Student Well-being Leadership Summit

The evolution of holistic well-being within higher education: Harnessing data to enhance student well-being.

Day 2: October 5, 2023
Student Well-being Leadership Summit

Welcome

Genie Kim

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Student Equity Affairs
Graduate Undergraduate Equity Affairs
Student Well-being Leadership Summit 2023 Schedule

WEDNESDAY, OCTOBER 4

9–9:30 a.m.  Guests arrive  light breakfast
9:30–10 a.m.  Welcome
10–10:30 a.m.  Framing of whole systems
10:30–11 a.m.  Wellness activity
11:10 a.m.–12:30 p.m.  Discussion and breakout #1: Health and well-being concepts
12:30–1:30 p.m.  Lunch  outdoor patio
1:30–3:40 p.m.  Discussion and breakout #2: Current data needs
3:40–4 p.m.  Wellness break
4–4:45 p.m.  Discussion and breakout #3: Current data needs continued
4:45–5 p.m.  Wrap-up

THURSDAY, OCTOBER 5

9–9:30 a.m.  Guests arrive  light breakfast
9:30–10 a.m.  Welcome
10 a.m.–noon  Discussion and breakout #4: Current data efforts
noon–1 p.m.  Lunch  outdoor patio
1–3 p.m.  Discussion and breakout #5: Exploring data opportunities
3–3:15 p.m.  Wellness break
3:15–4:15 p.m.  Discussion and breakout #6: Building a path forward
4:15–5 p.m.  Expressing gratitude and wrap-up
Day One Recap:
- Terms
- Equity
- Well-being concepts
- Data Needs and Wants
Student Equity Perspectives

William Carter

[QR Code]

[Image of a sculpture]

UNIVERSITY OF CALIFORNIA
Graduate, Undergraduate and Equity Affairs
Activity #5: Current Data Efforts - How Can we Meet Data Wants and Needs?

Erin Dowdy, UC Santa Barbara
Mark Savill, UC Davis

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How Do the Current UC Data Sources and Indicators Align with Your Data Needs and Wants?
Existing Behavioral Health and Wellness Data
NCHA Behavioral Health Indicators

University of California Behavioral Health Indicators
National College Health Assessment Standardized Scales

Symptoms
Kessler Symptoms-6
Suicide Behaviors-3

Distress
UCLA Loneliness-3
Life Stress-1

Resilience-Coping
Conner-Davidson-2

Individual Assets
None

Flourishing
Diener Well-Being-8
Summary Observations

Observation #1: *Data not aligned with EMH UC objectives*

Observation #2: *Data collection system not coordinated*

Observation #3: *Frequency insufficient for trend analysis*

Observation #4: *Inadequate sampling*

Observation #5: *Too many items*

Observation #6: *Skewed towards distress, symptom indicators*
How Data *Could* be Used Across the UC System

**Campus Population**

- Application → Y1 Enrollment → Y... Enrollment → Graduation

  - Baseline Survey
  - Annual(?) Survey
  - Exit Survey

**Sub-population that receive BH&W services**

- Screening-Initiated Referral
  - Initial Assessment
  - Service Initiation

  - Data collected in care
    - Episode of Service
      - Initial Assessment
      - Data collected in care
      - Endpoint Assessment
    - Service Delivery
      - Service Termination
    - Post Care Data Collection
### Wants and Needs Exercise – Worked Example

**CAPS - Services**

<table>
<thead>
<tr>
<th>Identified Needs / Wants</th>
<th>How are you currently attempting to meet those needs/wants across the different UCs?</th>
<th>To what extent have these different approaches successful?</th>
<th>What alternative ways might we meet those wants/needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>We need to use data to help get better at identifying those that could benefit from our services, and supporting access to care</td>
<td>UC1/UC2/UC3: All clients that attend a PCP appointment complete a PHQ-9 positive screens referred to CAPS. UC1/UC4: PHQ-9/GAD-7 available on online suite. Positive screens clients encouraged to engage with CAPS</td>
<td>PCP PHQ-9 screening very helpful, may consider extending screening range (also GAD-7?). Online screening quite helpful, but not leading to lots of referrals</td>
<td>Want to find people earlier. Incorporating screening during student enrollment at beginning of year would help find people early. Downside may be that get a flood of referrals at the same time which could be challenging</td>
</tr>
<tr>
<td>We need to measure if people are satisfied with our care</td>
<td>UC1/UC2/UC3: we have a brief produced satisfaction survey when they complete care. UC4/UC5: We use CSQ-8. UC6/UC7: We do not measure this, do not consider it priority; UC8: do not currently measure it, but want to.</td>
<td>Variable: for some, not validated satisfaction tool which is not ideal. Those that use CSQ-8 like it, but it is proprietary. Amongst clinics that collect satisfaction data, most can link it to demographic data so we can look at this across sub-groups, which is helpful. Don’t currently have a way to look at this across the UCs, which would be informative</td>
<td>Explore other validated, non-proprietary satisfaction tools. Think about how this could be linked across the UCs, explore ways to make sure can consistently collect data from people who terminate treatment early</td>
</tr>
<tr>
<td>We want population-based assessment of the campus climate that can be used to inform program/policy implementation and population-level impact of services</td>
<td>UC1-9: NHCA, UC 1/2/3: Wellness survey</td>
<td>NHCA problematic: not wellness/strengths based, low response rate, insufficient resources to appropriately analyze the data in a way to inform services. Only completed every 2 years, intervals too far apart to measure client experience over time.</td>
<td>Find/develop better survey, increase collection to annually, incentive/obligate completion</td>
</tr>
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</table>
Current data efforts

Breakout by services area – Take 40 minutes to discuss ways of addressing your data needs/wants

• Basic Needs
• CAPS
• Care
• Health
• Case Management
• Health Promotion
• Collegiate Recovery & Equity Focused Program
• Recreation
• Students
Share out

One representative from each group please share 1 – 2 highlights from your conversation

- Students
- Recreation
- Health Promotion
- Health
- Collegiate Recovery
- Case Management
- CAPS
- CARE
- Basic Needs
California’s Youth Need Support

The State of California recognizes the scale and urgency of mental health issues faced by young people. The U.S. Surgeon General has also declared that we are facing a youth mental health crisis.

While the COVID-19 pandemic has exacerbated this crisis, it has been in the making for more than a decade.

- **27%** of youth aged 18-24 who died because of suicide reportedly had substance abuse disorder.¹
- **48%** of young adults aged 18-25 years experience mental health symptoms.²
- Suicide ranks as the third leading cause of mortality among the 15-24 age population in California.³
- **62.9%** of young adults aged 18-24 have anxiety or depressive disorder.⁴
Prevention and Early Intervention are Critical

The CYBHI aims to make the strengthening of preventive measures and early intervention a core pillar of its approach to systems transformation and to ensure a continuum of care.

75% of all chronic mental illnesses begin by the age of 24. 5

47% of young adults aged 18-25 with a serious mental illness did not receive treatment. 6
Governor’s Master Plan for Kids’ Mental Health

Governor Newson Announced Master Plan for Kids’ Mental Health
August 18, 2022

• $4.7B so every Californian aged 0-25 has greater access to mental health and substance use support
• Whole Child, “All of the Above” Approach
• Multi-year, fundamental overhaul to invest in and build needed system infrastructure
• CYBHI at its core

Other investments and initiatives in California being implemented in coordination and collaboration

• $4.1B on a community schools’ strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
• $5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
• $1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families
• State budget investments in school-based behavioral health workforce, such as school counselors
What is the CYBHI?

The Children and Youth Behavioral Health Initiative (CYBHI) is a historic, five-year, $4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

The initiative is:

• Reimagining a more integrated, youth-centered, equitable, prevention-oriented system
• Promoting mental, emotional and behavioral health and well-being
• Supporting prevention and early intervention while addressing emerging and existing needs
• Increasing access to mental health and substance use services and supports
• Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to well being

Built on a foundation of equity and accessibility, the CYBHI is designed to meet young people and families where they are to create an ecosystem that can help them when, where and in the way they need it most.
## CYBHI Workstreams

<table>
<thead>
<tr>
<th>Workforce Training and Capacity</th>
<th>Behavioral Health Ecosystem Infrastructure</th>
<th>Coverage</th>
<th>Public Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-Informed Educator Training (CA-OSG)</td>
<td>Student Behavioral Health Incentive Program (DHCS)</td>
<td>Youth Suicide Reporting and Crisis Response Pilots (CDPH)</td>
<td>ACEs and Toxic Stress Awareness Campaign (CA-OSG)</td>
</tr>
<tr>
<td>Broad Behavioral Health Workforce Capacity (HCAI)</td>
<td>Behavioral Health Continuum Infrastructure Program (DHCS)</td>
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<td>Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)</td>
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<td>Youth Mental Health Academy (HCAI)</td>
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<td>Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)</td>
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<td>Healthcare Provider Training and e-Consult (DHCS)</td>
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<td>Scaling Evidence-Based and Community-Defined Practices (DHCS)</td>
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<td>CalHOPE Student Services (DHCS)</td>
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<tr>
<td>Mindfulness, Resilience and Well-being Grants (DHCS)</td>
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<tr>
<td>Youth Peer-to-Peer Support Program (DHCS)</td>
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</tbody>
</table>
## CYBHI Outcome Objectives

### Behavioral Health & Well-being

| Increase in (a) overall social, emotional, and mental well-being and (b) improvement in children and youth’s strengths and skills to address behavioral health challenges. |
| Decrease in behavioral health challenges. |
| Decrease in rates of suicidal ideation among children and youth. |
| Decrease in emergency department visits and hospitalizations for behavioral health-related conditions. |
| Increase in school engagement, as measured through reducing absenteeism and suspension. |
| Decrease in stigmatizing attitudes toward behavioral health. |

| Improvement in the expertise of (a) accessing and (b) receiving behavioral health services and supports. |
| Increase in (a) knowledge of available behavioral health supports and services and (b) increase in confidence that children, youth, and families can get supports and services when they self-identify need. |
| Increase in children and youth who receive behavioral health services and supports. |
| Increase representativeness in demographic characteristics and diversity in type of behavioral health professionals, especially in underserved communities. |
| Increase in preventative services and family supports for children and youth of all ages. |
| Increase in substance use prevention strategies, specifically for younger children and adolescents. |

### Access to & Experience with Services

### System-level Support & Collaboration

| Decrease in system-level barriers to behavioral health care for children and youth, especially in underserved communities. |
| Increase in cross-sector collaboration within the behavioral health ecosystem. |
| Increase in utilization of the school-linked statewide fee schedule. |
Learn more about CYBHI

• CYBHI Website:
  • Centralizes Information
  • Progress Updates
  • Workstream Pages
  • News and Community Impact Page
  • Email Sign-up
  • Mobile-friendly

[cybhi.chhs.ca.gov]
Lunch & Connection
Activity #6

Exploring Data and Opportunities – Cross-UC Learning

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### Data Opportunities—Worked Example

**#1: Opportunities for collaborating learning**

<table>
<thead>
<tr>
<th>Successful approaches for some UCS that other UCs might consider</th>
<th>What would need to put in place to achieve this?</th>
<th>Is this feasible? Potential Barriers/solutions?</th>
<th>Is there anything UCOP can do to support this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCPs screening for depression (PHQ-9) and referring over positive screens</td>
<td>Agreement from PCP leadership to implement this. Develop screening plan (before session?, during session?). Identify system that can calculate scores, and then create referral pathway between services.</td>
<td>PCPs likely to be receptive. Main concern will be additional funding/time it might take to make this viable. Info from UCs where this has been successful would be very helpful for planning.</td>
<td>Not at this stage.</td>
</tr>
</tbody>
</table>
Data Opportunities

Breakout by UC Campus – Take XX minutes to discuss ways to implement data opportunities

Room 1: Berkeley & Davis
Room 2: Irvine & Los Angeles
Room 3: Merced & Riverside
Room 4: San Diego & San Francisco
Room 5: Santa Barbara & Santa Cruz
Share out

One representative from each group please share 1 – 2 highlights from your conversation

Berkeley
Davis
Irvine
Los Angeles
Merced
Riverside
San Diego
San Francisco
Santa Barbara
Santa Cruz

UNIVERSITY OF CALIFORNIA
Graduate, Undergraduate and Equity Affairs
Building a Path Forward

Genie Kim, UCOP

Day 2: October 5, 2023
Thank You!