

Response to the 2019 Performance Audit Report
UT Mental Health Services
Prepared by the OneUT Mental Health Task Force
June 2020

Introduction

The growing concern among college administrators and faculty regarding student mental health and well-being is not unique to the UT System, but is rather a topic of national concern. In their 2020 report¹, Mental Health America, a community-based nonprofit that advocates for mental health and overall wellness, reported that youth ages 12-17 have experienced a 4.25% increase in major depression over the past 6 years (approximately 2 million youth). Among adults ages 18 and over, suicidal ideation has increased from 3.77% to 4.19% (over 10.3 million adults). Millions of youth and adults who suffer some form of mental illness are not receiving mental health treatment.

The staggering mental health trends on college campuses mirror the dramatic increase in mental health disorders such as anxiety, depression, and suicidal ideation observed in communities across the United States. A 2020 report by the Chronicle of Higher Education highlighted the growing mental health trends observed among college students and the urgency with which colleges and universities are working diligently to adapt to students' mental health needs and expectations². The Healthy Minds study³ cited in the publication reported that in a six-year period, the percentage of students who experienced anxiety has increased from 17% to 31%. In ten years, major depression more than doubled among college students, rising from 8% to 18%. Furthermore, approximately one-third of students have sought counseling services this year, a figure which has doubled over the past decade.

Harrowing events on college campuses, accounts of student suicide, and students' personal battles with mental health concerns have resulted in increased mental health awareness and a lessening of the stigma formerly associated with seeking mental health intervention. While these changes represent an important cultural shift, the implications for college counseling centers as the demand for mental health services increases should not be underestimated. Mirroring what is happening in communities, as colleges experience an uptick in the demand for mental health intervention, resources (e.g., time, money, expertise) dedicated to mental health services must also increase. Many colleges are struggling to keep up with this demand. The reality is that counseling centers

¹ Source: The State of Mental Health in America, 2020 report. For additional information: <https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf>.

² Source: Overwhelmed: The real campus mental-health crisis and new models for well-being, *The Chronicle of Higher Education*, 2020 report.

³ A national survey facilitated by the University of Michigan that is administered to undergraduate and graduate students each year. For additional information: <https://healthymindsnetwork.org/hms/>.

alone are unable to accommodate the needs and expectations of the growing percentage of students who seek mental health intervention when a crisis occurs. What many college administrators are beginning to realize is that students' needs and expectations cannot be fully met by hiring more counselors, nor is every student in need of counseling services.⁴ Rather, colleges and universities are exploring new ways to successfully address student mental health and well-being, focused not only on intervention by licensed clinical practitioners, but also prevention and postvention by non-clinical practitioners such as those on CARE teams. As we look to the future of higher education, campus- and system-wide efforts that engage students, faculty, staff, and administrators in mental-health discussions and training are critical to campus well-being.

Since early 2019, the UT System Office of Academic Affairs and Student Success (AA&SS) has engaged UT campus leadership in discussions about student mental health and well-being. In May 2019, a suicide prevention bill was passed that “requires each state institution of higher education to...develop and implement a suicide prevention plan for students, faculty, and staff; and provide the plan to students, faculty, and staff at least once a semester.”⁵ Ongoing communication about the relationship between student mental health and student success coupled with the suicide prevention legislation led to the coordination of a second annual Summit for chief academic and student affairs officers and select campus representatives. In November 2019, the Office of AA&SS facilitated a Summit event called “Building a Unified and Supportive Mental Health Culture.” Chief academic and student affairs officers, their senior teams, select faculty, students, mental health professionals and representatives from state organizations such as the Tennessee Higher Education Commission, the Tennessee Suicide Prevention Network, and the Tennessee Department of Mental Health and Substance Abuse Services attended a one-day event to discuss growing concerns around student mental health and what can be done to promote and improve mental health services at UT. In her recent remarks to the Board of Trustees, Dr. Linda Martin, UT System Vice President for AA&SS, highlighted campus- and system-level efforts to collaboratively address service gaps and plans moving forward.

The Tennessee Comptroller of the Treasury submitted a Performance Audit to the University of Tennessee Board of Trustees in December 2019 that contained a detailed review of mental health services across the UT System. In response to the Performance Audit, and under the direction of President Randy Boyd, the Office of AA&SS established the OneUT Mental Health Task Force in March 2020, a group of mental health professionals and student affairs representatives from across the system charged with addressing the recommendations outlined in the report that pertain to mental health services. The Task Force began to meet in April at the height of concerns surrounding the COVID-19 pandemic. Only time will reveal the full impact of COVID-19 on the

⁴ Source: Overwhelmed: The real campus mental-health crisis and new models for well-being, *The Chronicle of Higher Education*, 2020 report.

⁵ Source: <https://legiscan.com/TN/bill/SB1175/2019>.

UT System as campuses recover from the pandemic. Despite system-wide challenges resulting from COVID-19, the Task Force views this time as a unique opportunity to think creatively and holistically about how to provide students with quality mental health care focused on prevention, intervention, and postvention.

The following response to the Performance Audit prepared by the Mental Health Task Force aims to: (1) respond to the recommendations made by the Comptroller regarding mental health services, including action steps and a timeline for implementation, where applicable, and (2) highlight efforts across the UT System to holistically address student mental health and well-being, with particular emphasis on prevention strategies.

Recommendation 1: Reassess the number of counselors each campus employs, make necessary adjustments to comply with the International Accreditation for Counseling Services (IACS) standards and to reduce counselor caseload distribution and appointment wait times

The International Association for Counseling Services (IACS) is an international organization that has established professional standards for counseling centers on college campuses. Institutions that pursue accreditation through IACS undergo a peer-reviewed evaluation process and site visit conducted by a team of counseling professionals to “certif[y] that its services meet the highest established standards in the field.”⁶ To maintain accreditation through IACS, counseling centers are required to submit an annual report to IACS and participate in a re-evaluation process and site visit every eight years. IACS standards for counseling centers include expectations for the relationship of the counseling center to the university; counseling services roles and functions; ethical standards; counseling service personnel; and other related guidelines regarding professional development, compensation, workload, and staff diversity. As was cited in the Performance Audit by the Comptroller, UTK is the only campus within the UT System that is accredited by IACS.

Section V.C.1 of IACS Standards under Related Guidelines⁷, specifies the expectation with regard to the number of counseling staff based on student enrollment:

Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1,500 students, depending on services offered and other campus mental health agencies.

It is critical to note that the ratio mentioned in this guideline is not a requirement that, if not met, would jeopardize an institution’s accreditation through IACS. Rather, the suggested counselor to student ratio is aspirational (noted in the Performance Audit), and one that will vary based on the

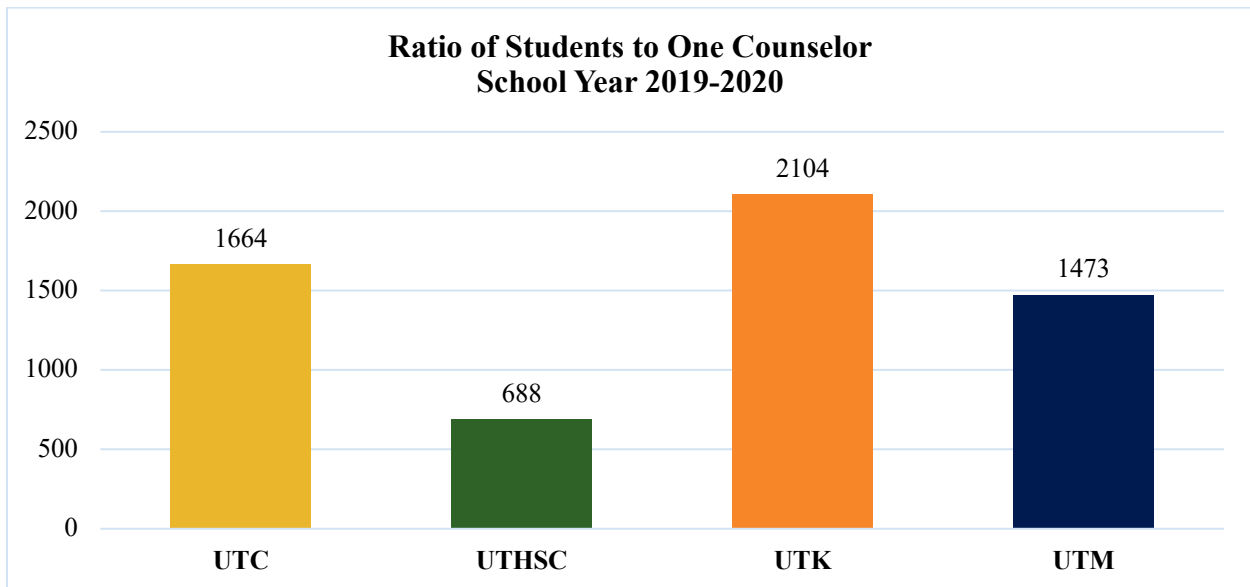
⁶ Source: <https://iacsinc.org/>.

⁷ Source: <https://iacsinc.org/iacs-standards/>.

counseling structure of the accredited institution and the roles that other campus groups and community organizations play in providing additional support alongside the campus counseling center.

The ratio of students to counselors on each campus during the 2019-2020 academic year, can be seen in Figure 1. Please note that these numbers are more recent than the ones cited in the Performance Audit.⁸

Figure 1: Counselor-to-Student Ratios



The Performance Audit drew attention to UTM’s counselor-to-student ratio, recommending that UTM should consider hiring two additional counselors to comply with IACS aspirational standards; however, the ratio included in the Performance Audit failed to account for the populations who are ineligible for services provided through UTM Student Health and Counseling Services (SHCS). In Fall 2019, 4,419 enrolled students were eligible for services at SHCS for a counselor-to-student ratio of 1:1,473. Students who pay the health fee are eligible for services; however, students enrolled in online only programs (1,016 in Fall 2019) and dual credit students (1,260 in Fall 2019) do not pay the health services fee and are not eligible for these services.

According to the accurate numbers in Table 1, UTHSC and UTM exceed the IACS aspirational standard for the recommended number of counselors, while UTC and UTK have fewer than the recommended number of counselors based on eligible students. The suggested IACS ratio of counselors to students is an expectation that UT campuses strive to meet; however, using this

⁸ See p. 107 of the Final Performance Audit Report from December 2019.

aspirational standard that is strictly focused on mental health intervention as the primary indicator of met versus unmet mental health needs, is limiting. In line with colleges and universities around the nation, UT campuses are focused not only on mental health intervention, but also prevention and postvention. While counseling centers bear the responsibility of mental health intervention, prevention and postvention require a campus-wide, holistic approach to well-being that extends beyond a single office; prevention and postvention efforts are also not reflected in counselor-to-student ratios. UT campuses are actively engaged in campus-wide prevention efforts, as will be noted throughout this report. It should also be noted that the hiring and training of counselors and campus CARE team staff represents a great expense to UT campuses. The decision to hire more counselors is sometimes, but not always, an option depending on available financial resources.

The following paragraphs describe clinical and non-clinical efforts on each campus to address student-to-counselor ratios. Though counselor caseloads, appointment wait times, and IACS accreditation are referenced in the following sections, a more detailed discussion regarding these points can be found in Recommendations 5 and 7, respectively.

UTC

UTC currently employs seven full-time counselors, three of whom do not work from mid-May through early August when student numbers are lower. UTC is aware that their ratio (see Table 1) does not meet the IACS standards. Prior to the COVID-19 pandemic, UTC was planning to hire a Clinical Case Manager by July 1, 2020 to help with crisis overflow and follow-up care. This additional staff member would improve the ratio concern highlighted by the Comptroller's office and would likely impact caseload and appointment wait times; however, the financial impact resulting from COVID-19 may impact this hire. Currently the UTC counseling center attempts to align with IACS standards, though they have not pursued accreditation. More information about system-wide consideration of IACS accreditation is discussed in Recommendation 7.

UTHSC

In Fall 2019, the counselor-to-student ratio at UTHSC was 1:688, thereby meeting the IACS standard. A full-time case manager provides outreach and follow-up for students of concern for the campus through the CARE Team. This added level of support can include networking with financial aid, academic support, off-campus providers, and other campus and community services.

UTK

In Fall 2019, the counselor-to-student ratio at UTK was 1:2,104. The UTK Student Counseling Center currently employs 14 full-time mental health providers (excluding trainees) and serves 29,460 students (based on Fall 2019 enrollment numbers). Current plans include the hiring of one additional FTE counselor, bringing the total number of mental health providers to 15. The addition

of one mental health provider will lower the counselor-to-student ratio to 1:1,940. Since the IACS standard specifically excludes trainee positions, meeting this standard would require that the Counseling Center employ 20 full-time mental health providers (i.e., five additional positions). The additional positions would add substantial budgetary challenges. UTK believes that their current configuration of 15 full-time licensed providers and five full-time intern positions provides a reasonable approximation of the IACS standard, and chooses instead to focus on staff retention as a way to adequately address gaps in service.

UTM

UTM Student Health and Counseling Services (SHCS) is an integrated service providing health and counseling services in one location that services the campus in Martin and five educational outreach regional centers. UTM SHCS includes three full-time counselors (one Licensed Clinical Social Worker and two Licensed Master Social Workers), and two Nurse Practitioners who are able to coordinate care and provide behavioral health pharmacotherapy management. In Fall 2019, 4,419 enrolled students were eligible for services at SHCS for a counselor-to-student ratio of 1:1,473. Again, this excludes students enrolled in fully online programs and dual credit students.

Additionally, the campus community is supported by the UTM CARE Team. The “Hawk Alert,” is an online reporting tool that allows a community member to refer a student to the CARE Team 24/7. The UTM Crisis Response Team, a subset of the CARE Team, is responsible for monitoring and responding to Hawk Alerts. Referrals are reviewed by a member of the Crisis Response Team within hours, often minutes, of submission and triaged to include interventions ranging from requesting a Public Safety Welfare Check, housing staff drop-in, or email contact letting the student know that a member of the CARE Team is “here to help.” The additional CARE Team support acts as a supplemental aid to counseling and interim support measure should students experience wait times. The CARE Team will refer students to counseling services when appropriate, and act as a complement or supplement to counseling intervention, easing the load on counseling staff.

Action Steps and Timeline

1. In the event enrollment or demand for mental health intervention increases and as financial resources become available, consider the hiring and training of additional mental health counselors, case managers, and CARE Team staff (*Ongoing*).
2. Continue to focus on enhancing and promoting prevention services (*Ongoing*).

Recommendation 2: Eliminate existing mental health service gaps (for example, UTM could consider using UTK’s online counseling model and UTHSC could consider partnering with Nashville-area locally governed institutions)

COVID-19 has significantly impacted the delivery of mental health services across the UT System, challenging those who oversee mental health and well-being to think purposefully and creatively about how to continue to serve students from a distance. The Performance Audit, which was finalized before COVID-19, discussed mental health service gaps broadly, while specifically highlighting service gaps at two UT campuses. Given the new context of COVID-19, each campus has experienced new mental health service gaps and in response has implemented practices to virtually support mental health and well-being of students. Each campus has had to work through unique challenges based on campus mental health structure and available resources. The common concern among all campuses has been how to provide mental health counseling and resources when face-to-face appointments are not an option. The following paragraphs describe actions at each campus to address ongoing and recent COVID-19-related service gaps in order to provide quality mental health services to students across the System.

UTC

As a border city, UTC serves students from Georgia, Alabama, and North Carolina, in addition to students from Tennessee. One of the limitations that UTC has experienced during the pandemic is the inability to deliver mental health care across state lines because the majority of UTC mental health counselors are only licensed to practice in Tennessee. Beginning in March when students began to leave campus, those residing in Georgia, Alabama, and North Carolina were referred to treatment providers in their area rather than continuing with counseling services typically provided through the institution. Moving forward, it may be a consideration to investigate the feasibility of having counselors pursue licenses in bordering states to mitigate this service gap. During this time of remote support, UTC has also implemented remote counseling and telehealth options that are a desirable and suitable treatment option for many students who seek mental health assistance. Currently, telehealth functions through Microsoft Teams, a system for which UTC has a HIPAA-compliant Business Associate Agreement (BAA). UTC was also recently added to a HIPAA-compliant Zoom BAA and will begin onboarding soon. Remote counseling and telehealth services will continue past COVID-19.

To address known service gaps, UTC efforts recently expanded to include the JED Campus Initiative, Healthy Minds Survey, ProtoCall Services, award of the Garrett Lee Smith Grant from the Substance Abuse and Mental Health Association, and the use of Social Sentinel. UTC’s participation in the JED Campus Initiative provides UTC with a comprehensive strategic plan to address policy development, suicide prevention, mental health services, and prevention efforts. The Healthy Minds Survey conducted in 2019 enhanced UTC’s understanding of student needs by

providing self-reported student data related to mental health and well-being to guide prevention efforts. ProtoCall Services increases early intervention for mental health related issues by providing crisis response for on-campus and off-campus students. ProtoCall also helps address counselor burnout by providing 24/7 on-call mental health crisis services.

The Garrett Lee Smith grant of \$300,000 from 2020-2023 allows UTC to hire an additional staff member to help increase capacity to provide suicide prevention training to faculty, staff, students, and caregivers; provide increased programming related to mental health education and suicide prevention; and develop mental health awareness campaigns. Grant funds have also been used to purchase a contract with Social Sentinel, a program which will allow the Office of the Dean of Students to monitor online digital conversations and social media platforms for threats of violence and detection of social and emotional wellness issues to proactively help students in need. Furthermore, UTC has developed a Suicide Prevention, Intervention, and Postvention Policy. The policy outlines intervention expectations for faculty and staff and provides guidance to help them successfully engage with students experiencing mental health emergencies and suicidal thoughts and behaviors. Based on the evidence-based Columbia Suicide Severity Rating Scale⁹, the policy also serves as a guide to help faculty and staff as they direct students to appropriate resources on campus.

UTHSC

At UTHSC, like all UT campuses, prevention is the key to supporting students as they adjust to the demands of the health science curricula, reducing the risk of suicide, and impacting graduation rates. UTHSC has created resources, information, services, and events focused on education and prevention to help students thrive. In 2018, UTHSC moved toward creating a “campus of care” for students through efforts such as the following:

1. Prevention-focused events, speakers, resources, and websites through the #Take Care and Thriving, Not Just Surviving campaigns. These efforts included training for faculty, staff, and students.
2. Reorganization of the Behavioral Intervention Team (BIT) and rebranded it as the CARE Team. This rebranding included the creation of the CARE Team website and manual including procedures and protocols, such as responses and support for student suicides.
3. CARE Team training across the state for UTHSC faculty, staff, and students focuses on identifying students of concern and how to share a concern through the CARE Team Portal that directly alerts the CARE Team when there is a student in distress. The portal also tracks students of concern along with outreach, follow-ups, and outcomes.

⁹ Source: <https://cssrs.columbia.edu/>.

4. Suicide Prevention Training for faculty, staff and students to comply with the Suicide Prevention legislation.¹⁰
5. Beginning Fall 2020, UTHSC will add more online preventive resources and support through eCheckup To Go. This tool provides personalized, evidence-based, and online interventions for alcohol/drug and sexual assault prevention.

UTHSC has worked diligently to partner with UT and non-UT campuses to ensure that students who are fulfilling course requirements for their health sciences program across the state have access to quality mental health services when needed. The Performance Audit highlighted the need to provide mental health services to the 139 students who are fulfilling course requirements in the Nashville area, since there is not a UT facility in close proximity. In recent years, this service gap has not been an area of concern among UTHSC staff due to a MOU that UTHSC drafted with Vanderbilt University prior to 2018. The MOU provides access to Vanderbilt's counseling center in the event that a UTHSC student experiences a mental health emergency while in the Nashville area. This MOU has been in place for several years and will remain in effect in the future.

UTHSC students fulfilling course requirements at UTC and UTK also have access to mental health resources. The UTHSC Care Navigator through the CARE Team has established relationships with Behavioral Intervention Teams on the Chattanooga and Knoxville campuses to provide UTHSC students access to their resources and staff in case there is a CARE concern. Students in Knoxville have access through their payment of student fees to use the services available from the UTK Counseling Center.

UTHSC students across the state may also meet with counselors online. This option has actively been used by students during COVID-19. Even with a transition to an online platform, appointments have remained consistent in comparison to in-person appointments last year during this same period. Once regular operations resume, students who attend the main campus in Memphis will be able to schedule in-person sessions with a counselor, while also maintaining access to a counselor 24 hours a day through the after-hours counseling line and the UTHSC Student Assistance Program (SAP). SAP is a service available to UTHSC students throughout the country, regardless of their placement. UTHSC counselors have in the past and will continue to offer remote counseling to students across the state including Jackson, Nashville, Chattanooga and Knoxville.

UTK

In recent months, UTK's efforts have focused on two service gaps: 1) suicide prevention training and 2) coordination that spans the boundaries of academic and student affairs to help students in

¹⁰ Source: <https://legiscan.com/TN/bill/SB1175/2019>.

distress. For suicide prevention training, UTK utilizes the Question, Persuade, and Refer (QPR) program. QPR is an empirically supported training program designed to alert students, faculty, and staff to the warning signs of suicide and to empower them to “ask the question” about thoughts of suicide. This type of training is often referred to as “gatekeeper” training. Recognizing that persons thinking about suicide often reach out first to family, friends, or mentors (not necessarily mental health professionals), this training enables all members of the campus to serve as gatekeepers, helping persons in distress get connected to resources for care. Given that providing 90-minute presentations to groups of 30 or less is an inadequate way to train a campus of 35,000 people, UTK also provides self-guided, online suicide prevention training entitled Ask, Listen, Refer. Participants can access this 20-minute program at any time and gain the core information needed to be an active gatekeeper on campus.

Case management at UTK is based on a collaborative process of coordination, intervention, and support efforts across campus systems. The 974-HELP referral line was developed to help distressed or distressing students reach their academic goals and to help maintain a safe community and learning environment for all students. Students, faculty, and staff are able to access 974-HELP 24/7 via phone or by completing an online referral form. During work hours (Monday through Friday, 8 a.m.–5 p.m.), 974-HELP is answered by a professional staff member or case manager in the Office of the Dean of Students. After hours and on weekends and holidays, the referral line is answered by ProtoCall. The Student Counseling Center manages the ProtoCall contract, receives all in-coming reports, and distributes to departments accordingly (i.e., CARE Team or Office of Title IX).

The Performance Audit referenced UTK’s online counseling model. UTK offers a self-guided online therapy program called TAO Connect (Therapy Assistance Online). The program offers a range of empirically supported therapy modules that students may access anytime to help them address common concerns like anxiety, depression, and interpersonal concerns. Unfortunately, this program is underutilized and UTK is currently reviewing other options. Prior to COVID-19, UTK did not typically provide online counseling (i.e., virtual video-conferencing with a counselor); however, face-to-face restrictions moved all UTK mental health services online in order to maintain continuity of mental health support. Like other UT campuses, UTK recognizes the importance of providing a menu of mental health options for students; UTK will continue to provide some form of online access to counseling in the future.

UTM

Mental Health service gaps identified by UTM and highlighted in the Performance Audit include: 1) providing mental health support and clinical counseling for regional center locations, and 2) bolstering student outreach and programming on campus when there is a noticeable lack of local psychiatric services, limited community mental health resources, and a need for after-hours crisis

counseling. To address these gaps, UTM is in the process of implementing several services, some of which will be partially funded by the Garret Lee Smith Campus Suicide Prevention Grant. UTM has taken the following steps to address service gaps:

1. Expand access to UTM Student Health and Counseling Services for eligible students: At the time of the COVID-19 realignments, UTM was in the process of establishing protocols to provide tele-counseling for students attending classes at the regional centers and was well-positioned to transition to tele-counseling and tele-health. These services will continue moving forward.
2. Secure a contract with ProtoCall Services to begin June 2020: ProtoCall is a 24/7 mental health crisis and support line that will provide guided clinical assessment, risk assessment and solution-focused intervention with a licensed counselor.
3. Implement WellTrack services in Summer 2020: WellTrack is an interactive application that uses a stepped-care approach to help students cope with anxiety, stress, and depression. This service also guides the student to additional campus resources.
4. Work toward hiring a full-time case manager: The case manager will assist the CARE Team and the division of Student Affairs by providing non-clinical support for UTM students.
5. Increase student outreach and programming: Student Affairs and SHCS will provide internship opportunities to Social Work students to assist with program and outreach development and implementation. SHCS is also focused on enhancing the Certified Peer Educator (CPE) Program, a program that trains peer advocates to provide outreach on topics such as overall wellness, mental health awareness, domestic violence awareness, social norms, and substance abuse; and engaging with faculty, staff, and students.
6. Identify creative and collaborative efforts to increase community resources: First, SHCS and the CARE Team work with local counseling organizations to connect students with services. Second, UTM Student Affairs has worked to aid students with food insecurities by creating a food pantry, Captain's Pantry, and has established a meal share program with the on-campus Sodexo dining facility. Lastly, administrators are actively exploring ways to engage with the local hospital and system resources for psychiatric care that will benefit both community and campus.

Action Steps and Timeline

1. Explore system-wide contracts with services that provide clinical and non-clinical care (such as telehealth and messaging services) to enhance campuses' ability to offer care during and after hours (*Ongoing*).
2. Update campus mental health websites to ensure accuracy and accessibility of available mental health resources (*Fall 2020*).

3. Utilize, collaborate with, and promote non-clinical opportunities to support students, such as University CARE Teams, with an emphasis on prevention, intervention, and referral to clinical care when appropriate (*Ongoing*).
4. As a Task Force, continue to collaborate and provide support as each campus works to close existing service gaps (*Ongoing*).

Recommendation 3: Encourage UTK, UTC, UTM, and UTHSC to work collaboratively to foster continuous improvement, identify trends in mental health issues (such as suicide spikes), share advancements, serve as support to one another, and correct existing resource inequities

The OneUT Mental Health Task Force has met weekly since April 2020 to address the recommendations outlined in the Performance Audit that pertain to mental health and to discuss implications for mental health services during COVID-19. The positive rapport that has developed among Task Force members has proven to be a valuable asset during the past few months. Following the June Board meeting, the Task Force will transition from weekly to monthly meetings and, as recommended by the Comptroller, will continue to work together to not only deliver on the specific action steps outlined in this report, but also to share resources and provide support to mental health colleagues across the System.

As a result of the Task Force meeting regularly over the past few months to discuss the Comptroller’s recommendations, several opportunities for ongoing collaboration among Task Force members have been identified:

1. **Mental health and well-being as campus-wide efforts:** Collaboration among clinical and non-clinical mental health staff is key to identifying and supporting students in need of mental health services. The role of the broader campus community in promoting wellbeing and connecting students to available resources should not be understated. Continued collaboration among Task Force members will provide much-needed discussion about how to scale programming across campus areas.
2. **JED Campus support and alignment:** UTC, UTHSC, and UTK participate in JED Campus, a program “designed to guide schools through a collaborative process of comprehensive systems, program and policy development and customized support to build upon existing student mental health, substance use and suicide prevention efforts.”¹¹ UTM has expressed an interest in the JED Campus initiative and is actively seeking the funding to make this possible. Among other benefits, JED Campus provides a framework for

¹¹ Source: <https://www.jedcampus.org/>.

evaluating and improving campus-level mental health services. Ongoing collaboration of current JED Campus partners and the participation of UTM holds promise for overall identifying mental health trends across the System and improving system-wide service gaps and resource inequities.

3. **Development of a larger mental health consortium:** Part of the work towards creating a systematic and cohesive prevention, intervention, and postvention model may include a larger consortium that involves stakeholders from other areas of campus such as those who work in Academic Affairs. Task Force members agree that there is currently a disconnect between Student Affairs (where mental health tends to reside) and Academic Affairs (including staff and faculty). The success of mental health programming in the future lies in the collective ability to span the boundaries of these two areas to collaboratively meet students' needs. Following the June Board meeting, the Task Force will continue to explore when and how to expand the Task Force into a consortium. The work of this group will be to not only discuss student mental health, but also appropriate ways to advocate for mental health and well-being of university employees.
4. **Development of consistent mental health policy:** Though complete alignment of mental health policy across the System is not feasible at this time, the Task Force has identified two areas for consistent, system-wide policy development: a) a medical leave and return policy for incidents where students must leave campus due to a mental health concern, and b) a flexible schedule policy to account for compassion fatigue and burnout among mental health and student affairs staff. Both of these policies were discussed at the Mental Health Summit in November 2019 and have been revisited during Task Force meetings. Task Force members agree that the development of these two policies as a group is a way to make continuous improvements.
5. **Leverage System support and resources to provide suicide prevention and other mental health-related trainings:** In response to the Tennessee Suicide Prevention legislation, the System Office of Human Resources has coordinated system-wide efforts to establish a suicide prevention plan for students, faculty, and staff. While the work of the Suicide Prevention Task Force is focused currently on faculty and staff, there is an opportunity to leverage the work currently underway on behalf of students. For example, the suggestion has been made to utilize the K@TE system for suicide prevention trainings, in addition to the campus-facilitated suicide prevention trainings. This is one of many potential ways to more effectively address concerns about suicide among the UT System family. Coordination and collaboration between the Mental Health Task Force and the Suicide Prevention Task Force will be critical to addressing suicide spikes and other concerns related to suicide that have been highlighted in the Performance Audit.

6. **A system-wide, strategic focus on mental health and well-being:** With the exception of two campuses¹², mental health and well-being is not included in the UT System or campus-level strategic plans as an area of focus (although student success is addressed in each). Ultimately, the ongoing evaluation that leads to improvement of campus- and system-wide mental health services will not be achieved without a strategic focus on well-being as a measure of student success. Thus, the work of this Task Force and the expansion of our efforts will be critical moving forward to establish UT as a university system that is invested in student well-being. This system-wide strategic focus would provide structure around the promotion of mental health and well-being initiatives that include the broader campus community.

Action Steps and Timeline

1. Prioritize opportunities for system-wide collaboration to impact mental health services including:
 - a. Scaling of mental health resources across campuses (*Ongoing*);
 - b. Maintaining a focus on the JED Campus initiative and providing assistance to UTM as they seek funding for JED Campus (*Ongoing*);
 - c. Developing a larger mental health consortium or learning community (*Spring 2021*);
 - d. Developing a mental health medical leave and flexible schedule policies to benefit students, faculty, and staff (*Fall 2020*);
 - e. Leveraging System support and resources to provide suicide prevention and other mental health trainings (*Fall 2020*); and
 - f. Establishing UT as a university system invested in student well-being by adding mental health and well-being to strategic plans (*Spring 2021*).

Recommendation 4: Develop a system-wide process for collecting key mental health data, including tracking and reporting student suicides, and then modifying outreach efforts and service offerings based on that data

The responsibility to collect and report key mental health data has historically been managed by internal processes established on each campus; however, the Task Force agrees with the recommendation made by the Comptroller's office that the development of a system-wide process for managing data is critical to the success of campus- and system-wide mental health efforts moving forward. As was mentioned in the Performance Audit, familiarity with campus- and system-wide mental health data has significant implications for mental health initiatives moving

¹² Sources: <https://uthsc.edu/chancellor/strategic-planning/documents/strategicmap-2018-23-050918.pdf>; <https://www.utm.edu/strategic/>.

forward. To ensure that the UT System makes progress in this area, the Task Force will coordinate efforts with other offices including campus and System Institutional Research and the System Office of Human Resources.

Action Steps and Timeline

To establish a system-wide process for mental health data, the Task Force will take the following steps:

1. Compile a list of campus-level surveys and evaluations that are currently administered to students to assess mental health and well-being; identify survey schedules (*Fall 2020*).
2. Work as a Task Force to identify and define key mental health data points clearly and consistently across the System (*Fall 2020*).
3. Coordinate with the campus and system-level institutional research to develop a system-wide process for collecting and reporting key mental health data (including tracking and reporting student suicides), while maintaining compliance with HIPAA, FERPA, and other regulations (*Fall 2020*).
4. Consider the system-wide administration of a mental health survey (such as the Healthy Minds Survey) if there are identifiable gaps in the type of data collected (*Spring 2021*).

Recommendation 5: Develop system-wide counselor caseload and appointment wait time standards that would activate emergency protocols in the event that caseloads or wait times become excessive

To address this recommendation, it is important to elaborate on three key terms. First, counselor workload recommendations according to IACS advise that no more than 65% of counselor time should be consistently dedicated to direct clinical service. This means that counselor time dedicated to direct service appointments should not exceed 26 hours a week, though on any given week, a counselor may provide more than 26 hours of service due to emergencies and other contingencies. This standard reflects the unique role of university counseling centers by allowing for time dedicated to a broader range of functions than a traditional mental health clinic. As well as clinical treatment, university counseling centers provide or support a full range of prevention, outreach, training, and consultation services that contribute broadly to student mental health and safety.

Second, caseload refers to the number of active clients currently in treatment with a counselor. Caseload may vary even as service hours remain steady. For example, as demand grows, a counselor may move clients to every other week to accommodate the influx of new clients. However, this could double the counselor's caseload even while workload remains the same. A counselor may have 26 appointments a week but a caseload of 52 or more. The additional

challenges of managing 50+ clients can add significant stress to the counselor even as the hours of service remain constant.

Third, wait times, as noted earlier, are a product of staffing, time of year, and clinical severity. A wait-time standard would seem to presume that all students need the same level of care throughout the academic year, when in actuality, some students can afford to wait longer than others. A wait-time standard, if implemented, should include variability based on clinical need and time of year. All of our campuses offer some type of drop-in, walk-in, or other immediate access to services. Students with immediate needs are seen quickly for an initial assessment.

The Task Force discussed at length the recommendation to develop system-wide counselor caseload and appointment wait time standards, and ultimately determined that a system-wide approach to concerns in these areas would not be the best course of action at this time. Clinical and non-clinical staff work to address students' needs on a case-by-case basis and based on available resources at each campus. Imposing a system-wide policy could, in some cases, impede campuses' ability to provide the best level of care and could unduly impose restrictions where they are not needed. Furthermore, the Task Force agrees that formalizing mental health standards or policy that is then made available to the public has the potential to discourage some students from seeking out resources or could prompt students to make decisions about their care when they are vulnerable. The mechanisms in place to support student mental health on each campus are unique, as is every student. Thus, the Task Force proposes a campus approach, rather than a system approach, to this recommendation. The following paragraphs describe in greater detail counselor caseload and appointment wait-time standards and procedures at each campus.

UTC

UTC does not currently have a written caseload policy; however, they do make every effort to evenly distribute cases among the clinical staff. Most UTC counselors work with 40 to 70 students in a given semester; in rare cases the counselor caseload exceeds 70 students. According to IACS standards, counselors' clinical work should not exceed 26 hours per week; however, UTC counselors are often expected to engage in emergency interventions, outreach, education, and other campus-wide efforts. These additional responsibilities often cause counselors to exceed the recommended hours for clinical work.

Similar to other UT campuses, UTC has a triage process. Per policy, the triage process means that mental health staff will complete an intake assessment with student clients within 24 hours; if there is an emergency or perceived crisis, mental health staff see the student within the same day to assess the level of crisis. Students who seek out help from counseling services and are not in crisis

may wait two to three weeks for the next session after their initial intake assessment if the presenting issue is not emergent. No student in crisis is turned away.

It is important to note that at UTC, like at other campuses, emergency protocols are often predicated on the availability of other area resources. In Chattanooga, finding psychiatric and psychological services within the community is very challenging and can result in wait times of two months or more. Therefore, if there are to be "emergency protocols" then these expectations should factor in the workload on the individual centers and the resources available in the areas in which these resources exist.

UTHSC

UTHSC uses a triage system whereby students with higher levels of concern are prioritized. Same-day appointments are scheduled for students who are at risk of suicide or harm to themselves or others. As was noted in Recommendation 1, UTHSC's counselor-to-student ratio is 1:688. The longest wait time for students who are not in crisis is currently one to two weeks, though most are able to meet with a counselor within seven to ten days.

UTK

Wait time for an initial mental health assessment in the UTK Student Counseling Center is minimal. UTK utilizes a drop-in triage system, providing around 20 initial brief assessment appointments daily and 100 weekly. Students seeking services are provided an initial assessment within a few days of their request, unless they opt to schedule a follow-up appointment at a later date. Students who identify as being in crisis are able to visit with a counselor the same day.

Wait time complaints typically refer to the time required for a follow-up appointment after the initial brief assessment. These wait times can vary widely from a few days to several weeks, depending on the time of year and the clinical severity. Based on comparative data from the 2019 Association for University and College Counseling Center Directors (AUCCCD) survey¹³, UTK wait times from triage to first appointment are well within standard practice of schools of UTK's size (25,000-30,000), which report an average wait time of eight business days and a range of zero to 15 business days. It should be noted that students identified as "high risk" receive follow-up appointments sooner than students with more routine needs. As the number of high-risk students seeking services increases, wait times for routine needs may be extended to accommodate more severe mental health needs. While it is understandable that students with more routine needs may become frustrated with the wait time, these students are typically offered a number of alternative care strategies designed to support them during the interim. These options include daily workshops

¹³ Source: <https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf>.

on resilience and coping skills, mindfulness training sessions, and professionally developed, self-guided online therapy assistance. These services are consistently underutilized, so UTK is exploring ways to promote these readily-available tools.

UTM

Walk-in time for an initial counseling consultation has drastically reduced a student's wait time at UTM. In most circumstances, wait time is less than 24 hours; however, if a student arrives at SHCS in crisis, they are given priority status and will be seen by a counselor as soon as possible.

SHCS offers daily walk-in time for counseling consultation and crisis appointments, eliminating any wait time for an initial consultation with a counselor. Students who identify as in-crisis, can receive services during SHCS operating hours. Students who prefer to make an appointment for an initial consultation are typically scheduled within one week. Based on the clinical assessment, students requiring or requesting additional services are scheduled for a follow-up consultation or intake; students identified as high-risk receive priority. From Fall 2018 to Fall 2019, UTM SHCS experienced a 43% increase in walk-in appointments. Like the counseling centers at other campuses, UTM notes that wait times for routine needs may lengthen to accommodate students with more severe mental health needs. Also, like other campuses, UTM offers alternative care strategies such as CARE Team interventions, support, and non-clinical case management to aid students in times of distress.

Action Steps and Timeline

1. Review campus-level triage processes; identify potential points of weakness that negatively impact counselor caseloads and appointment wait times and explore options to alleviate these concerns (*Ongoing*).
2. Review websites and make updates accordingly to ensure that services are accurately reflected and so that students can identify the variety of available mental health resources (*Fall 2020*).

Recommendation 6: Take steps to ensure the reliability of counselor turnover and other data

The incident referenced in the Performance Audit to provide a rationale for this recommendation was regarding the question of mental health employee data reliability. The Comptroller's office attempted to review mental health counselor turnover as part of their audit, and discovered duplicate records. A counselor at UTHSC had been promoted, but their job title was not updated causing this individual to appear twice in the data set. The Task Force agrees that this was an oversight that occurred in Human Resources and not an issue that requires the intervention from

those who serve on the Task Force. This was an isolated incident; the cited issue has since been corrected.

That said, the Task Force would like to respond to the Comptroller's concerns about counselor turnover; action items regarding data and data reliability were previously outlined in Recommendation 4.

UTC

Counselor turnover at the UTC Counseling Center aligns with the 2019 AUCCCD survey, with approximately one turnover per year. In previous years, counselors who left the center cited after-hours and on-call duties as primary reasons for seeking employment elsewhere. To alleviate this issue, UTC implemented ProtoCall services in April 2020. With this additional service, it is anticipated that stressors associated with after-hours and on-call duties will dissipate for the clinical staff. Another reason some clinicians seek other employment is competitive salaries for counselors. Turnover has resulted when a clinician has obtained full licensure status, but did not receive a revised Performance Description Questionnaire (PDQ) that aligns with this new credential, and was not awarded a raise due to budget constraints.

UTHSC

UTHSC has not had a challenge with counselor turnover. Since the initial hiring of counselors for Student Academic Support Services and Inclusion (SASSI) in 2018, one counselor left the institution. As a clinical host site, UTHSC has access to other support through partnerships formed with the University of Memphis Counseling Program and the Educational Psychology and Research Program. On average, one or two master's or doctoral students intern with SASSI every semester. SASSI also relies on one intern from the University of Memphis Social Work program every semester to support outreach and follow-up with the CARE Navigator (Case Manager).

UTK

Counselor turnover data at UTK is reliable but is often a concern because the turnover of good psychologists and therapists represents a loss to the university. This is a common thread among all university counseling centers; UTK's turnover rate is not comparatively remarkable. Based on the 2019 AUCCCD survey¹⁴, over 56% of centers (n=489) experienced at least one staff turnover during the past year. Of schools that are the same size as UTK (25,000-30,000), 91% had at least one turnover in clinical staff during the past year; 35% had two and 39% had three or more. Acknowledging that staff turnover of three was unusually high for the counseling center in AY19-20, UTK does not see this as a trend.

¹⁴ Source: <https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf>.

UTM

Turnover rate is not an issue at UTM SHCS. All UTM counseling staff celebrate nine or more years of service.

Action Steps and Timeline

1. Include counselor turnover in the list of shareable data outlined in Recommendation 4 (*Fall 2020*).
2. Monitor counselor turnover rates and address any issues that arise based on the data (*Ongoing*).

Recommendation 7: Consider whether pursuing International Association for Counseling Services (IACS) accreditation for UTC, UTM, and UTHSC would benefit the student population

As was described in response to Recommendation 1, IACS standards provide a benchmark for mental health services on college campuses to ensure that the highest standards are being met. UTK is the only campus currently accredited through IACS; however, UTC, UTHSC, and UTM work to align with IACS standards without going through the formal process of accreditation.

JED Campus has a unique, comprehensive approach to “promot[e] emotional well-being and prevent suicide and serious substance misuse. JED’s framework is grounded in campus-wide, strategic planning focused on “identifying existing strengths and areas for improvement.”¹⁵ The underlying principles fundamental to the JED-Campus experience are: 1) overall well-being and suicide prevention are campus-wide responsibilities, and 2) efforts to promote well-being must receive support from campus leadership.

The JED Campus comprehensive model includes the following components as the foundation for campus-wide evaluation of mental health services: 1) develop life skills; 2) promote social connectedness; 3) identify students at risk; 4) increase help-seeking behavior; 5) provide substance abuse and mental health services; 6) follow crisis management procedures; and 7) restrict access to potentially lethal means. As current JED Campus partners UTC, UTHSC, and UTK have undergone in-depth evaluations with regard to these seven areas, and are establishing JED Campus as a campus-wide effort to address areas of weakness. Though not a current JED Campus partner, UTM is currently seeking funding to become a participating campus.

¹⁵ Source: <https://www.jedcampus.org/our-approach/>.

As the Task Force discussed the feasibility and timing of pursuing IACS accreditation, the actions of UT peer institutions were also considered. An overview of JED Campus and IACS accreditation among UT campus peer institutions reveals that:

- Comparison among UTC peers identifies UTC as the only JED Campus partner. Four of UTC's peers have IACS accreditation.
- Comparison among UTHSC peers identifies UTHSC as the only JED Campus partner; only one of UTHSC's peers has IACS accreditation.
- UTK is the only campus among its peers that is both a JED Campus partner and accredited through IACS. The University of Nebraska-Lincoln is the only other JED Campus partner; six of UTK's peers have IACS accreditation.
- Austin Peay State University is the only JED Campus partner among UTM's peers; three of UTM's peers are IACS accredited.
- Interestingly, UTK is the only institution among *all* of the UT campus peer institutions that has both a JED Campus partnership and IACS accreditation.

These comparisons highlight that pursuing IACS accreditation at UTC, UTHSC, and UTM while two of those campuses are actively working with the JED Campus initiative would be excessive at this time, particularly considering the similarities between these two organizations. The Task Force does agree that pursuing IACS accreditation as a way to ensure the ongoing success of mental health services would benefit students once campuses have completed the four-year, JED Campus initiatives.

Actions Steps and Timeline

Rather than consider IACS accreditation at this time, the Task Force recommends a focus in two key areas:

1. Work collaboratively as a Task Force to ensure the success of the JED Campus initiatives on each campus (*Ongoing*).
2. Assist UTM in becoming a JED Campus partner (*Ongoing*).
3. Pursue accreditation through IACS with System support as four-year partnerships with JED Campus expire (*Starting AY22-23*).

Glossary of Terms

AUCCCD: Refers to the Association for University and College Counseling Center Directors. AUCCCD is a professional community that fosters director development and success. To advance the mission of higher education, the association is focused on innovation, education and advocacy for collegiate mental health.

CARE Team: Refers to the University's Case Assessment, Review, and Evaluation team, which is charged with behavioral intervention and threat assessment for students, faculty, and staff.

Case Management: A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes (Commission for Case Management, 2009). Higher Education Case Managers serve their University and individual students by coordinating prevention, intervention, and support efforts across campus and community systems to assist at risk students and students facing crises, life traumas, and other barriers that impede success.¹⁶

Clinical Counselor: Licensed staff person who provides direct clinical services; e.g., individual, group, or couples talk therapy.

Counselor Caseload: Number of active clients for whom the counselor is clinically responsible.

Counseling Center: Refers to the office and staff designated with primary responsibility for clinical mental health counseling for University students.

Dual Credit Students: Refers to students who complete academic coursework that is recognized by two or more institutions (i.e., earning high school and college credit simultaneously).

FERPA: Refers to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).

Gatekeeper: Student, faculty or staff person trained to recognize warning signs of distress and refer for help appropriately. Generally associated with suicide prevention training.

Healthy Minds Study/Survey: Study developed by Daniel Eisenberg and colleagues at University of Michigan which has become a critical component of the JED campus initiative by providing a pre- and post-test of sorts for universities utilizing the JED campus model. The survey is administered at the beginning of the program to assess needs and again, four years later, to assess progress.

¹⁶ Source: <https://www.hecma.org/>.

High Risk: Generally, refers to high risk of suicide or serious self-harm; harm to others; or those at risk of substance abuse or relapse during recovery. Students experiencing an active psychotic episode or break in reality could also be classified as high risk. Student populations that experience a greater likelihood for high risk behavior include students of color, LGBTQ+ students, first-generation and repeating students, and students from lower socioeconomic backgrounds.

HIPAA: To improve the efficiency and effectiveness of the healthcare system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA)¹⁷ Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. A major goal of the [HIPAA] Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

IACS Standards: Refers to the International Accreditation of Counseling Services. IACS creates and promotes accreditation standards for counseling-center functions and policies.

In Crisis: A student who reports having active thoughts of suicide or self-harm, or harm to others. A student can also seek mental health intervention by reporting that they are "in crisis."

Intake: Generally, an initial appointment for starting therapy. The intake process involves information gathering; history of the symptoms or problems; assessment of severity and impairment; identification of strengths and resources; identification of treatment goals and a starting treatment plan; and hopefully some establishment of rapport in the process.

Intervention: Refers to a direct effort to prevent a person from ending their life through an activity or a set of activities to decrease risk factors and increase protective factors.

JED Campus: A signature program of the JED Foundation designed to guide schools through a collaborative process of comprehensive systems, program and policy development with customized support to build existing student mental health, substance use and suicide prevention efforts.¹⁸

Non-clinical Counselor: Refers to staff who work in mental health prevention and postvention to support students. Unlike their clinical counterparts who work one-on-one in mental health interventions, non-clinical counselors might or might not have licensure.

Office of the Dean of Students: Refers to office and staff designated with primary responsibility for the administration, safety, and welfare of University students.

¹⁷ Source: <https://www.hhs.gov/hipaa/for-professionals/index.html>.

¹⁸ Source: <https://www.jedcampus.org/>.

Prevention: Refers to activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide); designed to reduce the potential that the adverse health outcome will take place.

Postvention: Refers to activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion. Postvention efforts are implemented in order to assist those most affected by the incident (family, friends, etc.) and restore a sense of normalcy within the campus community. Restoring a sense of normalcy may require care and support services that help affected individuals utilize existing or develop new coping skills.

Question, Persuade, Refer (QPR): Known as the CPR for mental health. A training that provides others with tools and resources needed to help someone in need.

Telemental Health Counseling: Counseling provided remotely via videoconferencing. Of importance, the origin of service is the location of the client, not where the therapist is located. Therapists licensed in TN cannot provide remote services to a student in another state without being authorized to do so in that state. This rule was up for debate with COVID-19 but generally is still in place.¹⁹

Triage: Generally, a brief assessment designed to assess immediate risk and determine level of care needed for a client. Triage is a good way to get many students in the door and evaluate them quickly. The difficulty is that many students expect more from that first encounter with a therapist and find the triage experience too transactional.

¹⁹ Source: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=71&category=All&topic=All#>.