

UNIVERSITY
OF
CALIFORNIA
HEALTH

REPORT

Annual Report on Student Health and Counseling & UC Student Health Insurance Plan

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Executive Summary

UC's Student Health Services (SHS) and Counseling and Psychological Services (CAPS) centers have continued to provide high-quality, accessible, innovative campus services and care during the academic year 2022-23. With the ending of Federal and California states of emergency related to COVID-19 in early 2023, the SHS/CAPS centers have, for the most part, resumed regular operations while maintaining new service provision norms, such as telehealth and other low- to no-contact services, popular with UC students. The incidence of COVID-19, however, remains high in some counties. The SHS centers have continued vigilance in protecting individuals and the campus communities with testing, vaccination, and treatment as medically necessary. The majority of counseling services provided by CAPS are now via telehealth, while most SHS services are now provided in person. This annual report highlights SHS/CAPS centers continued work on quality and population health initiatives, patient satisfaction and service innovation, while focusing on providing accessible, high-quality care.

The CAPS centers have continued to serve tens of thousands of UC students through individual and group counseling sessions while resuming their additional campus support services and faculty/department consultations. This report includes a review of routine appointment scheduling wait times for individual counseling and psychiatry appointments and staffing levels by the campus for these providers. This report also reviews campus-specific clinical position vacancy rates for the SHS and CAPS clinical providers and compares clinical FTE staffing year-over-year. The SHS and CAPS centers continue to face persistent and significant staff recruitment and retention challenges.

This annual report also includes an update on UC's self-funded Student Health Insurance Plan (UC SHIP), which has exhibited continued enrollment growth through fall 2023 but is now facing significant premium increases for Plan Year 24-25, as are UC faculty and staff health insurance plans. Significant contributing factors to these increases are reviewed. The report concludes with a discussion of challenges and opportunities facing SHS, CAPS and UC SHIP for consideration by senior campus leadership who have oversight responsibilities for these critically important clinical operations and programs that support UC student success.

Background

Adjusting to new student expectations in healthcare delivery in the context of a changed healthcare landscape

As campus operations returned to normal during the 2022-2023 academic year, UC Student Health Services (SHS) centers have been able to scale back their public health responsibilities significantly. SHS centers predominantly now provide in-person visits but continue to make telehealth an option as students prefer when clinically appropriate. Students typically have available same-day appointments or walk-in access for acute medical conditions such as respiratory infections, sexual health issues, muscular-skeletal injuries, etc. This has required a return to primarily on-site staffing at SHS clinics in the post-Covid world.

In contrast, the CAPS centers have had a very high and sustained adoption rate for telehealth and now predominantly provide counseling visits to most clients via remote means. These transitions

in service delivery continue to have a high level of student support, and SHS and CAPS leadership continue strategic planning on service delivery models in collaboration with campus leadership to best meet student needs and preferences.

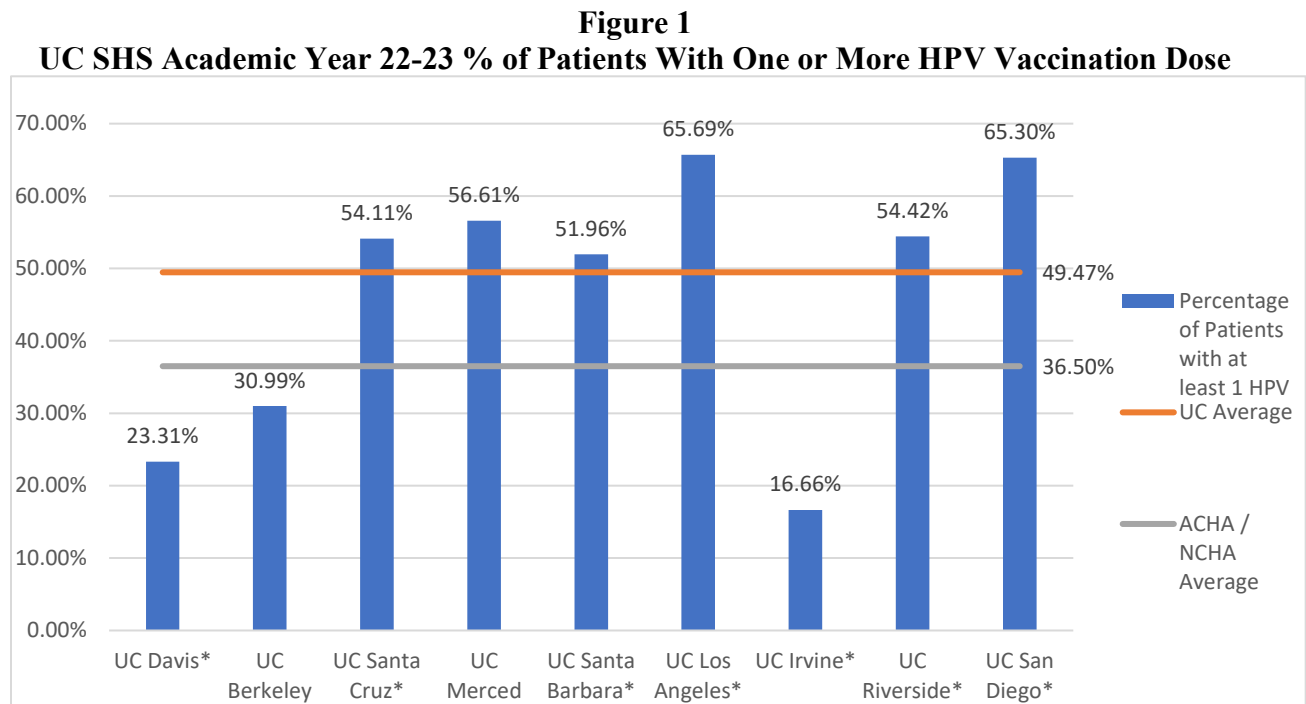
SHS/CAPS Benchmarking: Quality Improvement Studies

Immunization Rate Studies in the UC Student Population

1) Human papillomavirus (HPV) Vaccination Rate Study

The HPV vaccine is a highly recommended but not mandated vaccination for adolescent and college-age students. HPV annually causes approximately 37,300 cancers per year in both men and women.¹ Querying vaccination status and offering initial or catch-up vaccination of the HPV vaccine are standard recommended practices within UC SHS centers and college health centers across the US. During the 22-23 academic year, UC SHS centers undertook a study to establish baseline data regarding the vaccination rates for HPV in our student population receiving care at SHS.

As seen in Figure 1 below, of the 87,021 unique students who were seen for a visit at our SHS centers and recommended an HPV vaccination, 41,520 (48.45%) had received at least one HPV vaccination. Significant variation in vaccination rates is seen across campus SHS locations, as some can download data from the California Immunization Registry (CAIR) system, and some SHS centers also upload self-reported immunizations. The American College Health Association’s data show that an average of 36.5% of students have had the HPV vaccination across various universities in the United States.



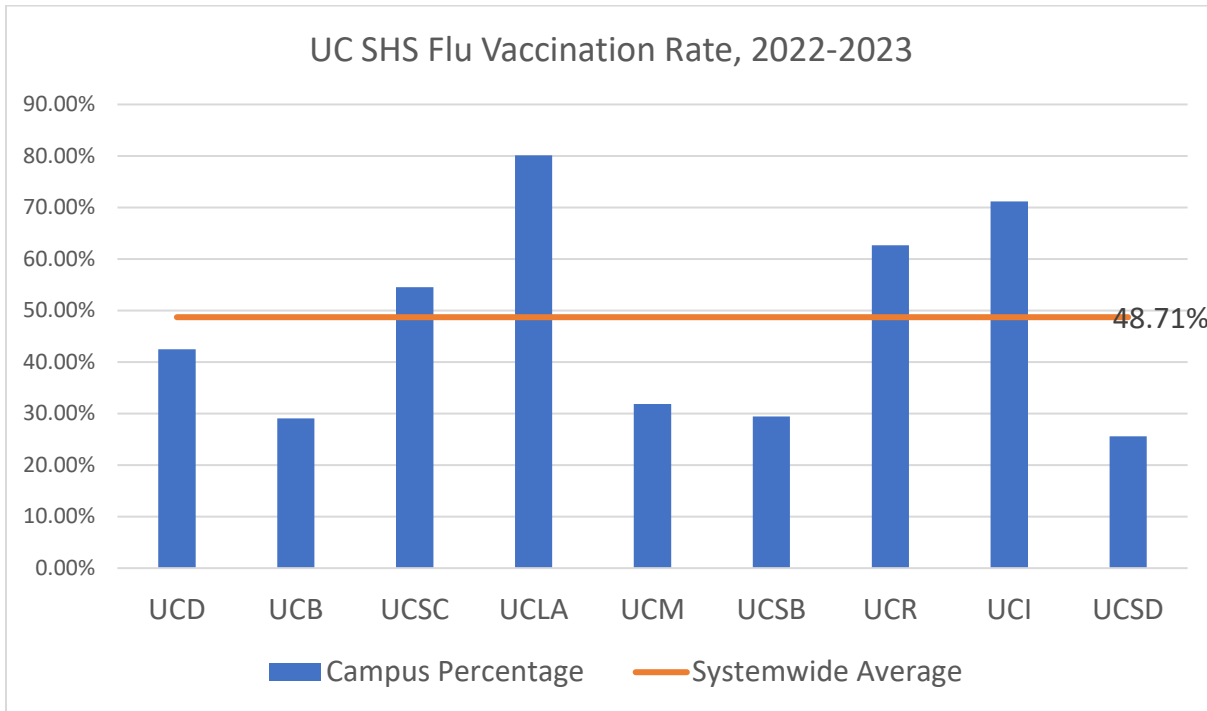
¹ CDC <https://www.cdc.gov/hpv/parents/cancer.html>

UC SHS centers compare favorably against the national averages despite variances in data. UC Berkeley will undertake a specific quality improvement project to boost HPV vaccination rates. Campuses indicated with an asterisk (*) have a CAIR interface, but the level of functionality varies by campus, as does their ability to download information from the registry. UC Merced uses the RISE / Health Futures Registry, which does not interface with the UC SHS Electronic Health Records System.

2) Influenza Vaccination Rate Study Summary

UC SHS also conducted a benchmarking study of influenza vaccination rates for students. A total of 285,439 students during 2022-2023 were included in the study, and 139,045 (48.71%) had evidence of receiving a flu vaccine. The national average per the Centers for Disease Control for 18–65-year-olds is 40%.² This data also shows regional and campus-specific variability. Figure 2 shows how each campus and the system performed overall.

Figure 2
UC SHS Influenza Vaccination Rates Academic Year 2022-23



Some campuses with an electronic interface with the California Immunization Registry (CAIR) have broader access to immunization data provided by the state. While there are differences in methodologies between the healthcare delivery systems, UC SHS’s flu vaccination rates also compare favorably with UC Academic Medical Centers’ flu vaccination rates of 48.35% for the patient population aged 18-65 during a similar time interval.³ As there is also variance in data capture consistency and methodologies amongst our campuses, UC student immunization rates are likely undercounted in this study, and the actual immunization rates are likely higher. UC

² CDC Data via FluMax surveillance estimates

³ Compared using the UC Health Analytics Database

SHS will continue evaluating data retrieval differences between campuses to deploy more accurate and consistent reporting methods across the system. Robust influenza vaccination remains a critical component of UC SHS public health prevention strategies as the campuses emerge from the COVID-19 pandemic but continue to face the potential for widespread contagious illness from influenza that can significantly impact our campus' academic and healthcare system.

Patient Satisfaction Survey Results

Since 2014, the SHS centers have conducted a patient satisfaction survey using a modified version of the US Department of Health and Human Resources' Agency for Health Care Research and Quality (AHRQ) instrument, the **Clinician and Group Survey (CG-CAHPS)**.⁴ The CAHPS Survey (Consumer Assessment of Healthcare Providers and Systems) is a validated instrument used by various clinical practice groups nationwide. The survey covers essential areas for consumers and focuses on areas of quality where consumers are best positioned to provide feedback and assess areas such as the ease of access to care, communication skills of providers, etc. Responses are given on a 4-point Likert scale, where 4 is the best possible answer, and 1 is the worst. Student Health Services routinely evaluates and modifies the survey based on revisions from AHRQ. Some campuses have modified or augmented survey sections to more fully assess their campus-specific needs or issues.

The SHS ongoing patient satisfaction study results for academic year 22-23 are listed in Appendix Tables 1 and 2. The data show little change year over year with our centers. Student responses regarding care provided by SHS clinicians indicate generally high satisfaction levels.⁵ The survey consistently shows high satisfaction levels with individual clinicians, provider communication skills, and time spent with the patient. UCSB did not participate this year as insufficient staffing impeded their ability to participate in the usual patient satisfaction survey.

Lower scores related to access were observed in Appendix Table 1. Students experienced some difficulties in lead times to the next appointment and opportunities to have medical questions answered on the same day. The lowest level of satisfaction was reported for getting answers to medical questions after hours. All campuses have after-hours call centers to direct students to care resources, but these do not have the capacity to provide students with information contained within their SHS records.

Campuses vary in service delivery models during the typical workday and after-hours periods. SHS Medical Directors have been asked to evaluate further specific responses in areas with lower satisfaction ratings and work on campus-specific solutions to address these. A systemwide Telehealth and Asynchronous Care workgroup was convened in mid-2023 and is developing methodologies and new pathways to address non-urgent conditions appropriately assessed with remote visits or asynchronous patient/provider communication. SHS Medical Directors continue to monitor the success and clinical outcomes of care provided by these pathways, share best practices, evaluate clinical risks, and explore opportunities to provide additional services.

⁴ <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/about-cahps/research/cahps-improvement-guide.pdf>

⁵ UCSB did not participate in this year's survey.

Observed changes in patient satisfaction score responses year over year (YoY) are statistically insignificant across all fields, and the general student responses have been consistently favorable since 2014. The survey provides valuable information to SHS leaders and student feedback on our services. Benchmarking with this validated survey instrument represents a unique collaborative effort between all our SHS centers.

Additionally, for the first time, UC SHS compared their SHS patient satisfaction scores with those from a UC academic health center (AHC) ambulatory care center. The SHS center aggregate scores were similar to those of the AHC ambulatory care facility regarding patient satisfaction ratings for clinical providers. Satisfaction scores for reception area staff at UC SHS centers were a few percentage points lower than scores for AHC support staff. Customer service attitudes and behaviors demonstrated by non-clinical support staff and receptionists are critical contributors to healthcare's overall patient experience. This has been identified as a priority for improvement in the UC SHS Centers.

SHS Centers' scores on ease of access are similar to the comparator UC AHC, consistent with accessibility being a widely prevalent issue in the healthcare industry. Of note, SHS Center scores on same-day responsiveness for medical questions and scheduling of routine visits were slightly higher than scores in these areas from the comparable AHC. In contrast, the UC AHC scored higher on responsiveness and availability to field questions after hours. Internally, UC SHS Center patient satisfaction scores have remained relatively unchanged over the last five years with very slight, not statistically significant, downward trends, particularly in areas around access and staff friendliness. SHS Centers will share the results of our benchmarking study with one another and their local leadership to develop action plans to address these results.

Update on Medication Abortion Services at SHS Centers

In response to California Senate Bill-24, signed by Governor Newsom in 2019, which required all CSU and UC campuses to begin offering medication abortion services at their campus-based Student Health facilities by January 1, 2023, all UC campuses can now provide these services per the statute's guidelines. Table 1 below shows the number of procedures administered by each campus in FY 22-23. UC SHS centers systemwide provided 203 procedures during FY 22-23, compared to 72 in the prior fiscal year.

**Table 1
Medication Abortion Procedures by Campus for FY 22-23**

Campus	No. of Abortions by Medication Techniques Provided FY 22-23
UC Berkeley	43
UC Davis	18
UC Irvine	25
UC Los Angeles	43
UC Merced	1
UC Riverside	5
UC San Diego	42

Campus	No. of Abortions by Medication Techniques Provided FY 22-23
UC San Francisco	0 ⁶
UC Santa Barbara	18
UC Santa Cruz	8
UC Total	203

The data is limited to the number of students seen who chose to have a procedure performed at UC SHS centers and does not account for procedures done at outside facilities in the community. Approximately one-half of students have UC SHIP.

SB 24 also established the College Student Health Center Sexual and Reproductive Health Preparation Fund to reimburse the UC SHS centers for readiness expenses such as facility upgrades, training, staff salaries, medical equipment, and other one-time implementation costs. The multi-campus grant is centrally managed at UCOP. In addition to grant funds, SHS Centers are using local funds to cover implementation and operational costs associated with providing these services. Table 2 below includes cumulative reimbursed grant funds and expenditures from other fund sources. UC SHS centers are working to complete implementation and sustainability items deferred due to COVID-19 pandemic responsibilities, such as infrastructure, security enhancements, equipment, additional supplies, etc.

Table 2
Cumulative SB-24 Readiness Expenses by Fund Source Type

Campus	SB-24 Grant Amount	Other Fund Sources	Totals
UC Berkeley	\$139,550.70	\$72,245.00	\$211,795.70
UC Davis	\$86,563.10	\$0.00	114949.10
UC Irvine	\$135,358.31	\$496,965.10	\$632,323.41
UC Los Angeles	\$0.00	\$0.00	\$0.00
UC Merced	\$0.00	\$0.00	\$0.00
UC Riverside	\$131,797.43	\$280706.00	\$412503.43
UC San Diego	\$53,876.58	\$32,041.52	\$85,918.10
UC San Francisco	\$0.00	\$0.00	\$0.00
UC Santa Barbara	\$73,168.30	\$10,458.00	\$83,626.30
UC Santa Cruz	\$173,545.56	\$0.00	\$173,545.56
UCOP	\$132,645.71	\$0.00	\$132,645.71
System Total	\$926,505.66	\$920,800.62	\$1,847,306.28

The Medication Abortion Workgroup meets monthly to review and share best practices, troubleshoot service delivery issues, and review clinical quality data. Clinical outcomes data is available for 188 of the patients who had medication abortion administered by SHS last year. A review of this data demonstrated that there were no severe infections, no hospitalizations, and no

⁶ UCSF is the smallest UC campus comprised of graduate health professional students. UCSF had no medication abortion procedures at SHS, and UCSF students with UCSHIP insurance had no claims for medication abortion services delivered by community providers.

ectopic pregnancies identified during follow-up in these patients. Eight patients, however, required referral to the emergency room, four patients required subsequent surgical abortion procedures following medication abortion, and one patient required a transfusion. No other major complications were seen in this patient group. The SHS centers will continue to monitor campus-specific and systemwide clinical outcome data from the Student Health Services centers to evaluate complications, review clinical protocols and strengthen risk management procedures as indicated.

The UC SHS centers continue to provide a full range of sexual health and reproductive services, including comprehensive contraception options, long-acting, reversible contraception such as intra-uterine devices and implants, comprehensive STI prevention, testing and treatment services, PAP smears, colposcopy, etc.

SHS Clinical Provider FTE Levels and Fall 2022 vs. 2023 Vacancy Rates

While there have been improvements in filling vacant positions at some campuses, full-time equivalent (FTE) data below indicate continued difficulties for SHS centers in recruiting and retaining staff for existing clinical FTE positions. Year over year (YoY) vacancy rate data show that, while there have been improvements in some clinician types at some campuses, vacant MD positions persist at most Student Health Services centers (Table 3 MDs, DOs). Table 4 below shows vacant Nurse Practitioner positions at only several campuses but reflects many FTE at UCB and UCSC). Table 5 similarly shows significant Registered Nurse vacancy rates for 2023 at UCB, UCSF, UCSD and UCSB.

Due to several factors, filling physician and clinical positions is daunting for healthcare organizations. A significant challenge for SHS and CAPS is California's shortage of qualified candidates. The education and training requirements for these positions limit the pool of available candidates. Another significant challenge is the fierce competition for talent in the California healthcare industry. Healthcare organizations are competing with one another and other industries, such as technology and finance. These industries typically offer more attractive compensation packages and benefits, making it harder for healthcare organizations to attract and retain top clinical talent.

It is also essential to note that the COVID-19 pandemic has further adversely affected the recruitment and retention of physicians and other clinical position types within SHS. The pandemic resulted in significant burnout across many clinical organizations and has significantly affected morale at the SHS and CAPS centers over the past several years. Clinical professionals have reportedly left their SHS centers due to stress, overwhelming workloads and schedules, risks associated with the pandemic, etc. The SHS Centers are diligently attempting to recruit qualified candidates to fill open positions across the system and to restore clinical capacity to provide highly accessible and efficient care to their student populations.

Our data continue to suggest regional disparities in vacancy rates between campus SHS centers. Northern California campuses and UC Merced (our most rural campus) generally have higher vacancy rates. Salary and market conditions in all UC SHS and CAPS locations play a factor in maintaining staff stability. The SHS leaders are working with their respective Vice-Chancellors and Chancellors to address regional recruitment and retention challenges. The highly competitive marketplace and the relative shortage of physicians in California have been noted in

various UC Health reports and panels on the Primary Care workforce.⁷ California’s physician shortage will likely continue for the foreseeable future, though UC continues to escalate its workforce development efforts to address this critical need.

Table 3
SHS Physician FTE October 2023 and Vacancy Rates
October 2023 vs October 2022

CAMPUS	Physician FTE Filled	Physician FTE Vacant	Physician FTE Total	2023 Vacancy Rate	2022 Vacancy Rate
UCD	9.18	3.00	12.18	24.62%	16.00%
UCB	13.7	2	15.7	12.74%	33.24%
UCSF	0.4	2.4	2.8	85.71%	55.56%
UCSC	4.3	0	4.3	0.00%	35.29%
UCM	4.2	1.5	5.7	26.32%	20.20%
UCSB	7.4	1	8.4	11.90%	0.00%
UCR	5.4	0.0	5.4	0.00%	0.00%
UCLA	13.5	2.6	16.1	16.15%	16.38%
UCI	9.43	1	10.43	9.59%	19.61%
UCSD	6.95	2.00	8.95	22.35%	11.70%
Totals	74.46	15.50	89.96	17.23%	19.88%

Table 4
Nurse Practitioner FTE October 2023 and Vacancy Rates
October 2023 vs October 2022

CAMPUS	Nurse Practitioner FTE Filled	Nurse Practitioner FTE Vacant	Nurse Practitioner FTE Total	2023 Vacancy Rate	2022 Vacancy Rate
UCD	3.85	0.00	3.85	0.00%	0.00%
UCB	8.4	4.2	12.6	33.33%	19.53%
UCSF	1.5	0	1.5	0.00%	66.67%
UCSC	0.5	3.13	3.63	86.23%	45.45%
UCM	2.7	0	2.7	0.00%	0.00%
UCSB	7.4	0	7.4	0.00%	0.00%
UCR	3.0	0.0	3.0	0.0	0.00%
UCLA	6.8	0.8	7.6	10.53%	9.76%
UCI	0.8	0	0.8	0.00%	0.00%
UCSD	7.00	0.00	7.00	0.00%	10.00%
Totals	41.95	8.13	50.08	16.23%	12.37%

⁷ <https://www.ucop.edu/uc-health/reports-resources/profession-specific-reports/medicine.pdf>

Table 5
Registered Nurse FTE October 2023 and Vacancy Rates
October 2023 vs October 2022

CAMPUS	Registered Nurse FTE Filled	Registered Nurse FTE Vacant	Registered Nurse FTE Total	2023 Vacancy Rate	2022 Vacancy Rate
UCD	9.00	1.00	10.00	10.00%	27.27%
UCB	11.05	5	16.05	68.85%	30.98%
UCSF	2	2	4	50.00%	0.00%
UCSC	8.44	0	8.44	0.00%	11.11%
UCM	2	0	2	0.00%	50.00%
UCSB	7.4	1.4	8.8	15.91%	0.00%
UCR	3.4	0	3.4	0.00%	0.00%
UCLA	6.3	0.2	6.5	3.08%	20.00%
UCI	8.4	0	8.4	0.00%	0.00%
UCSD	7.20	2.20	9.40	23.40%	42.86%
Totals	65.19	11.80	76.99	15.33%	20.92%

CAPS Counseling Provider FTE Growth, Vacancy Rates, and Provider-to-Student Ratios

For the past eight years, the Annual Regents Reports on Student Health and Counseling and UC SHIP have focused on assessing UC’s responsiveness to the college mental health crisis. These serial assessments have included the measurement of counselor-to-student ratios, lead times to routine initial and follow-up appointments, and the Center for Collegiate Mental Health (CCMH) Clinical Load Index, which predicts sustainable service models based on the clinical capacity of counseling units relative to the demand level of unique utilizers served by that unit.

In addition to California’s physician shortage, it is also broadly recognized that there is a statewide shortage of counseling providers, and some regions are especially difficult for recruitment (e.g., in Northern California, in particular, medically underserved areas such as Merced and Riverside, etc.). In general, the hiring situation has improved across the system. The vacancy rate is nearly seven percentage points lower than last year despite a four percent increase in total positions. CAPS Directors have collaborated with their campus leadership to increase the placement of new providers at many CAPS centers. Table 6 displays the overall growth of positions at our CAPS centers over the past year.

Table 6
Counseling Provider FTE by Campus
Fall 2022 versus Fall 2023

CAMPUS	2022				2023				Funded FTE Growth
	Filled	Open	Totals	Vacancy Rate	Filled	Open	Totals	Vacancy Rate (Current)	
UCD	35.81	8.92	44.7	19.96%	36.13	8.92	45.05	19.79%	0.35

CAMPUS	2022				2023				Funded FTE Growth
	Filled	Open	Totals	Vacancy Rate	Filled	Open	Totals	Vacancy Rate (Current)	
UCB	42.59	15.9	58.5	27.20%	44.88	10.75	55.63	19.32%	-2.87
UCSF	1.8	1	2.8	35.71%	3.40	2.00	5.40	37.04%	2.60
UCSC	16.81	8.8	25.61	34.36%	19.69	5.84	25.53	22.88%	-0.08
UCM	7	4	11	36.36%	3.80	2.00	5.80	34.48%	-5.20
UCSB	32.48	8.5	40.98	20.74%	32.15	9.00	41.15	21.87%	0.17
UCLA	50	2	52	3.85%	60.25	5.00	65.25	7.66%	13.25
UCR	14.5	7	21.5	32.56%	16.50	7.00	23.50	29.79%	2.00
UCI	32.4	7.2	39.6	18.18%	35.10	4.50	39.60	11.36%	0.00
UCSD	31.2	17	48.2	35.27%	47.60	4.00	51.60	7.75%	3.40
UC SYSTEM	264.6	80.3	344.9	23.29%	299.51	59.01	358.51	16.46%	13.61

While many campuses have successfully increased staffing, several campuses have had reductions in the number of positions on their campuses. This may reflect restructuring, operational changes, difficulty filling open positions, and/or other competing needs. This continues to be an operational challenge, given the strong demand for mental health services.

Table 7
October 2023 CAPS Counseling FTE Vacancy Rates and IACS Provider-to-Student Ratios
(Funded vs Filled FTE October 2023)

CAPS Counseling Provider FTE							
Campus	Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate (10/1/23)	Fall 2023 Enrollment	IACS Ratio Filled FTE (Goal 1:1000)	IACS Ratio Funded FTE (Goal 1:1000)
UCD	36.13	8.92	45.05	19.79%	39,707	1099	881
UCB	44.88	10.75	55.63	19.32%	45,699	1018	821
UCSF	3.40	2.00	5.40	37.04%	3,126	919	579
UCSC	19.69	5.84	25.53	22.88%	19,764	1004	774
UCM	3.80	2.00	5.80	34.48%	9,147	2407	1577
UCSB	32.15	9.00	41.15	21.87%	26,068	811	633
UCLA	60.25	5.00	65.25	7.66%	46,678	775	715
UCR	16.50	7.00	23.50	29.79%	26,426	1602	1125
UCI	35.10	4.50	39.60	11.36%	36,582	1042	924
UCSD	47.60	4.00	51.60	7.75%	42,376	890	821

CAPS Counseling Provider FTE							
Campus	Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate (10/1/23)	Fall 2023 Enrollment	IACS Ratio Filled FTE (Goal 1:1000)	IACS Ratio Funded FTE (Goal 1:1000)
UC SYSTEM	299.51	59.01	358.51	16.46%	295,573	1099	881

The International Association of Counseling Services (IACS) recommends a counselor-to-student ratio of 1:1000 as the staffing needed to meet the anticipated demands of a university student counseling center, based upon the size of the student population served by these centers. Several years ago, nearly half of the campuses did not achieve counselor-to-student ratios recommended by IACS. Fortunately, this year's report shows that eight of the ten campuses now have ratios that meet or exceed these ratios with positions filled as of October 2023, according to Table 7 above.

Fall 2023 Psychiatry Provider FTE Levels, Vacancy Rates, and Provider-to-Student Ratios

Table 8 below reflects the number of filled and vacant psychiatry provider FTE. Of note, UC Davis' vacancy is primarily the result of a recent increase in psychiatry positions at their clinic. SHS and CAPS Directors continue to work with their Vice-chancellors and Chancellors to address staffing shortfalls in their clinics and bring their staffing levels closer to the general managed care guideline of 1 psychiatry provider for every 6500 potential patients in a population.

**Table 8
Psychiatric Provider FTE Vacancy Rates and Managed Care Provider-to-Student Ratios
by Campus (Funded vs Filled FTE October 2023)**

Psychiatric Provider FTE							
Campus	Filled	Open	Totals	Vacancy Rate	Fall 2023 Enrollment	Ratio Filled	Ratio Funded
UCD	3.0	3.8	6.8	56%	39,707	13,236	5,839
UCB	7.1	1.2	8.3	15%	45,699	6,459	5,523
UCSF	1.0	1.0	2.0	50%	3,126	3,126	1,563
UCSC	2.7	0.0	2.7	0%	19,764	7,458	7,458
UCM	1.0	0.5	1.5	33%	9,147	9,147	6,098
UCSB	4.8	0.0	4.8	0%	26,068	5,488	5,488
UCLA	6.4	0.0	6.4	0%	46,678	7,351	7,351
UCR	1.2	1.0	2.2	45%	26,426	22,022	12,012

Psychiatric Provider FTE							
Campus	Filled	Open	Totals	Vacancy Rate	Fall 2023 Enrollment	Ratio Filled	Ratio Funded
UCI	4.3	2.8	7.1	39%	36,582	8,507	5,152
UCSD	2.2	0.0	2.2	0%	42,376	19,262	19,262
UC System	33.5	10.3	43.8	24%	295,573	8,816	6,744

Using currently filled positions, seven of the ten campuses have psychiatry provider-to-student ratios that reasonably approach or meet the general managed care ratio recommendation of 1:6500 for providers per covered patient in a population. UCD would meet this guideline if all vacant psychiatry positions (3.8 FTE) were filled. UCR would meet this staffing level, filling one of its vacant psychiatry positions and adding two additional FTEs. UCSD would meet this guideline by adding 4.3 FTE, though this shortage is currently being alleviated by facilitated referrals to UC San Diego Health’s College Mental Health Program. As with the primary care physician and counseling provider marketplace in California, there is a highly competitive market and a significant shortage of psychiatry providers across the State. The number of filled positions is unchanged compared to last year (33.53 in October 2023 vs. 33.85 in October 2022). The total (filled plus vacant) FTE count has increased only marginally, from 42.55 (October 2022) to 43.83 (October 2023). The difficulty in hiring psychiatrists continues to be a persistent problem for SHS, as it is in many California healthcare settings.

CAPS Counseling and Psychiatry Clinical Visit Volume and Utilization Trends

Table 9 below shows that CAPS visit volume and number of unique clients below have almost returned to pre-pandemic levels. There has continued to be a reliance on off-campus services during the resolving pandemic, and provider vacancy rates have adversely affected clinical capacity.

**Table 9
Total Counseling & Psychiatry Visits/ Unique Clients by Year**

Utilization by Year	COUNSELING	PSYCHIATRY
VISITS	2018-19: 134,599	2018-19: 35,360
	2019-20: 128,343	2019-20: 31,343
	2020-21: 132,301	2020-21: 30,180
	2021-22: 131,573	2021-22: 31,353
	2022-23: 128,619	2022-23: 29,625

Utilization by Year	COUNSELING	PSYCHIATRY
UNIQUE CLIENTS	2018-19: 37,697 2019-20: 33,640 2020-21: 29,598 2021-22: 31,353 2022-23: 34,467	2018-19: 7,438 2019-20: 6,378 2020-21: 5,564 2021-22: 5,783 2022-23: 6,130

Wait Time for Counseling and Psychiatry Appointment Trends

Table 10 below shows the year-over-year comparison of average wait time for initial intake and first follow-up appointments for counseling and psychiatry. The average wait times for initial intake appointments for counseling and psychiatry are at or near historic lows. Average lead times for counseling initial intake and follow-up appointments are at the lowest since 2018. There has been a slight increase in psychiatry lead times for initial intake appointments since last year, but this remains close to historic lows observed during the COVID-19 pandemic. There has been a modest increase in lead time to first follow-up psychiatry appointments, likely reflecting limited staffing capacity.

Table 10
Average Lead Times for Counseling and Psychiatry appointments by Year

AVG DAYS WAIT	COUNSELING	PSYCHIATRY
INTAKE	2018-19: 11 DAYS 2019-20: 10 DAYS 2020-21: 8.7 DAYS 2021-22: 9 DAYS 2022-23: 8.6 DAYS	2018-19: 13 DAYS 2019-20: 11 DAYS 2020-21: 11 DAYS 2021-22: 13 DAYS 2022-23: 11.8 DAYS
FIRST FOLLOW-UP	2018-19: 21 DAYS 2019-20: 18 DAYS 2020-21: 16 DAYS 2021-22: 17 DAYS 2022-23: 15.5 DAYS	2018-19: 31 DAYS 2019-20: 26 DAYS 2020-21: 24 DAYS 2021-22: 23 DAYS 2022-23: 25 DAYS

CAPS Individual Counseling Session Metrics

Figure 3 below shows the average number of individual counseling sessions per client by campus in FY 2022-23. The systemwide average per client is 3.93 visits. Of note, UC Berkeley’s data again shows a lower number of average visits per client, which may be due to the institution of their “*One-at-a-Time*” therapy two years ago, part of a phased implementation of a stepped care model by UCB CAPS, as well as a collaborative care model where behavioral health providers are embedded into primary care units, in addition to being available separately within the CAPS

clinic. Berkeley has utilized this model for many years now. Figure 3 also shows the average number of sessions per client.

Figure 3
CAPS Individual Counseling Sessions:
Average Number of Sessions per Client by Campus FY 22-23

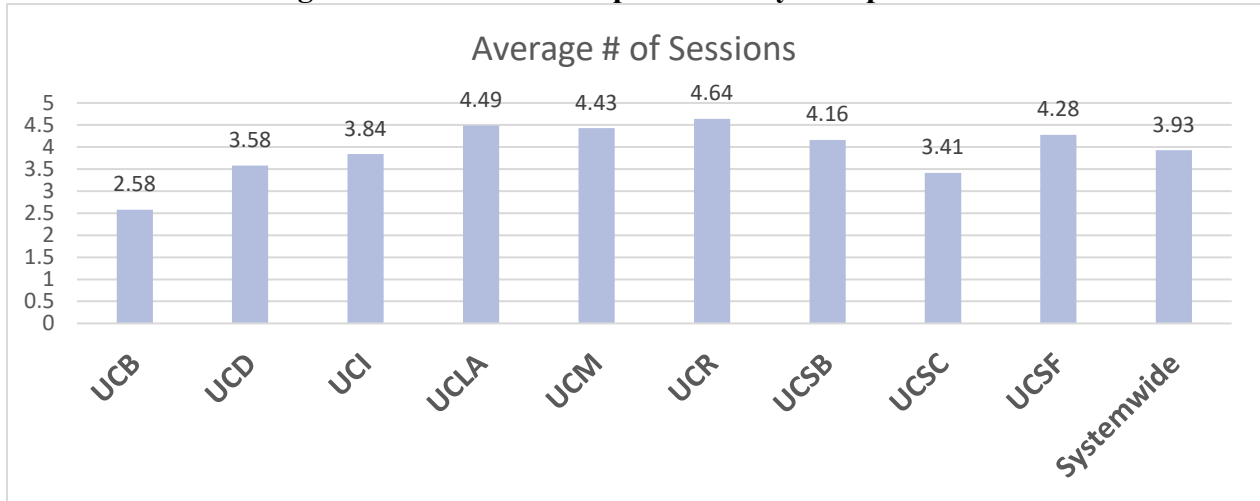
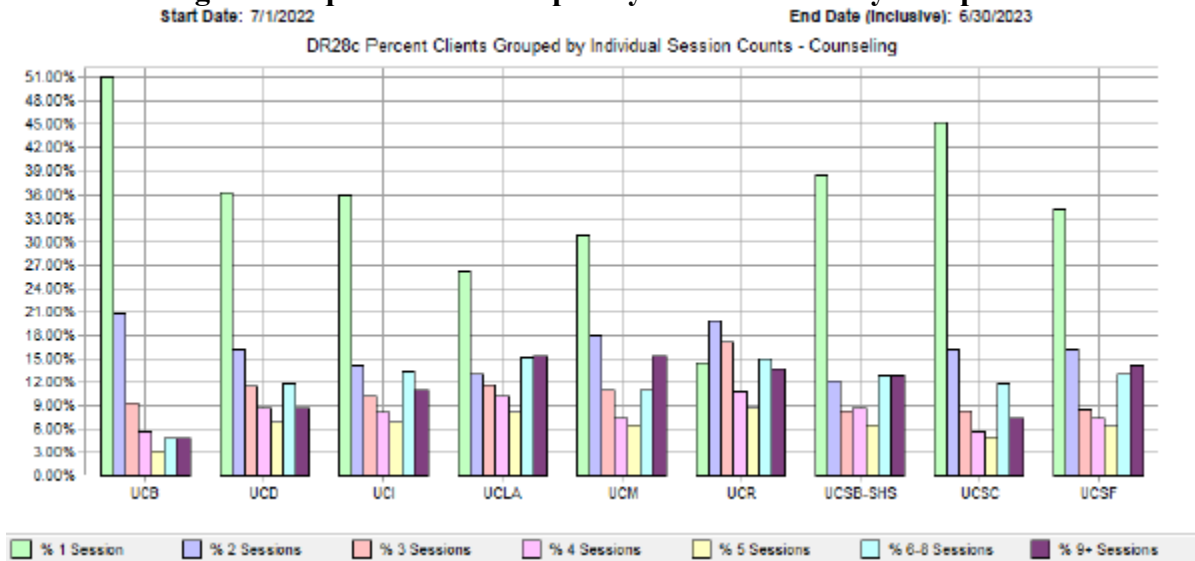


Figure 4 below shows the percentage of students grouped by visit count for individual counseling sessions. UCB (51%) and UCSC (45%) have the highest percentage of students seen for only one counseling session, while UCD, UCI, UCM, UCSB and UCSF percentages of students with only one session in the 30% range. All campuses except UCR have data demonstrating that the highest percentage of students are seen for one session, whereas at UCR, the highest percentage of students are seen for two sessions.

Figure 4
CAPS Individual Counseling Sessions:
Percentage of Unique Clients Grouped by Session Count by Campus FY 22-23



Additional Services Provided by CAPS Counselors

UC CAPS centers provide a comprehensive array of support services critical to meeting the specific needs of UC students. All students have access to 24/7 immediate crisis intervention by phone. During regular hours, each center provides same-day virtual and/or in-person triage assessment services that can assist students in identifying their treatment needs and/or referrals for on- and off-campus support. Individual and group therapy services, delivered as in-person or remote telehealth sessions, are the largest and most robust part of the care model. Highly trained licensed mental health professionals provide individual short-term therapy and supervise trainees through evidence-based treatment models that support the unique needs of UC's communities. Evidence-based group therapy is also available for specific diagnoses such as depression or anxiety, as well as other support and specialty treatment.

Outside of direct clinical assessment and intervention services, CAPS center staff routinely provide prevention education, training, and outreach, working with various campus identity centers, departments, and programs to bring services and information to students, staff, and faculty within their familiar campus settings. Examples include *Let's Talk* programs to increase treatment readiness, drop-in support, satellite and/or embedded programs, and other co-programmed training opportunities and workshops. Campus partners include basic needs programs, ethnic identity Centers, LGBTQIA Resource Centers, undocumented student programs, former foster youth programs, graduate student support programs, and UC's Campus Assault Resources and Education (CARE) departments, which serve survivors of sexual violence, sexual harassment, stalking, and dating/domestic violence. In addition, CAPS devotes time to staff/faculty training aimed at working with and referring distressed students to care safely and on time. CAPS staff are also a key resource when campus or community disasters or untoward events create the need to assess and interact with a large number of students in crisis. UC CAPS works to provide a culturally sensitive continuum of care to a diverse range of students, aiming toward health equity, social justice, and healing.

Psychiatry Services Individual Appointment Metrics

Figure 5 below shows the average number of individual psychiatry appointments per patient by campus in FY 2022-23. The systemwide average per patient is 4.36, down slightly from 4.56 visits in last year's reports. UC Santa Cruz data shows a higher number of average visits per patient despite a degradation of their provider-to-student ratio from 1:5153 to 1:7350. UCSF's relatively lower average number of visits per client is likely multi-factorial, related to psychiatry FTE vacancy, variance in student population composition, proximity to co-located UC Academic Health Center services, and the availability of a dense network of psychiatry providers in the local community. UC Merced's relatively low number was due to the loss of a psychiatry provider during the mid-point of FY 22-23.

Figure 5
SHS/CAPS Psychiatry Appointments:
Average number of Appointments per Patient by Campus FY 22-23

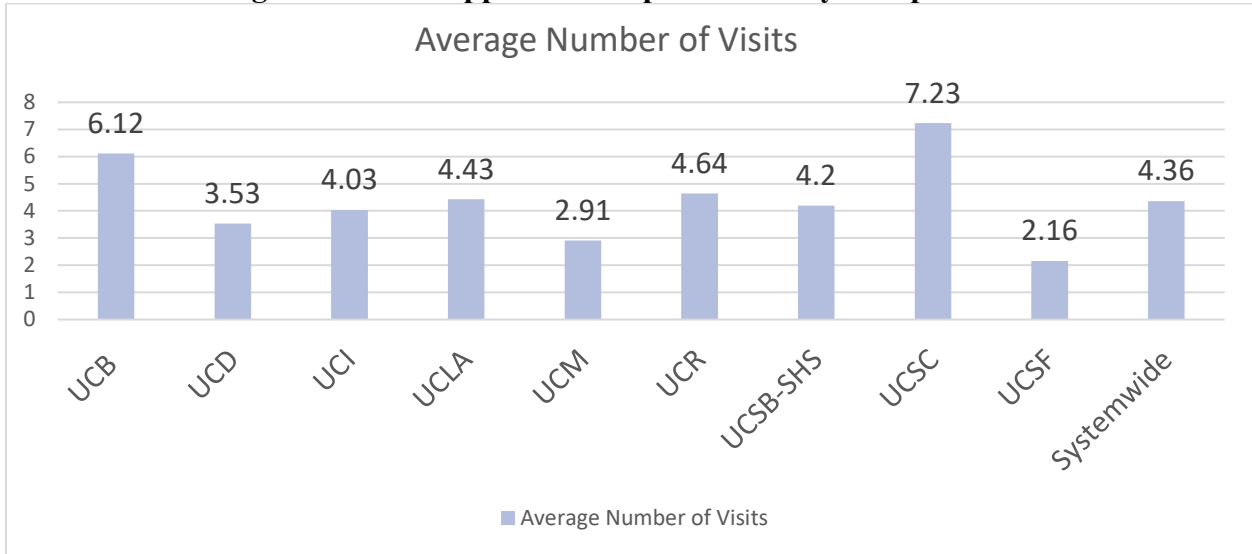
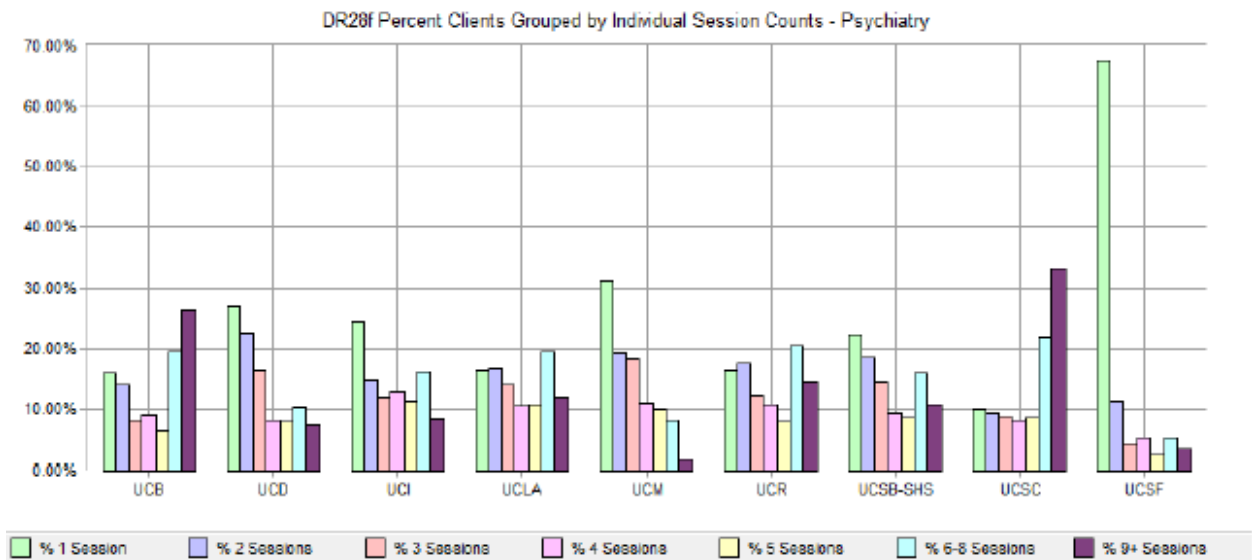


Figure 6 below shows the percentage of unique psychiatry patients grouped by visit count and shown by campus in FY 2022-23. As with prior years' reports, a more even distribution of visit counts for unique patients is seen in the psychiatry practices compared to counseling visit data. UCB and UCSC have a significant percentage of students seen nine or more times. UCSF data again shows significant variance with the visit count distributions from other campuses for the reasons outlined in the preceding paragraph.

Figure 6
SHS/CAPS Psychiatry Appointments:
Percentage of Unique Patients Grouped by Appointment Count by Campus FY 22-23



Ethnicity Comparison of Systemwide Student Enrollment vs. SHS/CAPS Patients

Table 11 represents demographic data of unique patients at Student Health and Counseling and Psychological Services Centers systemwide and demonstrates the diversity of the student populations served by those centers. UC Student Health Centers compared race/ethnicity data from their Electronic Health Record systems with systemwide race/ethnicity data reported in campus enrollment files. UC Counseling and Psychological Services Centers collected responses from a student questionnaire.

Table 11
Ethnicity of SHS/CAPS Utilizers versus UC enrollment in Fiscal Year 2022-23

	<i>UC Enrollment (n =300,505)</i>	<i>Student Health Services (n=74,770)</i>	<i>Counseling and Psychological Services (n=46,171)</i>
<i>African American</i>	4.57%	4.61%	5.75%
<i>American Indian</i>	0.53%	0.48%	.46%
<i>Hispanic / Latino(a)</i>	22.18%	19.19%	22.61%
<i>Pacific Islander</i>	0.27%	.83%	
<i>Asian</i>	32.27%	31.88	31.07%
<i>White</i>	22.50%	26.04%	22.35%
<i>Domestic Unknown</i>	2.93%		10.08%
<i>International</i>	14.75%		
<i>Multi</i>		5.15%	7.86%
<i>Declined to State</i>		11.82%	

UC SHIP Status Update

The student-led UC Student Health Insurance Plan (UC SHIP), administered through UCOP Risk Services with UC Health's medical oversight, has continued enrollment growth since the COVID-19 pandemic. The self-insured UC SHIP plan provides comprehensive medical, prescription, dental, and vision coverage to enrolled UC students and their eligible dependents. All campuses except UC Berkeley continue to offer students insurance through UC SHIP. The UC SHIP Executive Oversight Board (EOB) governs the plan. Student members are the designated voting members of the EOB, working closely with their local campus SHS and CAPS Directors and their campus-based Student Health Advisory Committees to determine their position on EOB proposals regarding the addition of benefits, plan design changes, etc. Current proposals to be voted on for plan year 2024-25 include coverage maintenance for the Lyra Health supplemental mental health network services and possible elimination of coverage for weight loss medications.

The estimated pooled UC SHIP premium base renewal rate for the plan year 2024-25 is projected to be approximately a 28.9 % increase from the plan year 2023-2024, subject to final review by an outside actuary (Milliman). The causes of this increase are multifactorial. One of the most significant of these is an intentional progressive diminishment of annual inflation trend factors used to estimate the degree of anticipated medical and pharmaceutical inflation for the

coming plan year. Table 12 below shows that, for the 7-year period between plan years 2013-14 to 2019-20, medical forecasting trends ranged between 10-12%, and pharmaceutical forecasting trends ranged between 10-15%. For the last three years prior to the COVID-19 pandemic, the medical trend was forecast at 10% per year and the pharmaceutical trend was forecast at 15% annually. In contrast, beginning in plan year 2020-21, given decreases in claims incurred during the first year of the COVID-19 pandemic (PY 2019-20), forecasted trends were decreased to avoid continued creation of additional surplus. Forecasted trends were further decreased to 5% medical and 8% pharmaceutical for the following two plan years. During this same interval, however, actual observed medical and pharmaceutical inflation rates soared to historic (medical at 19.9%) or near-historic (pharmaceutical at 18%) highs in alternate years. The larger and most recent of these two observations is the nearly 20% increase in medical inflation seen in UC SHIP medical claims for the plan year 2022-23.

Table 12
UC SHIP Realized Medical and Pharmaceutical Inflationary Trend vs. Trend Estimates
Used in Underwriting to Forecast Premium Targets by Plan Year

	Medical		Pharmacy		Trend Used in UW		Deficit/Surplus
	Claims	Trend	Claims	Trend	Medical	Pharmacy	
2012-13	\$109.74		\$11.21				Deficit
2013-14	\$105.26	-4.1%	\$26.04	132%	12%	10%	Surplus
2014-15	\$98.52	-6.4%	\$31.08	19%	12%	10%	Surplus
2015-16	\$94.46	-4.1%	\$35.17	13%	12%	10%	Surplus
2016-17	\$105.14	11.3%	\$36.48	4%	12%	15%	Surplus
2017-18	\$121.59	15.7%	\$38.68	6%	10%	15%	Surplus
2018-19	\$119.30	-1.9%	\$40.85	6%	10%	15%	Surplus
2019-20	\$126.15	5.7%	\$40.08	-2%	10%	15%	Surplus
2020-21	\$141.37	12.1%	\$43.50	9%	7%	12%	Surplus
2021-22	\$156.32	10.6%	\$51.40	18%	7%	9%	Deficit
2022-23	\$187.43	19.9%	\$57.41	12%	5%	8%	Deficit
2023-24					5%	8%	Deficit
Average		5.9%		9.4%			

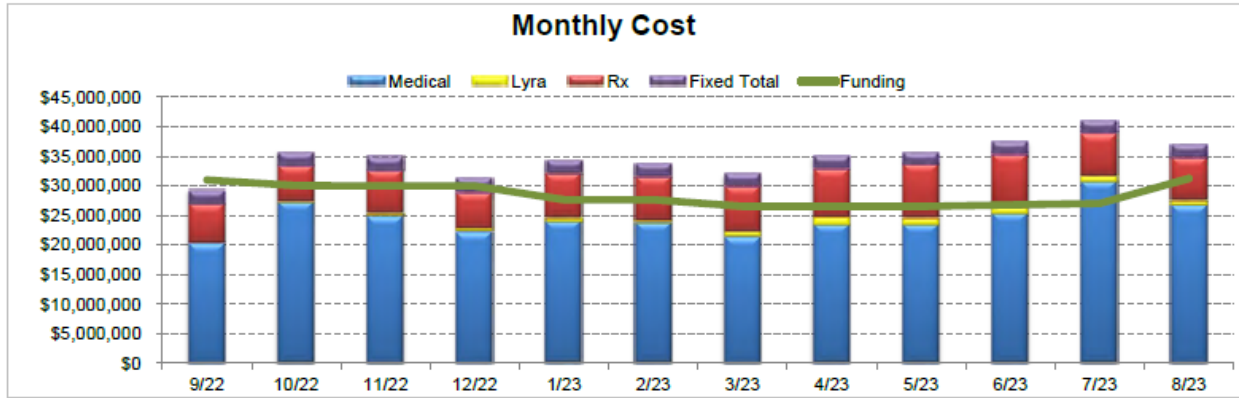
Additional factors that have led to a significant anticipated premium renewal increase are unusually large observed increases in UC SHIP claims over the past two plan years, including a 60% increase in per member per month (PMPM) costs for Emergency Room services received, a 78% increase in PMPM costs for outpatient mental health services, an over 100% increase in costs for specialty medications, and a 15.8% increase in the number of students whose claims exceeded more than \$100k for each student (with 248 UC SHIP students with claims greater than an adjusted threshold of \$117k in plan year 2022-23).

Another factor is the evolution of SHIP plan design changes that have resulted in UC SHIP having high actuarial values, which is the percentage of total medical costs that a health plan will pay across a defined population). The actuarial value of the UC SHIP plan varies by campus through their specific plan design decisions on copay, co-insurance, deductible, and out-of-pocket maximum amounts. All campuses have customized plan designs whose actuarial values currently meet or exceed platinum-level plans that pay 90% or more of total medical costs. Furthermore, a platinum insurance plan has the highest monthly premiums but the lowest out-of-pocket costs.

Figure 7 below depicts UC SHIP’s monthly costs (i.e., paid claims and administrative or “fixed” costs) versus premium funding for the UC SHIP plan year 2022-23. Observed increases in medical and prescription claims resulted in UC SHIP monthly total cost exceeding the premium

collected for the period of October 2022 - August 2023, with significantly larger deficits appearing from April 2023 – July 2023.

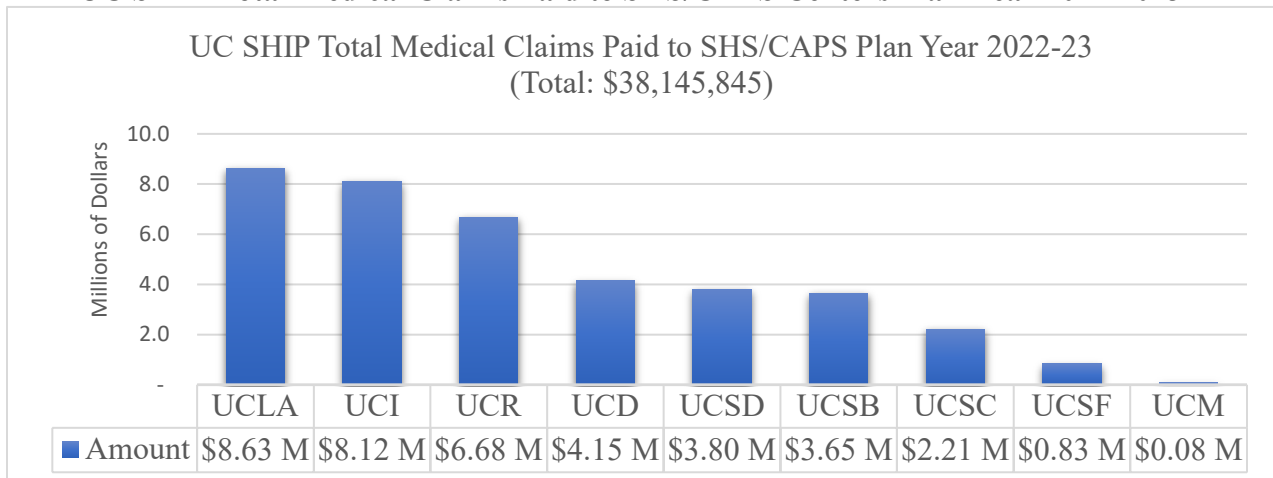
Figure 7
UC SHIP Monthly Cost vs. Premium Funding in Plan Year 2022-23



UC SHIP Medical Claims Paid to SHS/CAPS Centers

Figure 8 below shows UC SHIP Claims paid to SHS/CAPS centers for the plan year 2022-23. The SHS and CAPS centers received a total of \$38.1M during this plan year. This represents a 20% increase from \$31.8M in the previous plan year 21-22. (Of note, claims paid to the SHS/CAPS centers were \$23.9M in plan year 2020-21 and \$28.5M in plan year 2019-20, with both years demonstrating significantly reduced paid claims due to extended campus closures and the COVID-19 pandemic itself, which generally produced a decrease in claims across most health insurance plans during the active phases of the pandemic. Incidentally, the most recent year’s total claims paid amount of \$ 38.1M was also a 20% increase in UC SHIP payments received by UC SHIP in the last full plan year preceding the Covid-19 pandemic (2018-2019), when payments to UC SHS centers were \$32.6M. This is not felt to be a significant contributing factor to UC SHIP’s anticipated premium increase for next year (AY 2024-25).

Figure 8
UC SHIP Total Medical Claims Paid to SHS/CAPS Centers Plan Year 2022-2023



UC SHIP Lyra Health Supplemental Behavioral Health Network Pilot Utilization

For the plan year 2022-23, UC SHIP used a portion of its reserve funds to launch a pilot program to provide a supplemental mental health network, over and above that available to UC SHIP students from campus-based services at the SHS or CAPS centers, as well as the Anthem network of community-based behavioral health providers and psychiatrists. The pilot program was launched in August 2022 and is available to all UC SHIP students and UC's Education Abroad Program. Lyra Health offers self-directed use of online resources and programming, in-person and telehealth-based wellness coaching and counseling, and blended care therapy using a combination of online digital training modules and telehealth therapy for students interested in this option. Lyra Health also provides access to psychiatric medication prescribing and medication management and facilitates care coordination and scheduling.

Lyra Health utilization data from initial launch on August 15, 2022, to December 1, 2023, show that 6,573 UC SHIP students registered onto the system with 3,686 students initiating care, and a total of 47,039 visits have been conducted since August 15, 2022. Roughly two-thirds of active users are aged 25 years, and one-third are aged 26-35. The average number of sessions per client to date is ten sessions per client. Ninety-four percent of users are seen for their initial visit within 14 days. Top provider-identified primary needs are depression/sadness (36%), anxiety (28%), stress (10%), trauma (7%), relationship issues (3%) and ADHD (3%). Client satisfaction scores regarding care approach, client-provider relationship, and focus on primary concerns ranged from 92-94%. Notably, nearly 95% of visits are conducted via telehealth, and 5% are via in-person services, which has remained stable since the initial months of service. Lyra Health has been a successful pilot program and supplemental resource for UC SHIP students.

SHS/CAPS and UC SHIP Challenges and Opportunities

The campus-based SHS/CAPS units across the UC system provide a foundation of primary care medical and mental health services to all UC students. Over the past 5-7 years, campus-specific funding efforts to increase mental health counseling provider staffing levels have brought 8/10 CAPS center's counselor-to-student ratios to levels that meet or exceed recommendations of the International Accreditation of Counseling Centers (IACS) organization. Only two campuses, UCM and UCR, have counselor-to-student ratios that do not yet reach recommended levels. Even though their distribution has been uneven across the system, at the start of the past two academic years (AY 22-23 and AY 23-24), the CAPS centers have hired 57 counselors into existing vacant or newly created positions. Chancellors and Vice-Chancellors at most campuses have found a way to direct additional funding for this priority, and the CAPS centers' leadership has found a way to recruit these candidates successfully. This is a particularly noteworthy achievement in the context of statewide provider shortages.

Psychiatry provider staffing has minimally improved across CAPS. The systemwide psychiatry position vacancy rate in fall 2023 was 24%, with 10.3 of a total 43.8 FTE being vacant. In addition, the psychiatry visit count in AY2022-23 was 17.6% below the visit done on pre-COVID baseline of AY2018-19. To address these local gaps, several campuses have developed collaborative care programs between SHS/CAPS centers and UC AHCs.

For primary care, at the start of the past two academic years, SHS systemwide physician staffing

levels have demonstrated consistently high average vacancy rates across the SHS centers, which averaged 19.88 % in October 2022 and marginally improved to 17.24 % in October 2023. Of note, this was primarily achieved by eliminating 7 MD positions in that period rather than filling vacant positions. In addition to this loss of physician FTEs, there are currently 15 vacant physician FTEs and 8 vacant Nurse Practitioner FTEs systemwide. This loss of active clinical staff has resulted in a deterioration in primary care capacity at many campuses. For AY2022-23, primary care visit capacity has decreased by nearly 20% compared to the pre-COVID-19 baseline of AY2018-19.

One of the clear and pressing priorities is to address primary care physician and/or nurse practitioner staffing levels in the SHS centers, which have declined due to a number of factors. The COVID-19 Pandemic no doubt has played a role, as SHS centers struggled to maintain core operations while assuming increasingly larger obligations to execute public health measures that allowed campuses to open and remain open despite challenges of new variants and subsequent surges of infectivity. For the past several years, SHS leaders have articulated their difficulties in attracting qualified physician candidates. A primary source of both recruitment and retention difficulties has been insufficient prioritization and inadequate resource allocation to the SHS units. The loss of SHS primary care base is associated with large increases in the cost of care due to UC students more often seeking care in the community. To conserve overall University resources, additional investment must be made at the campus level. Campus Chancellors and Vice-Chancellors of Student Affairs must re-prioritize SHS clinician staffing levels to restore their students' adequate primary care base.

Another high priority should be strong consideration of higher-level integration of the SHS units with UC's Academic Health Centers (AHCs). The SHS centers are not robustly staffed with resources to manage the myriad of responsibilities inherent in conducting clinical operations. In contrast, UC AHCs have many highly trained staff to address these. Additional expertise in governance and operational and administrative support is needed. Specific areas for improvement include managing resource requests, obtaining sufficient IT staff to manage basic operations and perform routine analyses, operations surveillance and improvement, billing expansion, etc. Additional areas that could be addressed by using shared resources include healthcare compliance, communications, and legal. Further potential benefits of integration include opportunities for the expansion of residency/fellowship training into SHS/CAPS centers and the creation of additional collaborative care initiatives between SHS/CAPS units and proximate UC AHC, such as UC San Diego Health's **College Mental Health Program** and UCLA Health's **Behavioral Health Services** program for UCLA students.

A third high priority is to develop IT infrastructure and staffing levels further to enhance reporting capacity and monitor appointment accessibility at each campus and collectively. This can initially be done at a very low cost with the current electronic health record (EHR) system, "Point n' Click", by centrally hosting on a common platform and using limited staff to provide basic reporting capacity to the campuses. It is concerning that the majority of campuses do not currently have this capacity. Once created, this system could also be configured to provide more accessible healthcare information between campuses, SHS units, and UC AHCs to optimize patient care and allow for systemwide analyses of population health outcomes. While a future transition of all campus SHS/CAPS centers to the EPIC EHR system used by all UC AHCs is envisioned as an ideal solution, prohibitive costs have limited campuses' abilities to move

forward. Options for shared hosting with UC AHCs and supplemental implementation assistance funds were identified in the past year. Still, to date, no campus except UCSD has transitioned to EPIC for its SHS/CAPS clinical operations.

Additional priorities under active development by the campuses include using new care pathways and service delivery models utilizing multi-disciplinary teams and existing EHR functionality to provide additional services via protocol or through provider-driven asynchronous care. Further exploratory work has begun on the development and implementation of population health strategies. In order to actively engage in these prospects, however, further investment in IT infrastructure is necessary. In addition, continued collaboration with campus wellness, prevention, and health promotion services is ongoing.

Appendix
Appendix Table 1
2022-2023 Patient Satisfaction Survey Results

Campus	UCB	UCD	UCI	UCR	UCSC	UCSD	UCSF	UCM	UCLA	Systemwide Average	%Change
When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	3.40	3.11	2.99	3.23	3.53	3.12	2.69	3.33	3.10	3.17	-0.87%
When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	3.46	3.30	3.26	3.38	3.40	3.22	2.81	3.25	3.10	3.24	0.95%
When you contact this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	3.44	3.44	3.37	3.59	3.73	3.25	2.98	3.49	3.01	3.37	-0.22%
When you contact this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed it?	3.25	3.26	2.51	2.78	2.70	3.29	2.90	2.61	2.92	2.91	1.22%
Wait time includes time spent in the waiting room and exam room. How often did you see this provider within 15 minutes of your appointment time?	3.49	3.73	3.50	3.67	3.51	3.31	3.55	3.49	3.59	3.54	1.29%
How often did this provider explain things in a way that was easy to understand?	3.80	3.94	3.75	3.81	3.81	3.65	3.69	3.81	3.65	3.77	-0.54%
How often did this provider listen carefully to you?	3.80	3.94	3.75	3.74	3.71	3.55	3.57	3.88	3.64	3.73	-0.62%
How often did this provider give you easy to understand information about these health questions or concerns?	3.77	3.90	3.65	3.77	3.81	3.59	3.62	3.81	4.67	3.84	2.42%
How often did this provider show respect for what you had to say?	3.82	3.97	3.75	3.80	3.76	3.59	3.63	3.91	3.69	3.77	-0.77%

**Appendix Table 2
2022-2023 Patient Satisfaction Survey Results**

Campus	UCB	UCD	UCI	UCR	UCSC	UCSD	UCSF	UCM	UCLA	Systemwide Average	%Change
How often did this provider spend enough time with you?	3.78	3.85	3.61	3.79	3.67	3.61	3.62	3.72	3.61	3.70	-1.85%
When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	3.75	3.83	3.72	3.74	3.80	3.61	3.32	3.53	3.40	3.63	-2.03%
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	9.14	9.40	9.08	9.19	8.95	8.36	8.40	9.20	8.68	8.93	0.95%
How often were clerks and receptionists at this provider's office as helpful as you thought they should be?	3.70	3.46	3.54	3.33	3.83	3.53	3.56	3.69	3.48	3.57	-2.21%
How often did clerks and receptionists at this provider's office treat you with courtesy and respect?	3.81	3.71	3.69	3.38	3.85	3.59	3.73	3.78	3.69	3.69	0.00%

Key to Acronyms:

AHC	Academic Health Center
AHRQ	Agency for Health Research and Quality
ASQ	Age and Stages Questionnaire
SHS	Student Health Services
CAIR	California Immunization Registry
CAPS	Counseling and Psychological Services
CCMH	Center for Collegiate Mental Health
CG-CAHPS	Clinician and Group Survey
EHR	Electronic Health Record
FTE	Full-Time Equivalent
IACS	International Association of Counseling Services
PHQ	Patient Health Questionnaire
QI	Quality Improvement
SB-24	Senate Bill 24 (College Student Right to Access Act)
SHS	Student Health Services / Center
RFIC	Reserve Fund Investment Committee
UC SHIP	UC Student Health Insurance Plan