CAMPUS FEE ADVISORY COMMITTEE
August 06, 2010

MINUTES

ATTENDEES

Members:	David Ely	Grant Mack
	Amanda Pascoe	Sean Kashanchi
	Candice Luistro	Krista Parker
	Jack Grubb	Eric Rivera
	Kimberlee Reilly	Cathie Atkins
	Jose Preciado	
Student Alternates:	Kevin Gruidl	
Admin Alternates:	Andrea Bauer	
Guests:	Scott Burns	Maria Hanger, Interim Director, Health Promotion
	Ruth Tejada (Chair, SHAB)	Luisa Nguyen (Co-chair SHAB)
	Tom Wilson, Director SHS	Marti Ruel, AVP Student Services

The meeting was called to order at 2:02 P.M. by Dr. David Ely, CFAC Committee Chair.

Information Items

a. Minutes from April 23, 2010 CFAC Meeting (Attachment 1)

The minutes were reviewed. Mr. Kashanchi made a motion to approve the minutes, which was seconded by Mr. Mack. The minutes were approved unanimously.

b. CFAC Calendar and Member Roster (Attachment 2)

The calendar and member roster were reviewed; any changes are to be directed to Dr. Ely or Mr. Rainer.

Fee Requests

a. Proposed increase to the Student Health Services Fee

Dr. Ely explained that today the committee will hear the fee proposal and develop a subcommittee to outline the process for soliciting student feedback regarding this proposal.

Ms. Marti Ruel introduced the fee proposal and announced that Dr. Kitchen had a conversation with President Weber where he permitted Student Health Services (SHS) to move forward with alternative consultation for this fee proposal, since it is a more effective mechanism to achieve a deeper and more meaningful dialog in consultation regarding this proposal. Alternative consultation also allows SHS to more effectively outreach diverse student leaders, student organizations and student populations across the SDSU community to provide SHS with a full array of feedback for the president's consideration. SHS has learned very important lessons in watching the nation confront health care issues and wants to ensure students have this information.

Ms. Tejada, Chair of SHAB (Student Health Advisory Board) stated that this fee proposal was presented to the board; eighteen students were present at this meeting and the majority voted in favor of this fee. 16/18 approved and 2/18 did not approve.

Mr. Tom Wilson, Director of Student Health Services, presented the details of thefee proposal, which has been constantly revised to incorporate feedback. The last fee adjustment occurred in 2002 with the promise not to ask for another fee increase for 3 years – it's been 8 years.

The current health service fee is $85 per fall and spring and $60 in the summer; SHS is proposing an additional $65 per student per fall and spring semesters and additional $50 per summer session. SHS is also requesting that starting in 2015-16 (five years from now) the fee be automatically indexed to the higher education price index (EDPI) to avoid coming back for another large fee increase.

The proposed fee increase is scheduled for spring 2011 to provide financial sustainability; once finances are stabilized, the fee will be used to offer new services to address complex student needs and maintain financial sustainability.

Main drivers for this fee:

- Revenue decreases arising from declining enrollments and expense increases
- Close to $1 million student fee revenue reduction projected over 07/08 – 10/11
- Student fees make up for 70% of health services finance
- 8-15% per year increases in ongoing costs
- Annual staff training to ensure electronic records security
- Increased patient time (consultations) due to more complex mental health care needs
- Increased number of individuals who are considered disabled

Student Health Services has already cut costs by:

- ✓ Changed staffing complexity
- ✓ Moved patients to different areas - lower level licensed staff provide the same quality of care to a specific category of patients
- ✓ More student assistance in non-clinical areas
- ✓ Continually challenge staff to improve efficiencies and cut down expenses by offering non-financial rewards
- ✓ Supplies are now ordered as needed and there is little or no inventory.
- ✓ Number of staff meetings has been reduced to cut down on hourly staff expenses.

In addition, Leads are now used with a small percent salary increase, which saves administrative costs. Leads are elected by peers and their role is comparable to interim managers.

It's been found that in the summer there has been more staff than necessary, so many appointments have switched over to 10 month. These can't take place for a year because of union contracts. Employees are also encouraged to take leave without pay. The 10-month appointments might be appealing to some parents because they would be able to enjoy full summers with their families. Some hourly employees might choose the option to come mid-day and around their children's school hours.

In spite of all the efforts to cut expenses, there is still a $2.5 million projected loss in the current fiscal year, which, without the fee increase, would have to be handled by significant downsizing and a major reduction in service.

Health needs have increased and health medical and psychiatric issues are now more complex; 20-minute visits are now taking 35-40 minutes. Health Service, Health Counseling Service and Student Disability Services are now working even closer together to better serve the students.

There needs to be a better system for triaging students. Currently patients have multiple places to go for a specific mental issue. Patients are categorized as follows:

Students home sick	-	Level I
Complex Anxiety Attacks	-	Level II
Contemplating suicide	-	Level III

Those in level III have the highest priority, but there has been difficulty getting to those in level II.

Without a fee adjustment Student Health Services may have to:

- Reduce hours or completely close on certain days (Sundays)
- Raise pharmacy and other services rates
- Charge for currently free services such as physical therapy
- Eliminate services such as labs, x-rays and orthopedic units
- Increase outside referrals
- Reduce Counseling staff

This will also affect staff morale.

Below are some Student Health Services unique features:

- ❖ Electronic records – any provider in the building can pull out a student's medical record.
- ❖ SHS is the only one of 4% in the nation to have fully automated records.
- ❖ Digital radiology
- ❖ Sophisticated dental equipment, including TVs on ceiling
- ❖ Advanced devices, such as very sophisticated x-ray machine that goes around the head to look for fractures.
- ❖ Delta Dental Premier student plan for $130/semester, which covers x-rays and 2 exams per year.
- ❖ Largest pharmacy
- ❖ Convenient designated parking for student patients

Mr. Mack asked if this fee would only sustain, but not increase other programs. Mr. Wilson explained that the goal of SHS is to balance the budget. They are anticipating that the number of students enrolling at SDSU and using these

facilities will increase. They plan to add more mental health care to include an additional psychiatrist, improve the triaging system for students by bringing in more Student Services Professionals (SSPs). This fee will eventually start covering the cost of Student Disability and Counseling and Psychological services.

Mr. Preciado asked about the function of SHS. Mr. Wilson responded that SHS is supposed to provide comprehensive health care and cited Executive Order 943, which talks about what SHS is supposed to provide as basic service; it also allows SHS to expand and provide augmented services for which extra fees can be charged. SHS is experiencing a major overload because of the complexity of mental health care needed for students, who already come to campus with these complex issues. Student Health Services, Counseling Services and Student Disability Services are attempting to come up with a combined method for dealing with these complex issues. More cuts to Counseling and Psychological services would impose an incredible workload back onto SHS.

Mr. Preciado also asked about plans to increase or bring back lost staff. Lost staff will not be brought back; less expensive, but valuable staff can provide the same service to students. SHS can bring in some physicians and use a lead instead of an MPP to manage personnel; a lead is elected by peers to serve for a year. No one has been laid off; positions have become vacant, but not filled by choice. This has not impacted SHS operations significantly. Efficiency will remain and personnel will be reviewed as enrollment increases (Mr. Wilson).

Mr. Rivera noted that in 2007 there was a $3 million reserve in SHS that was gradually depleted with decreased enrollment and less revenue coming in; the reserve was sustaining SHS operations for the last couple of years.

Mr. Mack suggested SHS to provide a five-year financial analysis, which is typically provided with such fee proposals.

Dr. Ely asked how SHS arrived to the proposed fee amounts. Mr. Wilson responded that SHS looked at the student enrollment trend over time; the calculation started with the main goal, which is to bring in $2.5 million to sustain operations, bring in an additional psychiatrist and some social workers. It is projected that with this fee increase SHS will start building reserves in 2014-15.

Student enrollment is projected to increase by 5% in 2011/2012 with a 2% enrollment growth and 1.5 cost increase in the following years; these are optimistic projections (Mr. Burns).

Mr. Preciado asked about the 70/30 support from the divisions. Mr. Wilson explained that Health Services is pretty much self supported by student fees and supplemental income (30%) from the pharmacy, the dental clinic, optometry and a family pack program. Counseling and Psychological Services is still fully funded by Student Affairs, but eventually will shift to revenue support once SHS is financially stable.

Dr. Ely asked about raising co-payments rather than spreading the fee across to all students. Dr. Hanger explained that in theory 40% of students are referred out because they are outside the scope of what can be provided to them. In practice most of these students don't follow up on these referrals due to no insurance, high co-pays, or lack of transportation, so they return to SHS with worse symptoms; legally and ethically these students can't be turned away.

Pharmacy costs and charges are restricted by the executive order. Also, some students have difficulty paying $3 - $5 for antibiotics; there has been a case when a health service physician paid for a student's antibiotics because the student could not afford them. Raising rates on medication would make it even harder on students who can't afford it (Mr. Wilson).

The Student Health Center also has to be ready for any emergencies. At the end of the H1N1 onset there was a 1000 student exposure to TD, an airborne disease. The center immediately purchased enough vaccine and testing to make sure all 1000 students were looked at immediately. The airflow in their classrooms was also analyzed (Ms. Ruel).

Student Health Services caters to a mix of students. There is a trend based on the year in school; the older or more advanced students tend to use these services more. The older students tend to live off campus and commute. Younger students tend to use the family's health care physician. SHS can provide a graphic illustration to look at an analysis of services provided. SHS needs to become more noticeable with young students. Regarding the Obama plan, it is not expected to have a major impact on students on this campus, since it requires a catastrophic event or accident; it does not have much impact on day-to-day care. The majority of students have Kaiser Insurance, which requires a Kaiser facility; the student has to go off campus to receive care, which doesn't help unless the student is very mobile. Even then, a student may have to wait hours to be seen when they can be seen quickly at the Health Center. Students may even choose to wait till the holidays to be seen by their insurance provider (Mr. Wilson).

The committee is here to review the proposal and make a recommendation to the president regarding the best method to gauge student support for this fee proposal. The committee needs to form a subcommittee to develop the alternative consultation process. President Weber has permitted alternative consultation, but CFAC can always submit advice to the president to the contrary (Dr. Ely).

Ms. Luistro noted that the plan is projected to sustain SHS for the first two years, but then it will start building reserves and can see these building up even more in 10 years. Might the fee be decreased? There will be a process down the road to address excess revenue (Mr. Wilson).

Student Health Services would like to use alternative consultation to:

- Outreach across different student populations (age, economic background and ethnicity)
- Discuss and have meaningful conversations with group leaders
- Address the students' many questions
- Provide more information about health services to students and parents
- Provide written materials to students and parents

Also, health professionals will be brought to these forums to talk to students. Ms. Ruel stated that this would be a more meaningful way for students to learn about healthcare and the effects of federal legislation; healthcare is a complicated issue.

Mr. Kashanchi noted that with alternative consultation not every student has a vote; with a fee like this he would recommend looking at other methods.

Dr. Ely explained that student consultation is not tied to alternative consultation; some referenda have had very limited student conversation, but others have had more student involvement. With alternative consultation the committee has to look at how to gather and measure student feedback. There is still not a clear view of what alternative consultation means. He suggested forming a subcommittee today to look at the best process given one method for this fee proposal.

Mr. Mack stated that the sub-committee should specify what alternative consultation should be done for certain types of fees. Ms. Reilly agreed that looking at types of fees is more appropriate. She suggested looking at how to get the information to all students.

Ms. Luistro made a motion to define principles and enhance the process of alternative consultation; Ms. Parker moved to approve and Mr. Rivera seconded.

Mr. Mack amended the motion to develop a subcommittee to form a better understanding of alternative consultation and at a later time device a plan and principles for future fees. Ms. Parker moved to approve and Mr. Rivera seconded. The amended motion was approved unanimously.

The subcommittee was formed with the following members:

Grant Mack	Cathie Atkins
Amanda Pascoe	David Ely
Candice Luistro	Eric Rivera

The subcommittee will report back on August 20th – next CFAC meeting.

Ms. Parker made a motion to adjourn the meeting, which was seconded by Ms. Luistro. The meeting adjourned at 3:50 PM.

The next meeting is scheduled for Friday, August 20 at 2:00 PM in SS-1608.