

[DRAFT] Student Health & Wellbeing Funding Requirements [DRAFT]

Existing Operations

We know Student Health and Wellbeing Services (including Medical Services, Health Promotion, and Counseling and Psychological Services) are a **force-multiplier** – supporting students' ability to function and multiplying the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus. The existing Student Health & Counseling (SHC) building comes from a 1977 expansion of the building to a 20,000 square foot facility. In 2012 Health Education was separated physically into the Recreation & Wellness Center (RWC). Student needs for Wellbeing related services have **outgrown existing staffing and facilities**.

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

Research has repeatedly shown that **students who receive counseling services have higher retention** rates than students who did not despite requesting services¹, and the odds of students who received counseling registering in their third semester is as much as 3x times higher than for students who do not². Students who make it to counseling also reduce their risk for suicide by as much as 600%³. Nationally, 70% of students admit personal and medical issues negatively impact academic success⁴. **Current revenue is insufficient to meet student needs** in medical services, psychological services, building maintenance/repairs/alteration, and campus health education. This problem is made especially worse by documented increasing psychological needs of students (which increases both at HSU and nationally at a rate of 3-5x enrollment changes and **student demand increases 3-5% a year** regardless of enrollment), past-due facilities maintenance needs (which have been deferred the past 5 or more years), and space limitations that makes both hiring needed full-time staff and employing lower cost training models that require flexibility increasingly difficult.

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

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

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

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

Spending on Health and Wellbeing Services

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

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

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

Staffing Costs for Required Capacity

Class	Class Title	R A N K	Monthly Salary	Monthly Benefits	Annual Operational	Annualized Total Cost	~Fee/Year Impact ⁶
Varied	Part-Time Backup Pool	1	N/A	M/A	\$52,000	\$52,000	\$6.50
8153	Registered Nurse II – 10/12	1	\$4,083	\$2,844	\$5,000	\$88,124	\$11.00
8165	Nurse Practitioner – 10/12	2	\$4,742	\$3,071	\$5,000	\$98,756	\$12.50
Medical Staff Sub-Total							\$30.00
3073	Counselor II [Psychologist/Clinical Coordinator] (Unit 3, SSP-AR-AY) – 10/12	1	\$6,100	\$3,656	\$5,000	\$122,072	\$15.00
3070	Counselor I [Psychotherapist] (Unit 3, SSP-AR-AY) I – 10/12 (x2) ⁷	1	\$5,331	\$3,379	\$5,000	\$220,000	\$27.50
3070	Counselor I [Clinical Case Manager] (Unit 3, SSP-AR)) - 12/12)	1	\$5,263	\$3,250	\$5,000	\$107,156	\$13.50
N/A	Psychiatry +2 FTE	1	\$43,200	N/A	N/A	\$432,000	\$54.00
2436	Counselor Intern, Post-Masters – 10/12	2	\$2,420	\$2,329	\$5,000	\$56,988	\$7.00
	Cultural Training, Improved Recruitment, Required Licensure Fees, IRPs	2	N/A	N/A	\$32,000	\$32,000	\$4.0
N/A	Marketing/Supplies	3	N/A	N/A	\$8,000	\$8,000	\$1.00
Mental Health Sub-Total							\$123.00
8407	Health Educator (CheckIt+)	2	\$3,722	\$2,788	\$5,000	\$78,120	\$10.00
NA	10 Student Staff Positions	2	N/A	N/A	\$100,000	\$100,000	\$12.50
	Health Education Operating	3			\$100,000	\$100,000	<u>\$12.50</u>
Health Education Sub-Total							\$35.00
Total Annual Revenue Increase Need Per Student							\$186.00
Total Per Semester Health Fee Increase							\$93.00

It is also necessary to shift escalator from the HEPI to the Milliman Medical Cost Index (MMI).

Assumptions of the model: Continued funding from all existing grants, student affairs transfer at existing level for negotiated salary increases, AS funding for food pantry and other educational programs continues at current levels, Psychology Department funding for training clinic and MOU continues at agreed levels indefinitely, North Coast Rape Crisis Team services and Check It continues with existing dean of students/student affairs funding, no additional services added to the MBU, productive of staff members at five-year historical averages, and assumes a Headcount/FTES ratio of 1.06 (i.e. 2016 8,503 headcount / 8,020 FTES) as service

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

⁷ One of the two therapists in this line represents a position that was previously funded by housing, ending Spring 2018 and is required just to maintain services at the current level.

demand is tied primarily to headcount. Space renovation timelines to match operational needs. Changes to these assumptions will result in delays or reductions in levels of service and/or additional planned deficit spending for a period of time.

Facility

TM001 revenue comes from student fees paid each semester (\$3/student per semester) to the “Health Facilities Fee” as part of the required tuition. This fee is for building maintenance, major equipment purchases, as well as indirect costs for “State Pro Rata” and “Chancellor’s Office Overhead” charges. **Revenues from the student health facilities fees are not sufficient** to meet ongoing costs, significant deferred maintenance, and would not cover needed improvements to allow use of the building for all required staff. Some of these repairs are required before creating new counseling offices. Examples of current repairs and deferred maintenance required in the next years include asbestos abatement (\$38,000), Restroom Accessibility (\$38,000), Elevator Modernization of Hydraulic and other parts (\$382,000), Fire Alarm Panel, Dialer, Battery & Charger (\$39,000) and other Fire Alarm renewal project (\$92,000), Air Handling and Boiler (\$38,000). Roof repairs (\$360,000), HVAC Controls System (\$115,000), Other Air Handling Unit Renewals (\$135,000), Exit Signs (\$10,000), and a number of other similar projects at \$5000-\$25,000 each, detailed in the Capital Plan for Student Health Center, based on the Deferred Maintenance Audit performed in 2014-15. These do not include costs for modernization to meet changing staff space needs such as moving or adding walls, removing or updating x-ray equipment in lead-protected radiology area, changing central storage areas or waiting rooms into additional office space, etc.. The health center also has several large pieces of equipment in its building that require annual maintenance, occasional overhaul and eventual replacement including the laboratory’s hematology analyzer and the many computers currently installed through the building (unknown).

While current fees may be sufficient to fulfill the most basic requirements of executive orders, they are not sufficient to maintain facilities for regular operations, to managed deferred maintenance costs, or to make even minor improvements to the space as staffing needs change. The existing facility is already 10-20% over capacity. Nine other CSUs have updated their outdated \$6 health facilities maintenance fee, and six of those⁸ 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). Spreading costs out over further than 6 years and new maintenance requirements begin to overtake the available revenues preventing progress. Delaying the hiring of new staff with an increased health operations fee could provide additional money for space repurposing but cannot be used for repairs, deferred or ongoing maintenance, or the additional 10,000 square feet required to meet operational needs. All necessary modifications for **use of the existing building** would require **\$66** per student per semester.

Instead of renovating the existing facility, it may be possible to make minimal investment in the current facility to allow continued operations, and re-allocate savings into new construction. By further deferring select maintenance costs could save \$2,000,000, along with providing space for other campus programs with building costs that are less than those of a medical center. A new facility offers several significant advantages, including space for Health Education and Oh SNAP Student Food programs, an integrated model building design which allows rotating behavioral health psychologists to more effectively reduce demand on medical providers, better air handling and negative air pressure rooms to

⁸ 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>

reduce the spread of airborne diseases, up-to-date dedicated spaces for tele-medicine to improve access to remote resources, and intentional, flexible spaces to allow for cost-saving training programs benefiting all our students. CSU San Marcos completed a new 20,000 square foot health center in 2015 at a cost of \$375/sq ft. CSU Fullerton completed their center in 2002 at \$276 per square foot. More recently the University of Southern Carolina finished a 68,000 square foot health center in 2017 at \$308 per square foot. Using these numbers, the cost projections provided by the CSU for health center construction⁹ with a cost increase estimate for the Arcata area, the conservative estimate for construction costs for 35,000 square feet, with a 30-year payment on **a new building is \$78** per student per semester, which should begin with construction to support the initial payment and soft-costs.

Beginning immediately and lasting until the fee reaches the necessary amount for the construction of a new facility, the health facilities fee should also be adjusted to manage existing operational needs and deferred maintenance, while minimizing expenditures on expansion if new construction is certain. Time considerations are a primary constraint in projections, and with a benchmark term of 10 years to achieve deferred maintenance goals due to recurring lifecycle costs, we can expect an accumulated \$8.75m, which would cover deferred maintenance (DM) projection of 5m + 2m in new project down payment + 1.75m in programmatic needs, if the health facility fee is set to **\$55 per student per semester beginning Fall 2018**. This would also permit preservation of the requirement amount in a shorter time period to arrive at a \$2 million initial investment goal while also preserving approximately \$208,000 per year for maintenance needs including notably emergency repair and initial stages of HVAC repair.

In summary, it is recommended to adjust the fees as follows:

- Adjust the the per semester Health Operations Fee (+\$93) to \$306 beginning Fall 2018.
- Adjust the Health Operations Fee to escalate annually by the MMI beginning Fall 2019.
- Adjust the per semester Health Facility Fee to \$55 beginning, and to \$78 in 2021 (or true debt maintenance cost at the time of building which should be delayed to begin past 2021 if a new building project does not manifest so as to minimize student impact).

4-Year Structure	<u>Health Operations</u>	<u>Health Facilities</u>
(Existing Semesterly Fees)	\$213	\$3
2018-2019	\$306	\$55
2019-2020	\$306+MMI	\$55
2020-2021	(previous) +MMI	\$55
2021-2022	(previous) +MMI	\$78 ¹⁰

⁹ Cost estimates are available in the “CSU Cost Guide for State and Non-State Funded Buildings Five-Year Capital Improvement Program 2016-2017 through 2020-2021”

¹⁰ This estimate should be adjusted based on true debt maintenance cost at the time of building, and should be delayed to begin past 2021 if a new building project does not manifest so as to minimize student impact.