

**REVIEW OF  
STUDENT HEALTH SERVICES (SHS)  
AND  
COUNSELING AND MENTAL HEALTH SERVICES (CMHS)**

March 31, 2020

# INTRODUCTION

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- Hodgkins Beckley Consulting Team and Schedule
- Comprehensive College Health Programs
- 16 Conditions for Excellence
- Best Practices – Mental Health Services
- Peer Institution Comparison
- General Recommendations
- Short-Term: Building Upon the President's Wellness Initiative
- Three Major Takeaways

# INTRODUCTION

## *Hodgkins Beckley Consulting Team*



Stephen Beckley, CEBS



Valerie Lyon, MHA



Doreen Hodgkins, MBA, FACH



Ralph Manchester, MD, FAC



Jeff Kulley, PhD



Rachael Padgett, JD

# INTRODUCTION

## *Schedule*

### Campus Visits, Key Participants, and Internal UTSA Interviews/Communications

- ❑ 1<sup>st</sup> Campus Visit: Oct. 22-23, 2019: Valerie Lyon and Stephen Beckley
- ❑ 2<sup>nd</sup> Campus Visit: Dec. 2-4, 2019: Dr. Ralph Manchester, Dr. Jeff Kulley, Stephen Beckley
- ❑ 3<sup>rd</sup> Campus Visit: Jan. 21-22, 2020: Stephen Beckley
- ❑ 4<sup>th</sup> Campus Visit: Feb. 24-25, 2020: Valerie Lyon and Stephen Beckley

- ❑ Key Participants
  - Dr. Kimberly Andrews Espy, Provost & SVP for Academic Affairs
  - Veronica Mendez, SVP for Business Affairs
  - LT Robinson, Dean of Students and SVP for Student Affairs
  - Gordon Taylor, Special Advisor to the Provost
- ❑ UTSA Interviews/Communications
  - Behavioral Intervention Team
  - Campus Recreation
  - Counseling and Mental Health Services Leadership and Staff
  - Disability Services
  - Family Association
  - First Year Experience
  - Human Resources and Employee Benefits
  - Intercultural Programs
  - Interfaith Group
  - International Student Services
  - LGBTQ Faculty & Staff Association
  - Occupational Health
  - Office of Legal Affairs
  - Public Safety
  - Residential Life
  - Student Focus Groups
  - Student Government Association
  - Student Health Services Leadership and Staff
  - Student Health Fair
  - Veteran and Military Affairs

# INTRODUCTION

## *Schedule (Continued)*

### **External Visits, Interviews/Communications**

- ☐ Deinhardt & Associates, Philadelphia, PA
- ☐ Mitchell Williams, Attorneys at Law
- ☐ UT Health School of Nursing
- ☐ UT System – Student Affairs
- ☐ UT Austin – University Health Services
- ☐ Campus Living Villages, Independent Provider of Student Housing

### **Review of Peer College Health Programs**

- ☐ UT System Academic Campuses – UT System Student Health Center Survey Report, January 2019
- ☐ Selected Peer and Model College Health Programs
  - California State University at Sacramento
  - Colorado State University
  - Florida International University
  - George Mason University
  - Georgia State University (Atlanta Campus)
  - Old Dominion University
  - Portland State University
  - University of California at Irvine
  - University of Central Florida

# COMPREHENSIVE COLLEGE HEALTH PROGRAMS

A **College Health Program** describes the constellation of services, strategies, policies, and facilities an institution of higher education assembles to advance the health and well-being of its students. While some College Health Programs are also intended to provide extensive services for faculty and staff, most components are dedicated to providing services for eligible students.



- Public Health
- Primary Healthcare
- Ancillary Services
- Mental or Behavioral Health Services
- Student Health Insurance Benefit/Programs
- Health Promotion
- Related Programs and Services:
  - Disability and access services, services for students with food or housing insecurity, services for survivors of sexual assault, services for international students and students traveling abroad, dedicated clinics for care of children, collegiate recovery programs, occupational health services, specialized student populations such as students in the performing arts and health professionals students.



# 16 CONDITIONS FOR EXCELLENCE

1. High Consumer Satisfaction/Ownership

2. High Quality Services/Benefits

3. High Productivity/Fiscal Effectiveness

*Organizational cohesion and team comradery*

4. Comprehensive College Health Program v. Siloed Programs
5. Outstanding Crisis Intervention and Counseling Resources
6. Focus on Students: Attract, Retain, or Enhance
7. Research-Based Health Education and Wellness Program
8. Leadership Takes Responsibility for Persuasive Appeals and Has Resiliency

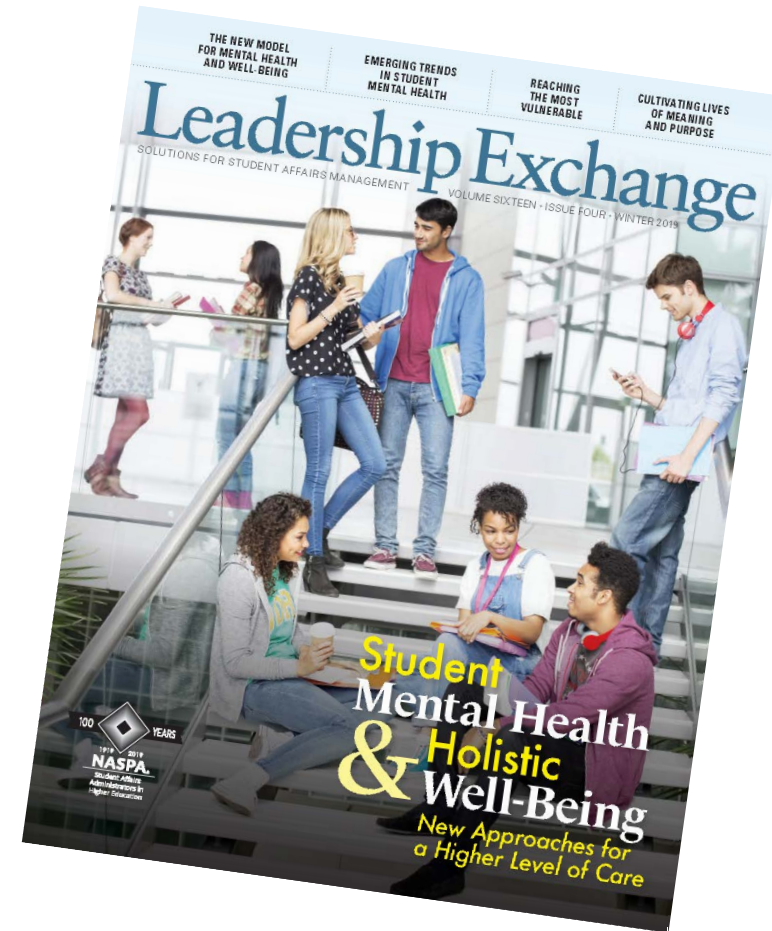
9. Fiscal Effectiveness Is a Stated Objective
10. Culturally Competent Care
11. Community Partnerships
12. Best Practices Are Considered for Employer-Provided Clinics
13. Credible External Reviews, Accreditation, and Formal Ethics/Compliance Program
14. Performance-Based Compensation System
15. Effective Facility Design – Planning for New Facilities
16. Effective Insurance Requirement and ACHA-Compliant SHIBP

# BEST PRACTICES FOR PROVIDING ACCESS TO MENTAL HEALTH SERVICES

**“Seeking help for mental health concerns is one of the most difficult actions a student can take.** They must recognize their distress, identify that the distress is worth addressing, be open to the help of another person (let alone a professional), know where help is located and how to access it, and reach out for help. Given this incredible sequence of steps, **it is incumbent upon every higher education institution to make sure that students seeking help for the first time can talk to a caring and responsive person immediately.**”

To capitalize on what could be the only time that a student seeks help, campuses must provide opportunities for students to talk about any issue without concerns about managing their own care. **Systems that create waiting lists, tell students that same-day service is for emergencies only, have differential access depending on the time of the academic year, or restrict walk-in hours to a portion of the day communicate that students might not be able to get help when they need it.** This works against institutional priorities for student well-being and campus safety.”

Aaron Krasnow, PhD  
Associate Vice President  
Arizona State University, Health Services & Counseling Services





# BEST PRACTICES FOR PROVIDING ACCESS TO MENTAL HEALTH SERVICES

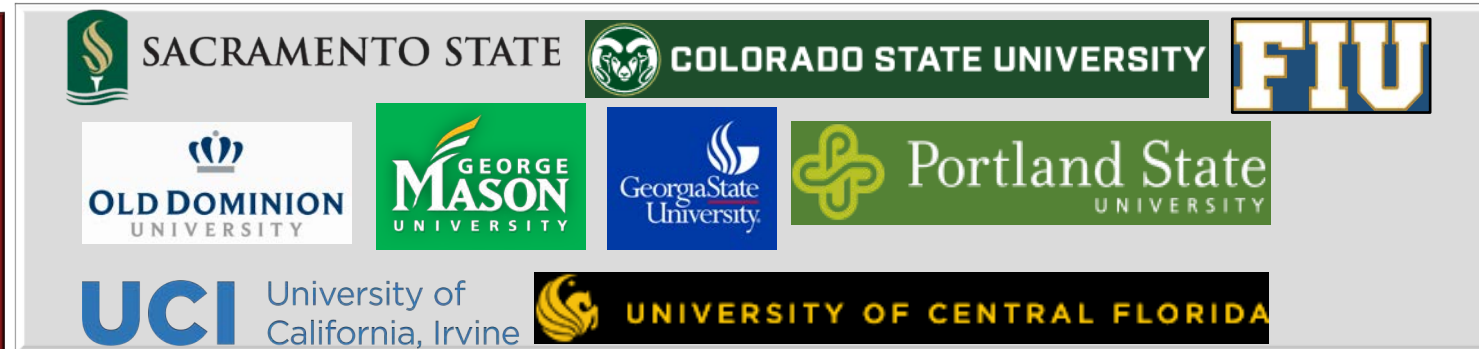
## Enable Immediate Access

## Allocate Resources for Maximum Student Impact

- ☐ No Wait List – Immediate Access to First Counseling Session.
- ☐ Walk-In – Including Current Clients Between Visits.
- ☐ Immediate Telephone Consultation with Faculty, Staff, Parents/Guardians.
- ☐ Integrated Care – No Wrong Door (No Siloed Programs).
- ☐ Effectively Manage Counseling Resources:
  - Evaluate for Cost-Effectiveness/Mission Consistency: Teaching, Research, Training, and Other Functions.
  - Assess All Functions for Optimal Use of Staff Resources (e.g., Health Educators Provide Outreach and Clinical Staff Provides Services).
  - Educate Stakeholders about Service Costs for Clinicians Engaged in External Activities.
  - Provide Services and Match Staffing to Times of Highest Student Demand (Evening Hours, 9-month Appointments).
  - Reserve Resources for Contracted Staffing During Peak Demand Periods.
  - Use Peer Educators for Resiliency and to Create Net for Subclinical Services.

# PEER INSTITUTION COMPARISON

9 Responding Peers



**Major Findings:  
UTSA as Compared to  
National Peers**

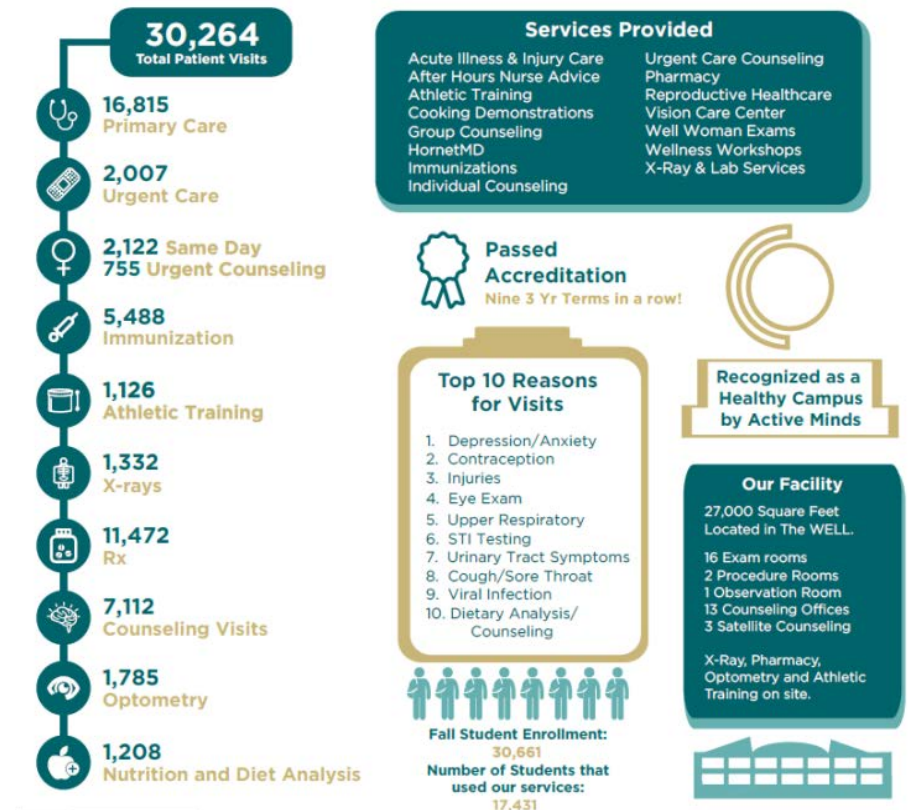
- ☐ Unique Students Seen at UTSA SHS Well Below National Peer Average – 10% vs. 32% of Student Body.
- ☐ UTSA's Effective Student Health Fee Is Lower Than Peer Average.
- ☐ UTSA SHS Scope of Care Limited for Chronic Conditions and Mental Health.
- ☐ No Insurance Requirements for Domestic Students versus CSU, PSU, and UC Irvine.
- ☐ Trend Toward Outsourcing & Community Partnering: GSU, CSU, and FIU.
- ☐ Accreditation (AAAHC) Consistent Among All Peers.

# SACRAMENTO STATE UNIVERSITY

## Aspirational Peer Comparison – Integrated Student Health & Counseling

	Sacramento State	UTSA
<b>Student Enrollment</b>	31,131	30,097
On Campus Residents	7%	15%
Pell Grant Recipients	53%	43%
White Non-Hispanic Domestic	26%	23%
<b>Estimated SHS Unique Users</b>	11,000 (35%, Increasing with New Facility)	3,000 (10%)
<b>Facility</b>		
Square Footage	27,000 SF (Expanding to 38,000)	13,027 SF (Main Campus Only)
Exam Rooms	23 (After Expansion)	10
Counseling Rooms	17 Counseling Rooms 3 Group Rooms (After Expansion)	22 Office Spaces 1 Group Room
		1 Meeting Room for Recovery Center Shared Classroom Space with CMHS
<b>Staffing</b>		
Physicians, NP, PA	6.00	4.95 (Includes MD Director)

### SSU: Impact Statement 2017-2018



### Sacramento State – Innovations and Conditions for Excellence

- ☐ Integrated Care (all CHP components)
- ☐ Student Centric – Open Access
- ☐ Evaluating Voucher Program for Community Counseling
- ☐ 39 Peer Educators (Formal Internship Program)
- ☐ Effective Marketing and Social Media Presence
- ☐ Comprehensive Services — Radiology, Pharmacy, Urgent Care

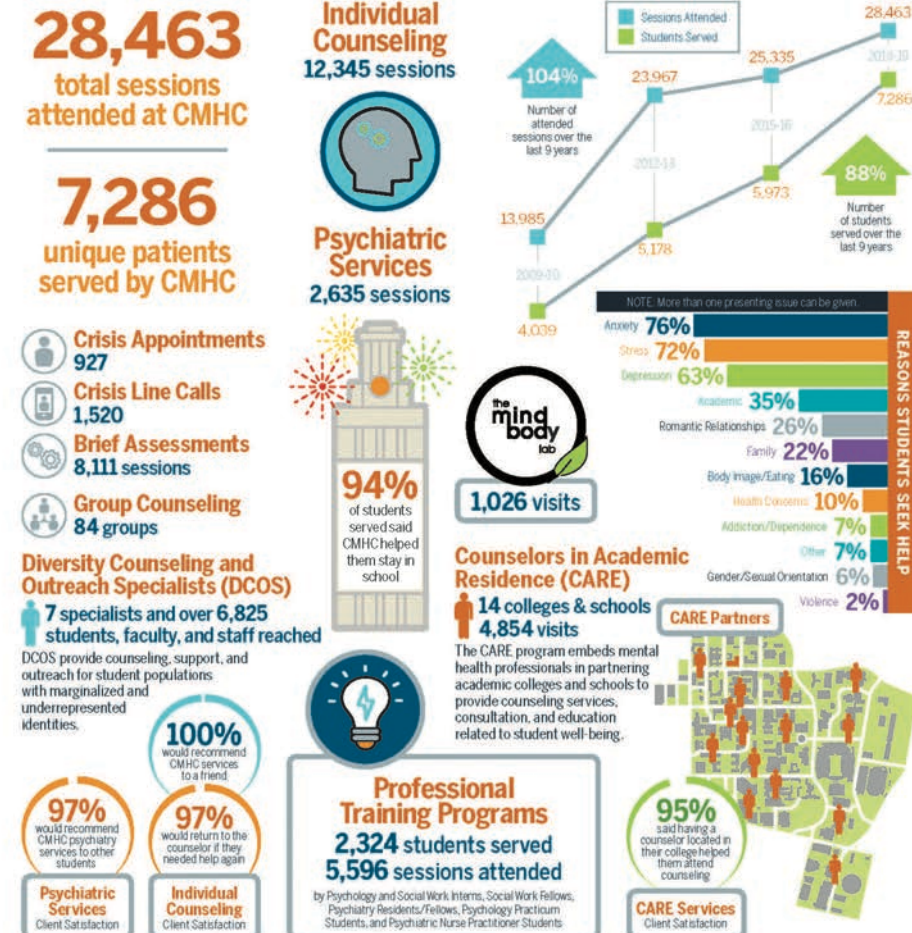
# UNIVERSITY OF TEXAS AT AUSTIN

## Aspirational Peer Comparison – Highly Effective Counseling & Mental Health Program

### Services Offered Counseling and Mental Health Center

- [Groups & classes](#)
- [Short-term individual counseling](#)
- [Medication and psychiatric services](#)
- [Wellness workshops and events](#)
- [Off-campus counseling/mental health resources](#)
- [Alcohol and Other Drug Program](#)
- [Counselors in Academic Residence Program \(CARE\)](#)
- [Diversity Counseling and Outreach Specialists Program](#)
- [Integrated Health Program](#)
- [Mindful Eating Program](#)
- [Services for Survivors of Sexual Assault \(VAV program\)](#)
- [Prevention & Outreach](#)

## healthyminds



# GENERAL RECOMMENDATIONS

## General Recommendations CMHS, SHS, and Health Promotion

- ☐ Under President's Wellness Initiative, Provide Integrated Care within the Context of a Comprehensive College Health Program.
  - Improve Connection and Alignment between CMHS and SHS => 360 Approach.
- ☐ Review CMHS and SHS for Cultural Competency and Sensitivity, Particularly Physical Spaces.
- ☐ Develop Coordinated Communication and Marketing Plans, Update Websites, and Enhance Social Media for both CMHS and SHS.
  - Focus on Parents/Guardians and Faculty/Staff to Promote Service Access/Use.
  - Expand Health Promotion Services.
    - Including Marketing/Communication for CMHS.
  - Develop User-Friendly Impact Statements (e.g., UT Austin).
- ☐ Evaluate Telemedicine Services.
- ☐ Evaluate Resource Sharing/Partnership Opportunities with UT Health San Antonio.



# SHORT-TERM: IMPROVING ACCESS TO CARE

## STUDENT HEALTH SERVICES

### Steps to Improve Access to Care at SHS

- ☐ Eliminate \$10 Visit Copayment and Well Women Visit Fee (\$51 to \$79).
  - Visit Fees Are Not Charged by Most Public Universities.
  - Visit Fees Disenfranchise Students from Seeking Care.
  - Visit Fees Are Likely to Adversely Affect Access for Low Income Students.
- ☐ Increase SHS's Capability to Treat Depression and Routine, Uncomplicated Behavioral Health Concerns.
  - Medical Treatments Commonly Provided at College Health Services.
  - Reduces Referrals to CMHS's Counseling and Psychiatry.
- ☐ Increase Capability to Treat Chronic Conditions (e.g., Asthma) and Women's Health Needs.
- ☐ Reduce Nurse Triage Prior to Provider Appointments to Increase Direct Care Access.
- ☐ Maximize Provider Availability for Clinical Care.
- ☐ Improve Communication Regarding Availability and Range of Services.

# SHORT-TERM: ENHANCING CAPACITY OF COUNSELING AND MENTAL HEALTH SERVICES

## Steps to Enhance Access and Capacity of CMHS

- ☐ Increase Delivery of Counseling Services.
  - Increase CMHS Professional and Support Staff.
  - Consider use of Temporary Counselors to Address Immediate Needs.
- ☐ Increase Walk-In Hours – at Least 10:00 AM to 3:00 PM Daily.
- ☐ Identify and Evaluate Low Utilization Student Populations.
  - Consider Staffing Counselor with Military Background.
- ☐ Configure Electronic Health Record to Assure Accurate Data for Unique Users and Utilization of Services.
  - Consider Connecting with SHS Point and Click.
- ☐ Expand Utilization of Groups and Technology-Assisted Mental Health Platforms.
- ☐ Evaluate Space Options for Satellite Locations.
- ☐ Assess Potential for Embedded Counselors in Academic Colleges (UT Austin Care Model).
- ☐ Eliminate Providing Nonessential Services that Can Be Performed by Others (e.g., Disability Testing).
- ☐ Establish a “Care for the Counselors” Program.

# THREE MAJOR TAKEAWAYS

## Three Major Takeaways from Consultation

- ❑ UTSA Has Highly Dedicated and Skilled Staffs in CMHS and SHS.
  - Both Actively Seeking Opportunities to Better Serve Students.
- ❑ Alternative Funding Model Exists that Improve Access to Care and Expand Available Services.
  - Successfully Implemented at UT Austin.
  - Additional Options May Be Possible to UTSA via UT Health San Antonio.
- ❑ UTSA Is on the Right Track.
  - Development of a Comprehensive College Health Program Driven by President Eighmy's Wellness Initiative.

# Appendix Peer Institution Comparison

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# PEER COMPARISON DEMOGRAPHICS & HEALTH PROGRAM FEATURES



	UTSA (Main Campus)	Old Dominion University	Portland State University	California State University Sacrament o	Georgia State University (Atlanta Campus)	Colorado State University	University of California Irvine	George Mason University	Florida International University	University of Central Florida	Peer Averages
<b>Student Enrollment</b>	30,097	24,176	27,285	31,131	32,000	33,877	36,742	37,677	50,574	68,571	<b>38,004</b>
Enrollment as % of UTSA	100%	80%	91%	103%	106%	113%	122%	125%	168%	228%	<b>126%</b>
% Living on Campus	15%	25%	9%	7%	21%	30%	38%	23%	6%	17%	<b>20%</b>
% Pell Grant Recipients	43%	43%	40%	53%	51%	23%	42%	25%	46%	38%	<b>40%</b>
% Students of Color	77%	52%	46%	74%	78%	44%	87%	57%	89%	53%	<b>71%</b>
<b>Major Program Features</b>											
AAAHC Accreditation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Health and Counseling Integration			Yes	Yes		Yes					
Domestic Student Insurance Required			Yes				Yes				
Insurance Billing	Limited		Yes			Yes	SHBP Only		Yes	Yes	
SAHF as Secondary Payor Permitted	Yes		Yes						Yes	Yes	
Community Partnering						Yes			Yes		
<b>Ancillary and Specialty Services</b>											
Lab - Moderate/Complex						Yes	Yes		Yes	Yes	
Radiology	Mobile		Yes	Yes		Yes	Yes		Yes	Yes	
Pharmacy				Yes		Yes	Yes		Yes	Yes	
Physical Therapy						Yes				Yes	
Sports Medicine Clinic				Yes		Yes	Yes		Yes	Yes	
Optometry				Yes		Yes					
Dental	Limited		Yes			Yes	Yes			Yes	

SAHF = Student Administrative Health Fee

SHBP = Student Health Benefit Plan



# PEER COMPARISON STUDENT HEALTH FEES AND UTILIZATION



	UTSA (Main Campus)	Old Dominion University	Portland State University	California State University Sacramento	Georgia State University (Atlanta Campus)	Colorado State University	University of California Irvine	George Mason University	Florida International University	University of Central Florida	Peer Averages
<b>Student Enrollment – Fall 2018</b>	30,097	24,176	27,285	31,131	32,000	33,877	36,742	37,677	50,574	68,571	<b>38,004</b>
<b>Estimated Student Paid Health Fees Per Student Per Year (PSPY)</b>											
AY19 Total Health Fee (Counseling Included)	\$0	\$200	\$468	\$252	\$80	\$330	\$0	\$0	\$188	\$231	\$250
AY19 Total Health Fee (Medical Only)	\$65	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AY19 Total Health Fee (Counseling Only)*	\$66	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Facility Fee PSPY	\$0	\$0	\$0	\$24	\$0	\$70	\$0	\$0	\$0	\$0	\$47
<b>Total Estimated Student Health Fees PSPY</b>	<b>\$131</b>	<b>\$200</b>	<b>\$468</b>	<b>\$276</b>	<b>\$80</b>	<b>\$400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$188</b>	<b>\$231</b>	<b>\$263</b>
<b>Total Estimated Student Health Fees (Maximum)</b>	\$ 3,943,000	\$ 4,835,000	\$ 12,769,000	\$ 8,592,000	\$ 2,560,000	\$ 13,551,000	\$ -	\$ -	\$ 9,508,000	\$ 15,840,000	\$ 10,006,000

## 2018-19 Provider/Clinician Visits

Counseling (Includes Group Sessions)	NA	4,536	9,857	8,773	18,243	29,629	11,516	8,015	18,199	29,841	15,401
<b>Counseling Unique Users as % of Enrollment</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>
Medical (Primary and Urgent Care)	5,152	14,534	12,929	22,714	15,088	35,211	32,577	9,552	15,135	70,254	25,333
Medical (Primary and Urgent Care) Unique Users**	3,031	7,000	6,000	11,000	8,000	18,000	16,000	5,000	8,000	35,000	13,000
<b>Primary Care Unique Users as % of Enrollment</b>	<b>10%</b>	<b>29%</b>	<b>22%</b>	<b>35%</b>	<b>25%</b>	<b>53%</b>	<b>44%</b>	<b>13%</b>	<b>16%</b>	<b>51%</b>	<b>32%</b>

\* Estimated based on Student Services Fee Funding

\*\* For Respondents, Unique Users Estimated at 50% of Medical Visits.