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DEPARTMENT OF PSYCHIATRY AND BIOBEHAVIORAL SCIENCES  
SEMEL INSTITUTE FOR NEUROSCIENCE AND HUMAN BEHAVIOR  
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA  
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Dear Psychiatry Diversity Advisory Committee,

Thank you for your letter expressing your deep concerns about efforts to address equity, diversity, and inclusiveness in the Institute and Department. We take these concerns very seriously, and approach discussion of these issues with humility, recognizing the pain and injustice that many of our colleagues of color and from underrepresented backgrounds have experienced.

Our humility also arises from the enormity of the task before us. The painful lived experiences of some of our colleagues require renewed commitment and concrete actions to bring about change. When each of us separately came to leadership in our system a little more than two years ago, we pledged to listen and learn so that we could continue to improve the climate in our Institute and Department. We spoke with a number of you about steps that we might take, and we have devoted considerable time and resources to these efforts. As you know, the challenges are complex and deep. We have continued to learn about the difficulties of creating meaningful and sustainable change within our system.

We welcome this opportunity to continue a dialogue with you about the broad issues raised in your letter and the [Daily Bruin](#) article involving equity, diversity, and inclusiveness. We regret that we are not able to discuss the accuracy of alleged occurrences involving specific individuals because university policy requires us to keep personnel matters confidential. We can, however, discuss actions we have taken collectively as a faculty as well as those we plan to take to address your very legitimate concerns.

In collaboration with many of you, we have established a foundation on which we can start to build for a more equitable and inclusive future. Among these actions are:

- 1) **Implementing holistic review processes for the adult psychiatry residency, child fellowship, and psychology predoctoral internship training programs.** Ours was one of the first residency programs in the nation to implement holistic review in 2018, with the results that residents we have recruited to train at UCLA are more diverse than in prior years: five years ago, 10% of our residents were from backgrounds underrepresented in medicine; today, that number is 27%. Since the child fellowship instituted holistic review in 2019, the proportion of trainees from backgrounds underrepresented in medicine has risen from 14% to 28%. The number of trainees in this program is much smaller, so these results must be interpreted with caution. Finally, the psychology internship implemented holistic review three years ago. Since the time of their last accreditation review, the proportion of trainees from underrepresented backgrounds has increased from 22% to 42%.
- 2) **Increasing efforts to build and support a diverse faculty.** We have increased our investment in faculty recruitment specifically emphasizing diversity and, in an effort to be more transparent, shared a roster of all incoming faculty at the start of this academic year. Of the six new faculty appointed at the start of the 2022 academic year, four were persons of color and three were from groups underrepresented in

medicine. Half were women. Competitive start up packages were created to recruit underrepresented minority faculty and help ensure their success. We are grateful to Vice Chair for JEDI Eraka Bath for her strong advocacy and partnership in supporting these new hires.

- 3) **Improving representation among hospital teaching attendings.** We changed the child hospitalist model in 2021 and worked to recruit a more representative pool of faculty. We now for the first time have two BIPOC faculty (one of whom is from a group underrepresented in medicine) teaching our child fellows. We have opened three new hospitalist positions for the 2023 academic year with the goal of improving representation among faculty who are teaching our adult residents. In 2021, we created a new endowed term chair for a hospital teaching attending, the selection criteria for which state *"a preference for candidates who demonstrate an enduring professional commitment to anti-racist/equity-minded teaching."* This opportunity was announced last fall, and we hope to soon officially announce the first chair recipient.
- 4) **Creating leadership opportunities for faculty from underrepresented groups.** We obtained university approval in 2021 to broaden eligibility criteria for one of our longstanding endowed chairs and, as a result of an internal search led by Dr. Leuchter, appointed the first woman of color to an endowed chair in the history of our department. Over the past year, six BIPOC faculty (four of whom are from backgrounds underrepresented in medicine) have assumed major new administrative and leadership positions in our academic and clinical programs.
- 5) **Educating our faculty, staff, and trainees on foundational EDI principles.** Under Vice Chair Bath's leadership, we have held two trainings for the Department and Institute and encouraged broad participation in order to enhance engagement in EDI activities. We are systematically working towards the goal that all faculty who teach will be CEILS trained. We have revamped our Grand Rounds planning committee, which is chaired by a member of PDAC and now includes four other PDAC members. For the current academic year, more than 25% of Grand Rounds speakers are from underrepresented groups, and topics relevant to EDI are routinely presented.
- 6) **Creating a more equitable academic hiring process.** Last fall we created a transparent process to plan and coordinate faculty hiring across the Institute and Department and help ensure that EDI considerations were at the forefront of planning for the future. A member of the PDAC workgroup on faculty recruitment and retention leads this work. We set an expectation that new faculty hires would be initiated only after EDI consultation and planned with special attention to attracting a diverse pool of applicants. We asked all Division and Center directors to include a large and diverse group of stakeholders in hiring decisions to increase the likelihood of hiring more diverse faculty and ensure transparency in decision making. We have shared updates on this new process at regular intervals with several groups, including the Executive Committee, Division Directors, and a smaller workgroup including Vice Chair Bath.
- 7) **Serving a more diverse patient population.** We have worked with Health System leadership to contract for greater opportunities to serve patients from underrepresented and disadvantaged groups in our hospital and clinics. UCLA Health is at an advanced stage of contract negotiations that would enable us to accept adult Medi-Cal inpatients. We also are working with the Los Angeles County Department of Mental Health to establish a new opportunity for us to provide services to County clients that would include our trainees. We have initiated a data-driven approach to examining the demographics of those we serve and create greater opportunity within existing contracts to serve a more diverse population. Thinking towards the future, Dr. Young is co-chair of a Health Equity Working group (with Dr. Briggs-Malonson) for the mid-Wilshire project, with a specific focus on creating partnered programs with Los Angeles County.

It is important to acknowledge that these actions are not all that must be done to improve our system, and that steps we have taken are not ours alone. They are the result the hard work of the Vice Chairs, Division and Center Directors, members of PDAC, and many others over several years. Whatever progress we have made in recent years to increase equity and improve representation in our system is a result of the will and passion of the members of our Institute and Department. Our faculty, staff, and trainees have great collective wisdom and an enormous wealth of diverse life experiences. We welcome the opportunity to work with the members of PDAC as well as others in the Institute and Department to build a more equitable and inclusive future. We will meet with PDAC to discuss how we can establish a shared vision and build constructively for that future. In addition, we will focus the attention of our governance committees and groups on discussions of how to make greater progress. We will engage faculty, staff, and trainees through the NPI Director's Forum, the Department and Institute Executive Committee, the Residency Oversight Committee, as well as other groups. We already have begun discussions of how we might directly address the climate of our department by promoting discourse and accountability, and involving a large and representative group of faculty in our efforts. Finally, we wish to reiterate that our doors are open to you. We are grateful to those brave faculty who have come forward to share their lived experience. We invite you to join those who already have come to meet with us individually to discuss matters and ask questions that you may not be comfortable raising in larger group meetings.

We believe that by building a stronger partnership, we can not only improve the climate in our Institute and Department, but also set an example for how to address EDI issues constructively and make greater progress. We look forward to our discussions.

Sincerely,



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