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I. Department Mission Statement
The mission of Student Health Center (SHC) is to assist each student with his or her own diverse healthcare needs in order to facilitate maximum academic and personal growth.

II. Department Accomplishments
a. **Sound Panels:** Photographic sound panels have been added throughout SHC, which serve the dual purpose of updated décor and increased patient privacy.

b. **Onsite Counselor:** The ongoing success, value and patient demand for an onsite Counseling and Wellness Center staff member at SHC resulted in an extension of that service for another year.

c. **Public Health:** Successfully partnered with School of Nursing in administering approximately 1700 flu vaccines in our outreach flu clinics. The Registered Nurse (RN) students are afforded an opportunity to administer vaccines and provide preventative care to our community.

d. **Web Booking:** Students are able to schedule their own appointments online for a time that best meets their schedules.

e. **Bursar File Export:** In order to better serve the students and free up SHC staff for more care related services, a process was put in place to transfer student balances to Student Financial Services, where they are added directly to the student account.

f. **Camp Fire Support:** SHC staff provided on-campus support during Camp Fire emergency while the rest of campus was closed. Clinic offered full array of services with limited hours for walk-in visits, as well as providing N95 masks to the campus and community at large during the aftermath of the Camp Fire.

g. **IsraAID:** The Israel Forum for International Humanitarian Aid (IsraAID) is an Israel-based non-governmental organization that responds to emergencies all over the world with targeted humanitarian help. Representatives came to SHC in February 2019 to provide a workshop/presentation on post-psychological trauma care, which helped SHC provide better care for co-workers and students who have suffered trauma post-Camp Fire.

h. **Reduced Wait Times:** During the 2018-2019 academic year, SHC filled two full-time positions: one which serves on the front line of registering/checking in students, and one physician. Having the additional support helped streamline processes and allowed for students to be seen by the most appropriate medical provider, which decreased wait times and helped alleviate student complaints referencing long wait times.

Additionally, year-over-year SHC experienced a 15.8% increase in visits overall. As a result of the aforementioned changes in the check-in process, SHC saw nearly a 40% decrease in ‘no reason listed’ for visits and corresponding increase in categories that clearly define the reason for visits. With this clarity, 88% of visits saw a decrease in wait times. As we continue to simplify the check-in process and fill vacant provider positions, we expect to reach 100% and ultimately provide a seamless process that minimizes wait times and increases total visits and student satisfaction year-over-year. *See Appendix G.*

i. **Gender Affirming Care:** Started gender affirming initiation of care for transgender students.

j. **Patient Satisfaction Survey:** Implemented electronic patient satisfaction survey.

k. **Reduced Operating Expenses:** Through a combination of efforts, including scaling back on student assistants, decreasing overtime, and monitoring expenditures, SHC was able to end the academic year with a budget surplus.
I. **Norovirus Education**: Provided norovirus education and cleaning supplies to Housing and Associated Students’ Bell Memorial Union (BMU) staff as they were hosting large public gatherings during the norovirus outbreak.

III. **Changes in Policies and Procedures**

   a. **Self-scheduling Module**: An option was added to the SHC webpage which allowed students to make appointments remotely, selecting a day and time that best suits their schedule for increased convenience.

   b. **ID Required**: Implemented a policy requiring identification be shown at check-in. This ensures that the student being seen by a provider is an eligible student, and that charts and billing information is ascribed to the correct student.

IV. **Resources Summary**

   a. **Human Resources**

      Six (6) vacant positions were filled:

      - 1 Clinical Lab Scientist I – February 2019
      - 2 Full-time Phlebotomists – July & August 2018
      - 2 Clinical Assistants (HIM Reception) – July 2018 & January 2019
      - 1 Physician – August 2018

      SHC is not fully staffed but will continue to provide the highest level of service to the students and campus community.

   b. **Facilities/Equipment**

      - Radiology equipment and Hematology Analyzer will need to be replaced in one to two years.

   c. **Space Issues**

      - SHC is at full capacity in regards to both administrative and clinical areas.

V. **Program Evaluation of Past Year**

   a. Ensure ongoing funding for Student Health Services (SHS): President Hutchinson approved an increase to the Student Health Fee in May of 2018, to begin Fall 2018 semester. This fee increase has built-in escalators that should provide financial stability and solvency for the next five years. A commitment to actively pursue a timely health fee increase was made by the CSU, Chico President’s Cabinet and SHS leadership to avoid deficit spending after the approved fee increase drops off to CPI in five years.

      i. *The budget, post-fee increase, is not adequate to support the number of vacant positions that are critical to SHC. Positions include mental health providers, mid-level (Nurse Practitioners or Physician Assistants), Physicians, Medical Assistants, and Nurses.*

   b. Continue to improve patient flow issues: This goal was partially met with the finalization of the triage space and RN triage process. There are still smaller flow issues that need to be addressed in the future.

      i. *There has been improvement in the patient flow with the triage component added. This is a work in progress as needs assessment continues.*
c. Fully implement the directives of the CSU Executive Order 1108, Policy on Systemwide Smoke and Tobacco Free Environment: The Campus Alcohol & Drug Education Center (CADEC) and community partners implemented a Tobacco-Free Generation Campus Initiative (TFGCI) grant sponsored by the American Cancer Society. There is a website, support groups and resources available to staff and students on campus.
   
   i. **Utilizing grant funding, CADEC was able to provide nicotine patches and gum to students at no cost. Official “Tobacco Free Campus” signs were purchased and donated to the University to post in public areas. The grant has concluded.**

   d. Continue to expand capacity and services in the areas of mental health and substance use disorders: SHC staff is dedicated to assisting students with mental health issues. SHC is recruiting for new staff to help provide direct psychiatric care with medication management. SHC continues to collaborate with the Counseling and Wellness Center (CWC) and Community Psychiatry Associates to bolster services; it is acknowledged that student needs in the mental health and substance use arena is critical and complex and the recruitment of additional staff is essential to address these needs.
   
   i. **The partnership with Community Psychiatry terminated at the end of May 2019. SHC staff continue to seek resources for mental health providers and will start to research the possibility of adding tele-psychiatry to meet student needs.**

   e. **Diversity/inclusion:** SHC staff participated in a variety of workshops and trainings, including Deferred Action for Childhood Arrivals (DACA) Dream Ally; Safe Zone; Transgender Sensitivity; and Avoiding Bias in Hiring. Diversity has many aspects and SHC is making every attempt to stay relevant and acutely aware of the struggles faced by students attending CSU, Chico.
   
   i. **Diversity and inclusion efforts are ongoing and SHC is intentional in offering opportunities for staff to participate in trainings offered on and off campus.**

   f. **Continue to expand case management services at SHC:** The case management team actually decreased this past year with the elimination of two Master of Social Work (MSW) interns. SHC still provides case management through a Master of Public Health (MPA) and Case Manager, whose role involves assisting students’ access to resources on and off campus.
   
   i. The expansion of case management remains a priority as SHC seeks opportunities for funding.

   VI. **Case Management**

   a. The demand for case management throughout the 2018-2019 academic year continued to increase. This was clearly an extraordinary year due to factors such as the Camp Fire, several student deaths, and an increase in the need for mental health services. The Camp Fire lead to an unprecedented housing crisis, increased demand for community-based counseling and other support services, and reduced access to medical and mental health providers. Despite such extreme circumstances, the Student Services Wellness Concierge, in collaboration with many other campus and community entities, effectively met the needs of a diverse student population. This summary will review some highlights and data from the 2018-2019 academic year, as well as case management goals for the future.
Reasons for students seeking case management support may evolve from year to year. For example, in previous years, the reason for many case management appointments was to discuss the possibility of obtaining a letter to allow students to have an Emotional Support Animal (ESA) in their housing. Since SHS has implemented a comprehensive and consistent policy on the provision of ESA letters, that type of case management appointment is almost nonexistent. However, since the demand for Counseling and Wellness Center services has steadily increased, there is a corresponding increase in the number of students being referred to case management for assistance identifying community-based counseling services. Also, as the campus community becomes increasingly aware of the vital support offered by the Campus Assessment Response and Education (CARE) Team, more case management must be dedicated to address the needs of students of concern. It is for these reasons that a more longitudinal study of case management services is needed in order to identify emerging trends and anticipate where future case management resources should be directed.

The data provided in Appendix E reflects the number of case management appointments during the 2017-2018 and 2018-2019 academic years, but does not reflect the nature of appointment, referral source or follow up required to effectively meet the student’s needs. This is essential information which can create a more accurate picture of how case management services are utilized within the campus community. In an effort to more accurately track the type of case management appointment, a process of documenting specific reasons for appointments was implemented in 2018-2019 within the SHC electronic medical record system. This will allow for more accurate data in future reports. See Appendix F.

An empirical review of the need for case management throughout campus comes from the following areas: Basic Needs Project, CARE team follow-up, Counseling and Wellness Center, College of Business Advising, Housing, Student Conduct, Student Health Center, TRIO Student Support Services (TRIO-SSS), and faculty referrals. When more specific and longitudinal data is available, we can then more accurately identify the need for case management resources across campus. In many circumstances, case management is the critical link between students and their academic and personal achievements. The goal is to create a dynamic and robust case management department to be housed across campus in various departments.

VII. Program Usage and Outreach Summary
   a. See Appendices.

VIII. Analysis

SHC is critical to student success. Young adults are at a critical juncture in their development when they arrive to campus. As they learn to manage their own health and health care with less parental oversight, they are forming habits that will affect well-being, learning, and personal and career fulfillment over a lifetime. That’s why we are intentional in educating students on the use of tobacco, alcohol, and other drugs and promoting good nutrition, sleep, and exercise. We go beyond providing medical and mental health care, striving to shape the environment through a comprehensive public health approach, including prevention and education. It is our hope that this approach will pay off in healthier and more successful students and, in the long term, an increase in retention and graduation rates at CSU, Chico.
SHS provides affordable and accessible student-focused medical care and promotes healthy lifestyles through education, mentorship, and research activities, thus facilitating the academic success of our students. We proactively assess our diverse population, and work with University and community partners to address the changing needs of our students, in a holistic, innovative and supportive environment where optimal health can be realized.

IX. Program Objectives for the Next Academic Year
   a. Efforts are being made to rebrand Student Health Services. We will focus on branding Safe Place, CADEC, Student Health Center, and Counseling and Wellness Center as one unit. Our goal is to roll out the new brand in spring 2020.
   b. Due to our inability to recruit a mental health provider, we will be initiating a request to fill for tele-psychiatry. These critical services are in high demand, which has been a challenge for our department and campus community.
   c. In collaboration with the Provost and Vice President for Student Affairs we will start dialogue around the appropriate use of healthcare resources (SHC and CWC) as it relates to “excuse notes.” Currently 10% of our appointments are for excuse notes, which are diverting resources from students who are in need of treatment.
   d. Plans are being discussed for updating to more energy efficient lighting, removal of carpet in common areas, and wall renewals. This project is tentatively scheduled for summer 2020. We will need to vacate the building to a temporary location for the renovation. This project will be funded by the Health Facilities Fee, not the Student Health Fee.
   e. Our accreditation renewal with the Accreditation Association for Ambulatory Health Care (AAAHC) will be in fall 2020. We anticipate sending appropriate staff for training fall 2019. This is a three-year accreditation.
   f. One of our providers has been selected to participate in the Train New Trainers Primary Care Psychiatry Fellowship at UC Davis. This will be beneficial to our students as well as our medical providers as the demand for mental health services continues to rise.
   g. Enhance behavioral health through case management to assist and meet student needs, working collaboratively with departments across campus to develop a staffing plan.
   h. Enhance recruitment efforts to fill vacancies by attracting a diverse pool of candidates.
X. Appendices

Appendix A: In-House Lab Testing

In-House Lab Testing
2018-2019
(17,218 Total)
Appendix B: Top Ten Prescription Medications

![Pie chart showing top ten prescription medications 2018-2019]

Appendix C: Total Pharmacy Transactions

![Bar chart showing total pharmacy transactions (2014-2015 to 2018-2019)]
Appendix D: Over-the-Counter (OTC) Transactions

OTC sales comparison

Appendix E: Case Management Appointments

Number of Visits
Appendix F: Case Management Appointments by Reason

Case Management Appointments by Reason

- Insurance Referral
- Housing Referral
- Counseling Resources
- Community Resources
- Case Management
- Care Referral
- N/A

2018-2019: [Bar Chart]

Appendix G: Wait Times Analysis

Average SHS Wait Times (in minutes)

- Head injury (injury)
- Chest Pain**
- Headache
- Musculoskeletal Problem
- Eye Pain or Injury
- Ankle Injury
- Conjunctivitis
- Abdominal Pain*
- Flu Symptoms
- Rash
- Sinus
- Ear Problem
- UTI (Urinary Symptoms)*
- None Listed
- STI Screening
- Upper Respiratory Infection
- Sore Throat

2018-2019: [Bar Chart]

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