

## **2018 HSU Health Fee Adjustment Consultation Report & Student Health & Wellbeing Services' Five Year Strategic Plan**

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## Five-Year Strategic Plan

### Background

Medical Services, Health Education, and Counseling and Psychological Services (collectively Student Health and Wellbeing Services) are a force-multiplier – supporting students' ability to function and improving the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus.

The existing Health and Counseling Center comes from a 1977 expansion of the building to a 20,000 square foot facility. In 2007, internal aesthetics were improved, and in 2012 Health Education was separated physically into the Recreation & Wellness Center (RWC) to support the space needs of a growing health education program.

At present, our **Student Health and Wellbeing Services face four key challenges**:

- **Lack of community medical resources** Our rural remote location makes it difficult for students to seek off campus medical care and psychological care. Many insurance-based health services (such as Kaiser Permanente) are not available in the region. Facilities that take medi-Cal or Medi-Care are impacted and often have long wait times.
- **An underprivileged student population** 53% of HSU students are Pell Grant recipients and 52% are first generation attendees.
- **Cultural competence/diversity, and lack of best-practice knowledge** within existing wellness services as staff have insufficient access to “the outside world” for training and engagement with the professional field. Many staff have been at HSU for years. Staff visible diversity is low. This impact is worse for URM students and trans\* identified students and negatively impacts progress towards improved retention.
- **Current revenue will be insufficient** to fund future needs in psychological services, building maintenance/repairs/alteration, and campus education within 2-3 years, even with increased efficiency. This problem is made worse by the well-documented rise in psychological needs of students, past-due facilities maintenance needs (which have been deferred the past 5 or more years), and space limitations.

**Given the limited capacity of SH&WS, supporting the increase in demand** requires increasing **revenues**, increasing **efficiency**, updating/allocating **space**, and/or increasing **off-campus resources**. Supporting data, relevant law, and the rationale for the specific action items outlined below are all presented in the document that follows. Because Executive Order 953 and 1053 require certain basic services be provided no-cost, which Chancellor's Memo AA-2015-08 further reinforces, insurance billing would be limited to augmented services, which represent less than 5% of our services. With increased overhead, policy requirement changes, and the impact of insurance empaneling, creation of service disparities, and increased cash costs for students, billing student insurance is not recommended at this time. Insurance billing has advantages in contexts where students are all required to have low-deductible health insurance, community resources are plentiful, and there are no executive orders for basic services – **insurance billing beyond our current FPACT program is not a viable option for HSU.**

We are currently in need of a **long-term plan to support student's psychiatric service needs.**

**Understanding the requirement for a health fee increase** is important, as HSU has one of the highest health fees in the system. Medical and Counseling Services currently appear able to meet the minimum requirements of the relevant executive orders. However, in order to meet 2025 retention goals, we will eventually need to commit to increasing revenue to all wellness services to support student success throughout students 4 years to graduation, which goes beyond the urgent care requirements of the executive order. More details are provided in an accompanying document outlining the reasons justifying a health fee increase.

To meet the increased mental health needs in our medical clinic, provide effective triage, and improve health education, would require additional annual revenues to support required staff (outlined in separate documents) **to reduce the increasing wait times and improve triage services, to add critical mental health services to the medical clinic** to ensure proper care, facilitate internal/external referrals, and allow MDs to provide more primary care services within their scope of practice, and **to increase health education** programs, employ more students, and ensure critical prevention programs continue. In support of these plans, we would also need an additional **amount annually to manage deferred building maintenance** costs. This means:

- **Increase of the student health fee.**
- **Increase of the student health facilities fee.**
- **Shift from the HEPI to the higher of the HEPI or Milliman Medical Cost Index as an annual escalator to ensure health fees stay current.**

## Purpose

In order to address increasing student waittimes and better meet student demand for more services, Student Health & Wellbeing Services and the Division of Student Affairs submitted a request to adjust the campus health fees to the Student Fee Advisory Committee (SFAC), and presented Oct. 27, 2017 and Dec 13, 2017. SFAC members agreed with the need for fee adjustments, and on January 25, 2018 HSU President Lisa Rossbacher demonstrated to the fee advisory committee the reasons why the alternative consultation method will be more effective in complying with the aims of executive order 1102, which relates to student fee processes. Executive Director of Student Health & Wellbeing Services Brian Mistler and the Interim Vice President for Student Affairs Wayne Brumfield answered additional questions, and the SFAC offered a unanimous vote of approval for campus-wide alternative consultation process, following similar processes by other CSU campuses, to further educate the community and capture student ideas about needs as a next step in the process.

## Alternative Consultation

CSU Executive Order 1102 "CSU Student Fee Policy" advises universities on how to engage the campus community in the process of adjusting any mandatory campus-based fees; in this case a category II student health fee. In accordance, university policy for "Alternative Consultation Policy for Campus-Based Mandatory Student Fees" states that an "appropriate and meaningful consultation with campus constituencies regarding category II fees and the use of fee revenue is critical to assure that the delegated authority is exercised in a manner that is consistent with policies adopted by the board."

Alternative Consultation is the process in which students can voice their opinions relative to mandatory campus-based fees. Through this process, students receive information, are provided opportunities to ask questions and to give their opinions verbally or in writing.

Campus Health and Wellbeing staff facilitated the Alternative Consultation process with the assistance of the California Center for Rural Policy.

HSU's Alternative Consultation approach consisted of a variety of methods which included campus announcements, education programs and open forums, and service user satisfaction survey, and an online survey in order to encouraging students to share their perspective and learn more by visiting a

dedicated website ([humboldt.edu/healthiertogether](http://humboldt.edu/healthiertogether)) that included links to key data and frequently asked questions.

In addition students could voice their opinion through the National College Health Assessment (NCHA) survey which included health fee prioritization questions, and engage during open public forums on Feb. 23, 5-6:30 p.m. in College Creek Great Hall and on March 5. noon-1:30 p.m Nelson Hall East 102 (in which pizza lunch was advertised and provided).

Handbills and posters we also developed with design support from HSU MarCom and distributed across campus. Two full-page Lumberjack Ads were run in separate weeks sharing important information about the health fee adjustments and advertising the website and the NCHA survey. Additional e-mails were by sent by both NCHA and Vice President Brumfield in February and March reminding them again about the forums and the survey close dates along with additional reminders to other listservs including SEALS, Latinx, Deans, Wellbeing Ambassadors, Student Affairs Staff, Social Work, etc.

Several presentations were offered including to Associated Students on February 19 and University Senate on February 20, as well as presentations to other groups including Greeks and Clubs, Women of Color Talk, Kinesiology class, Social Work 456, and Academic Affairs Leadership. Tabling was also conducted on the university quad and in JGC cafeteria. And, announcements were made on Social Media via Check It, HSU Oh Snap Student Food Programs, and Peer Health Education accounts. This is a summary of the results.



Students attending an open forum

## Outreach and Education

- [Health Fee Adjustment Website](#) - A website was created specifically for the student health fee adjustment campaign to allow students to learn and share perspectives on prioritization via survey (Appendix A)
- Handbills (Appendix B) and posters (Appendix C) created by MarCom were distributed across campus between February 1st and March 9th, 2018
- Open forums (Appendix D) occurred on February 23rd from 5:00pm - 6:30pm and March 5th from noon - 1:30 pm
- Students received 2 emails (Appendix E) from the Office of Institutional Effectiveness asking for participation in the National College Health Survey. The survey included questions about the fee adjustment and prioritization.
- Students received 3 emails (Appendix F,G,H) from the Vice President of Student Affairs directing them to the HSU Healthier Together website, open forums, and to look for an email regarding the NCHA survey.
- Powerpoint presentation to Associated Students and University Senate (Appendix I)
- Presentations to Greeks and Clubs, Women of Color Talk, Kinesiology class, Social Work 456 (Appendix J)
- Presentation to Academic Affairs Leadership
- Posters and quarter sheets (Appendix K) regarding the NCHA survey were distributed
- Email was sent to listservs SEALS, Latinx, Deans, Wellbeing Ambassadors, Student Affairs Staff, Social Work (Appendix L)
- Announcement on student portal (Appendix M)
- University notices to students (Appendix N)
- Social Media via Check It, HSU Oh Snap Student Food Programs, Peer Health Education
- Tabling on the university quad February 19- March 7
- Tabling in JGC cafeteria 3/6 11am-1pm & 5pm-7pm
- Lumberjack Advertisement 1 (Appendix P)
- Lumberjack Advertisement 2 (Appendix Q)
- Lumberjack Article (Appendix R)

## Key Findings from the Alternative Consultation

From NCHA:

- The majority of student respondents believe that access to on campus **medical and counseling services will make it more likely for students to graduate.**
- The majority of student respondents believe there are **not enough medical services available on campus** to meet the needs of all students.
- The majority of student respondents believe there are **not enough mental health services available off-campus** to meet the needs of all students.
- The majority of student respondents believe there are **not enough counseling services available off-campus** to meet the needs of all students.

From the onsite user survey:

- The majority of students using health and wellbeing services **supported a fee adjustment** and the development of a new facility.
- 80% of students using health and wellbeing services report being able to receive medical or counseling services has made it **more likely they will graduate.**

From the website survey

- Of those students submitting data through the website feedback form, 83% reported they have used medical services, 56% have used counseling, and 49% have used health education.
- Majority of respondents who had used one or more services during their time at HSU said made them more likely to graduate.
- 60% respondents reported they would like to see **more revenue spent on mental health services**, 21% on physical health, 14% on health education programs.

## Fee Adjustment Recommendations

Based on the needs expressed above and in consultation with the Student Fee Advisory Committee and the Executive Director of the Student Health and Wellbeing Services, it is recommended to adjust the fees as follows to provide for an immediate increase in services:

- Adjust the per semester Health Operations Fee (+\$93) more than planned in Fall 2018-2019 (\$314)



- Begin using the higher of the MMI or HEPI (MMI was 4.3% versus the MMI's 3.7% for 2017) as the escalator cost index for the health operations fee 2019-2020 and after.
- Adjust the per semester Health Facility Fee to \$55 beginning Fall 2018.

And:

- Increase the Health Facility Fee to \$78 in 2021 to support new building construction (or true debt maintenance cost at the time of building which should be delayed until such time as a new building project is planned so as to minimize student impact).

### Foreseeable Impact of Insufficiently Increasing Revenues

If revenues are not sufficiently increased, demand will continue to exceed supply by a growing amount with the following impacts:

- **Not being able to hire an additional RN** will cause a **continued increase in initial wait times** and length of appointment when students come for walk-in medical visits, making it harder for them to receive the services they need before returning to class.
- **Not being able to hire an additional Medical Provider** will see a continued increase in **total visit times** for both walk-in and scheduled appointments, increasing the total visit time for walk-in visits and the delay for pre-scheduled visits.
- **Not being able to hire an additional Senior Therapist** will see a continued **increase in wait times** for a first-time appointment, **longer wait times for crisis sessions**, and **reduced availability for ongoing individual therapy (with more off-campus therapy referrals)**.
- **Not being able to hire a Case Manager** will hinder our ability to offer well-integrated (medical/mental health) care, provide cohesive (and appropriate follow-up) care in high risk and complex cases, and provide personalized referral services and resources.
- **Not being able to expand Psychiatric services** will cause a continued and increased demand on general medical providers thereby reducing their availability for problems unrelated to mental health care, increased referrals into the community for psychiatric care (with long delays for care due to the sparsity of local psychiatric service providers), and less specialized/nuanced care in complex and/or treatment resistant cases.

For a complete picture, this document should be viewed along with other key documents including Mental Health Services Usage DUC Charts, Funding Needs, and Campus-wide Survey Results, all available by visiting [wellbeing.humboldt.edu/data](http://wellbeing.humboldt.edu/data)

## Organizational Overview

### Mission Statement and Staff/Facilities Context

Student Health and Wellbeing Services (SH&WS) at Humboldt State University supports the educational mission of the university, providing a safe campus hub and programs throughout the academic year to assist students in maintaining optimal functioning now and in developing the skills to support holistic, lifelong health and wellness.

We achieve this aim by providing timely and appropriate primary and acute medical care, disease and injury prevention education, professional outreach, referrals, multi-faced health promotion services, and campus committee service and faculty/staff/student/family consultations. The Student Health and Counseling (SHC) center includes Medical Services, Counseling and Psychological Services (CAPS), and some of our Health Education Programs. Our Medical Services team provides high quality, accredited, professional health service for acute injury and illness, as well as limited routine preventive care, in a welcoming, confidential, and culturally appropriate environment to support students physical and mental well-being. Our Health and Wellness Education program uses a public-health-model informed and peer-educator driven approach to health promotion and communication, centered on the connections between health, our identities, and the physical place in which we live.

We also provide a number of key services that address issues of sexual health, tobacco addiction, alcohol use, access to family planning services, and programs like Oh Snap, which combats food scarcity, and Check It, which empowers students to take action when they see potential harm happening around them and reduce acts of sexual assault, dating violence and stalking on our campus. Counseling and Psychological services offers individual, couples and group counseling; crisis intervention; workshops and outreach services; information and referral; consultation; and training for pre-licensed therapists.

Currently, SH&WS includes a growing campus Health and Wellness Education program with a health educator and health education coordinator supporting dozens of students providing nationally recognized programs and a busy Student Health and Counseling (SHC) building housing a capable

ambulatory medical primary and urgent care center, a team of caring and effective therapists, a well-respected mental health training program, and a range of other services offered to students on campus through key community partnerships. Through the integration of our medical services and health promotion we are increasingly able to support students' success and keep non-critical students out of the health center, providing a tiered services model and leveraging lower-cost peer-educators who often have an even more easily received impact on their fellow students. Counseling and psychological services occupy much of the second floor of the Student Health and Counseling building, and began the path to greater integration with medical and health education services in 2017. CAPS also recently expanded to a secondary site across campus at BSS 208.

The Student Health Center (SHC) first opened at HSU in the 1960's, consisting of a nurse in a small office equipped with a stethoscope and bandages. Likewise, CAPS came into existence in 1959, providing limited care at that time. As the enrollment and needs of the campus's changing student body have steadily increased, HSU has expanded its health and counseling services to meet student demand. In 1977, the expansion of the health building created a second floor and pushed the existing first floor north to create a working facility of 20,000 square feet, providing space to increase capacity so that now, medical, counseling, and health education, share the building to varying degrees.

Today, the Health and Counseling Center consists of four physicians, three nurse practitioners, two registered nurses, four medical assistants, three medical records clerks, two clinical laboratory scientists, a referral coordinator, medical biller, clinical administrative coordinator, pharmacist, radiological technologist, clinical phlebotomist, eight professional mental health clinicians, 3 post-degree residents (unlicensed mental health counselors), several practicum-level (student) therapists, a SH&WS executive director, a CAPS director, and support (e.g., reception) personnel. Student Health and Wellbeing Services also includes a team of dozens of students and a full-time health educator and health education coordinator who supervise students and help to oversee several successful outreach programs to address issues of health education, sexual health, alcohol and other drug use, food insecurity, and health insurance access.

In 2007, SH&WS went through an upgrade to improve internal aesthetics, which included replacing carpet, paint, lighting, and decorating the wall with quotes and photos from our campus photographer. In 2012 a Health Educator office was established in the Recreation & Wellness Center (RWC) to meet the space needs for a growing program. With additional office and conference room space in RWC to

accommodate the needs of the students seeking wellness workshops, this move also provided SHC the ability to expand its reach through health education. Through health and wellness education we're able to create an environment where students learn to take care of themselves and become more educated consumers of health services now and in the future, as well as decreasing their need to see a health and counseling center provider for (more expensive) treatment.

The staff in Student Health services currently consists of a number of medical providers (physicians and nurse practitioners), registered nurses, medical assistants, medical records clerks, clinical laboratory scientists, a referral coordinator, medical biller, clinical administrative analyst, pharmacist, radiological technologist, clinical phlebotomist, administrative director, and part-time psychiatrist. Part-time physicians, nurses, and medical assistants are also employed to maintain minimum staffing numbers when staff take vacation, sick, or other unexpected leave. The SH&WS team also makes use of partnerships with community agencies, like planned parenthood, north coast rape crisis center, and the health department to provide an additional 100 or so person-hours of no-cost services to students each week.

Counseling and Psychological Services includes an administrative director, an office manager in both SHC and BSS locations, a receptionist (at the SHC location), a number of psychologists/psychotherapists, several of whom also serve in coordinator roles such as outreach coordinator, group coordinator, alcohol and other drug specialist, training director, and practicum coordinator, as well as therapists in training, which includes 3-4 full-time unlicensed postgraduate residents (number dependent on available funds), and (non-funded) pre-graduation practicum trainees that each provide about 5 clinical hours per week.

SH&WS also includes a team of students who provide part-time cleaning and clerical support in the health center and work as peer-educators, a full-time health educator and health education coordinator who supervise students and help to oversee several successful outreach programs to address issues of health education, sexual health, alcohol and other drug use, food insecurity, and health insurance access.

### **Summary of Accreditation and Health & Counseling Executive Orders**

Minimum operations of the center are guided by the guidelines of AAAHC, our accrediting body, and by two key executive orders describe the services which are required to be provided in the area of health

and wellness: Executive Order No. 1053 - Policy on Student Mental Health and Executive Order 943: Required Basic Student Health Services.

**Executive Order No. 1053 - Policy on Student Mental Health**, is effective as of December 6, 2010. This executive order develops and communicates system-wide policies, procedures, and/or guidelines for mental health services to matriculated students. In brief, this order requires student mental health services be established and maintained to enhance the academic performance of matriculated students and to facilitate their retention in state-supported programs of the university. These services include accessible, professional mental health care; counseling, outreach and consultation programs; and educational programs and services.

At a minimum, CSU campuses are required to offer the following **basic mental health services**:

*Counseling/Psychotherapy*, including short-term individual and group counseling/therapy services that are responsive to the diverse population of currently enrolled students experiencing the types of psychological or behavioral difficulties that limit their academic success. This includes services for educational, personal, developmental and relationship issues. CSU campuses may limit the number of sessions students can utilize to maximize student access to services. *Suicide and Personal Violence Services*, including a protocol for immediate response to suicidal and violent behavior spanning from identification of suicide, or violence towards others through the loss and grieving process are also required, as well as *Emergency/Crisis Services* that address mental health crises that occur during Counseling Center hours of operation as well as protocols for crises after its regular business hours. *Outreach* and psycho-educational workshops, programs and services that address critical student issues as well as prevention and wellness programs. Similarly, mental health professionals may provide *consultative services* to members of the university community regarding student mental health issues, and regarding students (within professional, legal, and ethical boundaries) to faculty and staff who request such assistance, as well as a student's parents, spouse, concerned friends, and other agents who are assisting with student care.

While many issues can be solved in a brief period, some pre-existing and more serious conditions cannot. For these, mental health professionals should identify appropriate *referrals* both within the institution and the local community to assist students whose problems are outside the scope of the campus' basic mental health services. When clinically indicated, mental health professionals should also make an effort to ensure that students follow up on those referrals.

Campuses may also offer **augmented mental health services** beyond the scope of basic services. The student, not the university, is financially responsible to the provider for all mental health services received off campus and for services received on campus but beyond the scope of authorized basic services. The augmented services a campus may offer include but are not limited to the following: Specialty care appropriate to the mental health needs of students. Services to partners or family members of eligible students. Services to students of non-state-supported programs of the university, such as those offered through continuing education. An augmented service may be supported by user fees. The user fees collected for augmented service shall be kept separate from those collected from any mandatory fee for basic mental health services, and fees for an augmented service shall not exceed the actual cost of providing the services and/or materials. The revenue from fees for an augmented service shall be dedicated to support mental health services operations.

Campuses may also provide practicum, internship, and postdoctoral training programs. Mental health training programs shall serve first and foremost as a mechanism to provide additional mental health services for students. Such programs shall be periodically evaluated to assess the adequacy of services provided by trainees and the cost/benefit of the program (comparing direct program costs with the cost of the clinical time lost to administer and supervise the programs).

**Executive Order 943 provides Required Basic Student Health Services**, and was issued April 28, 2005. This executive order requires Student Health Centers be established and maintained to facilitate the retention of students matriculated in state-supported programs of the university and to enhance the academic performance of students through accessible and high quality medical care, public health prevention programs, and educational programs and services.

- A. The following **basic health services** are to be available in all Student Health Centers subject to the limitations stated below. These basic services shall be available to all matriculated students who have paid the appropriate mandatory student health fee:
  1. Primary outpatient care consistent with the scope of service, and the skills and specialties of clinical staff;
  2. The provision of family planning services, consistent with current medical practice excluding surgical procedures;

3. Public health prevention programs including immunizations for the prevention and control of communicable diseases including required immunizations and those immunizations required for participation in educational programs of the campus (e.g., nursing);
4. Health education (e.g. nutrition, sexually transmitted infections, HIV, alcohol and substance abuse, eating disorders, preventive medicine);
5. Evaluation and guidance for individual health problems;
6. Clinical laboratory diagnostic services in support of basic services. Tests to be provided at no additional charge, regardless of where performed, include the following: complete blood count, urinalysis, screening cultures, and urine pregnancy tests;
7. Basic diagnostic X-ray services;
8. Pharmacy services;
9. Medical liaison services with other community health agencies and services (e.g., county health departments, medical and nursing schools);
10. Consultation with and referral to off-campus health care providers and hospitals; and
11. Consultative services on campus health issues.

It is acknowledged that some services on individual campuses may vary from those provided elsewhere in the system due to the availability of medical personnel, facilities, and equipment. It is also recognized that the care of certain illnesses, injuries, and conditions may require hospitalization or referral to other community medical facilities for after-hours, long-term, specialty, or other care requiring staff, facilities, and equipment which are either not available to the Student Health Center or beyond the scope of authorized service. The patient, not the university, is financially responsible to the provider for health services received off campus and for health services received on campus but beyond the scope of authorized services.

In addition to basic services, health centers must also provide their campus *First Aid* during normal operating hours to all persons while on the campus, or at campus activities, if a qualified health care provider is available and in attendance. First aid is defined as one-time treatment that typically does not require a physician, laboratory, X-ray, or pharmacy services. Campus should also provide *Reciprocal Services* – that is, students eligible for basic services at one CSU campus shall be eligible for basic services provided by other CSU campuses at no additional charge.

**Additional fees for basic services may NOT be charged<sup>1</sup>** except for the cost of laboratory tests sent to reference laboratories and the actual acquisition cost of vaccines, medications, and devices/appliances. All proceeds of the mandatory student health fee and interest earned shall be used to support Student Health Center operations.<sup>2</sup> The establishment and changing of student health fees are subject to the California State University's student fee policy, described in a separate executive order.

*Continued Care* may be authorized by health center directors to a patient who has become ineligible but has not completed prescribed treatment begun while an eligible student to resolution of the current condition or until appropriate referral has been accomplished, but in no case should care extend more than one academic term beyond the loss of eligibility. Continued care is subject to the payment of fees defined in Section "V. Provision of Student Health Services." Student Health Center directors may also, in rare cases, *deny care*, for example when a student abuses staff, fails to comply with recommendations, or otherwise is inappropriate for care in the center, so long as a written policy that governs denial of care is maintained.

**Augmented health services** are those that **elective or specialized in nature and not included in basic services**, limited to the following if the center chooses and when economically feasible: Elective physical examinations (e.g., pre-employment, overseas travel, scuba diving certifications); Elective immunizations (e.g., Hepatitis A, Meningococcal vaccine, or immunizations required for personal overseas travel); Allergy testing and immunotherapy; Physical therapy services; Dental services; Ophthalmology/Optomety services; Athletic or sports medicine (e.g., required physical examinations); Employee services beyond emergency first aid (See Policy Section "XV. Employee Health Care Services"); Pharmacy services in support of augmented services; Clinical laboratory and X-ray services provided in support of augmented services; Other appropriate health services as consistent with CSU policy and approved in writing by the president or designee; and provision of augmented services to students from other CSU campuses who are eligible for reciprocal services. The president or designee is delegated the authority to approve any augmented service listed provided the service is provided consistent with CSU policy and in a manner that prevents diversion of resources or staff from the adequate provision of basic student health services, and other capacity requirements laid out in the executive order.

If such services cannot be provided without additional funding support, campuses may use the following methods for funding approved augmented services:

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<sup>1</sup> This precludes charging co-pays for basic services, which makes billing insurance impossible, except for augmented services.

<sup>2</sup> This precludes building maintenance, and thus the creation of a separate building maintenance fee, discussed further herein.



- 1) *A fee for service charged for each use of an augmented service rendered to students.*
- 2) *A fee charged to students at the beginning of the term that allows unlimited use of all augmented services provided by the Student Health Centers at no additional charge.*
- 3) *Such fees may be paid by departments to the health center rather than by students.*

Augmented health service fee charges shall be *separate from mandatory student health services fees* and shall be charged to students in amounts not to exceed the actual cost of providing the services and/or materials. All proceeds of augmented fees, both revenue and interest earned (if any), shall be used to support Student Health Centers operations. The establishment and changing of augmented health services fees are subject to the California State University's student fee policy that is described in a separate executive order. Funding is discussed further in the following section.

The Student Health Center is **accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)**. Inspections are scheduled every three years and survey visits result in valuable feedback for improvements. AAAHC passed its most recent site visit in September, 2016. AAAHC provides a Self-Assessment Manual to monitor recent changes in AAAHC Standards and guide our facility toward high quality services. The health center's laboratory is required to be accredited, not only by the AAAHC, but also by COLA (Commission on Office Laboratory Accreditation). The retail pharmacy located inside the health center is required to retain a Retail Pharmacy Permit, Clinic Permit and Seller's Permit. The pharmacist-in-charge is responsible for the organization and formulary of the pharmacy, expired drug disposal and quarterly inspections of clinic use of pharmaceuticals. The radiology department is required to have oversight by a physician who has been trained as an "X-Ray Supervisor and Operator." Currently, our Medical Director serves in this capacity, though it is recommended to ensure the Associate Medical Director also meets this requirement to assume this duty.

The Student Health Center follows AAAHC recommendations to schedule regular meetings of internal committees to oversee operation quality and safety. Meetings of the Infection Control Committee, Quality Improvement Committee, and Safety Committee are held biannually, and meetings for General Staff, Providers, SHC Providers/CAPS counselors, and Health Center Leads are held monthly, on average. Another group not required by AAAHC, though supported by the surveyors with high marks, is our social committee called TLC (The Laughter Committee). The goal of this group is to plan events that will alleviate the stress of the caregivers' jobs, focusing on "random acts of kindness" on campus and within the health center. Malpractice coverage is required for health center medical professionals. The

California State University Risk Management Authority (CSURMA, Long Beach) centrally manages worker's compensation, industrial and nonindustrial disability, and general liability (malpractice). Policies and Procedures of the Student Health Center are updated every three years, or more frequently as required.

With the exception of flu shots and Worker's Compensation first aid treatments for staff, the Student Health Center's services are available only to matriculated students who pay for basic services (as indicated in EO 943) as part of their school tuition. Financial operations and sustainability is discussed in the following section.

### Financial Accounts Overview

SHC is supported by several funds and several small grants.

**HM505** (formerly TW001) is also known as the "**Medical Services Operating Expenses**" (OE) account. The revenue for this fund comes mainly from student fees paid to the "Health Services Fee" as part of the required tuition. The Health Services Fee is paid in full by the student each semester, and the Budget Office at the direction of the Executive Director of SH&WS separates the total paid into two amounts : currently ~76% into HM505 to be spent by medical services and health education and ~24% into HM507 for management by the Director of Counseling and Psychological services.

The amount of the Health Services Fee is affected annually by the Higher Productivity Education Index. This minimal increase raises the fee each year (1-3% increase annually). Additional revenue comes from investment interest, capture of "no show" fees as described in the health center website, and GSI transfers, at the discretion of the VPMSA, to cover staff raises and benefits. Equity for this fund is saved for major staffing emergencies, unexpected enrollment drops, and one-time expenditures as deemed necessary by the Administrator. HM505 Funds psychiatric hours.

**HM506** (formerly TR004) is also known as the "**Augmented Services**" fund. The revenue for this fund comes mainly from student payments for charges (medications, radiology readings, special clinics at the request of other departments, etc.) beyond the scope of those we required to be provided free of charge, according to the Executive Order 943. Additional revenue comes from investment interest. This fund supports 25% of the pharmacist's salary and benefits, all pharmacy supplies, and the part-time psychiatrist. Equity for this fund is saved for major equipment purchases, staffing emergencies,

unexpected enrollment drops, and one-time expenditures as deemed necessary by the Administrator. This fund does not have significant income, and in general does not cover the total cost with overhead of providing the services charged for at present.

**HM507** is the fund for Counseling and Psychological Services (CAPS), mainly at the Student Health and Counseling location. Revenue for the fund primarily comes from student fees paid to the “Health Services Fee” during the enrollment process. HM507 accounts for about 24% of the health fee, while the remainder of the health fee goes to the HM505 (medical/health education) account. Additional revenue in HM507 comes from state-funded allocations for compensation for GSI and staff benefit increases as well as “investments” (interest earnings on reserves). We also have a small amount of revenue coming in from student no-show fees (non-mandatory IV fees). Revenue is spent on staffing and operating expenses and anything in reserves is held for major staffing emergencies (e.g., to back-fill the position when a faculty counselor goes on sabbatical or is on extended medical leave), unexpected enrollment declines, and one-time expenditures (e.g., equipment).

**HM500** represents the CAPS fund to operate at the new BSS location. The BSS site serves the dual purpose of providing counseling services to HSU students while also providing training and supervision to HSU students attending the master’s in counseling program. The funding for the operation of the BSS site primarily comes from the academic division (Psychology/College of Professional Studies) given the educational component of the work at BSS (counseling master’s students are required to do 3 semesters of practicum). These HM500 funds primarily support the staffing requirements for the BSS site, although there are also some operating expenses as well (e.g., ethernet/communications, computer and copier maintenance, etc.). Any remaining expenses for CAPS at BSS (beyond what can be covered through HM500) are paid through HM507.

**Grant funding and donor support** has also been able to established to support a significant number of programs, especially in the area of health education programs. Naturally, for grants, the application and renewal costs of these grants cuts into the net gain. And, the biggest challenge is the university has become accustomed to this programs, and going funding is tenuous. Without allocating budget support it’s possible we could lose the ability to provide them at any moment. However, these funding sources are currently critical in supporting a number of programs which could not be supported from other accounts due to spending restrictions or lack of funding. HSU Oh Snap Student Food programs, approximately \$15,000 annually, comes from donations, and these funds are used to support the food

pantry. Instructionally Related Activities (IRA) provides another \$16,000 to further support the food pantry (which is re-requested each March). And, Associated Students provides \$13,000 to support the food pantry (with annual renewal requests in February). We also received a \$300,000 (over three years) grant to support suicide prevention through DHHS SAMHSA in 2017.

Our Check It program is also supported by \$12,000 in funds from IRA (with annual requests for renewal each March) and \$25,000 from the Vice President of Student Affairs. It is critical to note that both our food pantry and Check It sexual assault prevention program are depending on external resources at present, and critical programs. It would be ideal in a long-term budget to further ensure stability. These operations are not required under the executive order, but essential to student success.

## Planning for Current and Future Student Needs

### Supporting Facilities Maintenance and Improvements

HM505 is not permitted to be used for building maintenance and should not be encumbered for deferred maintenance and other facilities improvements. Fund HM505 falls under CSU 485 and the approved purpose of the fee is to support basic health services for students. Revenue in HM505 supports Health Center operations and not building maintenance. HM506 is not permitted to be used either and a large increase in point-of-delivery fees would be needed to have any significant impact. To address this issue, the CSU system has established the health Facility Revenue Fund-Health Facilities Fee, though at current levels it is insufficient.

**TM001** is also known as the “**Facilities**” account. The revenue for this fund comes from student fees paid each semester (\$3/student/semester) to the “Health Facilities Fee” as part of the required tuition. Additional revenue comes from investment interest. This fee pays for building maintenance and, occasionally, major equipment purchases, as well as indirect costs for “State Prorata” and “Chancellor’s Office Overhead” charges. Student Health Center administration monitors the facilities management revenue leaving less than half for building maintenance and general upkeep. It took many years of saving facilities revenue to be able to complete the upgrade done in 2007. Essentially, it was a minor project with just replacement of carpet, lighting and some electrical work, combined with fresh paint and seating areas; however, the total cost was \$500,000. Our current revenue accumulation cannot support the deferred maintenance nor HVAC replacement costs scheduled.

Equity for this fund is saved for building maintenance and upkeep, computer upgrades, major equipment purchases, and one-time expenditures<sup>3</sup> as deemed necessary. Fund TM001 falls within the CSU Fund 452 "Facility Revenue Fund-Health Facilities Fee" Revenue collected by student fees under this fund are designate for expenditure directly related to supporting the Health Facility. If the fees collect are not sufficient to support the maintenance of the facility, one solution would be to increase this fee. The \$6 per year Health Facility fee has been in effect at its current level for since before 1999. An alternative solution would be to explore a campus wide process of prioritization, and to include the health center maintenance needs for consideration in central funding.

**TM003** an equity account set up in 2013 when money was distributed from the Chancellor's Office to supplement health center facilities funds. After discussion with the Budget Office, SHC took this money (\$113,000) and set up this separate fund for use by Facilities Management to begin initial phases of HVAC (boiler) replacement. Both TM001 and TM003 are to be used in completing the Deferred Maintenance tasks as listed in the HSU Facility Condition Assessment. However, the current and **projected revenues from the student health facilities fees are not sufficient at current fee levels** to meet ongoing costs and certainly would not cover needed improvements to increase space efficiency or expansion. 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.

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<sup>3</sup> All references in this document to "Deferred Maintenance Expenditures" are from the Capital Plan for Student Health Center, based on the Deferred Maintenance Audit performed in 2014-15 and include the following assumptions: (1) Health Facility Fees at \$3.00/student/semester For SHC, CAPS and Health Education Facility costs and HC and RWC (rooms for Health Ed). (2) Assumes 3% growth in numbers of students from 2016-17 through 2024-25 (3) Assumes no change in State ProRata, Chancellor's Ovh, , Supplies & Serv and Work Requests/Repairs from 2016-2026. These costs based on OBI Revised Budget 2015-16 - 10/10/16. (4) Non-recurring Projects, deferred maintenance, and Capital renewal projects were not reported or estimated prior to 2016-17 (5) Projections for Non-recurring, deferred maintenance & capital renewal projects include 3% inflation; (6) Non-recurring projects and Capital renewal projects are not estimated beyond 2020-21 (7) Projections do not include soft costs such as design costs - may be 50% low according to Sue Murray per T. Furdolage in 2015-16 meeting.

<b>NON-RECURRING PROJECTS*</b>	
<i>Eliminate Fire Rating Compromises (042FS02)</i>	\$ 364
<i>Asbestos Abatement- Mechanical Systems (042HE01)</i>	\$ 38,724
<i>Backflow Preventer Installation (042PL01)</i>	\$ 2,027
<i>Restroom Accessibility Upgrades (042AC02)</i>	\$ 37,756
<b>DEFERRED MAINTENANCE**</b>	
<i>Elevator Modernization- Hydraulic (VT03)</i>	\$ 322,677
<i>Elevator Cab Renovation- Passenger (VT04)</i>	\$ 60,800
<i>Plumbing Fixture- Lavatory, Wall Hung (FX02)</i>	\$ 1,280
<i>Plumbing Fixture- Water Closet, Tankless (FX12)</i>	\$ 1,823
<i>Gray Water Sump Pump- Submersible Pump (PP04)</i>	\$ 678
<i>Boiler- Gas (BL02)</i>	\$ 16,422
<i>Air Handling Unit- Indoor (AH04)</i>	\$ 21,852
<i>Fire Alarm Panel, Dialer, Battery &amp; Charger (FA01)</i>	\$ 39,227
<i>Main Switchboard with Breakers (SG02)</i>	\$ 9,325
<i>Lighting- Exterior, Wall Lantern or Flood (LE08)</i>	\$ 473
<b>CAPITAL RENEWAL PROJECTS***</b>	
<i>Roof- Bituminous, 2-Ply (RR07)</i>	\$ 16,354
<i>Roof- Tile, Clay (RR19)</i>	\$ 359,378
<i>Water Heater- Residential (WH08)</i>	\$ 2,032
<i>HVAC Controls System- Medical Clinic (BA11)</i>	\$ 115,235
<i>Fire Alarm System, Devices (FA02)</i>	\$ 92,268
<i>Lighting- Exterior, Recessed (LE03)</i>	\$ 3,150
<i>Lighting, Exterior, Stanchion Luminaire (LE06)</i>	\$ 5,537
<i>Lighting, Exterior Wall Lantern (LE08)</i>	\$ 947
<i>Air Handling Unit- Outdoor Package (AH17)</i>	\$ 52,856
<i>Air Handling Unit- Outdoor Package (AH18)</i>	\$ 83,681
<i>Fan, Utility Set (FN32)</i>	\$ 10,242
<i>Exit Sign- Central Power (EL01)</i>	\$ 9,172
<b>PROGRAMMATIC IMPROVEMENTS****</b>	

The current health facilities fee, at \$6 per year, is insufficient to make most of these repairs, and the cost of repairs is increasing annually. This means the university will need to develop an alternative funding plan, either through capitalization from central sources, development of a campus wide facilities repair and prioritization fee/process, or increase of the health facilities maintenance fee. Calculations of what increase is required to meet currently identified project requirements and ongoing maintenance are outlined below. These do not include costs for modernization to meet changing staff space needs. The health center also has several large pieces of equipment in its building that require annual maintenance, occasional overhaul and eventual replacement. The largest is the x-ray unit housed in the lead-protected radiology area – it's old and parts are becoming harder to acquire, but replacement should wait until further investigation into radiology use. Other pieces are the laboratory's hematology analyzer and the many computers currently installed through the building. We can estimate required fees of just required repairs by dividing these costs over time.

Other CSUs have updated their outdated \$6 health facilities maintenance fee<sup>4</sup>, and six of those 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). It is recommended to:

- **Increase the student health facilities fee significantly to cover deferred maintenance costs.**
- **Develop a plan to construct a new health facility.**

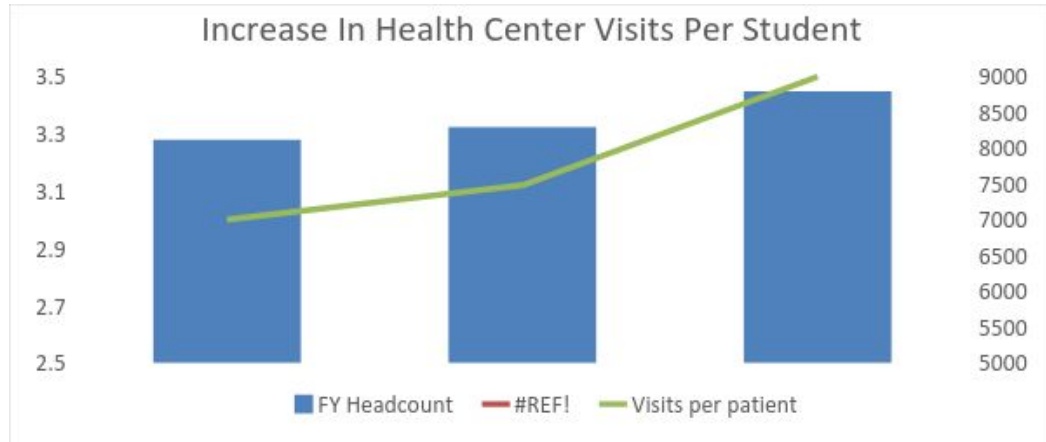
### Impact of Increase in Complexity of Psychological Cases

The SHC has seen an increase of patient visits over the last few years. While this coincides with an increase in enrollment (up ~500 students since 2013 per the Fall 2015 census) in years through 2015, the ratio of visits per individual has also increased. Available data suggests these trends continue into 2015-2016. However, with the previous administrator leaving end of the term, and a significant period of work performed by pool staff and without a key provider in 2015-2016, final numbers are not yet able to be determined. The algorithms for tabulation also require, I believe, more refinement; more robust figures are expected once the full-time systems analyst begins. Never-the-less, the broad trends represent a good picture of the situation and are expected to continue into the foreseeable future without intervention. **The primary takeaway is that while individual visits have increased, average visits per patient have increased at a greater rate than visits or enrollment. This indicates individual students are coming into the health center with concerns that require more follow-up visits – the majority of which are psychological in nature.**

	FY2012-13	FY2013-14	FY2014-15
<b>Total visits</b>	14,712	15,790	17,792
<b>Unique Individuals</b>	4,869	5,055	5,064
<b>Average visits per patient</b>	3.021	3.123	3.513
<b>Fall Headcount<sup>5</sup></b>	8,116	8,293	8,790
<b>Visits per total student population</b>	1.812	1.904	2.024

<sup>4</sup> 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>

<sup>5</sup> Source: 2013-2014 HSU Fact Book available at [http://www2.humboldt.edu/ie/fact\\_book.html](http://www2.humboldt.edu/ie/fact_book.html).



In addition to the surge in number of patient visits, the reasons students are coming to SHC have become increasingly complex affecting not just the number of follow-ups but the **amount of time per visits has also increased**. At one time, students could be diagnosed and treated in a 15-20 minute appointment; however, the increase in diagnosis and case complexity now requires appointments to be scheduled for at least 40 minutes and often with scheduled follow-ups.

If data were accurately tracked for total amount of time spent per student on campus by health center providers, the upward slope of this graph would be even more steep.

### The Humboldt Context and Lack of Community Resources

Humboldt county, California, has an estimated population of 135,000, of which over 20% are thought to be without any form of healthcare insurance<sup>6</sup>. There are also very few acute care centers and/or hospitals that have their core market in this county.

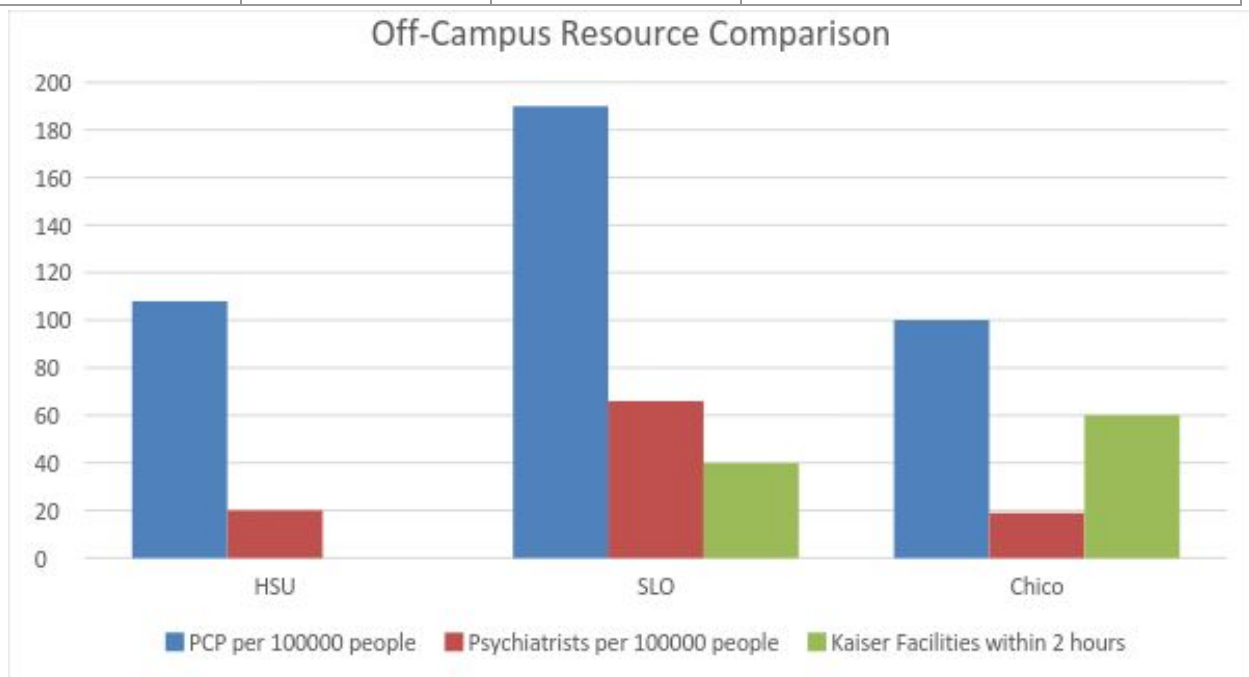
In higher population areas where other CSU campuses are located, the medical communities are multiple and varied. Diagnosing and treating that is beyond the scope of the campus health center can be referred out. At our SHC, we are in the middle of a medically-challenged area, a truth that affects all students and staff. As a result, diagnosing and treating cases that are beyond our scope stress our abilities to serve the patients, putting us in a position to refer them back to their home physician or assist them with referrals to more populated areas (e.g., Santa Rosa or San Francisco). Chico faces the most similar challenge, though they're less than 90 minutes from Sacramento. Chico's SHC has had the fortune of retaining retired annuitants who work at a cheaper salary than regular staff but as those

<sup>6</sup> ref. 2007 US Census Bureau; <http://gis.oshpd.ca.gov/atlas/places/county/humboldt>



staff permanently retire, the cost of their replacements will be an added expenditure for their annual budget forcing increases.<sup>7</sup> The discrepancies in community resources have a huge impact.

Location	Civilians per Primary Care Physician <sup>8</sup>	Civilians per Psychiatrist <sup>9</sup>	Kaiser Facilities <sup>10</sup>
Arcata/Eureka	922	4,610	Nearest facility nearly 6 hours away.
San Luis Obispo	527	1,503	40+ facilities 2 hours away.
Chico	999	5,348	60+ hospitals/practices within an hour



We know this lack of resources has an especially significant impact on those without access to the best private insurance. Overwhelmingly this group of students tends to be Under-Represented Minority (URM) students. Unfortunately, these are also the same students who face the largest obstacles in using on-campus resources whenever barriers exist. Data describing the impact on URM students is presented in the following section.

<sup>7</sup>Chico SHS Annual Report 2014-2015 [www.csuchico.edu/%2Fshs%2Fshs%2520Annual%2520Report%25202014%2520Final.pdf](http://www.csuchico.edu/%2Fshs%2Fshs%2520Annual%2520Report%25202014%2520Final.pdf)

<sup>8</sup> <http://gis.oshpd.ca.gov/atlas/places/mssa/39>

<sup>9</sup> <http://gis.oshpd.ca.gov/atlas/places/mssa/>

<sup>10</sup> <https://healthy.kaiserpermanente.org/care/doctors-locations/?searchtype=locations#/search>

## A Commitment to Underrepresented Minority (URM) Students

The term “underrepresented minority” (URM) has many different definitions that vary by institution to include classification based on racial/ethnic categories, socioeconomic status, sexual orientation, and disability.<sup>11</sup> For the purposes of HSU IRP studies and reports, underrepresented minority (URM) students include students who at the time of admission self-reported their ethnicity as Hispanic or Latino and/or their race as Black or African-American, American Indian and Alaska Native, or Native Hawaiian and other Pacific Islander.

Beginning in 2009, students were able to select more than one race, thus URM also includes all students who indicated they had two or more races, but at least one from the above three races<sup>12</sup>.

Non-underrepresented (non-URM) students include White, Asian, or a combination of both races. Students who declined to state, left the ethnicity and race question blank, or who were non-resident aliens were categorized as unknown.

### The URM Wellness-Services-Use Gap at Humboldt State University

Humboldt University Student Health and Wellbeing Services is not unique in finding that Under Representative Minority (URM) Students make use of health and counseling services at a different rate than non-underrepresented minority (NURM) students<sup>1314</sup>. We currently have a **URM wellness-services-use gap** difference of 3-4%, a number that means roughly **10 out of every 100** (or 1 in 10) of the URM students **on campus who could or “should” be using wellness services, if they were used at the same rate as they are by other students, is not.**

There are a number of factors likely contributing to this URM wellness-services-use gap, and they include the possibility that the health and wellness staff have failed to make URM students fully aware of available services and how to navigate them, or that we need to do more to combat the stigma

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<sup>11</sup> Page, K. R., Castillo-Page, L., Poll-Hunter, N., Garrison, G., & Wright, S.M. (2013). Assessing the evolving definition of underrepresented minority and its application in academic medicine. *Journal of the Association of American Medical Colleges*, 88, 67-72.

<sup>12</sup> HSU IRP Data Dictionary retrieved from [http://www2.humboldt.edu/irp/Data\\_Center/DataDictionary.html#evolving\\_definition\\_URM](http://www2.humboldt.edu/irp/Data_Center/DataDictionary.html#evolving_definition_URM)

<sup>13</sup> Reetz, D., Barr, V., Krylowicz, B., & Mistler, B.J. (2013, October). Unfolding the 2012 AUCCCD Annual Survey: An In-depth Analysis of Five Critical Questions. Presented at the Annual Convention of the Association for University and College Counseling Center Directors, San Diego, CA.

<sup>14</sup> Usage data presented is from 2015-2016 appointments for medical and counseling services in the student health center.

present among some URM group members nationally<sup>15</sup>. It's also possible there is a belief among some students they "don't deserve" services or help. And, we also know that many first generation students or students from URM families may not have had the same guidance in use of services as our university's NURM students. Our aim is to eliminate the gap within the next 3 years and maintain a zero gap thereafter.

We are committed to being one of the nation's leaders in closing this URM Wellness-Services-Use Gap.

And, as we know individuals who use wellness support services like our medical and counseling programs have higher retention rates<sup>16</sup> and this especially important for at-risk populations<sup>17</sup>. This, it's vital we close the gap as quickly as we can. Understanding the reasons for the difference above is key to informing our approach to addressing the gap. Some believe also need important training in the area of cultural competence. Recommend:

- **Increase in-state training and professional development budget for medical, counseling, and health education staff to improve cultural humility, competence and awareness of best practice models.**
- **Establish a uniform depression awareness and suicide prevention training program on campus that can be delivered on-demand in 2-3 hours, is specifically designed for college student staff/faculty/students, and includes key information to help reduce the likelihood of suicide clusters and contagion in the future.**<sup>18</sup>
- **Include bilingual as a preference for staff hires and increase staff diversity.**
- **Improve the process and easy of preferred name use in the health center and across campus.**
- **Conduct a 1-2 day full-staff retreat early in 2018 to improve staff awareness of issues related to implicit bias in health care and serving better students of color.**

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<sup>15</sup> Link, Bruce, and Jo C Phelan 2006, Feb. 11 "Stigma and its public health implications." *The Lancet* Volume 367, No. 9509

<sup>16</sup> Devi M.R., R., Devaki, P. R., Madhavan, M., & Saikumar, P. (2013). The Effect of Counselling on the Academic Performance of College Students. *Journal of Clinical and Diagnostic Research : JCDR*, 7(6), 1086–1088.

<http://doi.org/10.7860/JCDR/2013/5247.3054> and Donghyck Lee, Elizabeth A Oleon, Ben Locke, Micheleon Sandra Testa, Odes Eleonara. The effects of college counselling services on academic performances and retention. *Journal of College Student Development*. 2009 May/June;50(3):305–19 and Spielberger CD, Weitz H. Improving the academic performance of anxious college freshmen: A group counselling approach to the prevention of underachievement. *Physiological Monographs: General and Applied*. 1964;78(13):1–20.

<sup>17</sup> Mistler, B.J. & Lennon, E. (2012). *Thriving & Transitioning at College: Tips for Transgender & Gender Queer Students and Allies*. National Association of Student Personnel Administrators and Association for University and College Counseling Center Directors *CU Thrive*.

<sup>18</sup> Mistler, B. J., & Wallack, C. (2012, October). *Campus Suicide Postvention and Contagion Reduction Pre-Education as Part of Campus Gatekeeper Programs: Guidelines and Materials for Trainers*. Presented at the Annual Convention of the Association for University and College Counseling Center Directors, Newport, RI.

- **Conduct additional webinars and trainings with to staff in increase awareness to and addressing of implicit bias in health care and better serving students of color.**

### Economics of Investing in Student Health & Wellness and Impact on Retention

Students who make it to counseling reduce their risk for suicide by as much as 600% according to a Journal of American College Health study<sup>19</sup>, and most research has consistently confirmed this dramatic protective decrease in risk through use of counseling services. Nationally, 70% of students admit their personal and medical issues negatively impact their academic performance<sup>20</sup>. Research has also shown that students who receive counseling services have higher retention rates than students who did not despite requesting services<sup>21</sup>, 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 not<sup>22</sup>.

In addition to those basic services required by CSU Executive Order 943 on Health Services [Attachment A], SHC collaborates with campus departments (e.g., Children's Center, Child Development Lab, Kinesiology, SCUBA and sports teams, as well as off-campus departments (e.g., Public Health, Mad River Community Hospital, Humboldt Radiology, Eureka Physical Therapy, and Humboldt County – DHHS, Division of Public Health) to provide tests and care specific to their needs. These augmented services are often required for graduation. The current costs and rate of growth costs of both basic and augmented services is inaccurate. It is recommended to **shift from the HEPI to the higher of the HEPI and Milliman Medical Cost Index**<sup>23</sup>, which may result in 1-2% additional revenue and is a truer reflection of the increase in medical costs. It is also important to **update real-costs for prescriptions and durable goods annually**.

As of September 20, 2016, Graduation Initiative 2025<sup>24</sup> established a series of ambitious objectives, including:

- Increasing the six-year graduation rate for first-time freshmen to 70 percent

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<sup>19</sup> Schwartz, A. J. (2006). College student suicide in the United States: 1990–1991 through 2003–2004. *Journal of American College Health*, 54, 341–352.

<sup>20</sup> 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.

<sup>21</sup> 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.

<sup>22</sup> 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).

<sup>23</sup> Milliman.com/insight/Periodicals/mmi/2017-Milliman-Medical-Index/#

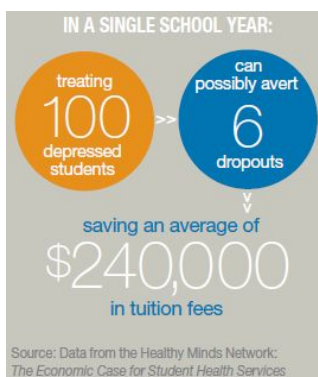
<sup>24</sup> <https://www2.calstate.edu/graduation-initiative-2025>

- Increasing the four-year graduation rate for first-time freshmen to 40 percent
- Increasing the four-year graduation rate for transfer students to 85 percent
- Increasing the two-year graduation rate for transfer students to 45 percent
- Eliminating the achievement gap

Campus wellness services are a force-multiplier in this battle. That is, just as an army with certain weapons can exhibit 4 or 5x the effectiveness as a similarly sized force without these tools, campus investment in health and wellness services doubles or even triples the impact of resources invested elsewhere on campus to support student success.

The relevant executive orders (e.g. 1053 and 943) lay out the minimum required services to support and help “repair” students who develop new acute short-term illnesses while in college. However, the basic mandate and fees to support it ARE not designed or capable of fully supporting students with longer-term needs. Those students with mental health conditions that require ongoing monitoring and medication, those students with physical needs that require time-intensive or ongoing care not available off campus in Humboldt County, or just those students in need of primary care providers who require 3-6 months at times for a first visits – many of these students will be forced to leave campus. And, the majority will not return. The conclusion of this analysis is that it is unlikely the **2025 retention goals can be achieved without either:**

- a) A **radical shift in the population of incoming students** that includes reduced mental health care needs and increase access to top insurance providers **OR**
- b) An **institutional commitment to fund a comprehensive health and wellness program that supports student success beyond meeting the requirements of providing basic services.**



This latter option requires a change in thinking from operating as an acute urgent care center to recognizing the pervasive needs and required resources to provide on-going support for students towards graduation. Repeated economic analysis has decided this conclusively – investing in Student Health and Wellbeing Services pays off<sup>25</sup>. **Each staff member hired can actually SAVE \$150,000 or more a year with the impact on increased retention.**

<sup>25</sup> Kognito Whitepaper, May 2015. The Benefits of Investing in Students' Mental Health.

One of the greatest challenges faced by campus health and wellness to operate as both an acute care center and ongoing support services – when and at times the two goals compete with one another. The student who comes in with non-suicidal depression they have had for a year, may need to wait 2 months for an appointment. Add to that another month for medication to take effect, and that student likely failed their first semester long before services can have any measurable impact. This is most evident in areas of greatest needs, among URM students.

Among students who had dropped out with less than a 3.0 GPA, 1 in 4 screened positive for one or more mental illnesses, including depression or generalized anxiety disorder.<sup>26</sup> Students don't plan to drop out of school because of their mental health may never-the-less end of never graduating after taking a semester off, and this effect increases dramatically when they're gone for two or more semesters.<sup>27</sup> In addition to the economic impact, support services help to bolster campus safety, reduce suicide rates, and improve quality of life – the most cited reason for students leaving college.<sup>28</sup>

In order to **support increased retention rates for URM students on campus** it is critical to **eliminate the use-of-wellness-services-gap among URM in on-campus health center**<sup>29</sup>.

To achieve this, we propose to create a bilingual (English and Spanish) self-referral map that can help students understand and use wellness services on campus, and increase outreach to URM student groups through increased and program co-sponsorship collaboration with the office of diversity and inclusion. It's also critical to **increase mental/physical health outreach programs (like Campus Connect suicide prevention training) to faculty and staff with a special emphasis on reach URM student groups to assist them in seeking help and supporting others.** This is discussed further in the following section.

- **Make up for the lack of community resources**
- **Increase mental health resources to meet increasing needs of students**

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<sup>26</sup> Douce, Louise A., Richard P. Keeling, American Council on Education, American Psychological Association, and Student Affairs Administrators in Higher Education. *A Strategic Primer on College Student Mental Health*. Rep. Washington, DC: American Council on Education, 2014.

<sup>27</sup> Arria, Amelia M., Laura M. Gardner-Dykstra, Kimberly M. Caldiera, Kathryn B. Vincent, Emily R. Winick, and Kevin E. O'Grady. "Drug Use Patterns and Continuous Enrollment in College: Results From a Longitudinal Study." *Journal of Studies on Alcohol and Drugs* 74 (2013): 71-83. Web.

<sup>28</sup> "Crisis on Campus: The Untold Story of Student Suicides." College Degree Search. College Degree Search, 2012. Web. 09 Feb. 2015.

<sup>29</sup> Mistler, B. J., Mapstone, D, & VanLone, J. (2011, March). Retention and Outcome Measure Development for Non-Psychometricians. Paper presented at the Annual Meeting of the National Association of Student Personnel Administrators (NASPA). Philadelphia, PA. and Mistler, B. J., & VanLone, J. (2012, March). Design, Implementation, and Initial Outcomes of Student Success Personal Empowerment Retention Program for At-Risk College Students. Innovations in College Counseling presentation at the Annual Meeting of the American College Personnel Association (ACPA), Louisville, KY.

- **Increase Health and Wellness Services to go beyond “acute care” into services that even more dramatically impact student retention in support of 2025 retention goals.**
- **Make an institutional commitment to fund a comprehensive health and wellness program that supports student success beyond meeting the requirements of providing basic services OR accept increasing student/parent complaints about wait-times, limits on services, and reduced time with individual providers.**

## Improving Efficiency of Health and Wellness Services

### Meeting the Needs of Students: Medical & Health Education Staffing Model

At the time of this report, needs of the students currently outweigh the abilities and time of the staff. As the enrollment increases, the number visiting the health center also rises and staff members are challenged on a daily basis to see all patients resulting in increasing same-day wait times and increasing waitlists. In 2004 the health center operating expense fund changed its status from state- to fee-supported. The amount charged to students each year for health services is raised according to the Higher Education Productivity Index which does not keep up with the true increase in medical costs. Though the increase in enrollment over the years, combined with the minimal percentage afforded by the HEPI increase, has helped support the health center staff and services, it has not been enough to offset the more substantial rise in the costs of medical supplies, and increasing need per student. In addition, competition with the hiring market of local community clinics makes it difficult to hire quality medical professionals, especially those with the special needs required in the areas of depression and anxiety.

Our medical professionals now spend nearly 20% of their time with mental health-related illness including depression and anxiety management. Not only does this take their time away from treating all other students, but also as the prevalence and complexity of these issues among our admitted students grows, the number of visits per student increases at a rate that outpaces enrollment (and fee) growth. With our current model, most assessment done by the counseling center is not shared in a timely way, and often not at all, with medical providers, required redundant services. These assessments, when performed by MDs, are sometimes twice as expensive as when performed by a Psychologists. This misappropriation of resources increases further when we have our MDs doing health education, case management, or other duties that can be delegated to less credentialed medical personnel.

To address this in the absence of integration, we recommend hiring select mental health specialists, including an **LCSW Post-Masters Counselor** for case management and support. This person would serve a case manager role as well and would follow-up with students who miss their appointments, do not pick up their prescriptions, or who may require additional resources for long-term mental help in the community. These actions “close the loop” of the mental health treatment, ensuring the student has everything they need for treatment and recovery. This model has been increasingly popular in monitoring students presenting with cases related to mental health issues and it estimated that within the next 3 years, the majority of college campuses will have someone in this position<sup>30</sup>.

Additional **Psychologists** are also needed in the medical clinic to manage assessment and basic triage counseling, and **additional Psychiatry hours** to manage prescriptions to work in the medical center and shift key clients away from MDs for portions of their assessment and resource coordination, allowing MDs more time for expert care only they are capable of providing. Our current psychiatric consultant is critical, and but they are not able to provide direct services where needed, for especially complicated cases, such as those involve bipolar, schizophrenia and other psychotic disorders, etc.

Increasing **health education** is critical to the overall mission of the center and the University. The best cost savings is when we can meet a student’s needs through education so they don’t need to visit the center in the first place. Health & Wellness education currently provides a multifaceted approach to health promotion and communication. The philosophy of HSUs health education program is one that centers the connections between health, our identities, and to the physical place in which we live. Because of this we need to take in in order to account the vast diversity of our student body and the ways in which intersecting oppression, place based learning, and systems of power and privilege relate to that way we communicate and receive information on health & wellness. It is by this process that we are creating a sustainable and adaptable health education program that is built on empowerment, liberatory education, agency, and the capacity to both recognize and meet the needs of a diverse array of people and communities. Central to this concept is the empowerment of students’ voices and needs. All of this highlights the first steps towards challenging the damage of health education that relies on fear, shame, and guilt to influence behaviors.

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<sup>30</sup> Reetz, D., Krylowicz, B., & Mistler, B.J. (2015). The Association for University and College Counseling Center Directors Annual Survey. (2014 AUCCCD Public monograph) and Barr, V., Krylowicz, B., Reetz, D., Mistler, B.J., & Rando, R. (2012). The Association for University and College Counseling Center Directors Annual Survey. (2012 AUCCCD Public monograph).



Health and wellness are crucial to the success of college students, and we know students cannot be successful in their academic career or moving forward if they don't have their basic needs met. Health education in colleges and universities has the potential to assist students who are systematically disadvantaged in a university setting. By shifting away from a model that is rooted in systemic oppression to one that is dedicated to fostering radical wellness and critical hope we can carve out spaces for student success until a time comes where when are able to re-envision the entire system.

The programmatic offerings of the Health Education program include: The Peer Health Educators (PHEs), funded thru the Student Health Center. The PHEs are student staff members that are trained in peer-to-peer health education, including knowledge in sexual health, alcohol and other drugs, mental health & wellness, and physical wellness (body image, colds & flu, & health relationship to food). The students are taught to critically examine their experiences as students in our community and to apply those experiences into interactive health promotion outreach. They plan large scale programming, small scale workshops, classroom presentations, and training for other student employees and leaders across campus. In the PHE office students can get free safer sex supplies and meet with a PHE. The PHEs also run a highly successful volunteer program that meets every Friday at 5pm.

This coming year we will be launching a new model that will full connect all health & wellness activities on campus. This program is called Wellness Mapping, students will be able to self-assess or be referred to a range of programs, scaling from one-on-one conversations to large events that will set them on a path to a more holistically well self. The stops on the map will reflect different health & wellness issues students' face at HSU like: sexual health, alcohol and other drug use, making connections, trouble with motivation & energy, sleep hygiene, and relationship to food & body. With adequate funding this program could set the bar for connecting health promotion resources on a college campus.

According the Center for Disease Control (2009) nearly 10 million cases of sexually transmitted infections (STIs) occur each year in people ages 15-24. Due to oversubscription of medical services in the HSU Health Center and limited access to off-campus medical services as a result of the limited numbers of providers accepting new clients and our rural community not accepting Kaiser students, students were not receiving the reproductive health services. Student Health and Wellbeing Services have explored different ways to meet students need for reproductive health care. In the past we had a Registered Nurse (RN) who did asymptomatic STI screenings and birth control consults. This was effective, however, RNs are generally needed to perform a higher level of patient care.

In the fall of 2017, we implemented a peer to peer model to provide asymptomatic STI screenings and birth control consults. By using a peer to peer model it was anticipated that medical staff would have more time to see more complex and acute issues and we would increase the number of students being screened for STI's. The hope was that traditionally marginalized students will want to see a peer educator and access medical care.

A 7 item evaluation questionnaire was developed (attached) to assess participants' satisfaction with the Peer Educator program. After a visit with a trained peer educator the student participant was provided with an opportunity to complete the anonymous questionnaire. Responses were analyzed using Excel. In addition, data was extracted from the electronic medical record system to determine number of visits, length of visits, and insurance reimbursement for visits.

Peer educators completed 260 patient visits during the fall 2017 semester. Evaluation questionnaires were completed for 123 visits. Of the 123 questionnaire respondents, the majority (78%) reported their visit was for STI screening, followed by HIV screening (41%), birth control consult (27%), and sexual health consult (13%) . The majority of students expressed satisfaction with the program with 95% stating the peer educator was well versed in the resources and information they were seeking, 98% stating the peer educator addressed all of their questions and concerns (Figure 3), 95% stating the peer educator helped them become more informed, and 94% stating they would see a peer educator for consultations in the future. Most students (63%) reported they had not received services similar to this in the past.

The electronic medical records were reviewed for each of the 260 visits conducted by the Peer Educators. All subsequent clinic visits were reviewed to see if the visits were related to the reason they were seen by the Peer Educator. When a patient saw a provider for follow-up the reasons were noted. Excel was used to analyze the data. During the fall semester we made a few changes to the program. We trained the Peer Educators to do Nexplanon consults, which eliminated the need for an extra visit with a provider. We also added the ability for the Peer Educators to submit orders for pregnancy tests rather than needing a provider or nurse to order these.

Through the program 95 hours of provider time was freed up to meet the needs of students presenting with more complex medical needs. An estimated \$9,000 in revenue was generated through the family

pact funding source. With the revenue generated the program can be self-sustaining. Since this pilot study was successful Student Health and Wellbeing Services plans to continue the program. We are currently discussing social work internship opportunities for fall 2018 as the two interns were excellent.

The purpose of health promotion on a college campus is twofold, keep students successful and keep non-critical students out of the health center. As the mental and physical health needs of students increase<sup>31</sup> the resources of the Student Health Center and Counseling and Psychological services are stretched to capacity. Combine this with the increased use of these services due to the lack of comprehensive services in the local community, and it is likely that we will lose students to transfer/drop out when we cannot meet their needs. Health education can give the student the tools, resiliency and compassion they need when they don't necessarily need to see a health professional. We can do this for less money while providing valuable jobs and skill building for the students who work and volunteer with us.

While health education cannot replace medical care it can redirect the students who do not have an urgent need, saving resources and contributing to student success. Branding is also critically important, and the health education team has been tasked to focus on this even more.<sup>32</sup>

Oh Snap Food Pantry, funded by Associate Students, IRA fees, a grant through Humboldt County, the Department of Social Work. The Oh SNAP Campus Food Programs consists of a campus food pantry (like a small food bank), assistance with CalFresh Applications, a campus food waste diversion program, and a weekly farm stand featuring free locally grown organic produce.

Check It, funded by a grant from the Department of Justice, funds from the Office of the Vice President for Student Affairs, and other grant funding when available. The CHECK IT program is Humboldt State's health education program's answer to creating a campus culture that doesn't tolerate sexualized violence, dating violence, or stalking. CHECK IT is Humboldt State's student led multifaceted bystander

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<sup>31</sup> Mistler, B.J., Reetz, D., Barr, V., & Krylowicz, B. (2013). *The Association for University and College Counseling Center Directors Annual Survey*. (2012 AUCCCD Public monograph) and Reetz, D., Barr, V., Krylowicz, B., & Mistler, B.J. (2013, October). *Unfolding the 2012 AUCCCD Annual Survey: An In-depth Analysis of Five Critical Questions*. Presented at the Annual Convention of the Association for University and College Counseling Center Directors, San Diego, CA.

<sup>32</sup> Evans, W. Douglas., and Gerard Hastings. *Public Health Branding: Applying Marketing for Social Change*. Oxford: Oxford UP, 2008. Print.

Evans, W. Douglas, Jonathan Blitstein, James C. Hersey, Jeanette Renaud, and Amy L. Yaroch. "Systematic Review of Public Health Branding." *Journal of Health Communication* 13.8 (2008): 721-41. Web.

education program that teaches community accountability. CHECK IT represents years of work done by HSU's Sexual Assault Prevention Committee (SAPC). CHECK IT represents a successful collaboration between faculty, staff, students, community members, and organizations; it is an extension of the work done in the SAPC and works out of the Recreation and Wellness. The language and imagery of CHECK IT was created by students for students and is a phenomenal example of the process of co-learning in action. CHECK IT is a verb and a movement. CHECK IT as a movement is a student led movement meant to empower the community to take action when incidents of sexualized violence, dating violence, or stalking occur, it also means to create a campus community that is supportive to both people who are known to us and who aren't, and is supportive of the choices and experiences of those who have survived violence. To CHECK IT means to intervene when harm is about to occur.

CHECK IT is a student-centered program aimed at empowering students to take action when they see potential harm happening around them (i.e. acts of sexual assault, dating violence and stalking). It's also about creating a more consent centered culture where students look out for one another, support survivors, and make clear to those who choose to commit acts of harm that it's unacceptable in our communities. We provide general and tailored skill building workshops, organize educational and social events, offer free consent and check it themed party and event merchandise, and resources centering around sexualized violence, consent, and healthy relationships.

Our program is grant funded. The grant provides funds for our CHECK IT Program Coordinator (who supervises the CHECK IT peer educators) and general program supplies. If the grant ends, we will no longer be able to supervise and support the CHECK IT peer educators or provide resources and workshops to students. In addition, our campus wide CHECK IT outreach would no longer be possible. Without these key components, the CHECK IT program will not be sustainable or possible. Without CHECK IT, our primary sexual assault prevention program, our university will be deeply and negatively impacted.

We have recently been expanding peer-health education's role in providing paraprofessional support for topic-based education modules. Students are often able to learn even better from their peers, we're able to **employ students** who badly need it, and with a minimal amount of supervision by a health educator, provide even lower cost services on an hour-per-hour comparison basis. Our health education team also manages a wide range of services that were not in existence 3 years ago, and many more are on the horizon. Finally, as our programs grow we also need to increase the money to **support**

**educational services** which help transform the campus in key areas like sexual assault prevention, mental health and suicide prevention, alcohol and tobacco use reduction, and more. Most notably the **“Check It” program is currently funded by a grant, and an additional health educator is needed to ensure this program continues when grant funding ends.**

To achieve all of these items while maintaining independent sustainability for Student Health and Wellbeing Services services would require:

- **Increase of the student health fee.**
- **Increase of the student health facilities fee.**
- **Shift from the HEPI to the higher of the HEPI and Medical Cost Index** – this may result in 1-2% additional revenue and is a truer reflection of the increase in medical costs

### Options for Space Re-allocation

We know that will not be able to meet staffing needs, and there are limited in support student success, without addressing space needs.

The Student Health Center has two specific areas in its facility for patient care: one clinic is called “Gold” and has been referred to in the past as “Walk In,” and the other is called Green or “Appointments.” The SHC staff is always brainstorming ways to make its awkward maze of offices and exam rooms more efficient; however, it is limited by the space at hand. For students who wish to wait instead of making an appointment, the Gold area has a large waiting room with chairs and tables. The Gold Clinic has two triage rooms where nurses quickly assess the condition of the patients as they arrive and rank them according to immediate need. The Green Clinic is the section of the building where appointments are scheduled and where the greater number of Women’s Health patients are seen.

Health Center administrative offices for the Director and SHC’s Clinical Administrative Coordinator are located upstairs. The limitations of the building space have forced creative conversations about its utilization, staffing and possible options. These discussions include expanding the open hours of the clinic to include early mornings, early evenings and Saturday mornings, moving the health center to another building that is larger and more suitable for patient visits, and/or moving CAPS to another building in order to provide additional space for SHC.

These are each addressed below:

### **Expanding or changing the open hours of the clinic**

The health center is currently open five days each week (Monday-Friday) during daytime hours. Student Health and Wellbeing Services has a number of 24-7 services in place to support students outside of normal business hours. When the Health Center is closed, students can contact a free After-Hours Nurse Advice line, at (877) 256-3534. When the Counseling Center is closed, students can contact a therapist by phone for support, information, and crisis intervention at (707) 826-3236. One model that may be feasible is opening later hours for limited services, generally appointments rather than walk in, including mental health visits with a therapist -- this would mean shifting some staff to 4 days a week working 10 hours days.

The feasibility of this model is being explored as we gather more feedback. Given the operations of a health clinic, expanded weekend hours or models that require less than an 8 hour shift would not actually address the space or service needs issues for students, as no additional staff are in the building for the part of the day when additional services are needed most 11am-2pm. The additional hours provide such a reduced set of services students are unlikely to find them helpful. And, it actually increases costs for students substantially.

Here's more background:

Students may phone ahead and make an appointment or drop in and wait for the next available nurse or provider, often with significant wait-times. As student and staff use of the building increase, a natural consideration is use of the building during times it's not currently being used – evenings and/or weekends. In order to utilize available space, one possibility that has been considered is expanding services to increase the hours the health or counseling center is open.

This might include a model that splits the current staff into three shifts (e.g., 7:00am-4:00pm, 8:00am-5:00pm, 9:00am-6:00pm) with open clinic hours of 7:15am-5:30pm, plus a skeleton crew staff on Saturday mornings (e.g., 8:00-12 noon). And, in this model to accommodate the meetings required by SHC's accrediting agency, as well as the need for administrative time for the staff, the clinic would close early on Friday afternoon. In this model departments with small numbers of staff (Pharmacy (1), Radiology (1) and Laboratory (2)) would be open from 8:00am-5:00pm, covering the heavier time of the clinic traffic. Patients requiring these services during the early morning or evening would be asked to come later or return the next day.

However, all such shift models or weekend hours present several issues to address:

- 1) Many centers have found that despite liking the idea of extended hours, students don't actually use the expanded hours. In fact, the health center at HSU tried Saturday hours in 2013, and found that an average of one (1) student (sometimes 2, sometimes none) came in each Saturday for the period of several months it was available and advertised.
- 2) There is still the challenge of scheduling administrative meetings required for good operations, for stakeholder buy-in, and for accreditation. This would require designated common periods, which cannot be in the middle of the day – if many staff were not available in the mornings due to shifted schedules this would require closing a larger part of a single day (like all of Friday afternoon).
- 3) Parking is a real concern for many on campus and has an actual impact on health operations feasibility, notably to staff starting later in the day, and there would need to be a way to solve the parking need in order to make later shifts possible.
- 4) Staff with families struggle to take later shifts. Staff retention is critical and we do not have enough staff to dictate terms to many of them, especially our licensed providers.
- 5) Union contracts further highlight the importance of considering the impact on staff. Pool staff could be used for certain appointments, and work as an independent team if we lived in a region with more available pool staff -- limited community availability and salary schedules tied to full-time equivalents reduce HSU's ability to hire an adequate number of pool staff.
- 6) The same challenges occur for any staff, and part-time staff working only to fill in the gaps would lack full-time staff to provide institutional and policy knowledge.
- 7) Increased funding would be required for all staff including administrative support staff as the center is already over capacity at other times. And, as many staff are exempt employees paying staff to work "half days" on Saturday would actually cost students 2-3x as much per visit and physicians would not have access to the other tools needed for diagnosis.
- 8) To function an Registered Nurse needs access to a physician, front office support, and many of the same tools as a provider to effectively diagnosis. If they were only available to offer advice they would be providing the same services students can already access via phone at not cost.
- 9) One of the largest obstacles is the challenge this creates for dependent staffing. The center has a model that allows staff to fill in for others who are missing. A physician, unlike some professions, cannot work in isolation. A single MD would need to be backed up by an Medical Assistant, and a medical records/front desk person at minimum. If one of these three is missing during the day, we can fill in with others with the same license. In a shift model, many, many

hours would go unused or reschedule if there were ANY staff changes, even 2 weeks prior. The present staffing levels are barely adequate for sufficient redundancy in a single shift, and creating additional shifts would push it further. While therapists would have slightly greater flexibility, it's also important in a large building to not have a single space open while others are unstaffed but still accessible. And, whenever student visits are occurring, including mental health, having back up staff who can call emergency services is important. If only a single provider was scheduled at a given period and they were sick, the whole operation would need to shut down during that period. Current schedules create backup and overlap intentionally to prevent this.

10) HSU's smaller size further contributes to this problem. Larger centers are able to make this work as they have a robust enough staff to create the required backup for extended hours -- the number of staff working on a Saturday at a center with 35,000 students during "reduced times" might be comparable to the full-time staff at HSU during peak periods.

- For all of these reasons **expanding or changing the open hours of the clinic is not recommended at this time**, but may be worth revisiting in the future.

#### **Moving the health center to another larger building**

Cost would be significant, as we have several specialized spaces such as lab and radiology that would require specialized builds. As well as a disproportionately high need for sink access throughout the building. The current location is also excellent for access by students and area medical facilities (with some improvements needed). Expansion of the building is possible and likely a better use of resources than relocation. **New building construction or expansion of existing building is preferred to relocation.**

#### **Moving CAPS to Another Building or identify a Health Center Annex location**

While well intentioned, this would actually be a move in the wrong direction. More integration is desired, and further separating services would increase silos and redundancy of services. What may be useful is to identify separate additional space on campus for purely cognitive appointment visits across medical and counseling – medication refills, pre-scheduled returning therapy appointments. As we expand to include tele-medicine visits, additional space will also be required, and this could very easily be done in almost anywhere on campus, though the closer to the existing center the easier in some respects. This, it is recommended to find a way to:



- **Identify additional campus space for a Health Center Annex and move select pre-scheduled counseling and medical appointments *together* into additional space, and provide spaces for tele-medicine visits.**

### **Re-Arranging the First Floor of the Student Health Center**

More easy with integration but desirable either way, would be to move the main entrance of the health center building to the east wall. This move would create a traffic flow more easily manageable throughout the building. For example, students coming in the east entrance could turn left to the lobby/reception area, students looking for the self-check-in stations could go directly to those in Green and Gold clinics, and students looking for mental health services would use the stairs or elevator immediately to the right. The purpose of this move would be to eliminate unnecessary traffic in the lobby area. Currently, students walk in through the south front door and cross in front of the students standing in line for health center reception, frequently interfering with the privacy of those discussing their issues with the receptionist and creating delays.

- **Redesign center floor plan to remove wasted space and streamline waiting areas.**

### **Space for Health Education and Food Pantry**

With a goal of training students in taking care of themselves so they have less need for SHC clinic services, a focus on growing the Health Education area becomes imperative. The work of the Health Educator, Health Education Coordinator and student Peer Educators involves multiple events and projects to assist students toward their own self-care. Currently several staff share an office – while acceptable in some cases, this creates challenges for private meetings. Health Education used to be stationed in one room of the health center, with frequent outreach to campus and community through services and events. Now located in the Recreation & Wellness Center, they are outgrowing their space with fulfilling campus projects, such as Oh Snap!, the Food Pantry, Check-It, AOD oversight and Student Health Advisory Committee.

- **Additional office space is needed for both health education and the Food Pantry program. Health Education also needs additional administrative support, which may be more easily accomplished post-integration and if the Director of Health and Wellness Education and Programs is relocated back into the health center.**

### **Eliminate Radiology Services On Campus**

Currently radiology services are under-used. We have performed an average of about 600 x-rays per year the past 5 years. In an off-campus clinic, this would not warrant having an x-ray machine and staff

on-campus, even part-time as we do. The charges for reading x-rays don't fully cover the costs. These fees could be increased slightly, but it would still be true general student health fees are supplementing these costs, and these resources could be better spent. We currently spend about \$60,000 a year in unreimbursed costs to maintain our radiology department, and a new x-ray machine will cost \$75,000-\$100,000. Importantly, the radiology department also occupies enough space on the first floor of the center to address staffing needs for the next 2-3 years with requested staff growth if it alone were removed. Executive Order 943 requires x-rays services be accessible to students at reduced cost.

And, after exploring with the CEO of Mad River the possibility of outsourcing just this service, and it was concluded that any outsourcing would diminish students access to dramatically. The wait times are unpredictable and students lack transportation. This is not feasible for our student population and not recommended.

#### **"POD" Staffing**

As part of the "pod" consideration, set-up for staffing would include teams with a Medical Doctor (M.D.) with a Family Nurse Practitioner (F.N.P.), and Medical Assistant (M.A.) with a Registered Nurse (R.N.) covering two pods. This model, while helpful for student experience and case familiarity, is not likely to achieve such familiarity with the volume of students seen.

Moreover, it increases redundancy of services if each member of the POD has to be familiar with the case, and decrease staff flexibility when one staff member is absent. In short, this approach moves in the wrong direction. While larger PODS are helpful at an operations level for streamlining service delivery (e.g. Green and Gold PODS), the staff should all be comfortable moving between them rather than being assigned. This makes it easier when staff are gone to fill in, and reduces any morale problems caused by one group feeling they're working harder than another, by giving every staff member the experience of all sections of service.

Additional Space-Saving Proposals:

- **For "clean" visits (e.g. medication renewal, mental health related) arrange for providers to meet with students in their office (Aug, 2018)**
- **Reduce space allocation to storage areas to add 1-2 more offices on the second floor. However, this requires updating the HVAC system in the building.**
- **Consider shared work space (2 per office or centralized area) for select existing or new staff.**

## Efficiency Efforts Already in Process

### **Eliminate Absence from Class Documentation**

Several years ago the student health center developed a policy to no longer provide documentation for missed class, campus activities, or university athletics. However, as many providers adhered to this policy inconsistently students often continued to come into the center for documentation when they did not really need a provider. Yet, they would take 20-30 minutes of provider and support staff time, with great impact on those students in actual need of urgent care.

In most cases, health providers are unable to verify illnesses beyond an individual's apparent symptoms and self-report. With the flu, for example, the number of possible strains made tests both cost-prohibitive and unreliable. As such, The Health and Wellness team works very hard to educate students on the normal course of recovery for a range of illnesses and to teach self-care measures for minor issues like cold and flu. It is ideal for students to self-monitor their ongoing health and adjust their participation in class and campus activity if they feel ill, have a fever, or otherwise present a risk to others. Where students present a risk of spreading a communicable disease to you or others, isolation until fever recedes is especially advisable. Low-cost thermometers are available at the student health center for self-monitoring temperature, as well as symptom guides for the most common illnesses. Many illnesses such as cold and flu are best managed in a healthy population with basic hydration, rest, and isolation to reduce infections to others.

In such cases, a visit to the health center is not only counter-productive for the student who should be recovering, but also increases the chances of infecting others and takes away limited services and adds to the wait-time for other students who may need to be seen for more serious or urgent concerns. Students who miss a class for a short-term illness from which they are likely to recover on their own are encouraged to talk with faculty directly about making up the work without seeking documentation from the health center.

Students are usually given a limited number of absences that will not affect their grade, provided work is completed, for unexpected personal reasons like illness. Students should talk to their instructor immediately upon discovering they will need to miss class, and be careful to restrict their use for only this purpose. The student health center offers services at times throughout the day most business days

when school is in session and we suggest students schedule their appointments around their class schedule. Few concerns which do not require an emergency room visit are so urgent they can't be scheduled within the next day or two when a student is not in class. Our website gives hours and students can call anytime to schedule. Individuals who use all of their absences because they suffer repeated, unexpected illness, or who have longer-term chronic illnesses which require specialists (the campus health center is a short-term primary care facility staffed with generalists) or short-term disabilities with documentation from an external provider, should be in contact with the disability services office, as well with faculty and the Dean of Students office, to ensure accommodations are appropriate. Thus, it is recommended to:

- **More strictly adhere to existing policy of not providing documentation for missed classes, campuses events, or on-campus work (Implemented Sept, 2016).**

In coordination with the Dean of Students office this policy was implemented in September of 2016. We tracked the number of students visiting for documentation since implementation, and 15-20 students per week come just for documentation and leave when given information about the policy they can share with their faculty, without needing a provider meeting. Only about 8-10 each week request the policy information and continue to meet with a provider. **The result of this single change has increased the capacity of the center by nearly 400 visits each year, a cost-equivalent savings of over \$50,000.**

### **Going Fully Paperless and Improving Use of Technology in Other Key Areas**

The Student Health Center has a number of specialized electronic medical records systems, most capable of interfacing with each other and allowing direct input of data by students (which is now performed by several medical records staff). PyraMed is the largest of these systems. Most of its functions are under-utilized and the result is nearly 400 FTE hours of staff time spent each month that can eventually be eliminated or re-assigned to reduce demand on more expensive MDs and other medical staff with this position.

While Information Technology Services can make sure the server is in good operating order and software is properly installed and integrated with other campus systems, they are not able to review/aggregate the confidential data in our medical records system for empirical decision making, strategic planning, or in support of accreditation. Only a person operating within the health center can provide specialized programming to improve system functionality, pro-active systems analysis of further opportunities for efficiency improvement, and timely on-site support for failures that stall operations.

All of this is required to move to student self-check-in and other resource-saving modern approaches to be serve our students. Hiring a full-time Systems Analyst and Health Data Coordinator is critical to our moving forward and will save, overall, enough hours after two years to recoup the costs in increased capacity. While this will free up some front office time, the medical records departments is already understaffed. And, the rest of the medical team has no administrative support. Thus, this additional staff time will be reallocated to support current staff and reduce administrative task time spent by more expensive licensed providers, further increasing service capacity.

Moving our logs and in house records (about three bookshelves worth) electronic is also in progress beginning September, 2016. Moving to an **Online Vaccination Process** is also critical. Currently, students submit vaccination information in person when they arrive on campus. This delays move-in, and ties of the health center the first several months of each semester with students handing in forms or asking related questions. Allowing students to provide proof electronically before arriving is expected to increased compliance rates EO 803 (the executive order which outlines immunization documentation requirements).

Staff also currently check documentation submitted to see it was entered correctly, however this additional step rarely reveals any inaccuracies, and relies on documents which themselves cannot be substantiated in any way. In automating the process, we will still require students to enter their information and to attach documentation, but the computer will automatically calculate compliance based on the students entered data and the presented of an attachment without having individual staff review unless they are non-compliant by dates entered. It is estimated this will save approximately .5 FTE per year of medical records time, once fully functioning. The following have been accomplished:

- **Hire a full-time Systems Analyst and Health Data Coordinator to improve use of technology and facilitate empirical decision making (Implemented Jan, 2017).**
- **Move immunization records submissions process fully online and allow submissions prior to arrival on campus (Implemented Aug, 2017).**
- **Hire more Students to Provide Wellbeing Skillshops**
- **Hire more student Clinical Peer Health Educators**

#### **Collaborate with Psychology Training Program to Provide more Low-Complexity Services**

Beginning Fall, 2017, CAPS took on the management of a secondary location—BSS 208 [formerly the HSU Community Clinic], with the goal of making this a CAPS training site for masters' students in the

Counseling Psychology program. While this is helpful for the academic department, and allows an opportunity for more students with lower complexity issues to be seen, the amount of investment of supervision and administrative time makes it more or less a break even.

The BSS location has 4 therapy offices, two small computer rooms, a conference/lounge space, and a coordinator's office (which can accommodate 2 supervisors). This fall, two CAPS employees (Jen Sanford, director and Johneen Manno, practicum coordinator) taught the pre-practicum training class for the psychology department—a 1 unit (12 hour) course designed to prepare 13 psychology graduate students for being therapists at CAPS.

In preparation for the practicum program to begin in the spring, CAPS instituted a new triage system at in the fall. In this system, every student wishing to become a CAPS client fills out a "triage form" to help us determine the right level and timing of care. Through the use of this form, our aim was (and is) to make sure that clients with more complex/serious, acute, and/or high risk issues were/are scheduled with more experienced clinicians and that those with less serious concerns were/are able to be scheduled with anyone, including practicum students. In the system, students in crisis are scheduled same-day, those with acute needs within the week, and those with non-urgent concerns, usually within 2 weeks.

To date, the triage form has screened 23% of CAPS clients potentially to be practicum appropriate (see chart 1 below). There are times, though, that during the course of an intake session it is determined that the client is NOT actually practicum appropriate because of an extensive psychiatric history (e.g., suicide attempts, past hospitalization, etc.), a significant eating disorder, or other condition requiring greater expertise and technical skills—so the number of actual "practicum-level" clients is a bit lower.

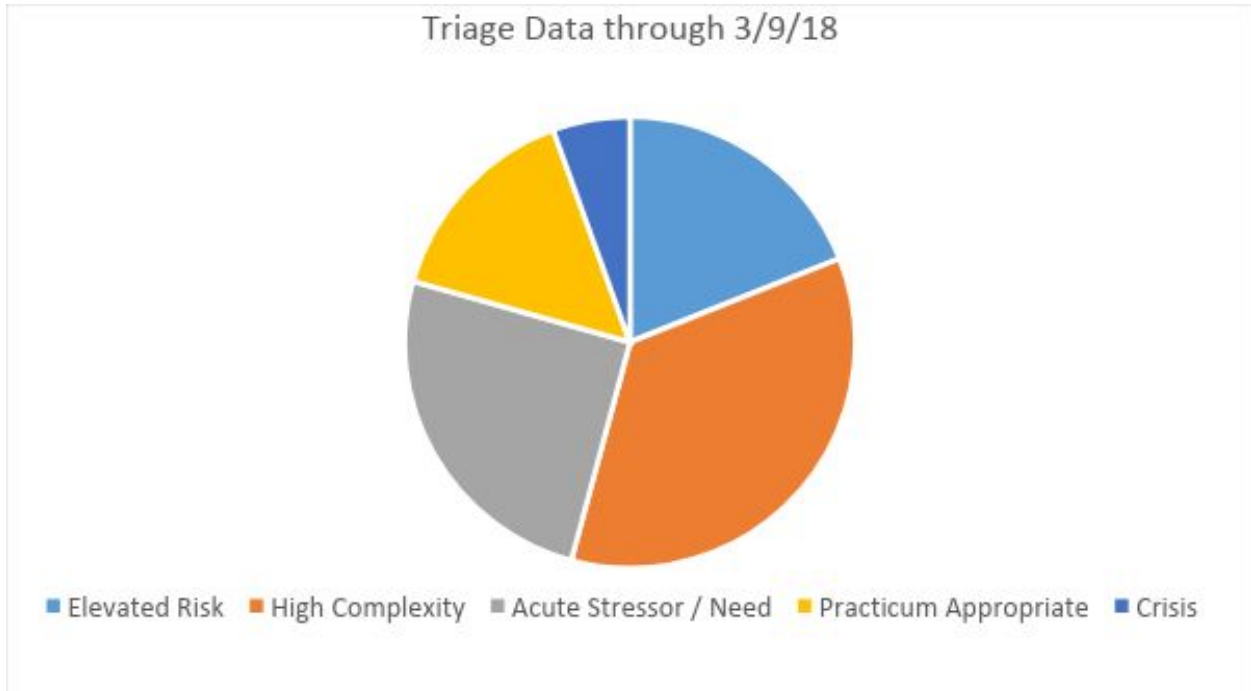


Chart 1. Triage Screening Form data

Spring, 2018 Data:

The students began as practicum therapists starting January 16, 2018 and thus have been “at it” for 8 weeks at this point. This is their first time seeing clients in a therapist role and completing the corresponding documentation. Given their “newbie” status, they require a great deal of supervision and oversight. Each practicum student is in a 3-4 person supervision group with a licensed therapist for 2 hours per week [a requirement of the licensing board] and has an additional 30 minutes of individual mentorship with one of the CAPS post-degree residents. Mentors and supervisors review all documentation and provide feedback and coaching. Before a session note is “signed off” on, there may have been a round or two of edits. In addition, all sessions are video-recorded and mentors and supervisors review session material regularly in order to give clinical feedback. So, in addition to face-to-face supervision, each trainee requires approximately 90 minutes of supervisor/mentor time for review of documentation and recorded session material.

Given the time intensive nature of running the practicum program, it seemed valuable to evaluate how much we are “getting back” in terms of client care. Are more university students able to participate in counseling as a result of CAPS taking on the practicum program? Are we at least “breaking even” in terms of the supervision and guidance we are providing practicum students in comparison to the

number of clinical sessions they provide? After all, if supervisors were not supervising, their time would likely be spent providing clinical services to HSU students. The data is a bit complicated in answering these questions. At present, CAPS supervisors spend about 34 hours week in scheduled activities for the practicum program (supervision, case documentation review, etc.) which almost “breaks-even” with the scheduled therapy appointments for practicum students (at an average of 32.7 hours/week). An average of 4.4 hours of these scheduled appointments, though, turn out to be no shows or cancellations, so overall CAPS is spending a bit more time doing supervision than the practicum students spend doing therapy (see chart 2).

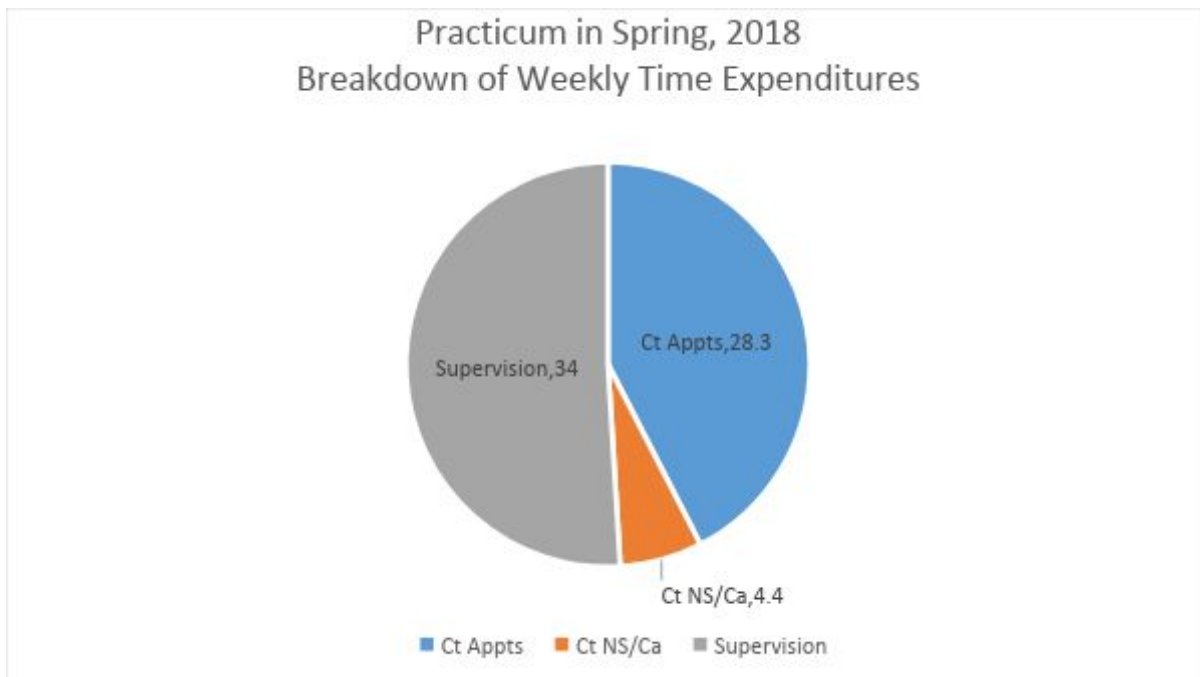


Chart 2. Practicum Weekly Client Appointments versus Supervision time required for the program.

\*Ct NS/Ca = client no shows or cancellations.

In contrast, CAPS is “up” in terms of total client appointments (see chart 3 below). To be fair, we are also “up” by about .25 in our staffing levels (excluding current practicum) as compared to last semester, which could account for about 25-40 or so extra clinical appointments. And one of our staff members had a shift in duties and was able to raise his clinical load by 40% (an increase of 24 extra appointments this spring). Clearly, though, these staffing particulars do not explain the addition of 232 appointments from one spring to the next. I believe the two key factors explaining the significant increase in numbers are:



- 1) The addition of our 13 practicum students and the 198 student appointments that they have provided in these first 8 weeks of the semester
- 2) CAPS supervisors of practicum students did not reduce their clinical time as significantly as was anticipated (the reduction was about 10% for residents and 3% for licensed supervisors). Taken as a whole (supervising and non-supervising faculty), clinical activities for CAPS clinicians have remained remarkably stable from one semester to the next. The addition of a practicum coordinator (new position) has allowed us to absorb much of the extra supervision required of the practicum program without losing clinical hours.

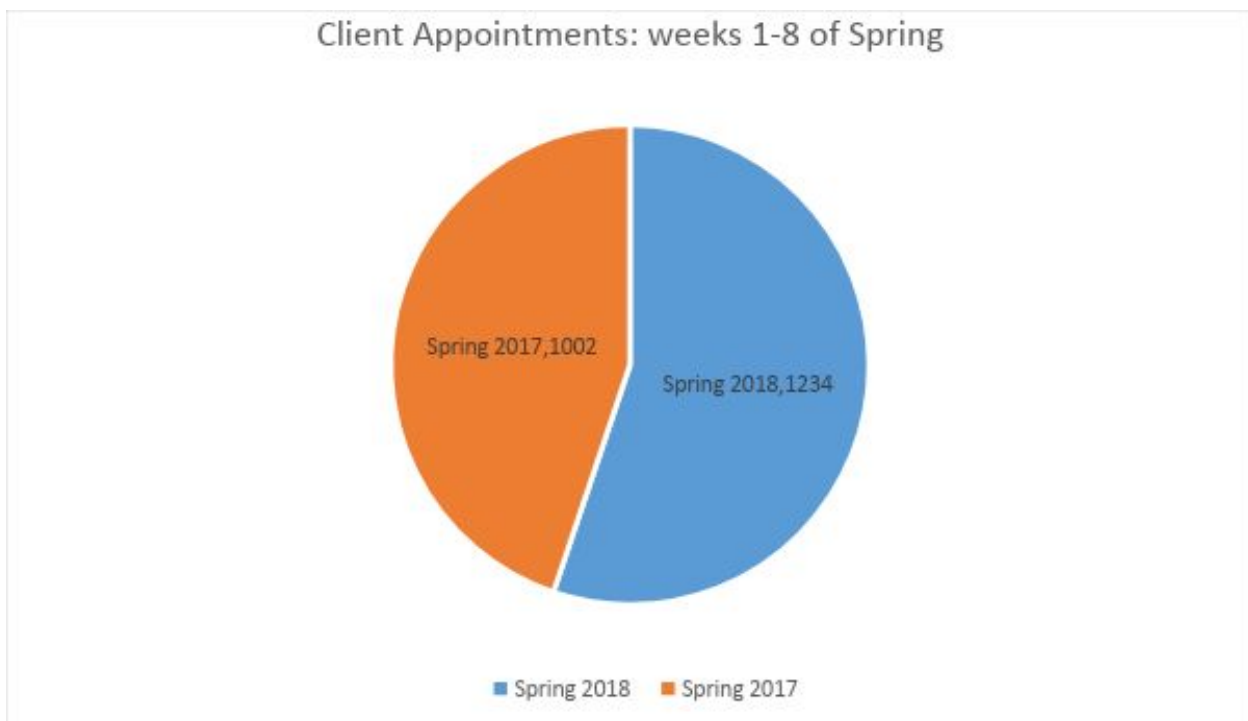


Chart 3. Client appointments with practicum (S2018) and without practicum (S2017)

Overall, adding the practicum program at BSS has allowed CAPS to increase capacity to provide ongoing individual therapy for low-complexity client issues (e.g., adjustment issues, mild anxiety and depression). While we are currently providing a bit more supervision than practicum students are providing therapy, we expect this to shift closer to even in the final half of Spring 2018. The practicum students started the semester with up to 3 clients each, built to 4 clients in the last week or two, and are slated to take on a 5<sup>th</sup> client in the next couple of weeks. Once trainees are up to 5 clients each, it is anticipated that we will be doing better than “breaking-even” in terms of supervision versus clinical time (chart 2 above). In

addition, Fall 2018, a subset of the current practicum students will remain at CAPS and are expected to be able to start the semester with the capacity for 5 or more weekly appointments and with a lower degree of oversight. Many of them will carry over into the spring as well—a semester in which we take on a brand new cohort of students in addition. Thus, next spring will be labor intensive for CAPS with a great deal of oversight and supervision required (with up to 20+ supervisees).

CAPS clinicians at the SHC site are now seeing primarily acute, complex, and high-risk cases (due to referrals of our “easier” cases to the practicum students). Such cases are more time-intensive (e.g., requiring more case management, such as contacts with previous therapists, researching supplementary resources; more frequent appointments, etc.) and more emotionally taxing. In order to prevent therapist burnout and the potential for higher rates of staff turnover, CAPS must be resourced well enough that therapists are able to continue in a range of duties (doing therapy and support groups, outreach, committee and liaison work, etc.). AND, CAPS must be better resourced (with senior level clinicians) so that we can actually increase the capacity for the high-risk, complex, and acute cases (about 77% of CAPS clientele). At present, CAPS does not have the resources to serve all of these cases and many students (about 20% of CAPS intakes) are referred immediately into the community for help, students that would be better served here on campus if that were possible. Incidentally, referral rates have been consistent from fall, 2017 through the spring, 2018, a further indication that the addition of practicum students did not help CAPS to better serve complex cases. Data that is not captured in the 20% referral figure above: many high-risk / complex cases are “kept” at CAPS for a few sessions of stabilization prior to referral. Termination reports reveal that our clinicians refer 46.7% of our clients for further therapy off-campus (36% of these cases had 4 or fewer sessions at CAPS prior to this referral). Sufficient additional resourcing it is hoped will allow service increase beyond “stabilization” and “referral.”

### **Additional Creative Possibilities for Improving Services**

#### **Better Adherence to Executive Orders 943 and 1053**

To be clear, if we are unable to invest additional dollars in health and counseling services, and we have a student population with event current levels of need, it will be difficulty to meet CSU-wide retention targets. Add that money invested in health and counseling resources pays off with increased retention as discussed above, and thus this course is not recommended. However, as external factors may prevent increasing health fees at a given time, this option is presented:

- **If increased revenue is not imminent, in order to continue to meet EO 943 and provide basic services in a sustainable way, the medical center should focus more clearly on urgent care**

**needs and reduce services provided for chronic conditions outside the requirements of the executive order. This is inevitable with increasing needs and costs, but prompt integration will help slow this trend.**

### **Tele-medicine**

Being isolated, access to specialized and psychiatric staff are two of our largest challenges.

Tele-medicine offers this possibility of helping with both of these issues.

52 percent of last year's patient transactions at Kaiser Permanente were conducted online, by virtual visits or through the health system's apps. And, Kaiser Permanente is now seeing more patients online than in person, according to its CEO<sup>33</sup>. The California-based health network, one of the nation's largest integrated health systems, saw some 110 million people last year, with some 59 million connecting through online portals, virtual visits or the health system's apps. And, about 1 in 3 students at HSU uses Kaiser Permanente as their primary health insurance provider. This remains a struggle for primary care as there are no facilities in the area for visits that require physical examination, but for those visits which are purely cognitive and fall within the domain of augmented services which are not required by executive order to be provided for free, this is certainly a direction to investigate. If this proves feasible, we hope within the next 12 months to be arranging tele-psychiatry visits for at least some of our students once we can work out the feasibility of the referral process to ensure they don't need an in-person visit with a Kaiser GP. We would also like to explore ways of increase access to this service for other students. To implement it in mass will require additional funding and space, but we should begin to pilot it within the next year. We have also identified tele-medicine partners who may provide no-cost to student consultations for basic prescriptions such as oral contraceptives. We hope to begin piloting this as well in the next six months.

- **Identify opportunities to pilot tele-medicine for select services and populations (Jan, 2018).**
- **Identify additional space on campus and resources to support tele-medicine rooms and technology.**
- Charging for psychiatry visits or mental health visits beyond a certain number

Psychiatry may be considered an augmented service, and therefore amenable to charges.

We could charge a fee to cover the expense. However, note that this will be barrier to use, and often for those struggling students who need it most. We would also anticipate a greater pushback from students and faculty for this direction than for a one-time fee increase. This move would also not substantially

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<sup>33</sup> <http://mhealthintelligence.com/news/kaiser-ceo-telehealth-outpaced-in-person-visits-last-year>

shift the time or liability burden from existing counseling and medical services, anticipating students would continue to use no-cost entry points in reoccurring crisis. This option is available but not recommended.

While Executive Order 1053 allows us to charge for psychiatric visits as it falls under "Specialty care", this is an undesirable solution. These are students we want to be seen and this acts as a barrier to service. And, if the real cost of each visit were passed on to students, it would be beyond most of their ability to afford. The result of fewer students getting the help they need is increased liability and reduced retention.

### **Donor Fundraising for Capital Project**

Building expansion through capital investment may be one way to improve the physical structure of the building. It is recommended to partner with advancement to explore ways to increase the availability of information to support advancement in discussions with interested future donors.

### **Better Supporting Food Insecurity - Fundraising not Food Drives**

Food drives make everyone feels good! However HSU Oh Snap Student Food Programs often receives food that is expired and not the healthy options we prefer. Often food donations to Oh Snap are significantly more work then the amount of food they generate. We need help with sustainability and that means monetary donations are best.

### **Insurance Billing**

Clarified in Chancellor's Memo AA-2015-08 "Clarifications to Executive Order 943 Policy on University Health Services", we are limited in our ability to bill insurance or other third party providers to FamilyPACT (which we currently do bill) and potentially limited Augmented Services in those cases where MediCal covered them. From August 2015 through April 2016 we have recovered approx. \$149,000 from Family PACT. We are currently preparing the billing for May 2016 (end of the spring semester for 2015-2016) for Family PACT so final dollar amount is expected to increase slightly. However, much of this money covers procedures and medications so the net gain is even less. This number is expected to remain steady the next 5 years. As it's limited to specific services, it's not able to be increased dramatically. Maintaining this program is net positive after staff costs, approximately \$50,000 per year, and worth continuing at the current level for as long as the Family PACT program continues.

- **Billing Family PACT for reimbursement is recommended to continue.**

Billing for augmented services is the only other option. Augmented Services are defined as “Specialty care appropriate to the health needs of students and when economically feasible” and include:

1. Elective physical examinations (e.g., pre-employment, overseas travel, scuba diving certifications);
2. Elective immunizations (e.g., Hepatitis A, Meningococcal vaccine, or immunizations required for personal overseas travel);
3. Allergy testing and immunotherapy;
4. Physical therapy services;
5. Dental services;
6. Ophthalmology/Optomety services;
7. Athletic or sports medicine (e.g., required physical examinations);
8. Employee services beyond emergency first aid (See Policy Section “XV. Employee Health Care Services”);
9. Pharmacy services in support of augmented services;
10. Clinical laboratory and X-ray services provided in support of augmented services;
11. Other appropriate health services as consistent with CSU policy and approved in writing by the president or designee; and
12. Provision of augmented services to students from other CSU campuses who are eligible for reciprocal services.

We currently offer a very limited number of these augmented services, and we charge students directly for the ones we do to balance costs and ensure the general population is not paying for services used by only a select few. While it may be worthwhile to further investigate the possibility of Medical reimbursement for some of these services, we could not bill private insurance without adjusting the rates up for everyone. Further, if we were to get on non-medical insurance panels, it appears, we could be opening ourselves up to non-students with that insurance seeking services in our center. In the end, we’re talking about such a small number of students using these augmented services, the amount of money saved students would not even cover the costs of a medical biller, much less the additional training and documentation change models. And, as we currently bill students directly, all of these would be additional costs to the university

In addition, besides the costs of billing and reconciliation (we would need to hire at least one additional medical biller), and the need to contract separately with each insurance company, because of the obligation to collect deductibles and co-pays, the out of pocket cost to students would in most cases be higher than receiving student fee funded basic services.

It would also require us to change practices in some case, and for the University to move Student Health Services to a HIPAA entity. Various CSU entities including the CSU SHC Directors, CSU VPs for Student Affairs & Chancellor's Office and risk management staff reviewed this topic over the last few years, including the consultation with Keeling and Associates, and also concluded that it was not worth pursuing overall insurance billing until CSU-wide policy changes. If the CSU system could become a Kaiser approved provider this might change, but at the moment it's not possible for an individual institution to negotiation in this way, and it's not possible to empanel of our providers without having them be available to see non-students as well.

The last critical issue to consider in billing insurance is access and social justice. Currently about 1/3 of our students use Kaiser and 1/3 are uninsured. This could leave anywhere from 3000-6000 students unable to access services at the same level as other students. And, it will be the most vulnerable and underprivileged students who are most affected. For these reasons:

- **Medical billing of additional services beyond our current FamilyPACT program is not feasible.**
- **Create a new HSU "Oh Sure" Program to help sign up qualifying students for MediCal insurance (Feb, 2017).**

### **Emergency Operations**

All staff members are trained to react to disasters or other emergent needs by reporting to the health center. Once a staff member has determined that their family and home is safe, they are instructed to report to the campus and begin the process of setting up an "OFU" or "Operational Field Unit." Drills are held annually to maintain a high level of preparedness. A trailer, filled with medical supplies, generator, pop-up shelters, lighting and other necessary items (considering staff may not be able to get into the health center building until it is cleared by a safety official), is located close to the building in the nearby alley. A large tent to house triage operations is currently stored in Facilities Management. Staff in both Facilities Management and Health Center are trained in its set-up.

The Health Center Director and Medical Director oversee the Campus Pandemic Committee, a group made up of key personnel from campus who meet annually to consider recent outbreaks (as determined

by the Centers for Disease Control and local Department of Public Health) and campus preparations. However, there is currently no individual responsible for coordinating drills, monitoring supply expiration, and heading logistics and communications inside the center in the event of an emergency, and it is recommended that such a person be designed.

### **Partnerships with Open Door Clinic**

As we have at times struggled to have an individual with the right skills and desire to work as medical director (for the salary we offer and our location), it is worth considering alternative ways of meeting this need. Unfortunately, it appears outsourcing just this role is not possible. Having a clinic like Open Door provide Medical Director is not an option. As much as 20% of the Medical Director responsibilities involved administrative tasks, committee work both inside and outside the center, and as a consultant to other staff on a daily basis. An external medical director simply is not available enough for the range of duties require.

Open Door is considering building a clinic in Arcata in the next 2-3 years. One of the possible sites for this clinic is off Foster avenue, which would be within walking distance of HSU. This would be a fantastic asset to our students, allowing students to find a primary care provider within walking distance of campus and receive care for chronic issues the university cannot provide. Because of the requirements of the executive order, and the demands of the university environment for providers who understand the campus culture and are involved in consultation work beyond direct service, fully outsourcing health services will never be desirable or possible. But, a strong collaboration is in the best interests of students and partners, like Open Door.

At present, other sites are being considered, and one of the single largest concerns reported by Open Door to the Foster Ave location near campus is parking. Open Door worries that students will use their parking spaces making it impossible for clients to access the center, and even advanced registration systems could not prevent this. Open Door estimates an additional 300 parking spaces are required to address this problem sufficiently. Providing these spaces on campus is naturally expensive and complicated. There are some discussions of creating a parking garage in Arcata within walking distance of the university, for example as part of a small indoor mall under the existing baseball field. While beyond the scope of health services to address parking, it is clear that it has an impact on our operations, both with respect to staffing models, staff morale, and the feasibility of a partner clinic like Open Door, building near campus.

### **Medical Education and Transforming Arcata/Humboldt**

What is clear is that neither the student health center nor HSU as a whole cannot solve the challenges of health care for students alone. Limited community resources are made worse by the lack of properly trained and credentialed medical staff at all levels – MDs, Medical Assistants, Nurses, and others. For long-term sustainability what is needed is a broader vision for HSU's role in improving health care for our community.

As demonstrated above, student access to care is deeply reduced by the lack of community resources and lower ratio of providers to civilians at large. Until this issue is addressed, students will continue to have challenges meeting their needs, and student health revenue needs will continue to outpace those of other CSU system members. To address this issues long-term, we must find ways of creating more nurses, medical assistants, medical transcriptionists, and others in Humboldt County. It is possible for Arcata/Eureka to become the hub for healthcare education for all of northern California and Southern Oregon.

The Student Health Center and HSU must become leaders in partnering with key allies locally and state-wide to explore developing training programs for medical professionals in Arcata/Eureka. It is recommended to:

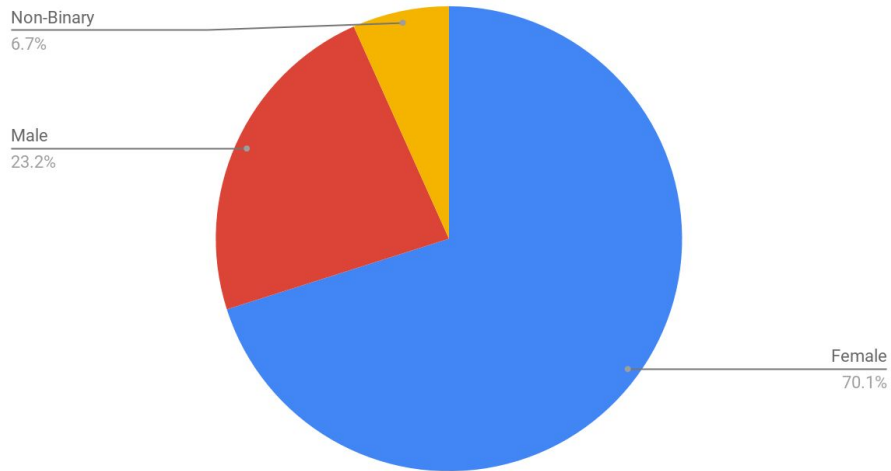
- **Organize an initial planning session with Open Door clinic and other key local and remote partners to explore the possibility of collaborative training programs in Arcata/Eureka (including in-person and tele-education) to attract and educate the next generation of health care providers in the North Coast.**



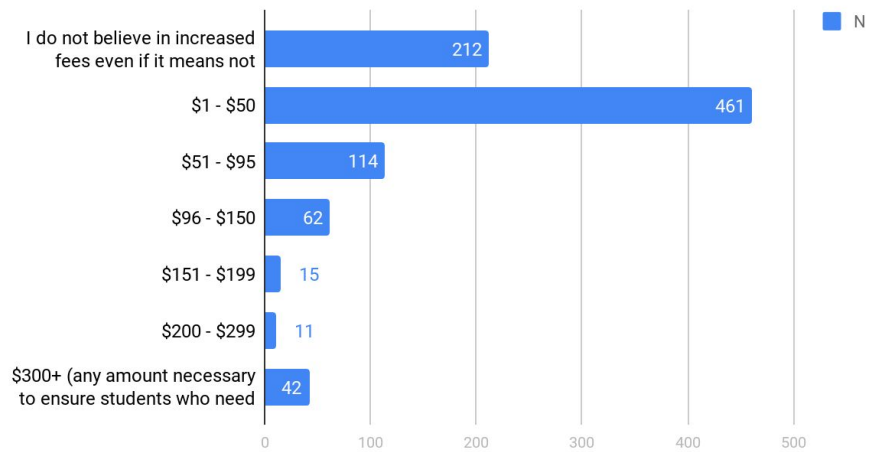
See individual appendices for support documents including materials related to the development and dissemination of the 2018 Alternative Consultation process.

## NCHA Data Report

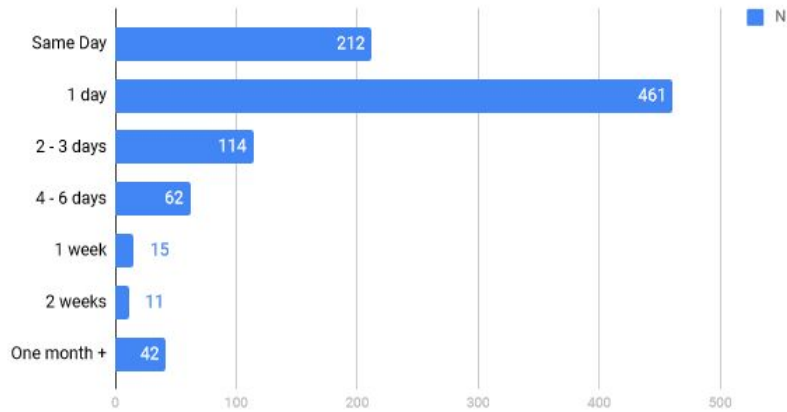
Sex/Gender (N = 935)



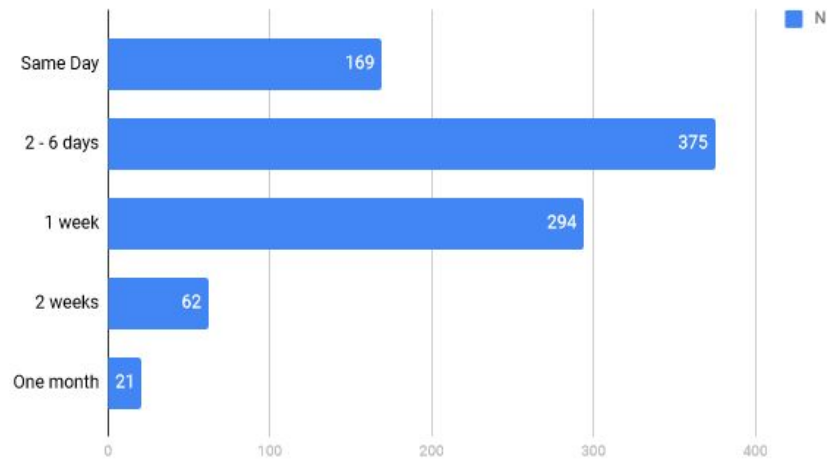
Increase Amount Willing To Pay (N = 917)



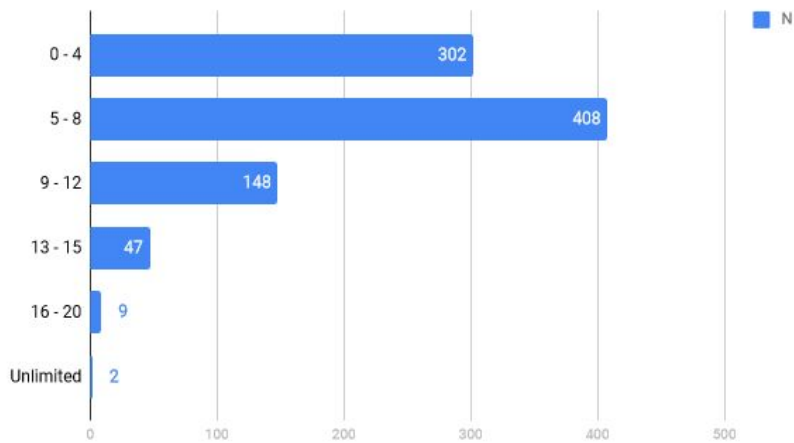
A maximum wait time for scheduling a first therapy visit should be:  
(N = 917)



A maximum wait time for a psychiatrist visit should be: (N = 921)

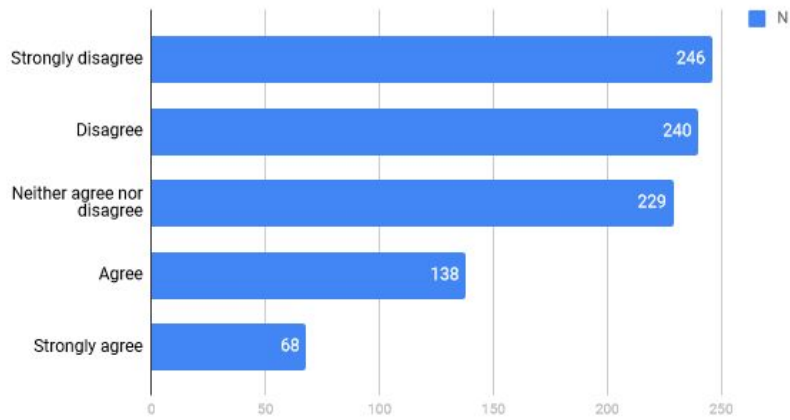


The limit for counseling visits per student per year would be: (N = 916)

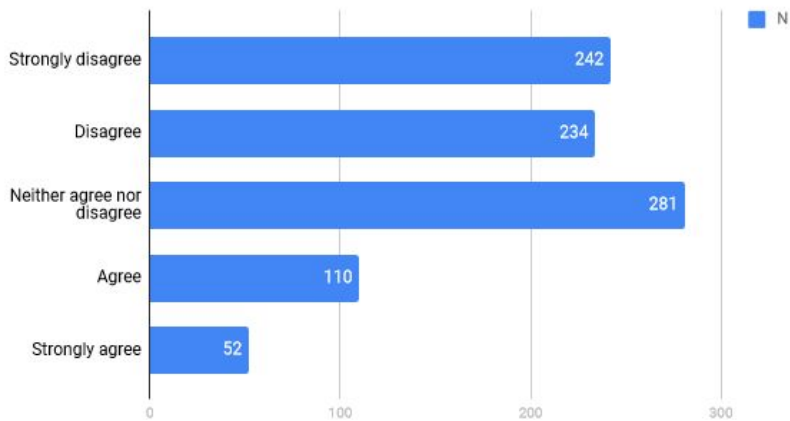


Q: For the following statements please indicate your level of agreement:

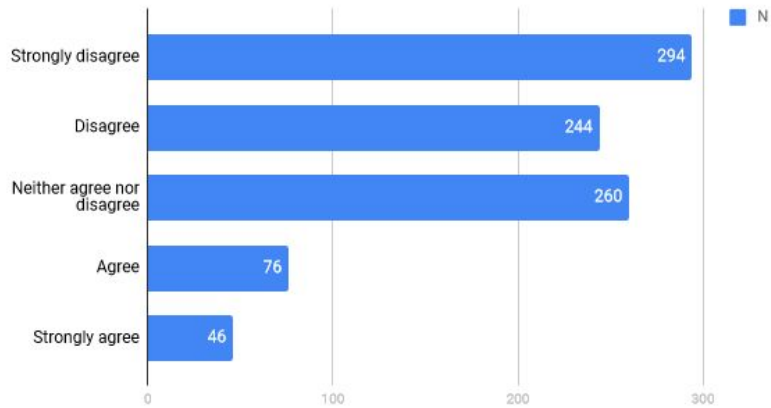
Mental health services are easily available off-campus to meet my needs. (N = 921)



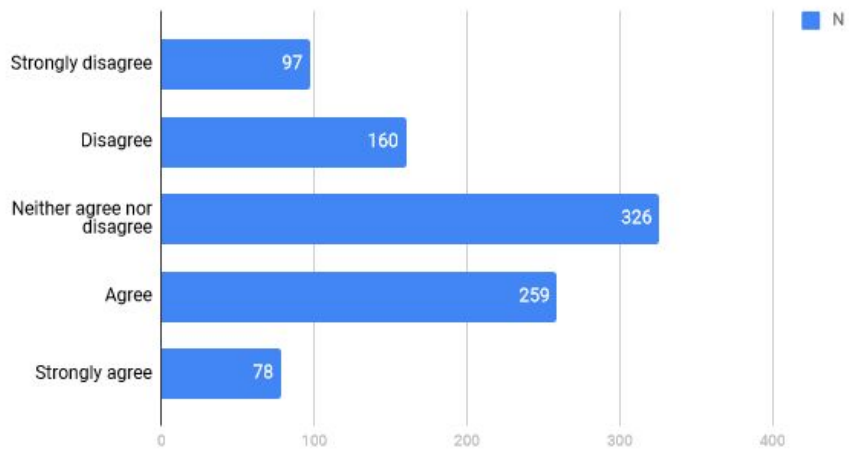
Mental health services are easily available off-campus to meet all students' needs. (N = 919)



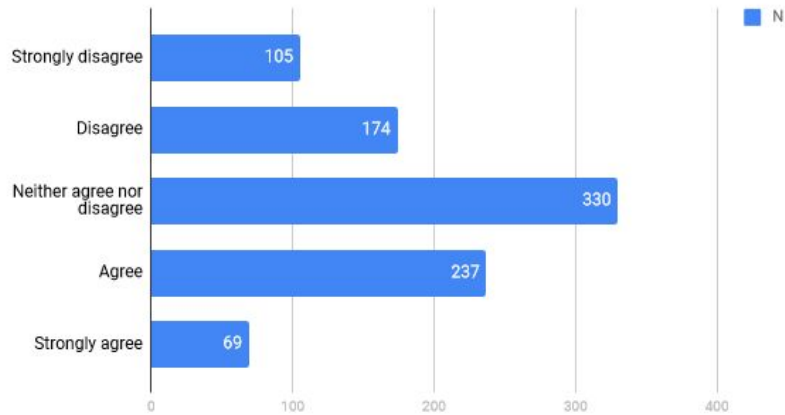
There are enough medical services available on-campus to meet my needs. (N = 920)



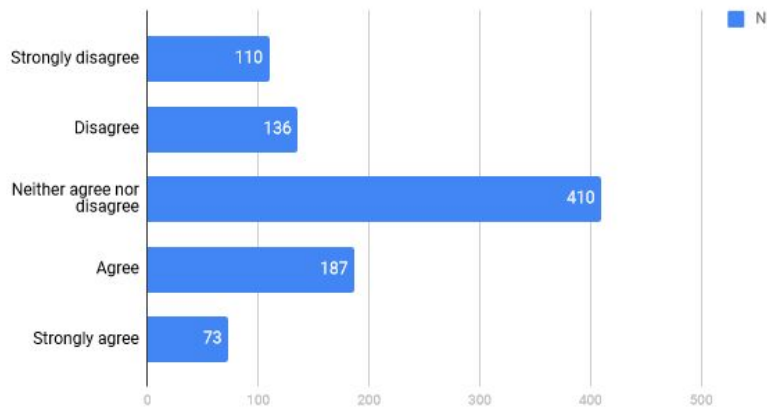
There are enough counseling services available on-campus to meet my needs. (N = 920)



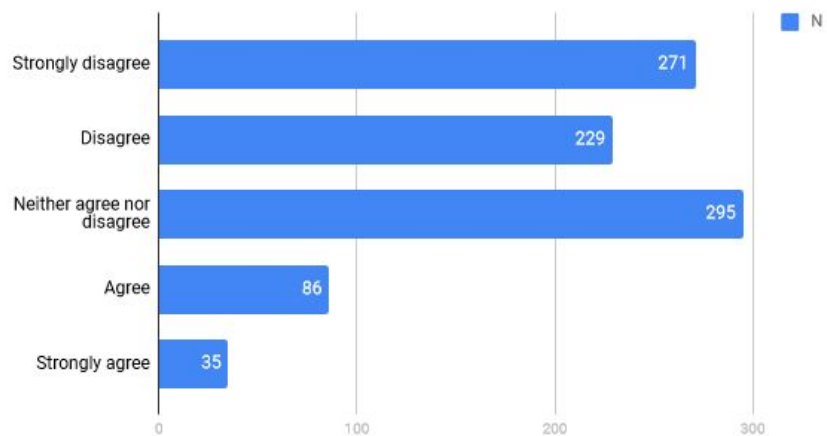
There are enough psychiatry (mental health prescription) services available on-campus to meet my needs. (N = 915)



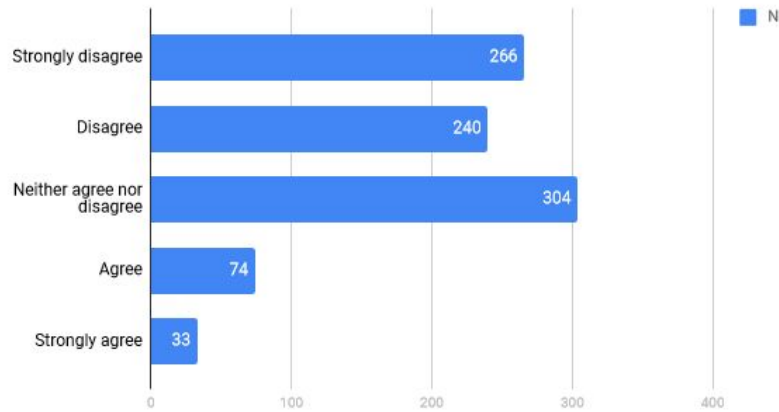
There are enough medical services available off-campus to meet the needs of all students. (N = 916)



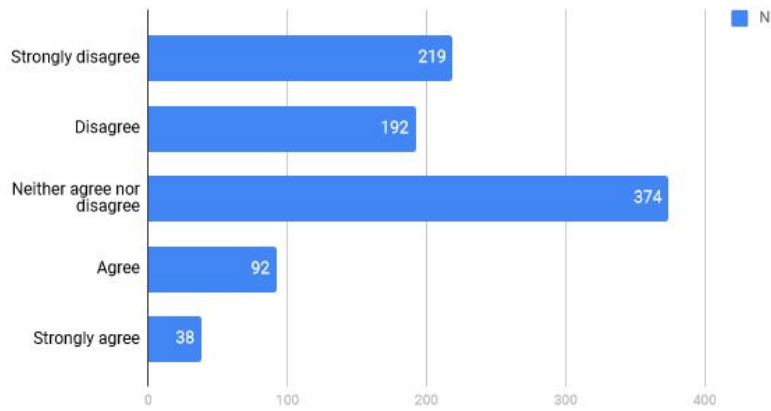
There are enough counseling services available off-campus to meet the needs of all students. (N = 916)



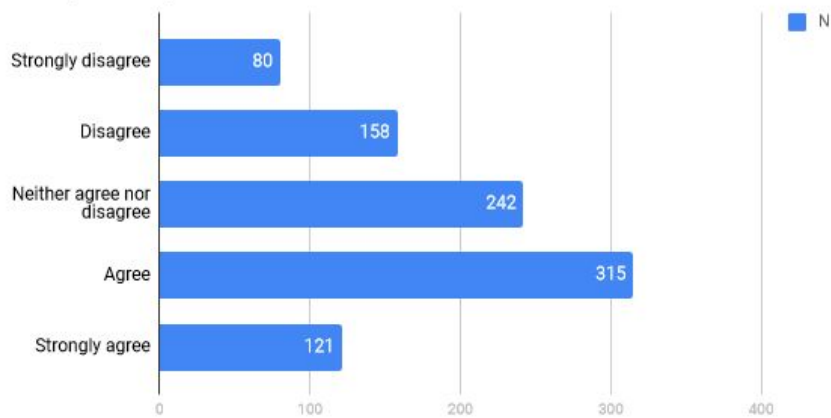
There are enough psychiatry (mental health prescription) services available off-campus to meet my needs. (N = 917)



If I used the counseling services on campus I would feel comfortable disclosing it publicly. (N = 915)

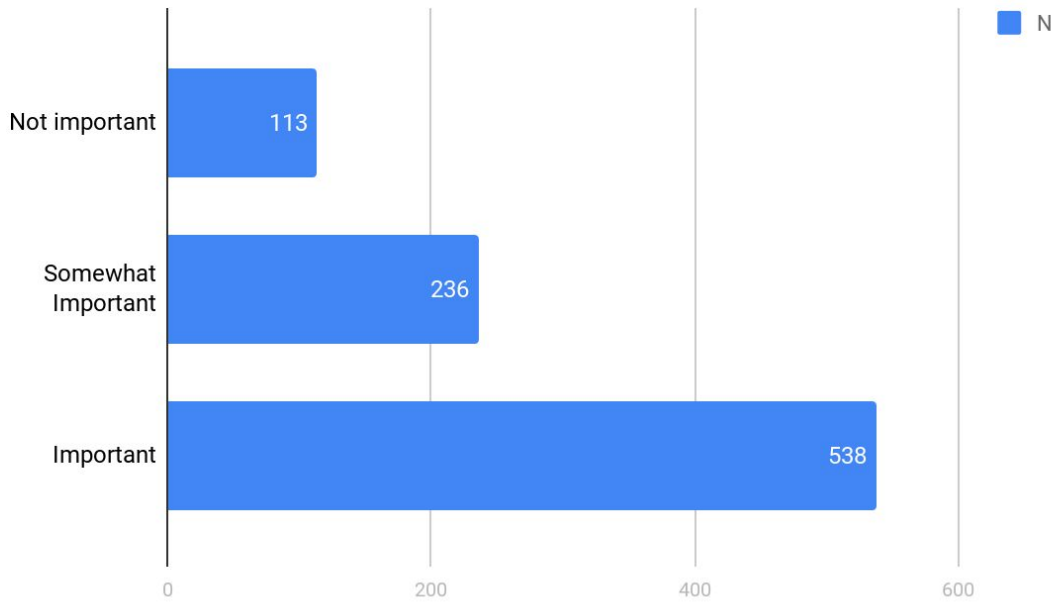


I believe the majority of students will benefit from services offered by health, counseling or health education sometime during their time at HSU. (N = 916)

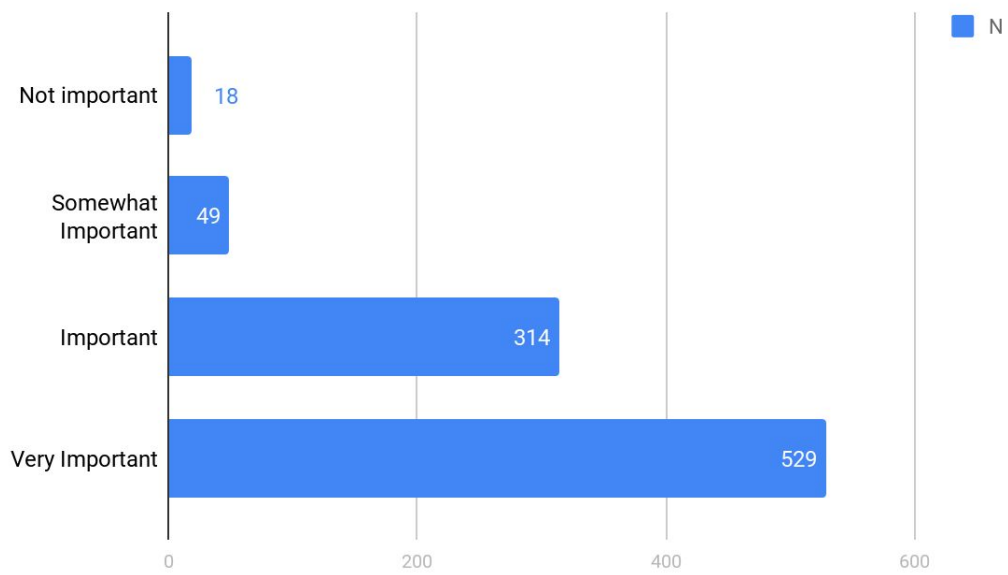


Please Indicate the Level of Importance the following statements support the health fee adjustment.

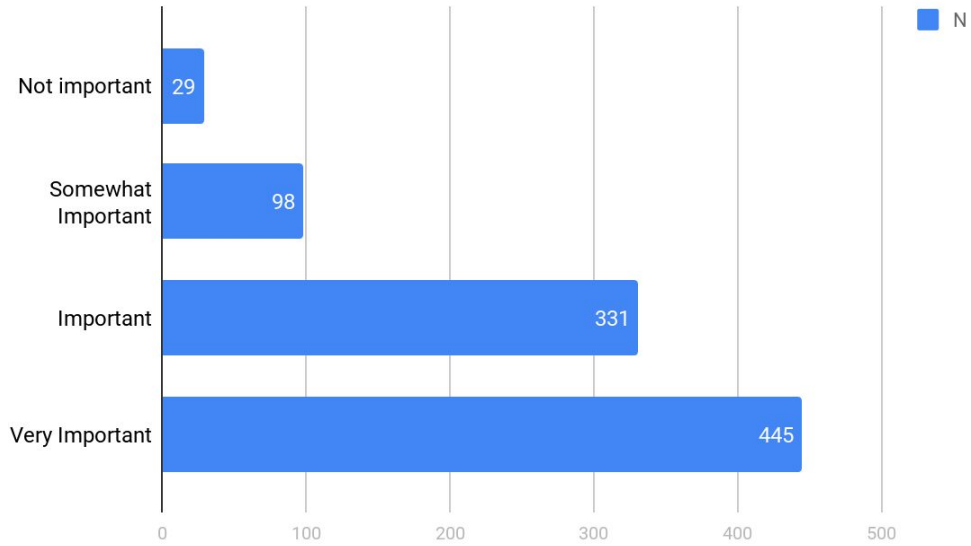
Getting help when sick or need support. (N = 887)



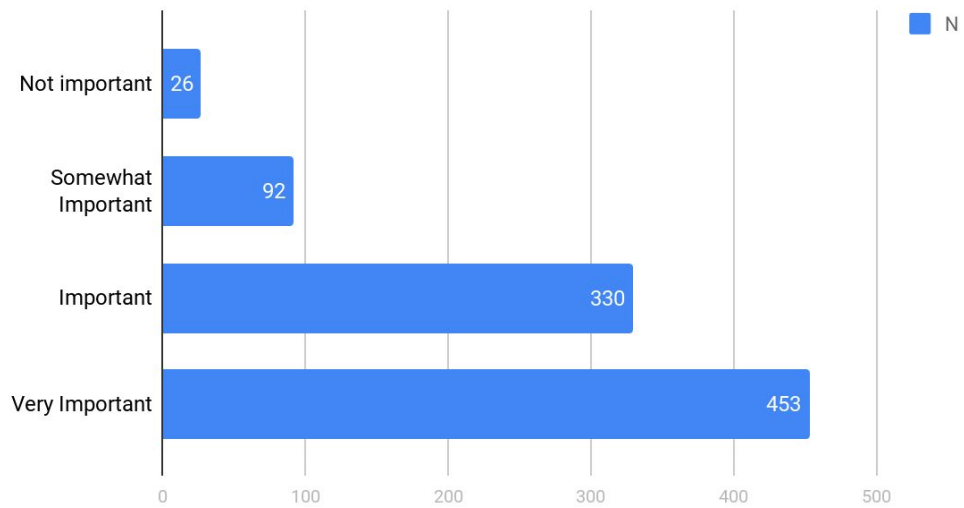
Finding medical support in this area. (N= 910)



Finding mental health support in this area. (N = 903)

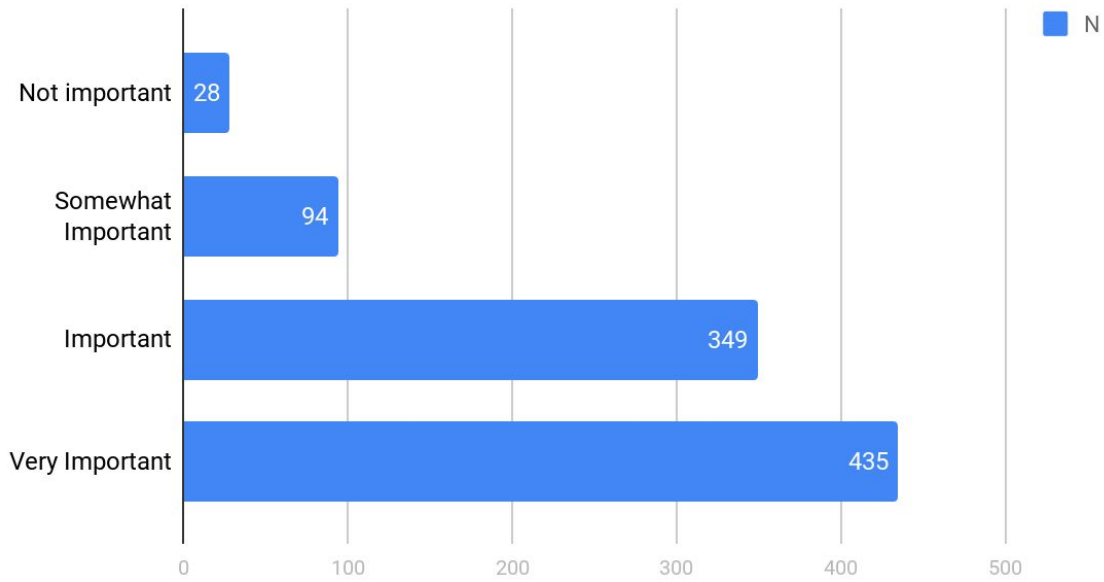


Health promotion and prevention efforts are important to the campus community. (N = 901)

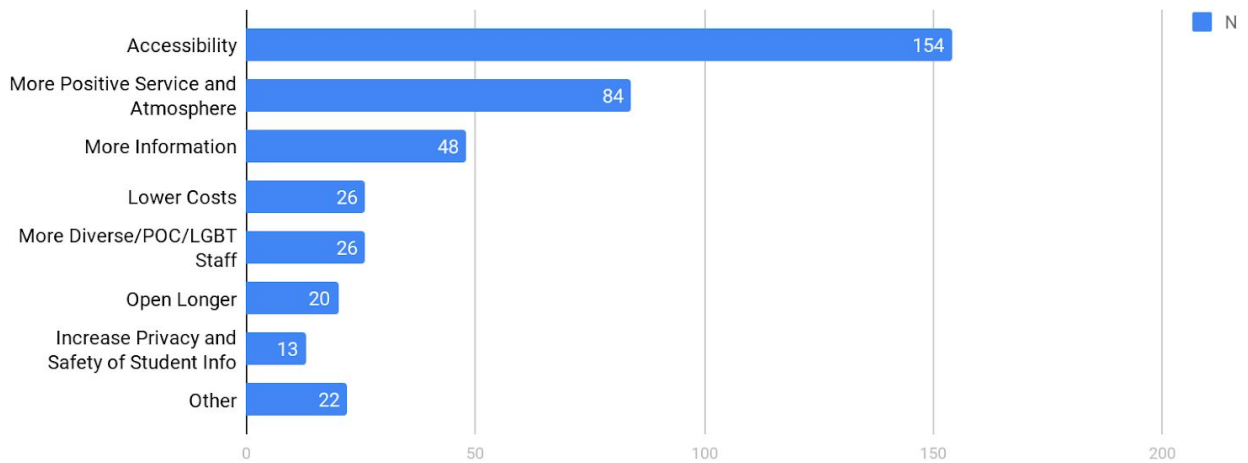




Overall I support increasing the health fee to offer additional medical and counseling services. (N = 906)



The one thing the student health and counseling center could do to help all students feel more welcoming (N= 393) (responses themed)



Examples of the coded responses:

- Accessibility
  - Increase staff for medical and mental health services to provide more immediate care
  - Less wait time for both appointments and drop ins
  - Increase physical and mental health services provided
  - A larger, more obvious building/location
- More Positive Service and Atmosphere
  - More friendly and professional staff
  - Provide healthy snacks
  - More accepting of POC/LGBT students
  - Less shame and rejection from disabilities and illnesses
  - Break stigmas of disabilities and mental health issues
  - Colorful walls, more artwork, and provide healthy snacks
- More Information
  - Updated website
  - List of services and costs
  - Increase advertisement of services and how to receive them
- More Diverse/POC/LGBT Staff
  - More representation of POC/LGBT
- Lower Costs
  - Free first visit
- Open Longer
  - Longer Hours
  - Open on weekends
  - Maintain 24/7 Crisis Line
- Increase Privacy and Safety of Student Info
  - A Safe Space for students
  - More discreet and private check-in
- Other
  - Opt-out option
  - Mandatory free health check up in the beginning of the year
  - Direct assistance to new students