

Student Health and Wellbeing Services

DRAFT Funding Requirements Information DRAFT

Existing Operations

We know Student Health and Wellbeing Services (including Medical Services, Health Promotion, and Counseling and Psychological Services) are a force-multiplier – supporting students’ ability to function and multiplying the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus.

The existing Student Health & Counseling (SHC) building comes from a 1977 expansion of the building to a 20,000 square foot facility. In 2012 Health Education was separated physically into the Recreation & Wellness Center (RWC) to support the space needs of a growing health education program. Student needs for Wellbeing related services have **outgrown existing staffing and facilities**.

To provide required services includes a historical capacity of approximately 40 professional full-time staff including physicians, nurse practitioners, health educators, registered nurses, medical assistants, laboratory scientists, medical records staff, office manager, several psychotherapists, and a varied number of unlicensed postgraduates and student counseling trainees. Part-time staff are employed to maintain minimum staffing numbers when staff take vacation, sick, or other unexpected leave. Finding part-time staff is a challenge, and the budget allocated for these part-time pool staff was decreased significantly in 2016. In 2017 we reduced administrative support staff by a full 1 FTE through restructuring and increased use of technology. Through partnerships with community agencies such as Planned Parenthood, North Coast Rape Crisis Center, and the Health Department additional services are made available to students, however a 2017 HSU-Wide Student Healthy Minds Study conducted by economist Daniel Eisenberg and data from the National Survey of Student Engagement (NSSE) confirm **services are still inadequate to meet demand**.

Research has repeatedly shown that **students who receive counseling services have higher retention rates** than students who did not despite requesting services¹, and the odds of students who received counseling registering in their third semester is as much as 3x times higher than for students who do not². Students who make it to counseling also reduce their risk for suicide by as much as 600%³. Nationally, 70% of students admit personal and medical issues negatively impact academic success⁴.

Current revenue is insufficient to meet student needs in medical services, psychological services, building maintenance/repairs/alteration, and campus health education. This problem is made especially worse by documented increasing psychological needs of students (which increases both at HSU and nationally at a rate of 3-5x enrollment increases), past-due facilities maintenance needs (which have

¹ Wilson, S. B. , Mason, T. w., & Ewing, M. J. M. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, 44, 316-320.

² Lee, Olson, Locke, Michelson, & Odes, The effects of college counseling services on academic performance and retention, *Journal of College Student Development* 50(3), 305-319, (January 2011).

³ Schwartz, A. J. (2006). College student suicide in the United States: 1990 –1991 through 2003–2004. *Journal of American College Health*, 54, 341–352.

⁴ Turner, Andrew L, Berry, Thomas R. Counseling center contributions to student retention and graduation. A Longitudinal assessment. *Journal of College Student Development*. 2000 Nov-Dec;41(6):627–36.

been deferred the past 5 or more years), and space limitations that makes both hiring needed full-time staff and employing lower cost training models that require flexibility increasingly difficult.

Justifying Spending on Health and Wellbeing Services

Repeated economic analysis has decided this conclusively – investing in student health and wellness pays off⁵. **Each staff member hired in Health and Wellbeing can actually CREATE \$150,000 or more a year in tuition revenue with the impact on increased retention.**

- 1) In order to meet 2025 retention goals, we would need to commit to increasing revenue to all health and wellbeing services to support student success throughout students' 4 years to graduation, which goes beyond the urgent care requirements of the executive order.
- 2) We know money invested in health and wellbeing is a force-multiplier – paying off with increased retention and improving the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus.
- 3) We triage life-threatening cases, yet there is an increasing waitlist (passing 1 month) for ongoing counseling and medical care (the kind that helps students stay in school); many students will have failed academically before they can identify their need for and get help.
- 4) Many students who leave campus fail to return due to the challenge of coordination with home providers. Improving clinical case management will result in more students taking a successful medical leave of absence and returning to complete their degree.
- 5) As more students visit the medical center with mental health issues that require more time per visit and more frequent visits, there is both an increasing number of students and increasing ratio of visits per student that outpace enrollment changes approximately four-fold.
- 6) We live and work in an under-resourced community, with 75% fewer community resources than many other CSUs (Humboldt has 4,610 civilians per community psychiatrist, and SLO has only 1,503). Similarly, Chico, SLO, and others have 40+ Kaiser facilities within 1-2 hours, and Arcata/Eureka has none.
- 7) HSU has an outdated Student Health facility and has put off critical maintenance as health fees have not been increased for many years. HSU's fee remains outdated at \$6 while at least six other CSU schools have raised the health facilities maintenance fee to \$30 or higher.
- 8) We provide many campus-wide programs to prevent sexual assault and support students that are temporarily grant funded and at risk of disappearing.
- 9) We must improve health education to improve student wellbeing beyond reactive treatment and money invested in health education has a greater impact overall.
- 10) We believe employing more students in peer-education is one of the best ways to help students succeed while simultaneously mentoring the next generation of student health leaders.
- 11) HSU is distinguished by a deep social justice commitment that goes above and beyond the norm, and without increased revenue, underprivileged, URM, and first-generation students most at risk for dropping out and without the resources to seek care in the community or at home will be the most negatively impacted.

⁵ Kognito Whitepaper, May 2015. The Benefits of Investing in Students' Mental Health. 2016-2017 HSU Campus-Wide Health Minds Study by economist Daniel Eisenberg, Ph.D.

Staffing Costs for Required Capacity

Class	Class Title	R A N K	Monthly Salary	Monthly Benefits	Annual Operational	Annualized Total Cost	~Fee/Year Impact ⁶
Varied	Part-Time Backup Pool and Student Staff	1	N/A	M/A	\$52,000	\$52,000	\$6.50
8153	Registered Nurse II – 10/12	1	\$4,083	\$2,844	\$5,000	\$88,124	\$11.00
8165	Nurse Practitioner – 10/12	2	\$4,742	\$3,071	\$5,000	\$98,756	\$12.50
Medical Staff Sub-Total							\$30.00
3073	Counselor II [Psychologist/Clinical Coordinator] (Unit 3, SSP-AR-AY) – 10/12	1	\$6,100	\$3,656	\$5,000	\$122,072	\$15.00
3070	Counselor I [Psychotherapist] (Unit 3, SSP-AR-AY) I – 10/12	1	\$5,331	\$3,379	\$5,000	\$109,520	\$13.50
3070	Counselor I [Clinical Case Manager] (Unit 3, SSP-AR) - 12/12)	1	\$5,263	\$3,250	\$5,000	\$107,156	\$13.50
N/A	Psychiatry +2 FTE	1	\$43,200	N/A	N/A	\$432,000	\$54.00
2436	Counselor Intern, Post-Masters – 10/12	2	\$2,420	\$2,329	\$5,000	\$56,988	\$7.00
	Cultural Training, Improved Recruitment, Required Licensure Fees, IRPs	2	N/A	N/A	\$32,000	\$32,000	\$4.0
N/A	Marketing/Supplies	3	N/A	N/A	\$8,000	\$8,000	\$1.00
Mental Health Sub-Total							\$109.00
8407	Health Educator (CheckIt+)	2	\$3,722	\$2,788	\$5,000	\$78,120	\$10.00
NA	10 Student Staff Positions	2	N/A	N/A	\$100,000	\$100,000	\$12.50
	Health Education Operating	3			\$100,000	\$100,000	\$12.50
Health Education Sub-Total							\$35.00
Total Annual Revenue Increase Need Per Student							\$172.00
Total Per Semester Health Fee Increase							\$86.00

- It is also suggested to shift from the HEPI to the higher of the HEPI and Medical Cost Index for health fee automatic annual increases.

⁶ Fee impact is calculated at minimum salary in identified range and estimated 8000 students.

Facility

TM001 revenue comes from student fees paid each semester (\$6/student annually) to the “Health Facilities Fee” as part of the required tuition. This fee is for building maintenance, major equipment purchases, as well as indirect costs for “State Pro Rata” and “Chancellor’s Office Overhead” charges.

(Option A) Repair and Renovation of Existing Structure

Revenues from the student health facilities fees are not sufficient to meet ongoing costs, significant deferred maintenance, and would not cover needed improvements to allow use of the building for all required staff. Some of these repairs are required before creating new counseling offices. Examples of current repairs and deferred maintenance required in the next years include asbestos abatement (\$38,000), Restroom Accessibility (\$38,000), Elevator Modernization of Hydraulic and other parts (\$382,000), Fire Alarm Panel, Dialer, Battery & Charger (\$39,000) and other Fire Alarm renewal project (\$92,000), Air Handling and Boiler (\$38,000). Roof repairs (\$360,000), HVAC Controls System (\$115,000), Other Air Handling Unit Renewals (\$135,000), Exit Signs (\$10,000), and a number of other similar projects at \$5000-\$25,000 each, detailed in the Capital Plan for Student Health Center, based on the Deferred Maintenance Audit performed in 2014-15. These do not include costs for modernization to meet changing staff space needs such as moving or adding walls, removing or updating x-ray equipment in lead-protected radiology area, changing central storage areas or waiting rooms into additional office space, etc.. The health center also has several large pieces of equipment in its building that require annual maintenance, occasional overhaul and eventual replacement including the laboratory’s hematology analyzer and the many computers currently installed through the building (unknown).

3 Year Projected Facilities Maintenance and Renewal Costs									
YEAR	State Pro Rata	Chanclr. Over-head	Contract Svcs & Work	Project Design Estimates	Non-Recurring Proj Est.	Deferred maintenance	Capital Renewal Proj	Space Re-purpose	YEARLY COST TOTALS
'18-19	\$9,040	\$22,642	\$68,949	\$223,099	\$32,982	\$199,225	\$273,731	\$75,000	\$904,668
'19-20	\$9,040	\$22,642	\$85,000	\$236,686	\$36,041	\$205,268	\$281,942	\$80,000	\$983,619
'20-21	\$9,040	\$22,642	\$90,000	\$181,209	\$0	\$269,044	\$290,401	\$85,000	\$974,336
Total 3 Year Cost									\$2,862,623

While current fees may be sufficient to fulfill the most basic requirements of executive orders, they are not sufficient to maintain facilities for regular operations, to managed deferred maintenance costs, or to make even minor improvements to the space as staffing needs change. Nine other CSUs have updated their outdated \$6 health facilities maintenance fee, and six of those⁷ have set the new fee above \$30, including Sacramento (\$33), Sonoma (\$32), San Bernardino (\$40), San Marcos (\$50), San Diego (\$50), and San Jose (\$116). To manage these costs **over three years** by increasing the **student health facilities fee would require an annual fee of \$119 + HEPI or medical cost index annually** (\$59.50 per semester). Spreading costs out over further than 6 years and new maintenance requirements begin to overtake the

⁷ These numbers are accurate for 2015-2016 – from “2015-2016 California State University Tuition and Fee Rates” available at <http://www.calstate.edu/budget/student-fees/fee-rates/TuitionFeesAllCampus.pdf>

available revenues preventing progress. Delaying the hiring of new staff with an increased health operations fee could provide additional money for space repurposing and lower facilities fee costs.

(Option B) New Building Construction

Instead of renovating the existing facility, it may be possible to make minimal investment in the current facility to allow continued operations, and instead re-allocate savings into new construction. By further deferring select maintenance costs to maintain the current facility could be reduced as follows:

3 Year Projected Facilities Maintenance and Renewal Costs									
YEAR	State Pro Rata	Chanclr. Over-head	Contract Svcs & Work	Project Design	Non-Recurring Proj Est.	Minimum maintenance	Capital Renewal Proj	Space Re-purpose	YEARLY COST TOTALS
'18-19	\$9,040	\$22,642	\$68,949	\$0	\$32,982	\$25,225	\$0	\$75,000	\$233,838
'19-20	\$9,040	\$22,642	\$85,000	\$0	\$36,041	\$30,000	\$0	\$80,000	\$242,723
'20-21	\$9,040	\$22,642	\$90,000	\$0	\$0	\$35,000	0	\$85,000	\$241,682
Alternative 3 Year Bare Maintenance Expenses									\$718,243
(Previous Page Total) 3 Year Renovation Cost									\$2,862,623
Savings									\$2,144,380

A new facility offers several significant advantages over the existing antiquated building, including space for Health Education and Oh SNAP Student Food programs, an integrated model building design which allows rotating behavioral health psychologists to more effectively reduce demand on medical providers, better air handling and negative air pressure rooms to reduce the spread of airborne diseases, up-to-date dedicated spaces for tele-medicine to improve access to remote resources, and intentional, flexible spaces to allow for cost-saving training programs benefiting all our students.

CSU San Marcos completed a new 20,000 square foot health center in 2015 at a cost of \$375/sq ft. CSU Fullerton completed their new health center in 2002 at \$276 per square foot. More recently the University of Southern Carolina is finishing a 68,000 square foot health center in 2017 at a projected \$308 per square foot. Using these numbers and the cost projections provided by the CSU for health center construction⁸ of \$393 per square foot along with a 20% cost increase estimate for the Arcata area, we estimate construction costs conservatively at \$475 per square foot for 25,000 square feet.

$\$475/\text{sq ft} \times 25,000 \text{ sq ft} = \mathbf{\$11,875,000}$ project cost for a new, state-of-the-art health center.

The total cost could be paid down in 6.5 yrs⁹ at **\$262.50 per student per year**, plus **\$30 per year per student (+ HEPI or medical cost index annual increase) health facility fee** for bare maintenance of the existing facility while construction is completed.

⁸ Cost estimates taken from "CSU Cost Guide for State and Non-State Funded Buildings Five-Year Capital Improvement Program 2016-2017 through 2020-2021"

⁹ Assumes 4% interest on an initial loan and an average enrollment of 8000 students.