

University Budget Advisory Committee

Minutes – 11/10/2022 Meeting

At-large faculty representatives present: Laura Bylenok (Asst. Professor, CAS) – Chair
Brad Hansen (Professor, CAS)
Dan Hubbard (Assoc. Professor, CAS)

College faculty representatives present: Liane Houghtalin (Professor, CAS) – Co-Secretary
Alexis Rutt (Asst. Professor, COE)
Smita Jain Oxford (Senior Lecturer, COB)

USC representatives present: Arin Doerfler (Senior Accountant-Fixed Assets) –
Co-Secretary
Kim McManus-Carini (Operations and Finance
Coordinator)
Ryan Snellings (Collections Manager)

Student representative present: Ellelyshia Ardo (SGA)

At-large faculty representatives absent: Drew Delaney (Senior Lecturer, CAS)

Athletics representative absent: Patrick Catullo (Director of Athletics)

Guest: Dr. Tev Zukor, Director Talley Center for Counseling
Services

The meeting was called to order at 4:02pm. Summary of discussion:

1. Dr. Bylenok announced that meetings would be recorded. Recordings will serve to aid not only those taking minutes, but also absent members in keeping abreast of the work of the committee. Recordings are not to be shared outside of the committee.
2. Committee member introductions.
3. Dr. Bylenok asked Dr. Zukor to provide a brief overview of the Talley Center budget and to address the specific area needs, the anticipated cost of those needs, and the rationale of how it would benefit the University.
 - a. Dr. Zukor thanked UBAC for being advocates. Mental health can always use more advocates; it is a very real issue that affects all of our students on a daily basis. Even if we think about the University having a primarily academic mission, every professor knows that the amount of mental health challenges that students present with can significantly interfere with their progress and success.
 - b. Dr. Zukor shared a power point presentation with the group:
 - i. Mental health challenges have become more acute after the pandemic. After the isolation, we are unfortunately seeing a great increase in a variety of mental health concerns and the same challenges at the secondary and high school levels. This will trickle over to us as students move on to college.
 - ii. Historical data shows that prior to coming to the University's counseling center, almost 80% of our students have already had counseling in the past.
 - iii. Half of the students we see at the Tally Center have previously been on medication for psychotropic reasons to include antidepressants and/or antianxiety medications. We also have students that need to be on antipsychotics: some of which struggle with auditory and/or command hallucinations.
 1. Dr. Zukor said he wanted to be clear that, in the mental health world, having psychosis does not make you more dangerous than someone who does not.

Unfortunately, psychosis, such as hallucinations, does not go away on its own and is not amenable to talk therapy without medication support.

- iv. Dr. Zukor said that he believes there is a desperate need on campus for some type of psychiatry service. We are out-of-sync with all other Virginia colleges in such regard. In the past we have had psychiatry services, but they were eliminated due to budget cuts prior to the pandemic.
 1. The issue is even more acute in Fredericksburg because there are inadequate psychiatry options available in the community. Currently, it can take up to six months to get an appointment with a local psychiatrist. If a person is hallucinating and needs antipsychotic medication, they cannot wait six months for those symptoms to be resolved.
 - a. People will counter the argument and say that services are available in Northern Virginia or Richmond, but for students without transportation that is the same as saying those services don't exist.
 - b. We have students on the higher end of the spectrum for having mental health challenges and diagnoses, and they are often unable to spend a full day arranging transportation, making appointments between classes, etc. This is a very acute problem on our campus.
- v. 15% of the students seen at the Talley Center have had previously been hospitalized for psychiatric reasons.
- vi. Almost half of the students seen at the Talley Center have indicated that they have previously engaged in self-harm: the most common of that is cutting, but could also take the form of burning, etc.
- vii. Some good news – the number of students who have considered suicide has decreased from 48% to 40% post pandemic. Roughly 2 out of 5 students seen at the Talley Center have, at some point, seriously considered ending their life.
 1. The real indicator of the acuteness of the distress that a number of our students are facing is the continuing rise of students physically attempting suicide. Currently 17% of the students seen at the Talley Center have acknowledged their attempts.
- viii. Consistent with national trends, we are seeing an increase in people reporting unwanted sexual experiences. 1/3 of our students have said that they have had an unwanted sexual experience.
- ix. Overall, our numbers are significantly higher than the national average, which is tracked by the Collegiate Center for Mental Health.
 1. One of the reasons our students have more mental health challenges is that we intentionally recruit students who might not get an opportunity at another school. It is well-known that students who might not be encouraged to go to larger schools are often encouraged to look at smaller schools like UMW because they will have a better and more intimate experience getting to know their professors and peers.
 - a. This is a fantastic market for us, but it does also include that we have a higher mental health concern.
 - b. We know that some high schools literally direct some of their students who are on the autism spectrum, for example, to specifically come to the University.
 - c. We know we have a disproportionate amount of LGBTQ+ identifying students. It is fantastic that we have so many trans

students who utilize Mary Washington for their education. The national data suggests that anyone who identifies on the LGBTQ+ continuum has roughly double the rate of mental health challenges and needs as students who do not identify this way.

- x. When we look at our clinical appointments, pre-pandemic to post-pandemic, we see about a 16% increase in triage the first contact we have with students. We are seeing more on-going counseling sessions and a 14% increase in total clinical appointments.
- xi. For illustrative purposes, we are utilizing 2016-17 data for pre-pandemic and 2021-22 data for post-pandemic information.
 - 1. In 2017-18, we had one additional counselor that we do not currently have.
 - 2. When the pandemic started, we had two counselors leave.
 - a. We asked the university to replace both positions but we've only been able to replace one. The other position has been permanently lost.
- xii. The Talley Center has five and a half fulltime employees, two of which are 9-month employees who do not work the summers.
 - 1. In 2017-18, we had one additional counselor, but again we lost that position because of budget challenges.
 - 2. Six years ago, we also had a psychiatrist on staff, but due to budget challenges we lost that position as well.
- xiii. Dr. Zukor said his hope is to get back to a baseline, which would be really important for the safety and well-being of our students
 - 1. In comparison to our peer institutions – we aren't the worst, but we certainly are not the best and have room for improvement, especially when the data shows that our students, compared to the national average, have significantly higher rates of mental health challenges; this magnifies the divide even further.
 - 2. Our clinician to student ratio is 1:717.
 - a. Washington & Lee 1:373
 - b. Christopher Newport 1:573
 - c. William & Mary 1:952
 - 3. Companies like Timely MD, a telehealth company, work with about 27 Virginia colleges and universities. These services are not included with the info above because they do not add counselors to the staff, but do add available clinical hours.
 - 4. Several schools, like George Mason and VA Tech, have added more counselors to their counseling centers over this past summer. The national trend is recognizing that mental health is a very serious concern on college campuses and finding that they have to address the students' needs by increasing counselors. We haven't added a counselor to our staff in the past four years and we are down counselors, highlighting where our challenge has been.
 - 5. Adding psychiatry services back to the Talley Center will help protect the campus from a real tragedy.
 - a. The students that we have in the hospital right now would likely not be there right now if they had access to psychiatry services.
 - b. Antipsychotics are effective in containing and controlling psychotic behaviors and hallucinations.

- i. National data suggests that serious psychotic conditions between the ages of 18-22, which is exactly the age of our college population.
 - ii. We have a number of students who are diagnosed with schizophrenia, bipolar disorder, and/or other types of psychotic symptoms that are very effectively controlled by medication.
- 6. Recruitment and salaries are a huge issue right now. We've never paid at the top of the mark, but we don't really pay at the middle mark either. It becomes a challenge to recruit when there's competition out there that is paying a higher salary than we are able to offer.
 - a. The standard salary for a staff counselor in the community is about \$10K higher than what we are paying or recruiting at. Our staff counselors are being paid right around \$58K (\$94K if including fringe benefits like health insurance, etc). At year two, we'd like to factor an increase for an approximate 3% raise bringing the total salary at year two to \$97K per year including fringe.
 - b. Six years ago, the university offered psychiatry services. The psychiatrist we had on staff worked about five hours a week and was paid as a contractor, which cost the University about \$50K per year.
 - c. If we could add psychiatry back to the university, utilizing a telehealth company, like UWill or Timely MD, providing about four hours of services a week, it would cost the university about \$75K the first contracted year and then year 2+ about \$43K a year to continue services.
 - d. UWill also offers telehealth Counseling and Psychiatry services bundled together. The first year would cost about \$129K, but year two and beyond would reduce to about \$94K. Dr. Zukor said that this would be the best bang for the buck by far.
 - i. From a fiscal sense, this makes the most sense. We would get the additional counselor that we need, plus psychiatry for almost free when you factor in the fringe benefits.
 - ii. UWill telehealth would also be good for students because it would allow more flexibility in scheduling appointments on evenings and weekends, rather than just during normal operating hours.
 - 1. Students often have asked for after-hours/weekend appointments, but we have been unable to provide those at this time. At UVA, almost everyone who is utilizing their telehealth psychology program are people who are seeing their clinician after normal business hours (nights and weekends).
 - 2. Using this model would allow us to expand our clinical services in some very profound ways.
 - e. Like many other colleges, we don't actually know what the demand for service is. What we do know is our capacity. Reaching capacity, does not mean that there is no further demand for service, it means that every clinical hour available is filled.

- xiv. The Talley Center has some of the best and brightest clinicians! In addition, 55% of the counselors identify as people of color. That is unheard of within collegiate mental health. We have been very fortunate, we've listened to our students and what their concerns are. We have really great diversity, especially for the Fredericksburg area. What we are lacking in is availability.
 - xv. We are at a point, where we really need to add psychiatry service, the need of some of our students needing psychotropic medications, in particular antipsychotics, is just really, really high.
 - 1. The most common acute campus-wide crisis situation, identified by the Campus Threat Assessment Team, involves students threatening professors or other students, students that may be really disruptive to their residence halls; almost all have serious mental health challenges. Anything that our campus can do to get them treatment before it gets to that point will have a very significant effect on reducing crisis.
 - 2. The University is also facing staffing challenges at the police department, which will at some point need to be addressed. Dr. Zukor said that he would argue the more appropriate mental health supports we have, the less crises we will have on campus.
 - 3. We need to do better addressing the needs of mental health, especially those with psychiatric conditions and concerns; these concerns are deeply shared by of Dean of Students office team and frequently discussed with Dr. Zukor.
 - xvi. Dr. Zukor said that 15 years ago, students weren't nearly as comfortable talking about mental health and mental health challenges. It is not nearly as stigmatized as it was, which has certainly increased the demand for mental health services.
4. The meeting transitioned to questions.
- a. Dr. Bylenok said you have made a clear point for psychiatric services, you have given us a very clear rationale. My first question, going back to the Salary data, the \$75K for UWill psychiatry only, approximately how many hours of psychiatric services does that give us and is that the equivalent to the psychiatrist we previously contracted?
 - i. Dr. Zukor said that it's a little more than five hours, but it would be roughly the equivalent. The UWill model will provide on-going psychiatric care for up to 50 unique students a semester. We would have enough students to fill those slots but we would also continue doing what we do now. Currently, utilize Dr. Wang at the Student Health Center to help with prescribing antidepressants and anti-anxiety medications. These are not the students that we are concerned about – they are not the ones at risk of directly harming themselves or others. The psychiatrist we contracted with six years ago also provided five hours a week of service for which we scheduled as many students as we could in that timeframe.
 - ii. Dr. Bylenok followed up to ask Dr. Zukor's opinion about having consistency in a permanent in-person counselor in a staff position and of the two types in-person versus telehealth, which he'd advocate for more.
 - 1. Dr. Zukor said that he used to be a lot more skeptical of telehealth in general, but the pandemic changed how it worked and has provided good data about the effectiveness telehealth. After seeing the data and speaking with colleagues, he thinks telehealth is of the biggest importance.
 - 2. Talley Center staff numbers do not include trainees. We have a large training program. We get some good clinical hours, but we don't gain additional clinical hours. Our training program also contributes to our Talley Center

diversity. Once our clinicians trained, they often opt to stay if a vacancy is available. The problem with having staff is having space for staff. The Talley Center has two locations, Lee Hall on the first floor and Tyler House. We expanded five years ago when we had another counselor come in, but we just don't have the extra physical space for additional staff. We also have access to a shared space at the Student Health Center, but their appointments take priority and the space is used every other week for an outside provider for women's health. Services like UWill do not take up physical space.

3. Dr. Zukor said that what he is most concerned about is the benefit of telehealth services, particularly the counseling and psychiatry bundle, because of the huge increase in the availability of hours. We lose students because our office isn't available outside of normal business hours.
- b. Ms. Oxford mentioned that UBAC met with ODR last week and that when a student meets with that office, ODR is able to provide faculty with an accommodation letter so they know what to expect and how to help that student. She indicated that as a faculty member, she has no knowledge or training in Dr. Zukor's area and wondered what faculty can do to help, with the numbers of mental health challenges on campus being so high.
 - i. Dr. Zukor said that based on faculty lived experience, he doesn't anticipate needing to tell faculty how bad it is, because he is confident that they see the mental health challenges up close. Dr. Zukor said, if you are ever worried about an interaction with a student or something a student has said, you can always call the Talley Center or email. Without a release of information, he is unable to confirm or deny whether a student is in services with the Talley Center.
 - ii. Dr. Zukor said that if he knows a professor is interested or concerned about a student, he will mention it to the student and ask if it is okay to let the professor know that the student is working on things. The student will give permission, 9 out of 10 times.
5. Dr. Zukor said that he deeply believes that mental health is tied to a student's overall success in life; that classes are very important, but that the students who come to the Talley Center will remember if they saw a counselor and it got them on the right track. He thanked the committee for attuning to the mental health issue and acknowledged a time when universities were not focused the mental health challenges its students faced.
6. After Dr. Zukor exited the meeting, Dr. Bylenok addressed the upcoming 11/17/22 meeting to plan and draft our final report.
 - a. Google document created for the committee to work with for planning.
 - b. Instructions for the tasks that need to be completed before the next meeting – brainstorm utilizing the minutes for each area that came to speak to the committee and what they asked for; then make a list of recommendation that each member would like to see addressed, so we can come together at the next meeting to make a list of recommendations and then build the report from there.
 - c. Email will be sent for the links for the planning document and draft final report.

The meeting was adjourned at 5:04pm.

Respectfully submitted,

Arin Doerfler - UBAC Co-secretary