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

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Graduate, Undergraduate and Equity Affairs

Welcome

Genie Kim

Director of Student Mental Health & Well-being
Student Equity Affairs
Graduate Undergraduate Equity Affairs

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Student Well-being Leadership Summit 2023 Schedule

WEDNESDAY, OCTOBER 4

Time	Activity
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

Time	Activity
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

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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

UC-Wide and UC Campus

Specific BH&W Information

UC-Wide and UC Campus-Specific
Behavioral Health and Wellness (BHW) Information
Tiers 1-3 Sources
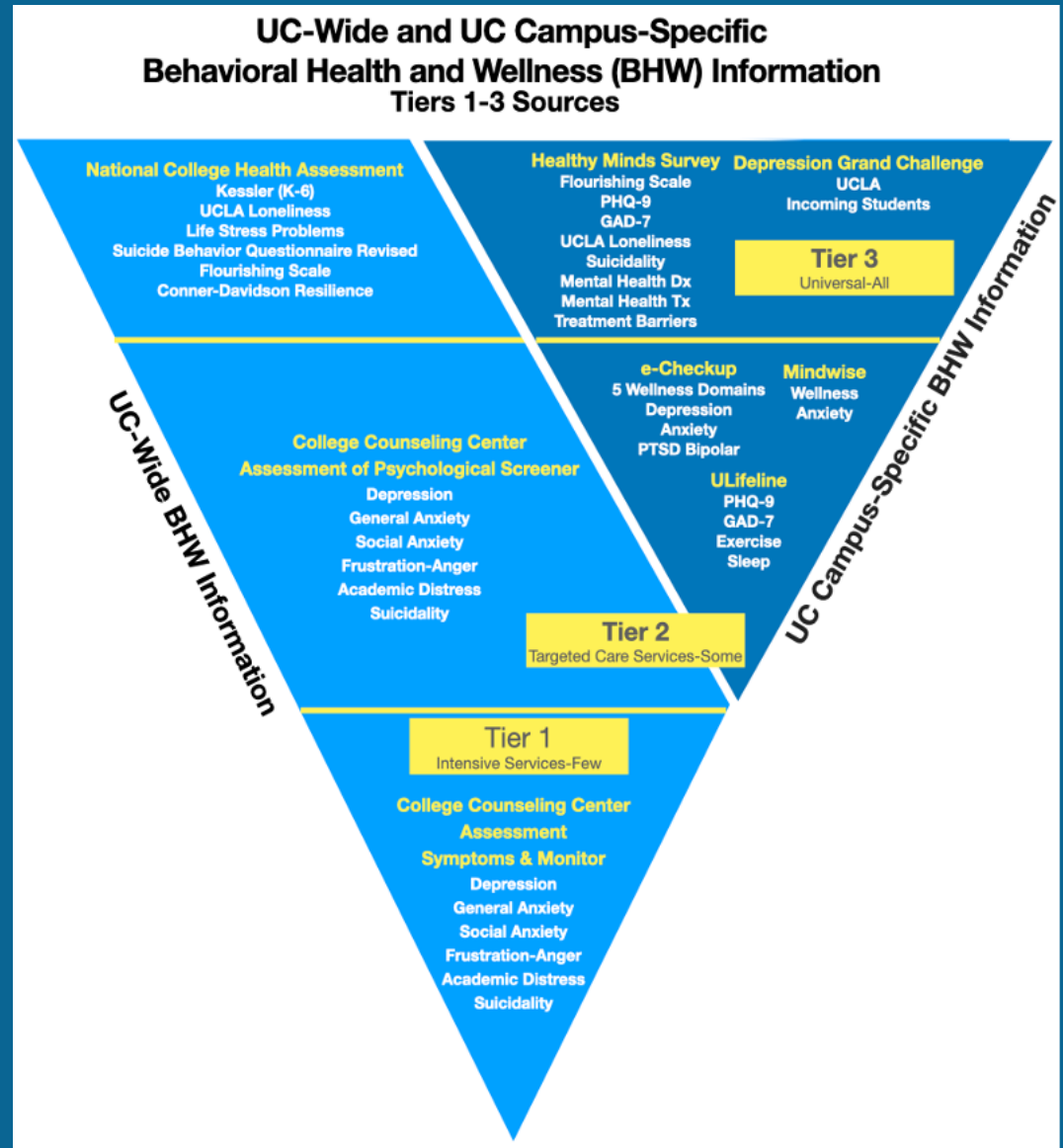
NCHA Behavioral Health Indicators

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

Flourishing
Diener Well-Being-8

Individual Assets
None

Resilience-Coping
Conner-Davidson-2

Distress
UCLA Loneliness-3
Life Stress-1

Symptoms
Kessler Symptoms-6
Suicide Behaviors-3
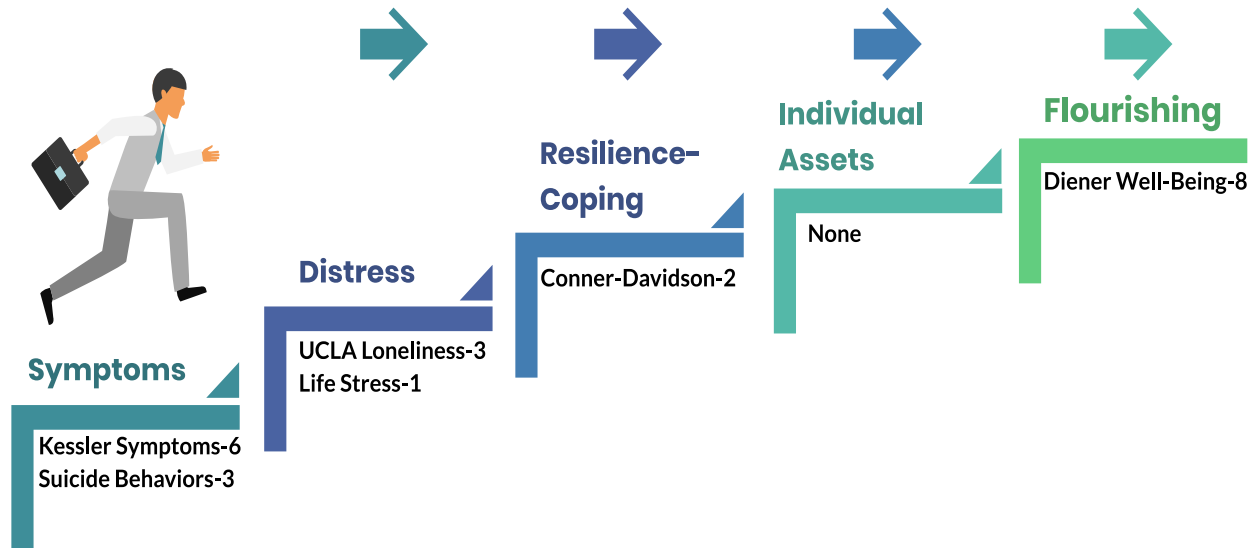
Summary Observations

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

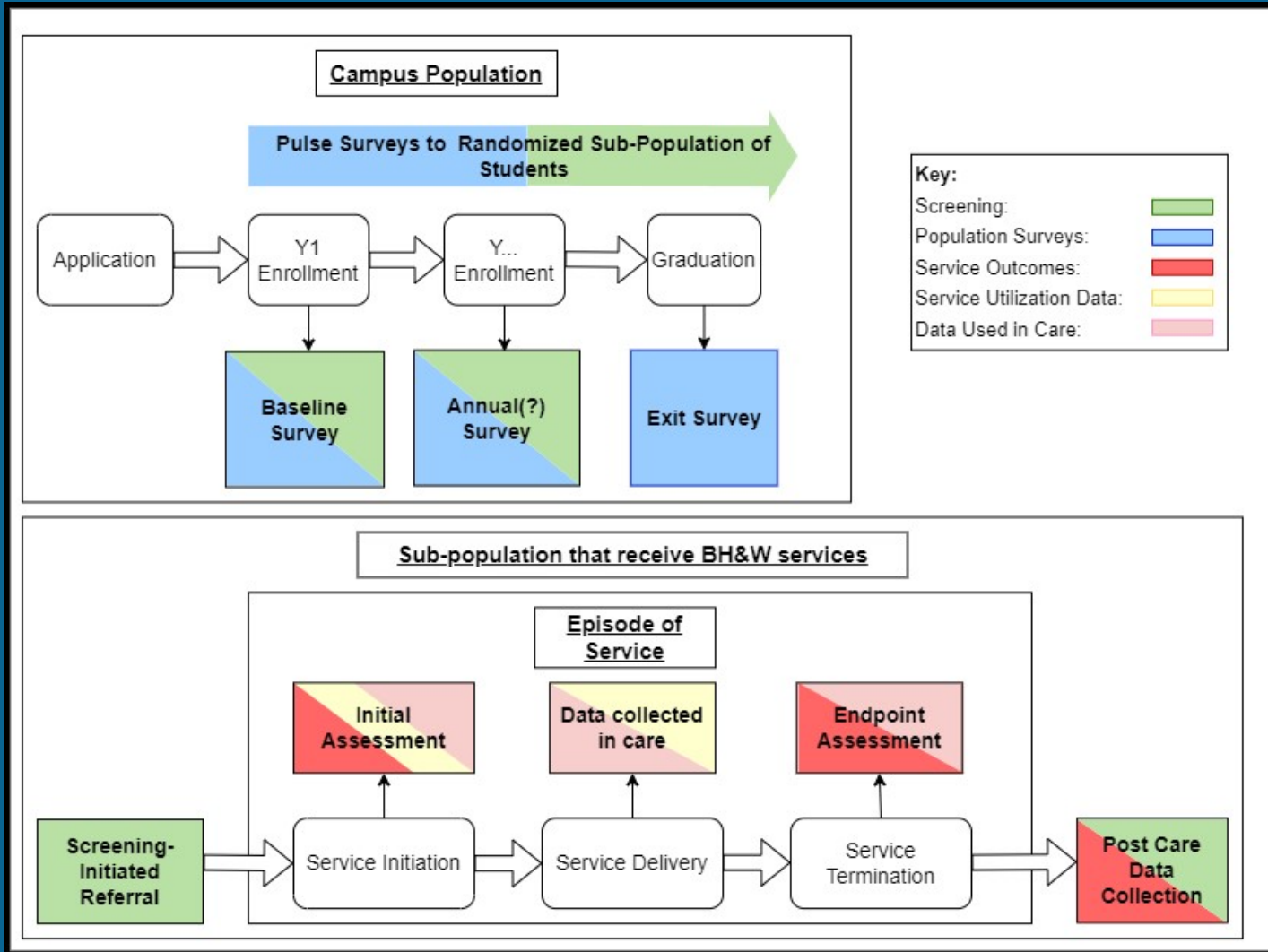**Observation #2:** *Data collection system not coordinated*

Observation #3: *Frequency insufficient for trend analysis*

Observation #4: *Inadequate sampling*

Observation #5: *Too many items*

Observation #6: *Skewed towards distress, symptom indicators*

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How Data *Could* be Used Across the UC System

Wants and Needs Exercise – Worked Example

CAPS - Services

Identified Needs / Wants	How are you currently attempting to meet those needs/wants across the different UCs?	To what extent have these different approaches successful?	What alternative ways might we meet those wants/needs?
We need to use data to help get better at identifying those that could benefit from our services, and supporting access to care	*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*	*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*	*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*
We need to measure if people are satisfied with our care	*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.*	*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*	*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*
We want population-based assessment of the campus climate that can be used to inform program/policy implementation and population-level impact of services	*UC1-9: NHCA, UC 1/2/3: Wellness survey*	*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.*	*Find/develop better survey, increase collection to annually, incentive/obligate completion*

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**

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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**

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UC Student Well-Being Leadership Summit

Melissa Stafford Jones, CalHHS
October 5, 2023

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 wellbeing

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

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-Informed Educator Training (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					Parent Support Video Series (DHCS)
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

CYBHI Outcome Objectives

Behavioral Health & Well-being	Access to & Experience with Services
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.	Improvement in the expertise of (a) accessing and (b) receiving behavioral health services and supports.
Decrease in behavioral health challenges.	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.
Decrease in rates of suicidal ideation among children and youth.	Increase in children and youth who receive behavioral health services and supports.
Decrease in emergency department visits and hospitalizations for behavioral health-related conditions.	Increase representativeness in demographic characteristics and diversity in type of behavioral health professionals, especially in underserved communities.
Increase in school engagement, as measured through reducing absenteeism and suspension.	Increase in preventative services and family supports for children and youth of all ages.
Decrease in stigmatizing attitudes toward behavioral health.	Increase in substance use prevention strategies, specifically for younger children and adolescents.

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
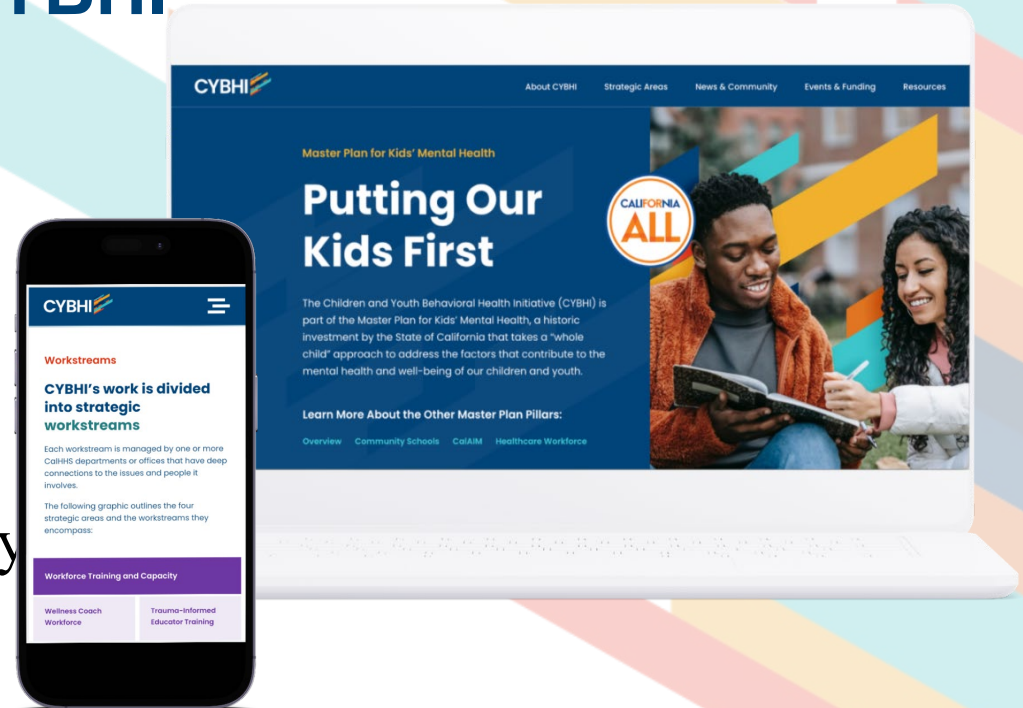
cybhi.chhs.ca.gov

Lunch & Connection

Activity #6

Exploring Data and Opportunities – Cross-UC Learning

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Data Opportunities– Worked Example

#1: Opportunities for collaborating learning

Successful approaches for some UCS that other UCs might consider	What would need to put in place to achieve this?	Is this feasible? Potential Barriers/solutions?	Is there anything UCOP can do to support this?
PCPs screening for depression (PHQ-9) and referring over positive screens	*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*	*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.*	*Not at this stage.*

Data Opportunities

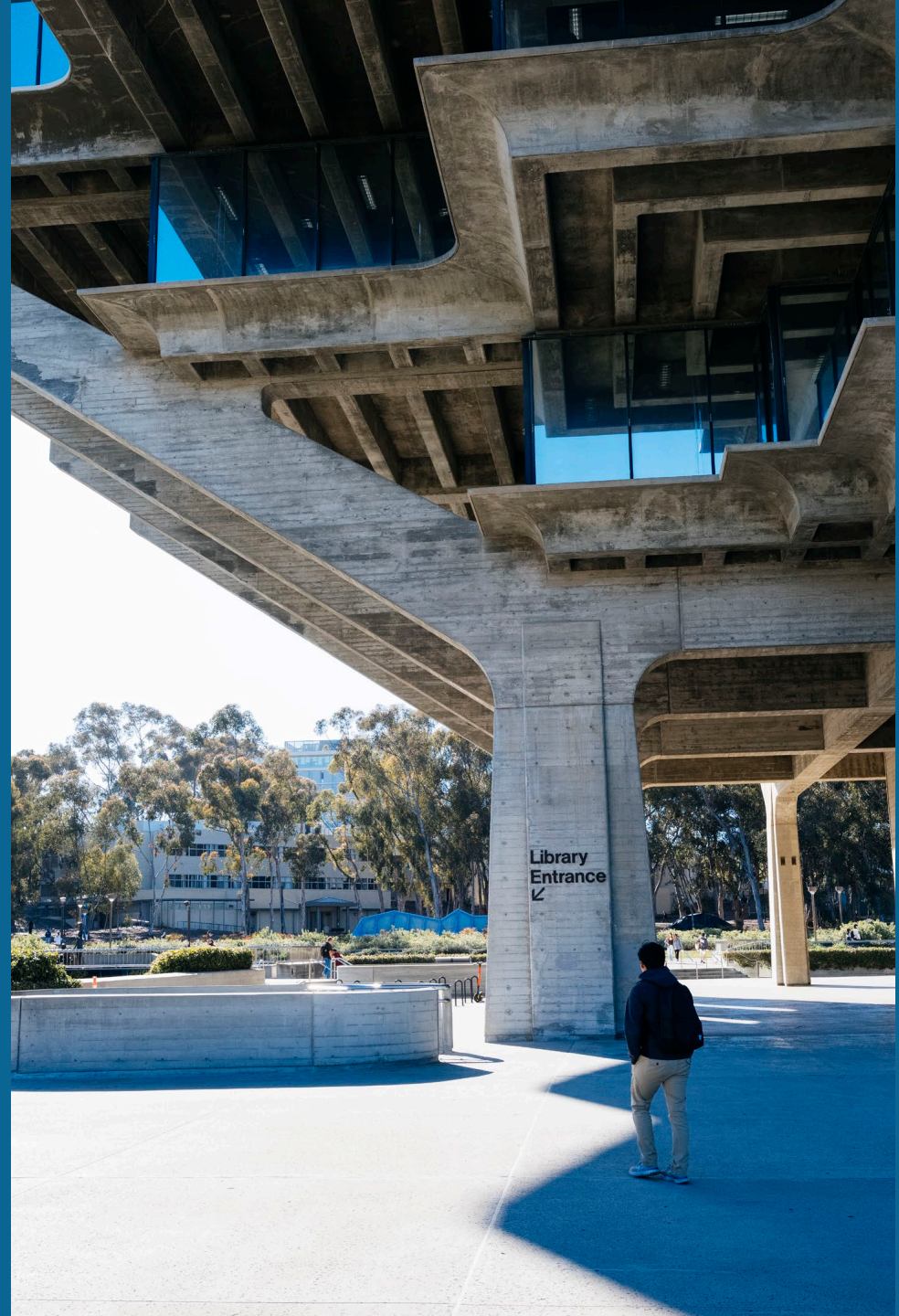**Breakout by UC Campus –Take XX minutes to discuss ways to implement data opportunities**

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

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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

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Building a Path Forward

Genie Kim, UCOP

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Thank You!