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

March 31, 2020
INTRODUCTION

- 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

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

### 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
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.
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.
**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.
### Aspirational Peer Comparison – Integrated Student Health & Counseling

<table>
<thead>
<tr>
<th>Sacramento State</th>
<th>UTSA</th>
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<tbody>
<tr>
<td>Student Enrollment</td>
<td>31,131</td>
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<tr>
<td>On Campus Residents</td>
<td>7%</td>
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<tr>
<td>Pell Grant Recipients</td>
<td>53%</td>
</tr>
<tr>
<td>White Non-Hispanic Domestic</td>
<td>26%</td>
</tr>
<tr>
<td>Estimated SHS Unique Users</td>
<td>11,000 (35%, Increasing with New Facility)</td>
</tr>
</tbody>
</table>

**Facility**
- **Square Footage**
  - Sacramento State: 27,000 SF (Expanding to 38,000)
  - UTSA: 13,027 SF (Main Campus Only)
- **Exam Rooms**
  - Sacramento State: 23 (After Expansion)
  - UTSA: 10
- **Counseling Rooms**
  - Sacramento State: 3 Group Rooms (After Expansion)
  - UTSA: 1 Group Room
  - Shared Classroom Space with CMHS
- **Staffing**
  - Sacramento State: 6.00 Physicians, NP, PA
  - UTSA: 4.95 (Includes MD Director)

**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

**SSU: Impact Statement 2017-2018**

- Services Provided
  - Acute Illness & Injury Care
  - After Hours Nurse Advice
  - Athletic Training
  - Cooking Demonstrations
  - Group Counseling
  - HomeMD
  - Immunizations
  - Individual Counseling
  - Urgent Care Counseling
  - Pharmacy
  - Reproductive Healthcare
  - Vision Care Center
  - Walk Woman Exams
  - Wellness Workshops
  - X-Ray & Lab Services

- **Top 10 Reasons for Visits**
  1. Depression/Anxiety
  2. Contraception
  3. Injuries
  4. Eye Exam
  5. Upper Respiratory
  6. STI Testing
  7. Urinary Tract Symptoms
  8. Cough/SORE Throat
  9. Viral Infection
  10. Dietary Analysis/Counseling

- **Our Facility**
  - 27,000 Square Feet Located in The WELL
  - 16 Exam Rooms
  - 2 Procedure Rooms
  - 1 Observation Room
  - 12 Counseling Offices
  - 3 Satellite Counseling
  - X-Ray, Pharmacy, Optometry, and Athletic Training on site
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
GENERAL RECOMMENDATIONS

- 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.
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.
### 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

- 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

SACRAMENTO STATE
COLORADO STATE UNIVERSITY
OLD DOMINION UNIVERSITY
GEORGE MASON UNIVERSITY
Portland State University
University of California, Irvine
UNIVERSITY OF CENTRAL FLORIDA
FIU
# PEER COMPARISON

## DEMOGRAPHICS & HEALTH PROGRAM FEATURES

<table>
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<tr>
<th></th>
<th>UTSA (Main Campus)</th>
<th>Old Dominion University</th>
<th>Portland State University</th>
<th>California State University Sacramento</th>
<th>Georgia State University (Atlanta Campus)</th>
<th>Colorado State University</th>
<th>University of California Irvine</th>
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<th>Florida International University</th>
<th>University of Central Florida</th>
<th>Peer Averages</th>
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<tbody>
<tr>
<td><strong>Student Enrollment</strong></td>
<td>30,097</td>
<td>24,176</td>
<td>27,285</td>
<td>31,131</td>
<td>32,000</td>
<td>33,877</td>
<td>36,742</td>
<td>37,677</td>
<td>50,574</td>
<td>68,571</td>
<td>38,004</td>
</tr>
<tr>
<td>Enrollment as % of UTSA</td>
<td>100%</td>
<td>80%</td>
<td>91%</td>
<td>103%</td>
<td>106%</td>
<td>113%</td>
<td>122%</td>
<td>125%</td>
<td>168%</td>
<td>228%</td>
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<tr>
<td>% Living on Campus</td>
<td>15%</td>
<td>25%</td>
<td>9%</td>
<td>7%</td>
<td>21%</td>
<td>30%</td>
<td>38%</td>
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<td>% Pell Grant Recipients</td>
<td>43%</td>
<td>43%</td>
<td>40%</td>
<td>53%</td>
<td>51%</td>
<td>23%</td>
<td>42%</td>
<td>25%</td>
<td>46%</td>
<td>38%</td>
<td>40%</td>
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<tr>
<td>% Students of Color</td>
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<td>52%</td>
<td>46%</td>
<td>74%</td>
<td>78%</td>
<td>44%</td>
<td>87%</td>
<td>57%</td>
<td>89%</td>
<td>53%</td>
<td>71%</td>
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### Major Program Features

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<th>Peer Averages</th>
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<td>Domestic Student Insurance Required</td>
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<td>Yes</td>
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### Ancillary and Specialty Services

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<td>Lab - Moderate/Complex</td>
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<td>Physical Therapy</td>
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<td>Sports Medicine Clinic</td>
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<td>Dental</td>
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SAHF = Student Administrative Health Fee
SHBP = Student Health Benefit Plan
# Peer Comparison

## Student Health Fees and Utilization

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<tr>
<th>Institution</th>
<th>UTSA (Main Campus)</th>
<th>Old Dominion University</th>
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<td>50,574</td>
<td>68,571</td>
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### Estimated Student Paid Health Fees Per Student Per Year (PSPY)

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<th>AY19 Total Health Fee (Counseling Included)</th>
<th>AY19 Total Health Fee (Medical Only)</th>
<th>AY19 Total Health Fee (Counseling Only)*</th>
<th>Facility Fee PSPY</th>
<th>Total Estimated Student Health Fees PSPY</th>
<th>Total Estimated Student Health Fees (Maximum)</th>
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### 2018-19 Provider/Clinician Visits

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<th>Counseling (Includes Group Sessions)</th>
<th>Counseling Unique Users as % of Enrollment</th>
<th>Medical (Primary and Urgent Care)</th>
<th>Medical (Primary and Urgent Care) Unique Users**</th>
<th>Primary Care Unique Users as % of Enrollment</th>
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<td>3,031</td>
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<tr>
<td></td>
<td>8,773</td>
<td>Unknown</td>
<td>22,714</td>
<td>11,000</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>18,243</td>
<td>Unknown</td>
<td>15,088</td>
<td>8,000</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>29,629</td>
<td>Unknown</td>
<td>35,211</td>
<td>18,000</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>11,516</td>
<td>Unknown</td>
<td>32,577</td>
<td>16,000</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>8,015</td>
<td>Unknown</td>
<td>9,552</td>
<td>5,000</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>18,199</td>
<td>Unknown</td>
<td>15,135</td>
<td>8,000</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>29,841</td>
<td>Unknown</td>
<td>70,254</td>
<td>35,000</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Estimated based on Student Services Fee Funding

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