

**UNIVERSITY OF CALIFORNIA, DAVIS
AUDIT AND MANAGEMENT ADVISORY SERVICES**

**Counseling Services
Audit & Management Advisory Services Project #17-67**

December 2017

Fieldwork Performed by:

Ryan Dickson, Senior Auditor

Reviewed by:

Tony Firpo, Interim Associate Director

Approved by:

Leslyn Kraus, Director

**Counseling Services
AMAS Project #17-67**

MANAGEMENT SUMMARY

Background

The office of Counseling Services provides mental health resources to UC Davis students. It is organized under Student Health and Counseling Services (SHCS), which is a unit within the Division of Student Affairs.

Counseling Services is funded almost entirely by a combination of Student Services Fee (SSF) and Mental Health Fee (MHF) funds. In fiscal year (FY) 2017 Counseling Services was appropriated \$3.7M in MHF and \$2.5M in SSF. These funds were used to support staff, trainees, clinicians, and management.

In 2014 the UC Regents became aware that students system-wide were dissatisfied with the level of access to mental health care at the campuses. In response, the Regents of the University of California authorized annual 5% increases to the MHF for five years, beginning in FY 2016, for the purpose of increasing the number of clinical mental health positions at each campus. UCOP concluded that there was a need to add these positions as soon as possible – even before the MHF increases were in place to pay for them -- and directed the campuses either to accept a \$1.5M loan, with interest, or to find ways to fund the positions internally.

In 2015 the UC Davis office of Budget and Institutional Analysis (BIA) worked with SHCS to develop a plan to fund 11 new Counseling Services counselor positions,¹ which were expected to be filled by the end of FY 2017. This plan was agreed upon by the Vice Chancellor for Student Affairs and the Provost.² The plan called for Student Affairs to contribute one-time bridge funding of up to \$750,000 from reserves. Deficit funding was to be allowed for additional costs until fully offset by MHF increases in 2020. This deficit was expected to peak in FY 2017 at \$1.124M, and Counseling Services was expected to break even in FY 2020 with surplus in subsequent years to support additional clinical or administrative positions.

In addition to direct clinical services for students, Counseling Services conducts campus community outreach and consultation programs with a range of student and campus groups, as well as programs targeted to a range of specific mental health risk factors; it operates an American Psychological Association accredited pre-doctoral internship program and an Association of Psychology Postdoctoral and Internship Centers member postdoctoral residency program; it provides a career counseling function; and it fosters peer support through group counseling opportunities.

¹ “Counselor” in this context denotes mental health professional licensed to provide clinical care. The fee increase was also intended to fund a number of new psychiatrist positions. It appears that these positions were created and filled, but because they do not report to Counseling Services, we considered them outside of the scope of this review.

² Letter dated January 15, 2016.

Purpose and Scope

At the beginning of this engagement we defined the following objectives:

1. To evaluate uses of funds appropriated to, earmarked for, or otherwise directed to be spent on Counseling Services, specifically the MHF and SSF funds;
2. To conclude on whether access to clinical services has increased since 2014, measured in counselor full time equivalents (FTEs), ratios of counselor FTEs to student FTEs,³ and ratios of student headcounts to total Counseling Services encounters;
3. To review Counseling Services and SHCS metrics including student satisfaction surveys and wait time logs for insight on risk associated with current accessibility levels;
4. To analyze the SHCS administrative structure for efficiency, delegations of authority, and transparency in decision making and budgeting processes.

To conduct fieldwork we reviewed relevant FY 2012-17 financial, payroll, accessibility, and satisfaction survey data. We sourced these data from the Payroll Personnel System Data Warehouse and Decision Support, the Quali Financial System, the SHCS electronic health record, and other internal Counseling Services and SHCS records. We vetted our analysis of the data with leadership in the Student Affairs budget office, BIA, SHCS, and Counseling Services as appropriate to their subject matter expertise. In order to frame our analysis in an accurate understanding of the history and strategic focus of this mental health initiative, we interviewed leadership in Counseling Services, SHCS, Student Affairs, BIA, and UC Office of the President.

³ For the number of counselors, this report uses a 12-month average FTE. For the number of students it uses the three quarter average headcount available on the BIA website, <http://budget.ucdavis.edu/data-reports/data-tables-dashboard.html>.

Conclusions

We were able to confirm that uses of MHF and SSF funds earmarked for Counseling Services were generally appropriate. We did, however, note that the use of \$250,000 in MHF funds annually (6% of total appropriations for FY 2017) to support Case Manager FTEs in Student Judicial Affairs and the Student Disability Center may be inconsistent with non-binding guidance provided by UCOP.

A review of student satisfaction surveys indicated that students who are able to access their services are very satisfied with the quality of services provided by Counseling Services' clinicians, and the following table demonstrates that access is slowly expanding:

Table 1: Access metrics

Year	Individual students served	Number of clinical sessions	Percentage of student population served
2013	3,099	17,004	9.7%
2014	4,183	18,881	13.1%
2015	4,522	18,724	13.3%
2016	4,412	19,233	12.8%
2017	4,650	20,106	13.0%

We also identified the following opportunities for improvement:

1. Counseling Services is operating without a strategic plan. Such a plan will be instrumental in focusing efforts of the staff and management, and may prove critical to expanding student access to mental health resources. This report recommends a collaborative approach to developing a strategic plan.
2. Counseling Services' productivity, measured in clinical sessions per day, does not appear to be maximized. This is likely caused by many factors, and this report makes recommendations related to those factors that AMAS was able to identify. This appearance may also be impacted by incomplete measurements for clinical productivity, and this report recommends that Counseling Services expand procedures for tracking and reporting clinical activity.
3. Counselor recruitment has not kept pace with Student Affairs' agreement with the Provost, or with expectations communicated by UCOP. This report recommends that SHCS and Counseling Services work with BIA to develop a new recruitment and funding plan to raise the number of counselor positions to an appropriate level within a reasonable period of time.
4. A small amount of MHF funds are used to support Case Managers in Student Judicial Affairs and the Student Disability Center. Guidelines⁴ provided to us by

⁴ These guidelines, in the form of FAQs, are not policy and their force appears to be advisory.

UCOP personnel suggest that this may not be appropriate. This report recommends that SHCS seek assurance regarding the use of MHF funds in departments outside of Counseling Services.

5. Prior to this report, Counseling Services accepted only same-day appointments. This created an obstacle to student access after a day's available appointments were filled, or when students wished to schedule in advance. AMAS recommended that SHCS develop a process to accommodate students who are unable to be seen same-day or who would prefer a future appointment date. A process is being piloted at the time of this report.
6. Roles and responsibilities among SHCS and Counseling Services leadership may not be well delineated, which creates opportunity for administrative and interpersonal challenges. This report recommends that SHCS review its organizational structure and departmental policy, and update them as appropriate to ensure that members of leadership have sufficient authority to perform their duties of office.
7. SHCS submits monthly reports to UCOP on positions created using the new MHF funds. During fieldwork, AMAS noted that the methodology for preparing these reports may not have ensured accuracy or transparency. SHCS has revised its practices to ensure transparent and accurate reporting.
8. The Counseling Services Director may be ill-equipped to analyze the unit's finances. This report recommends that the Counseling Services Director be provided access to relevant financial reports or reporting systems and complete training as appropriate.

Observations, Recommendations, and Management Corrective Actions**A. Strategic Management****Leadership has not articulated a strategic plan for Counseling Services.**

Because a strategic plan has not been articulated, departmental resources may be overextended in pursuit of a variety of missions including triage, outpatient care, urgent care, case management, outreach, education, training, etc. As a result, Counseling Services may unintentionally prioritize other interests over student access to traditional clinical services. Distillation of Counseling Services' many interests into one clear strategic plan may prove as valuable as increasing the number of Counseling Services counselors in the effort to satisfy under-met student need.

Recommendation

Counseling Services should develop a strategic plan that can be expected to increase student access.

Management Corrective Action

1. The Counseling Services Director will initiate a process involving Counseling Services' management and staff and SHCS leadership, which will culminate in a strategic plan for the Counseling Services department. This planning process will commence immediately with a needs assessment, but will not be finalized until after the newly-appointed Chancellor articulates his strategic plan, and after Student Affairs decides whether to modify its plan in respect to the Chancellor's. Because of this uncertain timeline, Counseling Services commits to demonstrating an appropriate amount of progress in the development of a strategic plan by July 15, 2018.

B. Counseling Staff Workload in Direct Clinical Service

Counseling Services' actual clinical productivity appears to lag behind its potential.

Based on appointment data sourced from the SHCS electronic health records, we estimate⁵ the following average number of clinical sessions per professional staff member per day:⁶

Table 2: Clinical sessions per day, prorated per FTE. 12 month average

Staff Type	Clinical Counselors	Community Advising Network Counselors	Management (with clinical license)	Postdoctoral Residents	Doctoral Interns
2013	1.82	1.24	1.61	1.41	1.28
2014	1.89	0.46	1.35	1.37	1.52
2015	2.18	0.77	1.20	2.02	unavailable
2016	2.68	1.26	1.09	1.64	unavailable
2017	2.26	1.17	0.44	1.34	1.44

Unfortunately, a clearly applicable benchmark is not available. A 2016 survey conducted by the Association for University and College Counseling Center Directors found that staff among all member counseling centers spent on average 61% of their time providing direct clinical service.⁷ This figure is problematic, however, because it is self-reported and many but not all centers include activities such as record-keeping, trainee supervision, and community outreach in their definition of "direct clinical service."⁸ It would therefore be inaccurate to translate the figure of 61% to a target number of clinical sessions per day.

We are, however, able to infer expectations for clinical productivity based on scheduling worksheets completed by the counselors each academic quarter. These indicate committed-to levels of clinical availability. For the fall 2017 quarter, clinical counselors committed to spending an average of approximately 50% of their time providing clinical services to students. The actual average for FY 2017, as shown in table 2 above, was less than 30%.

Multiple factors likely contribute to the low average number of visits per day, including the following observed by AMAS:

⁵ This estimate is based on a 260-day year, therefore it excludes Saturdays and Sundays but does not account for sick, vacation, or other approved leave.

⁶ This is not to suggest that all Counselors' productivity levels approached these averages. The highest performing Counselors exceeded an average of three documented encounters per day.

⁷ 2016 AUCCCD Survey, 15

⁸ Id at 27.

Idle staff time spent in urgent care on-call. Time is allocated in counselors' schedules for drop-in urgent care. During this time counselors are not available for scheduled appointments or to see clients for other non-urgent issues. We believe that analysis is warranted to determine whether the current allocation of resources in this area is optimal.

Case management responsibilities. Counseling Services' clients commonly require attention that does not constitute direct clinical service, but may nevertheless consume clinical staff time. This attention may be informal follow-up, referral to outside resources, or other out-of-office client contact. We note that Counseling Services does employ some dedicated case management staff.

Trainee supervision. Counseling Services operates a robust and well-recognized intern and postdoctoral training program. Counseling Services' clinical staff support this program by providing direct supervision and mentorship to trainees, which requires many dedicated hours.

Summer academic vacation. Most Counseling Services staff work 12 months every year. A large percentage of the population that they serve, however, is absent during summer months. The following table shows that Counselors' direct clinical services workload decreases by approximately 50% during the summer:

Table 3: Mean clinical sessions per FTE per day; academic year vs. summer

Period of Time	10 Month Sept-June	July	August
2013	1.670	1.125	1.016
2014	1.923	0.886	1.009
2015	2.275	1.147	1.242
2016	1.855	0.890	0.816
2017	2.010	0.861	1.046

We also note that not all of Counseling Services' activities that may be defined as "direct clinical services" are tracked and reported. Counselors' scheduling worksheets indicate blocks of drop-in time, during which students may receive non-traditional or other undocumented guidance, which may nevertheless be appropriately identified as clinical service.

Opportunity likely exists for Counseling Services to increase its clinical workload, as well as to improve its practices for collecting and reporting data on clinical productivity.

Recommendations

1. SHCS should analyze counselor productivity during on-call urgent care time blocks, to determine whether resources allocated appropriately anticipate student need.
2. SHCS should evaluate the sufficiency of the number of case managers on its staff, and the effectiveness of existing case management practices in reducing clinicians' non-clinical workload.
3. SHCS should evaluate the training program's impact on the department's ability to provide direct clinical services. Any action plan developed in response to this evaluation should consider the importance of direct clinical services relative to that of the training program, as expected to be articulated in the strategic plan developed under MCA B of this report.
4. SHCS should determine whether resources would be used more efficiently if new positions were established as 10-month appointments (fall through spring quarter) rather than 12-month appointments.
5. SHCS should identify and act on opportunities for more comprehensive reporting of clinical activity.

Management Corrective Actions

1. SHCS will compare total counselor hours allocated for urgent care on-call to actual hours spent in documented urgent care engagements. By July 15, 2018 SHCS will adjust scheduling practices as appropriate to the observed level of utilization of the urgent care service.
2. SHCS will improve student access to services. Client workflow will be reviewed and compared with similar processes at other UC and national university counseling centers. Additionally, case management and training program practices will be reviewed to ensure that they place only an acceptable burden on clinical staff resources. Based on this evaluation, a plan to increase the average quantity of direct clinical service provided by counselors will be developed during the winter 2018 and implemented during the spring 2018 academic quarters. Reasonable progress on that plan will be demonstrated to the Vice Chancellor for Student Affairs by July 15, 2018.
3. SHCS will perform analysis of the costs and benefits of establishing some or all of the new MHF-funded positions at a 10-month basis. As agreed by Counseling Services and SHCS to be appropriate, 10-month recruitments will be initiated no later than July 15, 2018.

4. SHCS will identify services that are not represented in current productivity measures. It will implement practices to track and report these activities by July 15, 2018.

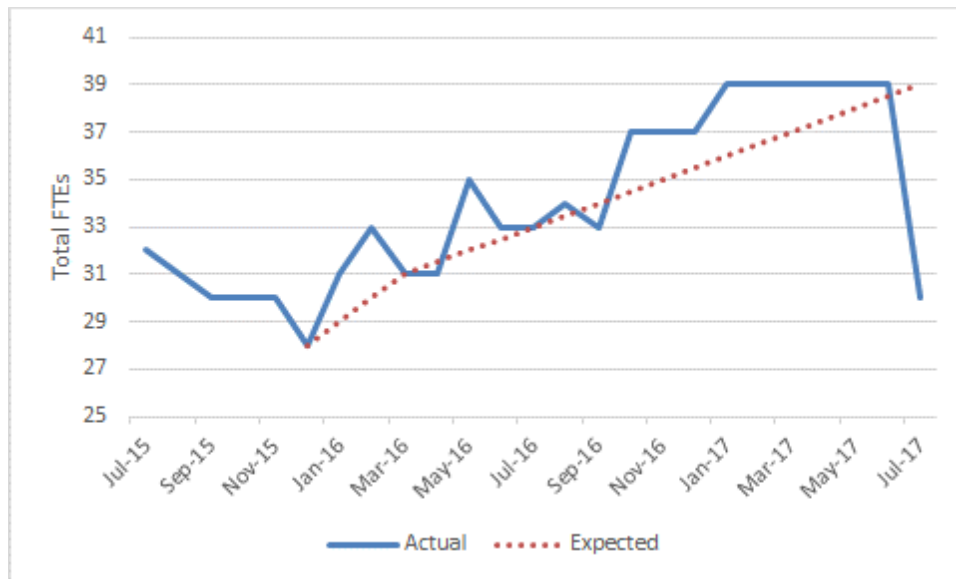
C. Plan to Recruit Counselor FTEs

Agreements made with senior leadership for Counseling Services staffing levels have not been accomplished, and might need to be realigned in respect to current staffing and funding realities.

Counseling Services employed 28 counselor FTEs in January 2016. At that time the Provost documented an agreement with the Vice Chancellor for Student Affairs to add 11 new FTEs by the end of FY 2017. In response, SHCS hired approximately 10 counselors on a contract basis. These positions were intended temporarily to satisfy general under-met student need while SHCS conducted recruitments for career positions targeted to serve specific student demographics. In FY 2016 and FY 2017, SHCS also completed a number of career recruitments, but experienced an unexpected amount of turnover.

Only one of the 10 employment contracts was renewed past June 2017. SHCS and Counseling Services agreed to prioritize recruitment for targeted positions, which would have been hindered by long-term obligations to the contract staff.

Table 4: Comparison of expected to actual clinical FTEs FY 2016 to current



As of July 2017, Counseling Services employs 30.5 counselor FTEs. SHCS is currently in various stages of recruitment for up to four career positions, two of which are still in the phase of position description development.

Recommendation

SHCS and Counseling Services should work with BIA to develop a new recruitment and funding plan for achieving a suitable number of counselor positions within a reasonable period of time. Because student enrollment continues to grow, the absolute numbers originally communicated by the Provost may need to be reconsidered in light of relevant benchmarks.⁹

Management Corrective Actions

1. SHCS will coordinate discussions with Counseling Services and BIA, and commit to a plan to recruit and fund an amount of counselor FTEs agreed by stakeholders to satisfy student mental health needs. An updated plan document will be submitted to the UC Davis Provost, the UC Davis Vice Chancellor for Student Affairs, and the UC Student Health Medical Director by September 15, 2018.
2. By February 15, 2018 Student Affairs will estimate the amount of current earmarked Mental Health Fee (MH3) funds that will be needed for FY 2018 expenditures, and allocate the balance to the 3-HOLDMHF account. The purpose of this will be to ensure appropriate use and transparency. Student Affairs will repeat this practice at the beginning of each fiscal year until the plan developed under MCA C.1 of this report is fully implemented and all of the MH3 funds can be spent for appropriate uses.

D. MHF Fund Support for Positions Outside of Counseling Services

Some current uses of MHF funds may not be consistent with the rationale for the fee increase.

Approximately \$250k from MHF funds is appropriated annually to Student Judicial Affairs and the Student Disability Center for Case Manager FTEs. As a result, fewer funds are available for recruitment of Counseling Services counselor FTEs.

Guidance published by UCOP in 2015 indicates that the funds should be used in support of the Counseling Services department. We discussed this with leadership at UCOP, who suggest that though the guidance is not binding, it demonstrates an expectation of the UC students and Regents that the funds be spent in support of

⁹ The University of California issues the following guidance: "Currently, the International Association of Counseling Services (IACS) recommends a counseling professional staff to student ratio of 1:1,000-1,500. Given the comprehensive scope of services of the UC counseling centers, and the complex needs of UC students, this ratio needs to be closer to the [sic] 1:1,000 and preferably closer to 1:750 (similar to effective ratios found in Ivy League institutions)." *Mental Health Service Guidelines for the 21st Century* (2017), page 3.

undifferentiated care from a central counseling unit to which all students have access.

Additionally, if it is determined that the current MHF appropriation to Counseling Services is insufficient to support an appropriate number of counselor FTEs, appropriations to Student Judicial Affairs and the Student Disability Center may no longer be the optimal use of those funds.

Recommendation

SHCS should consult with UCOP for assurance regarding the appropriateness, and with BIA regarding the optimization, of MHF funds used to support positions outside of Counseling Services.

Management Corrective Action

1. SHCS will include Counseling Services in discussions with BIA, and with relevant leadership at UCOP and Student Affairs as appropriate, to determine whether use of the funds for FTEs outside of Counseling Services is ideal, given various policy and political factors. SHCS will make a recommendation to Student Affairs leadership based on these discussions by March 15, 2018.

E. Scheduling Practices

Counseling Services' appointment scheduling policy may present a barrier to some students.

We reviewed recent student satisfaction surveys, and the most common complaints observed were related to scheduling difficulties. Counseling Services strives to accomplish same-day service for all students and so accepts only same-day appointments. The goal is commendable, but the practice occasionally obligates students to make repeated unsuccessful contact over the course of days in order to be seen. It also prevents students from scheduling convenient appointment times days in advance.

Recommendation

SHCS should develop a process to accommodate students who are unable to be seen same-day, as well as those who wish to schedule ahead.

Management Corrective Action

1. SHCS has implemented a new scheduling model. Students may now schedule appointments up to two weeks in advance.

F. SHCS Organizational Structure and Administrative Policy

The SHCS organizational hierarchy does not clearly delineate roles and responsibilities between Directors.

Counseling Services was incorporated relatively recently into the SHCS administrative hierarchy. Prior to the transition, the Counseling Services Director had primary responsibility for departmental operations, including management of budgets and staffing. Under the new hierarchy, the limits of the Counseling Services Director's authority and accountability are not completely apparent. There are other positions, including the SHCS Executive Director and the SHCS Administrative Director, which may have overlapping responsibilities. This creates opportunity for administrative and interpersonal challenges.

This issue presents itself in the current counselor hiring dilemma. SHCS and Counseling Services leadership do not share an understanding either of who is accountable to Student Affairs and UCOP regarding use of the MHF funds, or who should be the impetus behind recruitment efforts.

Recommendation

Productive collaboration among SHCS leadership would benefit from explicit clarification of the responsibilities of the Counseling Services Director, and the relationship between that role and the other members of the SHCS leadership team, the SHCS administrative support teams, and other administrative units across campus. It will be necessary to consult with Human Resources and Student Affairs, and may be useful to consult integrated SHCS departments at other UC campuses to identify best practices.

Management Corrective Action

1. After discussions with relevant stakeholders, SHCS will incorporate language into its policy or position descriptions as necessary, which clarifies the roles and responsibilities of the Counseling Services Director. This policy will be finalized by April 15, 2018.

G. Reporting on MHF Uses

The methodology employed by SHCS for preparing MHF fund usage reports to UCOP may not ensure maximum transparency or accuracy.

At the request of the UC Student Health and Counseling Medical Director, SHCS submits monthly reports on positions created using the new MHF funds. There are differing interpretations among SHCS Directors on how data should be presented, and by whom. Current practice is for the reports to be prepared and submitted by

the SHCS Administrative Director, without involvement from the Counseling Services Director.

Data are currently being reported with the intent to show how the new MHF funds are used. This methodology does not take into account whether the funds are used to increase net counselor FTEs, but rather aims to show that the funds are not used elsewhere and are not being accumulated as reserves.

A conflicting interpretation is that the data are meant to show how many FTEs have been added using the new MHF funds, net of FTEs that pre-existed the fee increase. We spoke with the UC Student Health Medical Director, who confirmed that this was the intended purpose.

The most recent reports claim new counselor positions, several of which we found to have been existing positions, but whose funding sources had been shifted to the new MHF. We conclude that these reports do accurately report a new use of MHF funds, but that they do not satisfy the intended purpose of showing net increase in total counselor FTEs. Rather, they tend to suggest an inflated number of new positions added.

Recommendation

SHCS should revise its practices to ensure transparent reporting on uses of MHF funds. The knowledge of operational personnel is essential to transparency, therefore this revision should include assignment of a critical role for the Counseling Services Director in the reporting process.

Management Corrective Action

1. SHCS has received new reporting templates from the UC office of Student Health, and implemented a new reporting process that includes the Counseling Services Director.

H. Responsibility for Financial Transparency

The Counseling Services Director does not have meaningful access to necessary financial data.

The Counseling Services Director relies heavily on SHCS administrative staff for knowledge of Counseling Services' finances. It is normal UC Davis practice for personnel at the Director level to be involved in the monitoring of a unit's finances.

Two factors may prevent closer involvement. First, the Counseling Services Director indicates that she does not have access to the DaFIS financial system and that clear reporting is not always made available. Second, as financial reporting is

not necessarily intuitive or user-friendly,¹⁰ the Counseling Services Director may benefit from formal orientation to UC Davis accounting practices, and technical training in navigation and interpretation of its financial reports and reporting systems.

Recommendation

The Counseling Services Director should be provided access to relevant financial reports or reporting systems, and should complete training as appropriate to a financial officer's responsibilities.

Management Corrective Actions

1. SHCS will consult with BIA to determine a level of access to, or specific original output from financial systems that is appropriate to the Counseling Services Director's responsibilities. Accommodations necessary for this access will be granted by February 15, 2018.
2. SHCS will consult with the Counseling Services Director, BIA, the office of Staff Development and Professional Services, and other offices as necessary to set a training agenda for developing skills of effective financial leadership within the unique UC Davis environment. This agenda will be finalized, and a course of training initiated by February 15, 2018.

¹⁰ This statement expresses an opinion of AMAS.