiatric Services						
Collegiate Recovery and Addictive Services						
Crisis Services (clinical and outreach)						
Smoking Cessation Program						
Mental Health Classroom/Campus Outreach and Education						
Interpersonal Violence Education						
Interpersonal Violence Counseling Services						

Service	Provided in-house through CAPS/ Counseling Ctr?	Referred off-campus?	Provided by another unit on campus (please name)?	% of help-seeking students referred out for this service	Covered by health fee?	Session limits per year (if any)?
Psychiatric Medication Management						
Community-Provider Referral Coordination		N/A				
Multicultural-Specific Mental Health Programs (i.e. individual/group therapy for Black, Indigenous, or Students of Color)						

2. **Does your Health Services Fee cover expenses for the Student Health Center <u>and</u> Counseling/CAPS Center?**
   ___Yes ___No

3. **Does your CAPS/Counseling Center provide clinical mental health services to the faculty and/or staff at your institution?**
   ___Yes ___No

4. **Please list the top 5 most common student health insurance providers at your institution. Please indicate the percent of students covered under each insurance provider:**

Insurance Provider	% of Students Covered
Student Blue	Y%
XXX	Y%
XXX	Y%
XXX	Y%
XXX	Y%

5. **Does your institution bill Student Blue for physical and/or mental health services?**
   ___Yes ___No

6. **Does your institution bill third-party insurance providers (other than Student Blue) for <u>physical</u> health services?**
___Yes ___No

6a. If no, please indicate why:

7. **Does your institution bill third-party insurance providers (other than Student Blue) for <u>mental</u> health services?**
___Yes ___No

7a. If no, please indicate why:

8. **Please provide an overview of your mental health services staff:**

	# of FTEs: In-house Providers	# of FTEs: Contracted Providers
Clinical Providers:		
Psychologist		
Counselor		
Social Worker		
Marriage & Family Therapist		
Other (pls specify)		
Clinical Provider Trainees:		
Post-Doc Fellow		
Doctoral Intern		
Practicum Student		
Post-Masters Trainee		
Graduate Assistant		
Other (pls specify)		
Psychiatric Providers:		
Psychiatrist		
Psychiatric Nurse Practitioner		
Psychiatric Physician Assistant		
Other (pls specify)		
Psychiatric Provider Trainees:		
Post-Doc Resident		
Other (pls specify)		
Case Managers		
Wellness Coaches		
Admin Support Staff		
Other (pls specify)		

	FY18-19		
A. SOURCES	**Mental Health Sources**	**Physical Health Sources**	**Total**
Health Services Fee Revenue			$-
Campus Security Fee Revenue			$-
Athletics Fee Revenue			$-
General Fund: Budgeted[1]			$-
General Fund: Transfer[1]			$-
Third-Party Insurance Recovery			$-
Student Blue Reimbursements			$-
Fee-for-Services Revenue			$-
[Insert Additional Revenue Source]			$-
[Insert Additional Revenue Source]			$-
[Insert Additional Revenue Source]			$-
[Insert Additional Revenue Source]			$-
[Insert Additional Revenue Source]			$-
Total Sources (Recurring & Non-Recurring)	$-	$-	$-

USES	CAPS/ Counseling Ctr	Wellness & Prevention Ctr	Student Health Ctr (Mental Health)	Student Health Ctr (Physical Health)	Total
B. Salaries & Benefits					
Health Professional Salaries					$-
Administrative Salaries					$-
Other Salaries					$-
Benefits					$-
Total Salaries & Benefits	$-	$-	$-	$-	$-
C. Non-Labor					
Contracted Services					$-
Supplies & Materials					$-
Facilities Costs					$-
Other Operating Costs (List Significant Uses)					$-
[Insert Additional Expense]					$-
Total Non-Labor	$-	$-	$-	$-	$-
Total Uses	$-	$-	$-	$-	$-

Footnotes:

<1> As we recognize many campuses use General Funds (i.e., Tuition & Appropriations) to fund mental health services, please breakout "Budgeted General Funds" and "Transfer General Funds." "Budgeted General Funds" refer to General Fund allotments that are pre-determined at the beginning of the fiscal year (usually recurring funds) whereas "Transfer General Funds" refers to one-time General Funds that are generally injected in the middle or the end of a fiscal year to address a deficit that has arisen.

UNC Staff Size and Details (FY21)

Clinical Providers:

	Psychologist	Counselor	Social Worker	Marriage & Family Therapist	Other
Doctoral Universities - Very High Research Activity					
NCSU	4 In-house	16 In-house	5 In-house	-	-
UNC-CH	9 In-house	-	15 In-house	-	-
Doctoral Universities - High Research Activity					
ECU	4 In-house	6.8 In-house	3 In-house; 0.15 Contracted	1 In-house	LCAS - 2
NC A&T	2 In-house	6 In-house	2 In-house	-	-
UNCC	14 In-house	1 In-house	3 In-house	-	-
UNCG	2.83 In-house	2.5 In-house	3.83 In-house; 0.5 In-house (only for student athletes)	-	-
UNCW	5 In-house	2 In-house; 1 Contracted	1 In-house: 1 Contracted	-	-
Master's Colleges & Universities: Larger Programs					
ASU	9 In-house	2 In-house; 5 PT Contracted	1 In-house; 1 PT Contracted	-	-
NCCU	1 In-house	4 In-house	1 Contracted (only for student athletes)	-	1 Contracted (only for student athletes)
UNCP	-	4 In-house	2 In-house	-	-
WCU	3.92 In-house	1.77 In-house	1.83 In-house	-	-
Master's Colleges & Universities: Medium Programs					
FSU	-	2 In-house	-	-	Director -1
WSSU	-	2.1 In-house	1 In-house	-	-
Baccalaureate Colleges					
UNCA	1 In-house	3 In-house; 1 Contracted	-	-	-
ECSU		1 In-house	1 In-house	-	LCAS - 1
Special Focus Four-Year					
UNCSA	-	2 In-house	1 In-house	-	2 outside therapists contracted for weekly sessions
Other					
NCSSM	1 Contracted	2 In-house; 1 Contracted	-	-	-

Clinical Provider Trainees:

	Post-Doc Fellow	Doctoral Intern	Practicum Student	Post-Masters Trainee	Graduate Asst	Other
Doctoral Universities - Very High Research Activity						
NCSU	-	3 In-house	0.77 In-house	6 In-house	2.5 In-house	-
UNC-CH	-	4 In-house	4 In-house	4 In-house	-	2 In-house (Prescribing Pharmacy Trainee)
Doctoral Universities - High Research Activity						
ECU	-	-	0.25 In-house	0.5 In-house	1.8 In-house	-
NC A&T	-	-	-	2 In-house	-	-
UNCC	1 In-house	3 In-house	8 In-house	-	2 In-house	-
UNCG	-	-	0.25 In-house (only for student athletes)	-	1.5 In-house	-
UNCW	2 In-house	-	-	-	-	-
Master's Colleges & Universities: Larger Programs						
ASU	1 In-house	3 In-house	5 In-house	1 In-house	1 In-house	-
NCCU	-	-	2 In-house	0	2 In-house	-
UNCP	-	-	-	-	-	3-6 per semester (Master's Level Interns)
WCU	-	3 In-house	4 In-house	1 In-house	-	-
Master's Colleges & Universities: Larger Programs						
FSU	-	-	-	-	-	-
WSSU	-	-	1 PT (varies by semester)	-	-	-
Baccalaureate Colleges						
UNCA	-	-	1 Contracted	-	-	-
ECSU	-	-	.5 In-house	-	-	-
Special Focus: Four-Year						
UNCSA	-	-	-	-	-	1 Grad Intern for each full academic yr
Other						
NCSSM	-	-	-	-	-	-

Psychiatric Providers:

	Psychiatrist	Psychiatric Nurse Practitioner	Psychiatric Physician Asst	Other
Doctoral Universities - Very High Research Activity				
NCSU	3.5 In-house	-	-	-
UNC-CH	2 In-house	2 In-house	-	1 In-house (Prescribing Pharmacist)
Doctoral Universities - High Research Activity				
ECU	0.45 Contracted	0.05 Contracted	-	-
NC A&T	1 Contracted	1 In-house	-	-
UNCC	2 In-house	-	-	-
UNCG	0.2 Contracted	-	-	-
UNCW	0.1 Contracted	-	2 In-house	-
Master's Colleges & Universities – Larger Programs				
ASU	1 In-house	-	-	-
NCCU	0.25 In-house	1 In-house	-	1 Contracted (Sports Psychiatrist only for student athletes)
UNCP	-	-	1 Contracted Provider for 16 hrs per week	-
WCU	-	-	-	-
Master's Colleges & Universities – Medium Programs				
FSU	-	-	-	-
WSSU	1 Contracted (PT)	-	-	-
Baccalaureate Colleges				
UNCA	0.2 Contracted	-	0.1 Contracted	-
ECSU	-	-	-	-
Special Focus Four-Year				
UNCSA	1 In-house	-	-	-
Other				
NCSSM	-	-	-	-

Psychiatric Provider Trainees:

	Post-Doc Resident	Other
Doctoral Universities - Very High Research Activity		
NCSU	1 In-house	-
UNC-CH	-	1 In-house (Prescribing Pharmacist Intern)
Doctoral Universities - High Research Activity		
ECU	0.29 Contractor	-
NC A&T	-	-
UNCC	-	-
UNCG	-	-
UNCW	-	-
Master's Colleges & Universities: Larger Programs		
ASU	-	-
NCCU	-	-
UNCP	-	-
WCU	-	-
Master's Colleges & Universities: Medium Programs		
FSU	-	-
WSSU	1 Contracted (PT)	-
Baccalaureate Colleges		
UNCA	0.2 Contractor	-
ECSU	-	-
Special Focus Four-Year		
UNCSA	1 In-house	-
Other		
NCSSM	-	-

General and Administrative Staff:

	Case Managers	Wellness Coaches	Admin Support Staff	Other
Doctoral Universities - Very High Research Activity				
NCSU	2 In-house	-	4 In-house	-
UNC-CH	1 In-house	4 In-house; 5 Contractors	4 In-house	1 In-house (Clinical Addictions Specialist)
Doctoral Universities - High Research Activity				
ECU	1.75 In-house	-	2.75 In-house	-
NC A&T	1 In-house	-	1.5 In-house	-
UNCC	1 In-house	-	4 In-house	1 In-house (Mental Health Educator)
UNCG	1 In-house	-	2.5 In-house	-
UNCW	-	-	1 In-house	-
Master's Colleges & Universities: Larger Programs				
ASU	(The referral coordinator is included in the clinical provider count)		3 In-house	8 PCPs in Student Health providing approximately 0.9 FTE in services based on medical diagnosis codes
NCCU	1 in-house	-	1 In-house	-
UNCP	-	-	1 In-house; 2 Grad Assts	-
WCU	-	-	2 In-house	-
Master's Colleges & Universities: Medium Programs				
FSU	-	1 In-house	1 In-house	-
WSSU	(The case manager's workload is included in the clinical provider count)	YANA Champion Program	University Specialist	-
Baccalaureate Colleges				
UNCA	-	-	1 In-house	-
ECSU	-	-	-	-
Special Focus Four-Year				
UNCSA	2 In-house	-	1 In-house	-
Other				
NCSSM	-	-	1 In-house	1 In-house (School Counseling Intern)