Division of Student Affairs

STUDENT HEALTH CENTER (SHS) ANNUAL REPORT 2016-2017

I. Department Mission Statement

The mission of Student Health Service is to assist each student with his or her diverse healthcare needs in order to facilitate maximum academic and personal growth.

University Strategic Priorities

USP 1. Believing in the primacy of learning, we will continue to develop high-quality learning environments, both inside and outside the classroom.

USP 2. Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.

USP 3. Believing in the wise use of new technologies in learning and teaching, we will continue to provide the technology, the related training, and the support needed to create high quality learning environments, both inside and outside the classroom.

USP 4. Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.

USP 5. Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and strategically manage the resources entrusted to us.

USP 6. Believing that each generation owes something to those that follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

USP 7. Believing in the importance of civic engagement for both individual fulfillment and the institutional commitment to serving the public good, we will educate generations of civically engaged, informed, and active students. We will engage students, faculty, staff, and community members through curricular and co-curricular experiences that actively involve them with the communities and the issues of the North State and beyond.
USP 8. Believing in the importance of diversity as central to the values of the University and the education of its students, we will continue to develop and enhance programs, policies, and activities to create and sustain a welcoming and inclusive learning and working environment for all.

**Student Affairs Goals:**

SA 1. To provide comprehensive co-curricular, academic, and student support program services.

SA 2. To develop an environment for students to clarify their education, career, and life goals.

SA 3. To help students develop education plans that will assist them in the attainment of their degree from CSUC.

In carrying out the Mission and Goals of Student Health Services, we align our values with those of the Office of the Vice President for Student Affairs as follows:

**Diversity:** Student Health Services believes that each person is unique and values the individual differences within the campus community.

- SHS staff actively engage in diversity training opportunities on campus, and a Diversity Action Plan has been established

**Excellence:** Student Health Services commits to continually provide quality and cost effective healthcare to students.

- An active quality management program is in place with regular reviews of quality of care of all aspects of SHS function

**Growth:** Student Health Services promotes continuous advancement and improvement to its professional staff, healthcare services and health facility, within the guidelines of the university system, to meet the changing needs of the students.

- SHS staff are encouraged and supported to obtain ongoing continuing professional education, and to apply this knowledge to ongoing health services

**Integrity:** Student Health Services maintains its accountability to the university and the students through civility, respect, and honesty.

- A list of student rights and responsibilities is clearly posted in multiple areas of the SHS and students are encouraged to give feedback on interactions with staff using various methodologies
Leadership: Student Health Services encourages leadership and peer education opportunities to students through mentoring and nurturing.

- SHS has established a network of peer educators who are closely supervised and very active in providing health related services to the campus

Service: Student Health Services provides quality healthcare that is respectful, responsive, and accessible.

- SHS maintains accreditation in good status through the Association of Ambulatory Health Centers accreditation process

II. Departmental Accomplishments

Top accomplishments during 2016-2017:

1. Strengthened social work intern program/mental health and case management services by accepting an additional social work intern this year (total of two)

Curricular issues for the interns revolve around identified student health needs. Sleep difficulties continue to be identified on college health national data sets as a very significant health and academic issue. SW interns were trained on Cognitive Behavior Therapy for Insomnia (CBT-I) which is the most evidence based and long lasting approach to insomnia. Students who saw clinicians in the SHS and in the Counseling and Wellness Center (CWC) were referred to the interns for CBT-I. This was very well received, especially by students with chronic insomnia who rated it very effective, even although it required 5 meetings with the CBT-I practitioner. This year, there were 60 CBT-I sessions for students, addressing insomnia and qualitative evaluations, in addition to participating student feedback to clinicians indicated that CBT-I was extremely beneficial for insomnia, as well as their overall functioning. Social work interns also assisted with evaluation of ever increasing requests for emotional support animals, providing an orientation to emotional support animals as well as a preliminary screening for appropriateness of the animal for an individual student. This year, there were over 65 evaluations for consideration for emotional support animals for students. Social work interns also participated in the Trauma Informed Campus committee, and worked in conjunction with the Medical Director to provide training on the effect of childhood trauma on health and wellness, to Yuba and Sutter County, as well as the general CSU Chico faculty, staff and students. Finally, they worked together to develop and present a six session psychoeducational series on anxiety and panic, for designed to assist students who were suffering from anxiety and/or panic. This was also very well received based on evaluations by attendees.
2. In conjunction with Safe Place, Counseling and Wellness Center, faculty, Title IX committee members, and CADEC, the SHS led the initiative to begin to develop policies and procedures needed to develop a Trauma Informed Campus community.

   The committee has met since January, 2017 and has developed an outline for presentation to appropriate campus organizations (SHS, CWC, CADEC, Student Judicial Affairs, CARE team, GSEC, Veterans Affairs, Faculty Affairs, etc) Information has been gathered to develop a website with information about Trauma Informed Practice in all areas of higher ed which will be useful to campus constituents in the evaluation and development of Trauma Informed Practice for students, faculty and staff.

3. The Transgender Health program is expanding, both with number of patients and number of practitioners providing Gender Affirming Care for transgender and gender non-conforming students. Clinic staff including clinicians, nursing, and Health Information/Reception staff attended a comprehensive training on transgender care this year. Training efforts were associated with staff having enhanced sensitivity to gender variant clients, as well as participating in campus wide efforts to improve access to care and promoting an inclusive campus environment.

Since 2013, there has been a steady increase in student visits for gender affirming care (primarily hormone therapy). The data are as follows:

<table>
<thead>
<tr>
<th>Students</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>2</td>
</tr>
<tr>
<td>2014-2015</td>
<td>5</td>
</tr>
<tr>
<td>2015-2016</td>
<td>2</td>
</tr>
<tr>
<td>2016-2017</td>
<td>10</td>
</tr>
</tbody>
</table>

Significant accomplishments during 2016-17

1. Supported Safe Place in adding an nationally recognized evidence based peer prevention program for early intervention/prevention of sexual violence – Green Dot Violence Prevention Strategy Training. The Green dot strategy is a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence across all levels of the socio-ecological model. Informed by social change theory, the model targets all community members as potential bystanders and seeks to engage them through awareness, education, and skills practice, in proactive behaviors that establishes intolerance of violence as the norm, as well as reactive interventions in high risk situations. Specifically, the program targets influential and respected individuals from across campus subgroups as program leaders. The goal for these groups is to engage in a basic education program which will equip them to integrate moments of prevention within existing relationships and daily activities. By doing so, new norms will be
introduced and those within their sphere of influence will be significantly influenced to move from passive agreement that violence is wrong, to active intervention in high risk situations for violence.

2. In order to address the opiate abuse crisis, and using evidence based guidelines, developed a program for medically assisted opioid replacement therapy, using buprenorphine, as an additional tool. Two students have enrolled and are under treatment for opiate use disorder and care is coordinated between the SHS, the Campus Alcohol and Drug Education Center, and the Counseling and Wellness Center.

3. Continued and significant expansion of SHS based case management services. Case manager has seen a steady increase in requests/need for case management, this academic year totaling 463 visits. Case management issues and activities cover such broad students’ needs as: a) availability of/access to adequate and appropriate campus and community level mental health services b) addressing housing and food insecurity of students c) providing accurate information on and provision of comprehensive insurance coverage for medical and mental health care d) enhanced access to services for underserved and underrepresented student populations, including former foster youth, DACA recipients, and veterans and e) developing and supporting a culture of care through collaboration with other campus academic and support systems including case management for the CARE team.

4. Continued strengthening and expansion of the nursing triage system. This year, there was a significantly increased presence of licensed nursing staff at patient intake areas, thus more efficiently addressing and helping patients with more minor concerns such as URIs and respiratory allergies, and more effectively identifying students with significant illnesses or conditions which needed urgent attention.

5. Increased outreach to student population including a highly successful open house in Spring, 2017 where representatives of all the services were available to answer questions about the services available. Evaluation of the programming indicated that students and faculty gained a great deal of knowledge about and comfort with the Student Health Services.

Medical Director leadership and academic accomplishments
1. Appointed to an American College Health Association (ACHA) task force on Sexual and Relationship Violence
   • Co-authored position paper and guidelines statement on Sexual and Relationship Violence for the ACHA
   • Co-presented workshop at ACHA annual meeting 2016 on Sexual and Relationship Violence
As a co-author on ACHA task force, completed ACHA Toolkit on Addressing Sexual and Relationship Violence on the College Campus for distribution to all US college campuses
2. Re-appointed to a two-year term on the California State University systemwide Chancellor’s Mental Health Advisory Committee
3. Continued to assist other universities in the implementation of Wellcat Fit, an innovative program developed at CSU Chico, which addresses students issues of depression and anxiety by encouraging physical activity/exercise with a trained peer mentor
   • Co-authored abstract “Peer-Assisted Physical Activity Program for Depression/Anxiety in College Students” for presentation at a Kinesiology national conference.
4. Presented 5-hour training on Childhood Trauma, Health, and Trauma Informed Programming to mental health community members in Sutter and Yuba County and CSU Chico faculty/staff/students on two occasions in Spring 2017

**RN Supervisor leadership and academic accomplishments**
1. Completed course in Nurse Leadership and Management
2. Continued education and leadership in the areas of Infection Control and Safety
3. Took leadership of efforts to obtain increase in student health related student fees

**Laboratory accomplishments:**
1. Performed 21,239 tests in-house
2. Significantly improved methodology for STI testing with improved turn around times and increased capability for testing sites from MSM – Hologic Panther systems
3. Implemented a 4th generation HIV tests to allow p24 antigen detection. This reduced HIV infection detection time from the previous 3-6 months, down to 11-30 days.

**Radiology accomplishments:**
   Changed to Nighthawk Radiology for XRay interpretations. Interpretations are now 50 cents less per xray, and most importantly, turn around times for radiologist interpretation are decreased from 3 days to one day, significantly improving timeliness and decreasing liability from delayed results.

**Diversity Efforts – continued progress has been made on the diversity action plan, particularly in the areas of:**

1. Recruitment
   • SHS recruitments continue to reach out to a diverse population via advertising in diverse publications and sites and have been successful in recruiting an increasingly diverse applicant pool and staff.
   • Staff has actively participated in university-wide diversity leadership and advancement training programs
2. Retention/Inclusion
   - SHS staff have participated in trainings this year on serving the LGBT and transgender community, including medical training on gender affirming care.
   - There has been an active and successful recruitment process for a diverse student assistant pool, thereby diversifying the “first contact” with student clients at SHS.
   - SHS bathroom facilities have been identified clearly as all gender.
   - Preferred names have been added to the electronic medical record, and staff has been trained in their usage.

3. Community Partnerships
   - Relationships with organizations such as the Stonewall Alliance, and the LGBTQ outreach arm of Catalyst continue to be strong, with ongoing joint training and programming.

4. Service to students/education of staff
   - Several speakers have come and discussed racial and ethnic diversity as well as size diversity.
   - New magazines emphasizing diversity and inclusion have been added to the waiting/reception area.
   - Changes in clinic environment including inclusive signage have been added to waiting/reception areas and exam rooms.

III. Changes in Policies and Procedures

   - Smoke and Tobacco Free Workplace
     Effective August 17, 2017, in conjunction with CSU Executive Order 1108, California State University Chico shall be 100% Smoke Free and Tobacco Free. Smoking, the use or sale of tobacco products, and the use of designated smoking areas are prohibited on all California State University properties. Members of the CSU community are expected to fully comply with the policy. In anticipation of this regulation, SHS and CADEC have formed an advisory committee, developed outreach activities and materials, and trainings for providers.

   - Policy on Animals in the Workplace
     There is a new ADA compliant policy providing guidelines for the use/presence of animals in the SHS, consistent with CSU and campus policy. This policy clarifies the categories of animals and pets allowed in the building. It also defines the category of service dogs (allowed) and emotional support and therapy animals which are not specifically protected under the ADA. The policy further clarifies which questions may and may not be asked of a patient or visitor regarding an animal accompanying them.
IV. Resources Summary

Budget summary

Overall Operating Budgets (dollars)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health Center</td>
<td>5,024,910</td>
</tr>
<tr>
<td>FPact (SHS)</td>
<td>674,592</td>
</tr>
<tr>
<td>CWC/UMatter</td>
<td>1,164,588</td>
</tr>
<tr>
<td>CADEC</td>
<td>272,271</td>
</tr>
<tr>
<td>Safe Place</td>
<td>87,116</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7,223,477</strong></td>
</tr>
</tbody>
</table>

Staffing

Additions
- Jacqueline Casey, PA, Phlebotomist (August 2016)
- Joe Coetzer, Pharmacist (August 2016)
- Jeannie Chen, FNP (October 2016)
- Bernadette Connolly, PA (May 2017)
- Kathleen Sadrin, Phlebotomist (May 2017)
- Abbigale Grossman, intermittent Phlebotomist (June 2017)
- Trisha Kuhne, Radiology Tech (June 2017)
- Carrie Larsen (July 2017)

Retirement/Separations
- Barbara King, Radiology Tech (Oct 2016)
- Barry Furst MD, Physician (Dec 2016)
- Bruce Gallaway MD (August 2016)
- Mary Miner, PNP (January 2017)
- Aldebra Schroll, MD (January 2017)
- Leslie Mackowiak, NP (Sept 2016)
- Andrea Carrasco, ASA II (June 2017)
- Sara Smith, Phlebotomist (February 2017)
- Sandi Rice, FNP (July 2017)
- Paige Walker, intermittent Phlebotomist (February 2017)
- Roxanne Devlin, Clinical Laboratory Scientist (January 2017)
- Andrea Carrasco, ASA II (June 2017)
- Josie Gilmore, ASA II (June 2017)

Open Recruitments
- CLS-I                      Posted
- CLA/phleb                  Posted
- Physician                  Posted
- ASA II                     Request in process
• NP/PA (replacement for retiree)  Request in process
• RN III  Request in process

V. Program Evaluation for Past Year

GOAL: Ensure ongoing funding for SHS, CADEC, CWC, Safe Place

- The majority of financial support for the SHS, CADEC, CWC and Safe Place has been through the current student fee structure associated with student health services. However, the growth in salaries and benefits continues to outstrip a fee structure which is more than 17 years old. Since the previous fee increase, and under the direction of the Vice President for Student Affairs, the Student Health Services has expanded to include several other departments (Campus Alcohol and Drug Education Center (CADEC), Counseling and Wellness Center (CWC), and Safe Place. Although this structurally enhances and facilitates interdisciplinary clinical services, the current expanded structure adds over 2 million dollars to the financial requirement necessary for the ongoing function of Student Health Services.

- Although provider numbers have intentionally been decreased as a cost saving measure since 2006 (from 15 MDs and NP/PAs down to the present, 10 providers), costs for benefits, equipment, and medical supplies have substantially risen. During this time, multiple other CSUs have been successful in increasing student fee funding for student health and wellness and mental health. At present, CSU Chico’s student health fee structure is lower than at least 8 other CSUs, as they have successfully instituted an increase in their health fees and mental health fees, while CSU Chico has not yet taken that step.

- Additionally, over the past 10 years, there have been many changes in student needs for services. Very significant is the rapid increase in the need for mental health services, both for counseling and for medication. At the student health center, the number of annual visits for patients on psychiatric medication management has doubled to over 3300 visits. Additionally, the complexity and severity of mental health issues in students has increased markedly. Patients with mental health issues must be seen on an ongoing basis, and when in crisis may need hospitalization. The number of evaluations for hospitalization over the past 10 years has also risen dramatically, both for the Counseling and Student Health Center. All these services, while absolutely necessary, are very provider intensive, and lead to an overall decrease in provider availability for other acute care services. Although increasing numbers of students have insurance, it is often Medi-Cal or Kaiser, which makes the number of local resources extremely scarce. Other services have been added such as Family Pact, which has increased the availability and affordability of reproductive health services for students, most particularly recently the provision of long acting reversible contraceptives. Case management activities remain critical, with an ever increasing request for assistance from the case manager.

CADEC has added Basic Alcohol Screening and Intervention for College Students (BASICS), an evidence based early intervention program for students who have come to the attention of campus departments due to a high risk drinking pattern. Additionally, CADEC has instituted WildCat ROAR, a peer based
program for prevention/early intervention of high risk drinking patterns in students.

Peer based health education has been accomplished via the establishment of the HEAT (Health Education Action Team), and is supervised by the Student Health Services nursing supervisor. Despite the lack of additional funds for the Counseling and Wellness Center, a program for mental health prevention services has been established (UMatter) and is very active throughout the year.

- Analysis of financial requirements for sustaining SHS services has been accomplished, and financial projections have been completed. SHS administration has met with the Vice President of Student Affairs, as well as the Vice President of Budget and Finance in preparation for going forward to obtain a student health fee increase. This has now become a dire issue for funding services required by Executive Order 943, and the Health Services are currently running in deficit, as predicted for at least the last 7 years, despite ongoing minimization of costs

VI. **Ongoing Assessment Efforts**

*Program Usage*

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Pt Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017</td>
<td>29,479</td>
</tr>
<tr>
<td>2015-2016</td>
<td>31,116</td>
</tr>
<tr>
<td>2014-2015</td>
<td>31,463</td>
</tr>
<tr>
<td>2013-2014</td>
<td>32,567</td>
</tr>
<tr>
<td>2012-2013</td>
<td>31,987</td>
</tr>
<tr>
<td>2011-2012</td>
<td>30,622</td>
</tr>
</tbody>
</table>
SHS Top Patient Visit Reasons

![Graph showing top patient visit reasons]

- URI
- Immunizations
- Musculoskeletal
- Mental Health Visits
- Pregnancy test
- Chlamydia screen

![Graph showing annual mental health visits]

- **2011/2012:** 1,417
- **2012/2013:** 2,115
- **2013/2014:** 2,414
- **2014/2015:** 2,196
- **2015/2016:** 2,794
- **2016/2017:** 3,304

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11
Pharmacy Program Usage

Top 10 prescription medication 2016 / 2017

- **Azithromycin 500mg**: 1103 prescriptions, 17%
- **Fluconazole 150mg**: 979 prescriptions, 15%
- **Sudogest 60mg**: 943 prescriptions, 14%
- **Amoxicillin 500mg**: 693 prescriptions, 11%
- **Next choice**: 571 prescriptions, 9%
- **Bactrim DS**: 548 prescriptions, 8%
- **Flagyl 500mg**: 474 prescriptions, 7%
- **Gabapentin 100mg**: 447 prescriptions, 7%
- **Flonase NS**: 409 prescriptions, 6%
- **Promethazine DM**: 407 prescriptions, 6%

Prescriptions Filled by Year - Family Pact vs Total

- **2016-2017**: 18,661 prescriptions
- **2015-2016**: 20,922 prescriptions
- **2014-2015**: 23,101 prescriptions
- **2013-2014**: 23,249 prescriptions
Pharmacy Budget Summary:
For the 2016-2017 fiscal year, the pharmacy surplus cost recovery was: $168,751. The 2016-2017 total revenue was $462,211, and expenditures were: $293,459. The 2016-2017 net cost recovery for Family Pact (FP) prescriptions was: $73,654.

Implications:
The Affordable Care Act effect was very significant in the 2016-2017 academic year. The effect was two fold: Fewer students qualified for FP, and more students had insurance, and were able to fill their prescriptions using their insurance, outside of the health center pharmacy. There was an increase in OTC sales by 4,335 transactions.

Laboratory Usage

[Chart showing Top Laboratory Tests 2014-2017]

CBC
Pregnancy Tests
Urinalysis
Direct Strep
Gonorrhea/Chlamydia

<table>
<thead>
<tr>
<th></th>
<th>2016-17</th>
<th>2015-16</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC</td>
<td>1936</td>
<td>1528</td>
<td>1093</td>
</tr>
<tr>
<td>Pregnancy Tests</td>
<td>1901</td>
<td>1870</td>
<td>1169</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>2008</td>
<td>1988</td>
<td>1248</td>
</tr>
<tr>
<td>Direct Strep</td>
<td>2446</td>
<td>2434</td>
<td>1849</td>
</tr>
<tr>
<td>Gonorrhea/Chlamydia</td>
<td>4348</td>
<td>4281</td>
<td>3254</td>
</tr>
</tbody>
</table>
VII. Analysis: Overall student access and function of student health services

Students continue to use student health services at a very high rate, which remains among the highest per capita of the CSUs. This is likely due to the residential nature of the campus, as well as ongoing lack of health services for students in the immediate area, including Kaiser, despite the fact that there are an increasing number of insured students. Local health resources which accept Medi-Cal (the most common form of student health insurance) are highly impacted and generally have wait times in the months for ongoing care of chronic conditions. For acute care, services again are extremely limited to the local hospital emergency room and immediate care services.

It is quite clear that the need for mental health services continues to be extremely high, and increasing every year. As opposed to visits for common upper respiratory illnesses and visits for musculoskeletal (mostly acute) conditions, mental health visits have more than doubled in the 6-year period, while staffing has remained steady or even decreased. Mental health visits take more provider time and case management than most acute care visits, thus supporting the contention that the SHS continues to need personnel highly qualified in mental health issues, as well as the overall requirement for more time devoted to patients with mental health issues.

Reproductive health service demand has also been increasing, as evidenced by the increase in chlamydia screening visits, the increase in numbers of pregnancy tests and the increasing demand for post-coital contraception. This is entirely understandable and predictable, given the nature of the student population served, and is a desired outcome. It should be noted however, that over the past 5-6 years, such reproductive health service provision has been supported, in substantial part, with dollars from the Medi-Cal state family planning program, Family Pact for this health service. With the advent of the Affordable Care Act with its provisions intended to increase insurance coverage for all,
including college aged youth, there is a marked decrease in the numbers of students who are eligible for Family Pact funding, and thus, a parallel decrease in the Family Pact related income for these necessary services. This is expected to be a continuing trend, significantly (and negatively) affecting financial support for reproductive health within student health services. Additional funding from such sources as an increase in the student health fee will be necessary to continue to support the demand for reproductive health services at the health center.

Case management services continue to be critical and integral to student success and collaboration of care for struggling students. Direct assistance is provided to students encountering personal, psychiatric, medical or any other challenges to their academic progress. All attempts are made to accurately identify where any student is in need, and provide “wrap-around” services appropriate to their needs.

There continues to be a relative shortage of providers, in comparision to 10 years ago. This has led to even longer waits, as well as students, parents and staff. On most days, the “emergency only” status for same day appointments is required by 10 am. Prior to this year, on most days, same day non-emergency appointments filled up sometime in the afternoon. A new nursing triage system (RN based) has been helpful in addressing some of the students immediate clinical needs, but there is currently only one RN assigned to this task, who is retiring this coming year. There are multiple models of RN run sexually transmitted disease clinics in the college setting which could be very helpful to the students, but this would require the SHS to be fully staffed with RNs (3 RNs). At the end of this calendar year (2017), it is expected that there will be no RNs on staff due to the anticipated retirement of the current ACC RN and the recent separation of an additional RN. At least one RN is necessary in the ACC in order for advanced procedures such as IV starting, etc. Staffing with RNs in this way is cost effective and appropriate for this setting and this population. Even after a full staff of RNs is hired, there is still a shortage of higher level clinical providers (NP, PA, MD) to meet the need. The current medical director is practicing 0.4 FTE and will be retiring as of 12/31/17, which will further add to the clinician shortage, particularly in the MDs.

There is an ongoing issue with clinical laboratory staffing as well, which has been severely impacted by the CSU Chico salary structure. In the past, staffing was very stable, but salaries have become extremely non-competitive in the last several years, partly due to salary stagnation in the CSU system, and partly due to an explosive health services market. Outsourcing the laboratory has been considered, but would be quite detrimental to clinical care, as there is a robust acute care medical service at the SHS which relies on rapid turn around, not available when outsourced. A financial analysis done 3-4 years ago, also noted that due to the number and type of tests required by the Executive Order 943 governing SHS function, that outsourcing would actually lose money, as the SHS would have to pay for these tests using SHS funds.

Finally, there has been a lack of staff based health education services for students. Most if not all other CSU campuses have a staff Health Educator position affiliated with the student health center. This campus has relied upon student interns for health education
outreach, which is helpful but not sufficient to meet requirements of the CSU document outlining requirements of student health services, EO 943. With ever changing student interns, it is not possible to develop a comprehensive health education plan for the student body which has sustainability. This item has been on the “to be hired” budgetary projections for at least 10 years, but due to budgetary issues, has not been filled.

VIII. Goals: Goals for the next academic year

**GOAL: Ensure ongoing funding for SHS, CADEC, CWC, Safe Place via a fee increase this year**

This has now become a critical issue, with health services running in the deficit with relationship to student fees. Other previous sources of revenue, such as Family Pact are decreasing due to the Affordable Care Act effect on eligibility for services. At present, sustaining operations of SHS, CADEC, CWC, and Safe Place is an untenable, unstable situation, which needs immediate attention. The SHS staff are working with upper University administration to attempt to go out for a health fee, including the Mental Health fee, as soon as possible.

**GOAL: Continue to improve patient flow issues**

There are several goals here: Improve staffing, both at the RN level and licensed provider level. There is an anticipated loss of two FTE RNs by the end of the fall semester, which should be replaced. An RN III additional hire would allow staffing of clinics for non-critical but time sensitive student requests such as UTI/STI testing and URI care. Also, the number of licensed clinicians needs to be maintained at the 2006 level, in order to provide the appropriate level of care to students.

**GOAL: Fully implement the directives of the CSU Executive Order 1108, Smoke and Tobacco Free Campus**

The campus has been granted funds through a grant sponsored by the American Cancer Society Tobacco-Free Generation Campus Initiative, with the Medical Chief of Staff, Dr. Stewart as the Project Lead and CADEC as the implementing agency. There will be initial data gathering with campus constituents to assess the attitudes and beliefs of faculty, staff, and students regarding smoking on campus. Data gathered will be used to design an educational campaign with promotion of and advocacy for a 100% smoke free campus. There will be a web site with a variety of resources regarding smoking including resources for smoking cessation. A task force comprised of SHS and CADEC personnel, as well as other key individuals on campus will be established to monitor adherence to the initiative, and to suggest additional approaches, as needed.

**GOAL: Continue to expand capacity and services in the areas of mental health and substance use disorders**

SHS staff continue to actively pursue additional education and training in management of students with mental health issues. New clinical hires with
mental health expertise are being actively sought, and current clinical staff is receiving additional training in mental health areas such as suicide prevention, motivational interviewing and substance use disorders.

**GOAL: Diversity/inclusion – improve the climate of inclusion by**
- Continuing to engage in community diversity events, outreach and partnerships.
- Continuing to provide diversity specific training for employees.
- Continue to adopt or revise policies and procedures to support the CSU CHICO’S climate of inclusion.
- Continue active efforts to ensure that recruitment and hiring processes are meeting or exceeding diversity goals.

**GOAL: Continue to expand case management services at SHS**
- Develop a campus wide committee to address housing insecurity at CSU, Chico.
- Develop case management outreach presentations and written materials.
- Conduct outreach efforts to both campus and community stakeholders.
- Identify and develop strong relationships with liaisons from each academic college and all student affairs’ departments, to foster more speedy and effective referrals to case management services.
- Assist in the development of more effective protocols and procedures for referrals to community based psychiatric resources.
- Collaborate with community mental health professionals in order to develop more effective protocols and procedures upon discharge of students after psychiatric hospitalization.
- Maintain and enhance campus wide relationships in order to foster policies and procedures that support the emerging and diverse needs of the CSU, Chico student population.