

Discussion Points

Public Institutions of Higher Education

9. P.L.2013, c.170 (C.18A:62-4.4) provided that a person without lawful immigration status who meets other criteria may qualify to pay the in-State tuition rate at a public institution of higher education.

- **Question:** In the current academic year, how many students at each institution are paying the in-State tuition rate pursuant to this law?

Rutgers response:

During the fall 2017 semester, there were 471 undocumented students at Rutgers who have been granted in-state tuition rates following the enactment of P.L.2013, c.170 (C.18A:62-4.4).

10. The “Madison Holleran Suicide Prevention Act”; P.L.2016, c.18 (C.18A:3B-72 et seq.) requires that each institution of higher education have individuals with training and experience in mental health issues who focus on reducing student suicides and attempted suicides available on campus or remotely for students 24 hours a day, seven days a week.

- **Question:** Please describe the efforts made by your institution to comply with this requirement. How has your institution publicized these services to its students? How many individuals are employed by the institution for the purpose of complying with this law?

Rutgers response:

Rutgers formally initiated a community based approach to suicide prevention, beginning in 2008. This was in conjunction with the Governor’s Task Force Report on Mental Health in Higher Education and our work has continued to evolve to better serve students.

Community-based suicide prevention efforts have included the following:

- **Formed the “Community Based Approaches to Suicide Prevention (CASP) working group which includes faculty, staff and students committed to suicide prevention efforts**
- **Administered the National College Health Assessment with an additional question about suicide**
- **Trained many faculty and staff to refine their skills in identifying and linking distressed students with support**
- **Trained residence life staff in an on-line training module (Kognito) in addition to face to face group trainings**
- **Offered “Let’s Talk” -- providing informal opportunities for students to talk with a mental health professional in locations outside of the Counseling and Psychiatric Services (CAPS) centers**
- **Established a ‘students of concern’ team on campus (TASC)**

Discussion Points (Cont'd)

- Offered post-vention support in the aftermath of known student suicides for faculty, staff and students
- Strengthened our off campus mental health support network for students who need specialized care
- Enhanced and improved partnerships across campus to offer a “web” of support for distressed students
- Developed “The Concerned Button” on University websites so that any community member can report concerns about a student in distress

Mental health service suicide prevention efforts have included the following:

- Strengthened and enhanced partnerships between mental health and medical professionals by integrating our mental health service within Rutgers Health Services
- Re-organized mental health service centers to offer team-based collaborative care for students at risk (including care from social workers, psychiatrists, psychologists and alcohol and other drug experts) in a central, accessible location in a new state of the art building that appeals to students
- Improved access to mental health care by offering a ‘triage’ phone consultation for each student who requests help
- Improved crisis services by having walk in, daytime access for students in distress all day during business hours
- Improved after hours crisis coordination with residence life and other campus partners with a counselor on call 24/7
- Offered specialized training for mental health professionals at CAPS on suicide screening
- Enhanced treatment by providing ‘evidence based’ care for students in distress by re-educating/re-training mental healthcare staff/ re-designing work roles and hiring new staff
- Created linkages for students in distress with ‘case management’ support to mitigate risk of students “falling through the cracks” in a large University system
- Strengthened linkages with local crisis centers
- In fall of 2018 Rutgers CAPS implemented “Protocall,” an evening telephonic counseling solution
- Maintain solid partnerships with RUPD, Residence Life and other offices on campus
- Students and families are first made aware of all the services at orientation events
- Offer Lifeline’s free online assessment for Depression, Anxiety, PTSD, etc. which refers the students directly to the Student Health Services

CAPS DATA:

- University-wide, CAPS employs 53 clinical trained staff who support students struggling with suicidal ideation and gestures, anxiety, depression, etc.
- Connecting students with campus and community resources to support mental health is an on-going part of the student experience at Rutgers. These conversations take place at New Student and Family Orientation, Move In, and throughout the

Discussion Points (Cont'd)

year using social media, peer leaders, resident assistants, etc. Students are very engaged in helping to get the word out about resources and removing stigma around mental health.

- Our community-based counseling model, known as a “meso-practice” embeds counselors in different locations across our campus, in addition to primary campus locations. This enables us to take the help directly to students and reduces the stigma and fear of the unknown.
- Students Who Come to CAPS: Roughly 10% of the student body has contact with CAPS in a given year. This percentage is in keeping with AUCCCD peer institutions with 35K students and above. We do not have clear data on the percentage of students who accessed our services with suicidal ideation, though we can say that depressive symptoms including suicidal ideation are a leading presenting concern for students who use our on call services in distress. In addition, depression (with or without suicidal thinking) is a leading presenting concern for students who access any of our services.

11. According to the 2016 report of the College Affordability Study Commission, which was established pursuant to P.L.2015, c.4, the increasing cost of higher education is posing a significant barrier to students hoping to pursue postsecondary education. Nationally, after adjusting for inflation, the tuition and fees at public four-year institutions of higher education have increased over 40 percent between the 2005-2006 and 2015-2016 academic years, while increasing by 29 percent at two-year public institutions.

- **Question:** Please discuss initiatives that the institutions have taken in recent years to minimize increases in tuition and fees or to provide institutional support to their students.

Rutgers response:

Rutgers is committed to providing the highest quality education while keeping tuition increases to a minimum. The Rutgers Assistance Grant (RAG) program, which supplements state and federal aid offerings, is a source of institutional funding that is awarded based on eligibility and available funding. Although final RAG amounts for the 2017-2018 academic year are still being determined, more than \$33 million was awarded to over 11,000 students to assist with educational expenses in the 2016-2017 academic year.

Beyond that, for the past five years, increases in tuition and mandatory fees at Rutgers have averaged 2.3 percent, which is below the rate of increase at nearly half of our peer Big Ten universities and AAU public universities. For the past three years, increases have averaged 2%. Tuition and fees for the 2017-2018 academic year for undergraduate students increased 1.85 percent.

The necessary tuition and fee increases approved by the Board of Governors are an investment in top academic programs for our brightest students, salaries for our standout faculty, and support for the innovative and life-changing research, teaching and service occurring every day at Rutgers. The board will approve tuition and fees for the 2018-2019 academic year in July.

Discussion Points (Cont'd)

In addition, Rutgers University-Camden and Rutgers University-Newark have offered, since the start of the 2016-2017 academic year, free tuition to all admitted students with family incomes under \$60,000. Rutgers University-Camden also provides reduced tuition to students with family incomes between \$60,000 and \$100,000. In the current 2017-2018 academic year:

- Rutgers University-Newark's "RUN to the TOP" program is providing full tuition to 1,762 students; and,
- Rutgers University-Camden's "Bridging the Gap" program is providing full tuition to 406 students, and partial tuition assistance to 284 students.

Rutgers University and Rowan University

12. The "New Jersey Medical and Health Sciences Education Restructuring Act," P.L.2012, c.45 (C.18A:64M-1 et al.) eliminated the University of Medicine and Dentistry of New Jersey (UMDNJ), transferred most of its components to Rutgers University, and transferred the School of Osteopathic Medicine of UMDNJ to Rowan University, which was recognized Rowan University as a public research university. The restructuring was effective on July 1, 2013.

- **Question:** Please describe the various effects associated with the restructuring.

Rutgers response:

With the enactment of the New Jersey Medical and Health Sciences Education Restructuring Act of 2012, Rutgers became a fully comprehensive public research university through the integration of most units of the University of Medicine and Dentistry of New Jersey (UMDNJ). This legislative act, effecting one of the largest and most complex academic mergers in the history of U.S. higher education, created a new academic health center and patient care division, dedicated to educating future medical professionals, providing clinical care, and conducting cutting-edge healthcare research. The former UMDNJ units now comprise Rutgers Biomedical and Health Sciences (RBHS), which includes seven schools: two allopathic medical schools, a dental school, schools providing professional education in nursing, pharmacy, and health professions, and a school of public health, as well as five centers and institutes that focus on cancer treatment and research, neuroscience, advanced biotechnology and medicine, environmental and occupational health, and health care policy and aging research.

The merger has been a boon to Rutgers national research rankings. For example, in FY2017 Rutgers total annual research expenditures were \$712.5 million, an increase of 8% compared to 2016. Rutgers is now ranked #18 among all public universities in the country. Notably, Rutgers has more research expenditures annually than all other New Jersey universities combined.

Since the integration of UMDNJ units into Rutgers in July 2013 (FY2014), the university has experienced compounded annual growth rates (CAGR) of 5.6% for total

Discussion Points (Cont'd)

grant and sponsored research awards, 28% for corporate sponsored research, and 28% in technology licensing revenues.

In fact, FY2017 was a banner year for technology licensing, yielding more than \$29 million in revenue for Rutgers, up by more than 100% from the previous year. Part of the increase was the result of the successful monetization of a Rutgers patent that will help save the lives of children suffering from a form of Batten Disease, a rare but fatal childhood illness. The breakthrough therapy, which was developed by Robert Wood Johnson Medical School Professors Peter Lobel and David Sleat, is the first-ever effective method of treatment. It received FDA approval in FY2017.

Rutgers research translated into 80 U.S. and 149 global patents, 60 licenses, 150 new inventions, and 6 new startups formed, with 75 active start-ups already on the roster. In 2016, Rutgers was ranked #21 among Top 100 Worldwide Universities granted U.S. Patents, with 84 Patents, according to a report published by the National Academy of Inventors (NAI) and Intellectual Property Owners Association (IPO).

Rutgers corporate engagement team forged fruitful relationships with business and industry partners, engaging 339 companies in our pioneering research. Corporate-sponsored research is up more than 25% from last year, and overall Rutgers has seen a 28% percent compound annual growth rate in corporate-sponsored funding since the historic integration of Rutgers and UMDNJ.

The merger has also led to outstanding faculty recruiting and academic progress in RBHS, notably:

- The progression of the expanded Rutgers School of Nursing, created by the merger of the legacy Rutgers College of Nursing and the legacy UMDNJ School of Nursing, into the top 10th percentile nationally among graduate schools of nursing.
- Increases in enrollments, including a 10% increase at the Robert Wood Johnson Medical School.
- Robust clinical faculty and academic leadership hires at the medical schools from renowned institutions including Johns Hopkins, Harvard, Mayo Clinic, University of Pennsylvania, Memorial Sloan Kettering, University of Pittsburgh, Albert Einstein, University of Chicago, New York University and many others that will increase training opportunities in undergraduate and graduate medical education, as well as the potential for increased overall clinical revenues and research strength.

Question: How has the reorganization affected patient care?

Rutgers response:

The reorganization under the New Jersey Medical and Health Sciences Education Restructuring Act that created Rutgers Biomedical and Health Sciences (RBHS) has positively affected our ability to serve patients. Rutgers is committed to building for New Jersey the academic health center it deserves: a world-class institution with a

Discussion Points (Cont'd)

national reputation. Through the restructuring, Rutgers now has a statewide patient care platform that also serves health professions with valuable continuing education and other programs, a Big 10 biomedical research infrastructure, and the national name recognition and reputation of Rutgers University.

We have organized the clinical arm of the University under a single brand name – “Rutgers Health.” It includes areas all areas of Rutgers Biomedical and Health Sciences and other Rutgers units devoted to caring for patients. Our patient care and services is delivered through the Rutgers Health Group, a single faculty practice comprising approximately 1,000 Rutgers-employed doctors, dentists, psychologists, nurses, pharmacists, and other health care professionals meeting and caring for patients in clinical settings throughout New Jersey. We believe this is the first interprofessional faculty practice in the United States. As health insurers move from paying for the volume of care provided to the quality and value of care delivered, with Rutgers’ academic strength and expertise, Rutgers Health is poised to meet the challenges of this shifting health care landscape and, we believe, help transform health care for the better in New Jersey.

Our strong foundation as an academic health center is enhancing our ability to recruit and retain clinician-scientists while we are growing our basic laboratory research and translational research that bring scientific discoveries into the clinic. In fact, we have been successful in attracting clinicians and scientists from leading programs across the United States, including from Johns Hopkins University, the University of Pennsylvania, Albert Einstein, Weill-Cornell, and the University of California San Francisco.

Another concrete example is access to clinical trials. New Jersey lags behind other states in clinical trial availability and enrollment when ironically New Jersey is the headquarters of the global pharmaceutical industry. With 9,033 trials available here, we lag behind our neighbors New York and Pennsylvania, which have more than 22,000 and 17,000 trials, respectively. We also lag behind more rural, and less diverse states like Tennessee, which has more than 10,000. Together with our clinical partners, we can offer a potential five million strong patient panel, representing the most diverse state in the nation. With a single point of entry for human subject research review, there is extraordinary potential benefit to our patients.

All these developments will lead to greater access, quality, and value in health care for our patients and the State of New Jersey.