

# California State University, Chico



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## *Division of Student Affairs*

### **STUDENT HEALTH CENTER (SHS) ANNUAL REPORT 2015-2016**

#### **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

Last reviewed 7/2016

## **II. Departmental Accomplishments**

### *Top 3 accomplishments during 2015-2016*

1. Expanded capabilities of SHS in specific areas of mental health by development and implementation of the social work intern program

*According to the most recent NCHA data for Chico, sleep difficulties continue to be one of the most common factor reported by students as affecting their individual academic performance. In the 2016 NCHA, 23.2% of students identified that sleep difficulties were a significant academic impediment for them. A program for treating insomnia (Cognitive Behavioral Therapy for Insomnia – CBT-I) was developed and implemented with great success. Additionally, a screening and evaluation process was developed for students who identified mental health issues and who were requesting emotional support animal documentation from SHS and CWC providers.*

2. Significantly enhanced the potential access of students to reproductive health services via the development of protocol and procedure for pharmacist furnishing of oral contraceptives and Nuva-Ring

*There has been an ongoing need for increased access to hormonal and other contraceptives by decreasing barriers for patients to obtain appropriate and effective methods. Studies have shown that, with appropriate screening and patient selection, hormonal contraceptive methods such as oral contraceptives and Nuva-ring can be dispensed safely by non-clinician health personnel such as pharmacists. In some countries, including the UK, oral*

*contraceptives are available OTC, and there is rising pressure to do so in the U.S. As previous methods of dispensing hormonal contraception have required an appointment with a clinician, there is almost always a significant delay in obtaining the appointment due to provider shortages, and thus an increased risk of unintended pregnancies. At CSU Chico Student Health, the Pharmacist in Charge has completed training, and a protocol has been developed for the dispensing of oral contraceptives and the Nuva-Ring. This is expected to increase the accessibility of effective contraception to students, as it will make oral contraceptives available to students according to their need and their schedule, without having to wait the typical 2-3-week delay to obtain a clinician provider appointment.*

3. Performed American College Health Association/National College Health Assessment survey, including specialized questions for Title IX and for CADEC. 7,000 students were randomly surveyed with a 10.4% response rate. Results have been received and will be widely distributed

*Of particular interest, Chico students continue to be more diverse. 25% of Chico's NCHA respondents self-identified as Hispanic, as opposed to 12.4% nationally. Distressingly, only 47.2% of Chico students rated their health as very good or excellent (this is down from 56.8% in 2011 and 54% nationally.) Health issues identified on this survey as significant to Chico students include episodic acute illnesses (URIs, etc.), allergies (21%) migraines (9%), urinary tract infections (14.5%), learning disability (5%), ADHD (7.6%) and self-identified psychiatric condition (5.3%). With regards to preventive practices, only 17.6% of current respondents indicated that they mostly or always wore a helmet on a bicycle, as opposed to 35.3% nationally. Health issues identified by CSU Chico respondents as affecting academic performance (vs 2015 national norms) include: Alcohol use (7.5% vs 3.7%), anxiety (23.8% vs 21.9%), URIs (21% vs 14.6%), concern for troubled friend/family (10.5% vs 10.4%), depression (16.6% vs 13.8%), finances (10.3% vs 6.6%), relationship difficulties (11.4% vs 9.3%), sleep difficulties (23.2% vs 20.0%), stress (32.8% vs 30.0%) and work (15% vs 13.9%).*

*Significant accomplishments during 2015-16*

1. Implemented program for advocacy and education on sexual and relationship violence (Safe Place) and supervised its growth and development with added staff and interns
2. Converted electronic medical record to ICD-10. This required extensive IT staffing/support time, as well as training on the new system for providers. Templates for the electronic medical record are being revised
3. Updated and enhanced Family Pact billing by hiring a designated FP biller. With the advent of the Affordable Care Act, the number of eligible students for this program has decreased, making the accuracy and follow-up on individual billing for patients still receiving these benefits even more critical
4. Expanded medical services for transgendered students by offering ongoing follow-up health care for students who have initiated gender confirming hormone treatment. Clinical staff participated in trainings to improve health access and health care to students identifying as gender variant, including transgender
5. Continued and significant expansion of SHS based case management services. Skills gained by case manager include motivational interviewing, suicide prevention approaches, behavioral intervention and threat assessment, as well as enhanced counseling skills. 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 and veterans and e) developing and supporting a culture of care through collaboration with other campus academic and support systems

*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

2. Re-appointed to a two-year term on the Chancellor's Mental Health Advisory Committee
3. Presented the innovative program WellCat Fit at several more universities
4. including CSUMB, CSU San Jose and CSU Fullerton
  - Co-authored abstract "Peer-Assisted Physical Activity Program for Depression/Anxiety in College Students" for presentation at Kinesiology national meeting with CSU Humboldt and Western Washington University
  - Completed WellCat Fit Toolkit for implementation
  - Presented 8-hour training on Assessing and Managing Suicide Risk (from the Suicide Prevention Resource Center) to mental health community members and CSU Chico faculty on two occasions in Fall 2015

*RN Supervisor leadership and academic accomplishments*

1. Completed course in Nurse Leadership and Management
2. Chair of Professional Development Committee Student Affairs (PDC)

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

1. Recruitment
  - Additional language has been added to SHS recruitment documents in an effort to attract an increasingly diverse pool
  - Staff has actively participated in university-wide diversity leadership and advancement training programs
2. Retention/Inclusion
  - SHS has sponsored and staff have participated in several trainings this year on serving the LGBT and transgender community
  - 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 gender neutral
  - Preferred names have been added to the electronic medical record, and staff has been trained in their usage
  - LGBTQIA health care issues have been increasingly and specifically addressed, including the provision of ongoing gender confirming hormone therapy and development and discussion/dissemination of post and pre-exposure HIV prophylaxis

### 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

## III. Changes in Policies and Procedures

- OSHA Workplace Violence Prevention Plan  
The Chancellor's office has asked each SHS to review the proposed OSHA regulations on Workplace Violence Prevention. The SHS is working closely with the Office of Environmental Health and Safety and University Police department to update the workplace violence prevention plan for the SHS and CWC
- Pharmacist dispensing oral contraceptives and Nuva-Ring  
Reproductive health policies and procedures in the past required a visit with a reproductive health clinician in order to obtain or continue these prescriptions. The policy for this is now changing and the SHS Pharmacist in charge will be able to furnish these to students requesting them, according to an established protocol.

## IV. Resources Summary

### *Budget summary*

To be submitted

### *Staffing*

#### Additions

- Deanne Cruser, Medical Assistant (October 2015)
- Carol Ebel, Promotion – Billing and Referral Coordinator
- Melissa Hormann, Registered Nurse (August 2015)
- Miranda Jordan, Pharmacy Tech (March 2016)
- Sara Smith, Phlebotomist/Clinical Lab Assistant (June 2016)
- Paige Walker, Intermittent Phlebotomist/Clinical Lab Assistant (June 2016)
- Jerrold Weiner, Physician (January 2016)
- Rosemary White, ASA II Promotion (March 2016), support for CADEC and Safe Place

#### Retirement/Separations

- Cheryl George, Nurse Practitioner (June 2016)
- Gina Hidahl, ASA Lab (January 2016)
- Sandi Rice, Nurse Practitioner (July 2016)
- Diane Jones, Registered Nurse (July 2015)
- Ashley Lowe, Billing and Referral Coordinator (August 2015)
- Tammy Meigs, Staff Pharmacist (April 2016)
- Francis McDermott, MD, Psychiatric Special Consultant (January 2016)

#### Open Recruitments

- NP/PA x 2 Posted
- NP/PA reproductive health Posted
- HIM Coordinator Screening and interview in process
- Pharmacist, staff Screening and interview in process

#### *Facilities/Equipment*

- Enhanced clinician timely charting with the institution of the use of Dragon voice to text programs
- Pharmacy interactions with the pharmacist will be more private with the development of a more private consultation area (currently in implementation phase of construction)

## **V. Program Evaluation for Past Year**

### *GOAL: Continue to grow and strengthen the RN triage team (Met)*

- RN triage has been established 5 days a week, with an average of 20-25 patients/day. This has allowed improved patient flow, and allows the RNs to work to their licensing capacity. Triage process continues to undergo ongoing assessment and protocol improvement through continuous feedback.

### *GOAL: Continue to enhance SHS IT security (Met)*

- We are in communication with the Jed Foundation's Campus Program and are following their guidelines for developing an interdisciplinary task force on mental health. The Clinical Director will lead the charge for forming this team in 2016-2017.

### *GOAL: Continue to operate in a fiscally sound manner while working towards a fee increase (Met)*

- SHS has continued to be able to operate in a fiscally sound manner, despite the lack of a fee increase for well over a decade. Reasons for this success include the ongoing use of retired annuitants, the development of



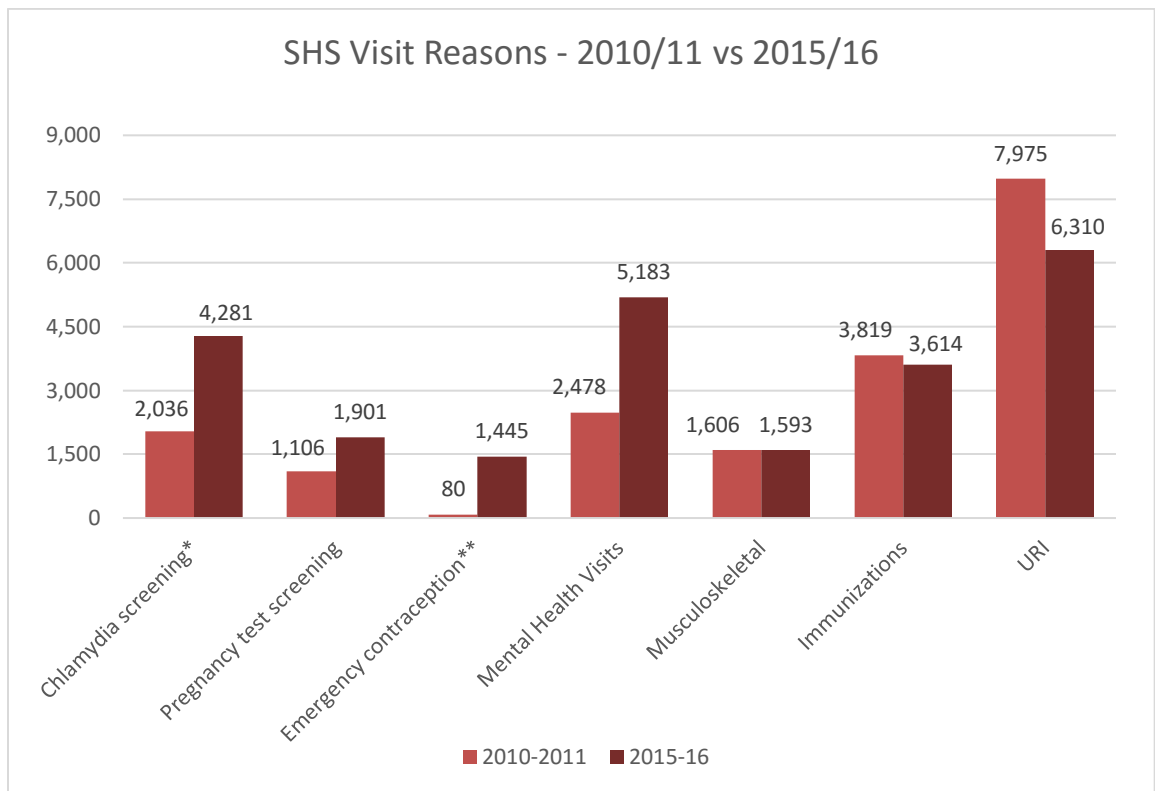
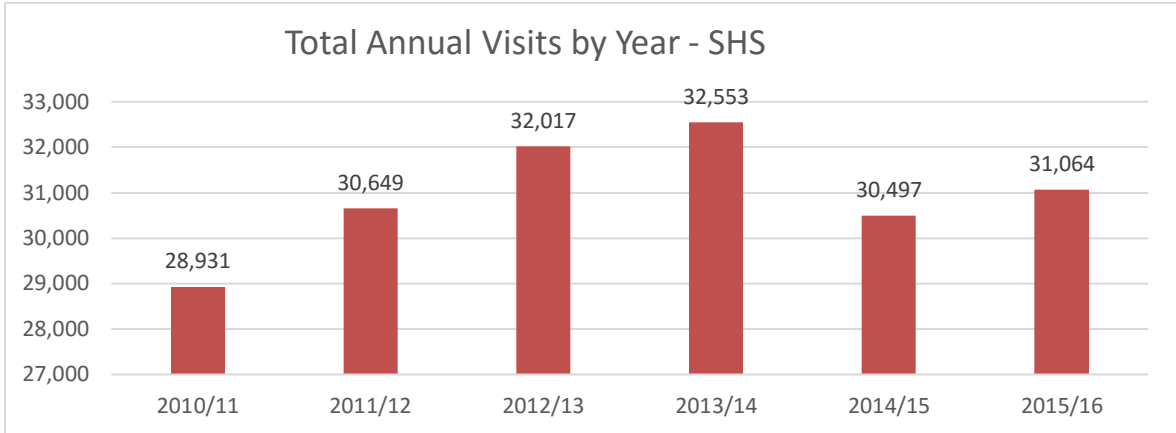
a triage system using RNs for minor respiratory illnesses and warts, financial augmentation from Family Pact funding, and a significant decrease in clinician numbers as compared to 2006. However, it is clear that the total number of student visits is relatively stable at about 31,000, while the nature of the visits is changing, from acute care minor illnesses in the past, now to reproductive health and mental health conditions, both of which require substantially more provider time. There is also a decreased revenue stream from Family Pact Services, although the demand remains high and increasing. Finally, the costs of doing business in health care, including salary/benefits, supplies and medications have all continued to rise steadily. We find ourselves at the point of needing to increase the SHS fees in the near future for students in order to continue the level of service they have received, as well as to improve timely access to desired services.

*GOAL: Develop and assess student learning outcomes (Unfinished)*

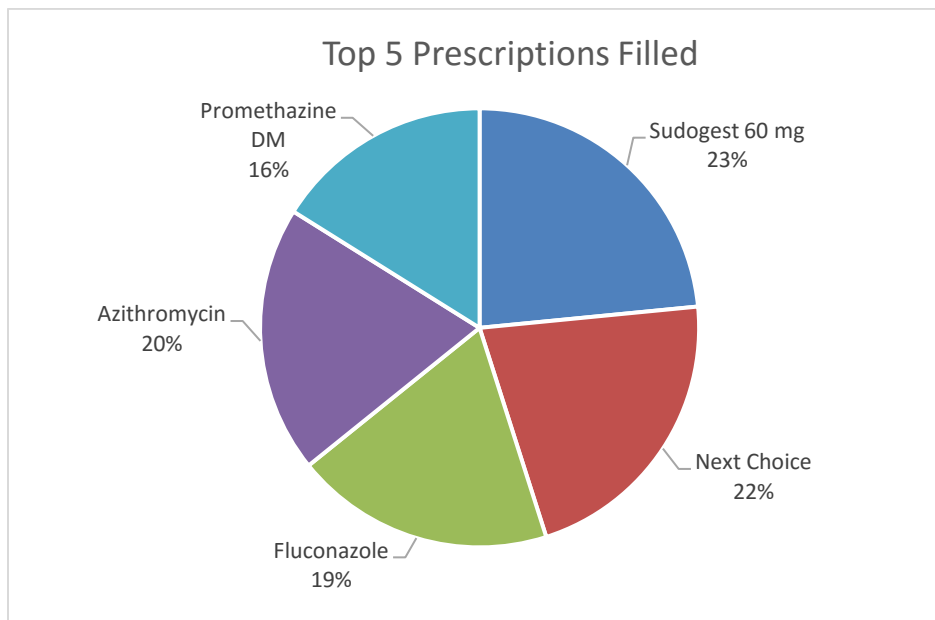
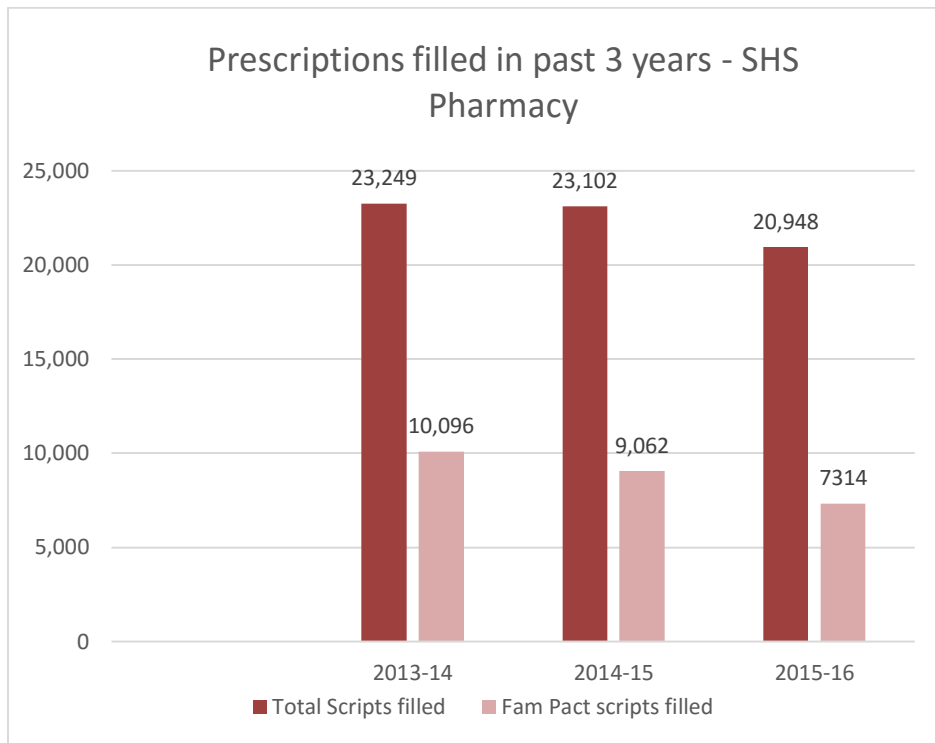
- Become aware of their patient rights and responsibilities as a health care consumer as articulated in the CSU Chico Patient Rights and Responsibilities
  - A questionnaire regarding patient's understanding of their rights and responsibilities is under development by QMI and health information management
- Be able to demonstrate their engagement in their health care by being able to state their level of understanding of the diagnosis and treatment approach recommended by the clinician at their most recent visit
  - This was analyzed using the 2016 California State University-wide SHS Point of Service Customer Satisfaction Survey which was conducted in February 2016. 100 students were surveyed, and asked the questions (to respond on a Likert scale of Poor (1) to Excellent (5):
    - During your most recent visit with a health care provider, please rate the following:
    - His/her explanation of your condition
    - Your understanding of the medical advice
    - Results:
    - Explanation of condition, 4.3
    - Understanding of medical advice, 4.45

## **VI. Ongoing Assessment Efforts**

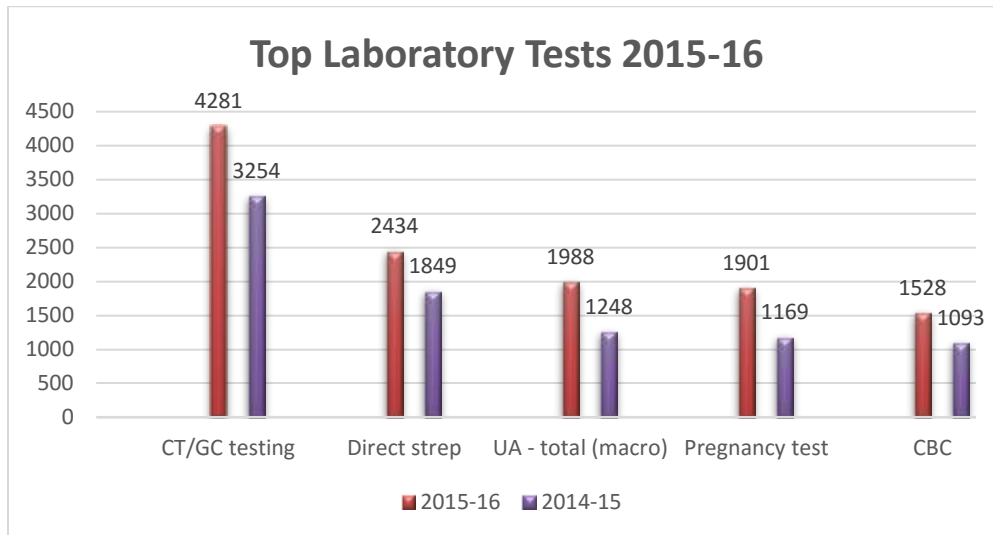
*Program Usage*



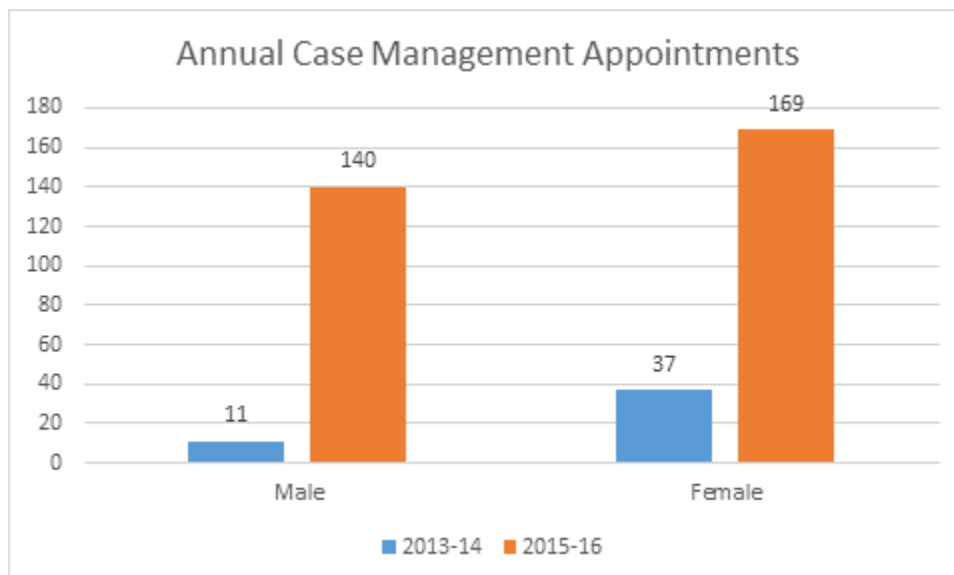
## Pharmacy Program Usage



*Pharmacy Program Usage*



*Case Management Appointments*



**VII. Analysis: Overall student access and utilization 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 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 extremely 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 need 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, as well as many other California State Universities and UCs. 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 financial support 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.

## **VIII. Goals: Present goals for the next academic 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. However, the programmatic growth and operating budget continues to outstrip a fee structure which is more than a decade old. Since then, Student Health Services has expanded to include several other departments (CADEC and Counseling and Wellness, and Safe Place.) Additionally, provider numbers have decreased since 2006 (from 15 MDs and NP/Pas down to the present, 9.5 providers), in addition to increasing costs for benefits, equipment, and medical supplies. During this time, several other CSUs have been successful in increasing student fee funding for student health and wellness, and CSU Chico’s student health fee structure is lower than at least 8 other CSUs. Analysis of financial requirements 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. Such an increase will allow an increase in staffing level, as well as improving the timely access to current and expanded SHS services.

*GOAL: Continue to improve patient flow issues*

- A second RN is undergoing training for triage with the specific goal of handling a significant number of students with minor illnesses such as URIs, thus freeing up additional provider spots. This has been an ongoing area of concern by both SHS staff and students

*GOAL: Information Technology –*

- Enable Bit9 on all machines at Counseling Center and CADEC
- Move Lab to the new Bay secure file server
- Finish proper staff administrator privileges assignment

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

- A second social work intern will be added at 60% time, with supervision provided by the Counseling and Wellness Center. The role of the second position is to expand availability of SHS mental health walk-in services for the purposes of triage and case management, with referral to a clinician or campus/community resource as needed. The addition of this intern will also allow additional clinical time for sleep management interventions for students, a key element of health and mental health which impedes academic progress
- Additionally, it is planned that at least one clinician will be part of a joint SHS-CWC team intended to address the mental health needs of particularly high risk/high usage students via the use of Dialectic Behavioral Therapy (DBT). DBT is an evidence based approach to patients designed specifically to decrease individuals with self-harm behaviors such as suicidal thoughts, urges, attempts, cutting, and other methods of self-harm

*GOAL: Diversity/inclusion – improve the climate of inclusion by*

- Engaging and participating in community diversity events, outreach and partnerships
- Developing and providing diversity specific training for employees
- Continue to adopt or revise policies and procedures to support the CSU CHICO'S climate of inclusion

*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.