

HUMBOLDT STATE UNIVERSITY

Lisa A. Rossbacher, Ph.D. President

May 15, 2018

Student Fee Advisory Committee (SFAC)
Humboldt State University

Re: Student Fee Advisory Committee Recommendations

Dear Student Fee Advisory Committee Members:

Thank you for your memorandum regarding the proposed increases to the Campus Union Fee, Student Health Fee, and the Health Facilities Fee. I appreciate the committee's thoughtful consideration regarding the importance of expanding our on-campus medical and mental health services to better serve students, while also voicing concern about the financial impact the fee increases would have if fully implemented in a single year. I concur with the Student Fee Advisory Committee's (SFAC) recommendations and approve the following:

Campus Union Fee

- As recommended by the Student Fee Advisory Committee, the Campus Union Fee will not increase at this time. I recognize that two-thirds of the students who voted in the Student Referendum opposed the requested increase.

Student Health Fee

- Following extensive consultation, the Student Fee Advisory Committee (SFAC) recommended increasing the Student Health Fee from \$218 to \$319 per semester (\$8 related to the existing Higher Education Price Index (HEPI) inflationary rate approved on the fee and \$93 per semester in new funding requested through the alternative consultation process). I approve implementing the approved fee increase over two years to reduce the impact of the fee increase in a single year, and approve the semester rate of \$288 for 2018-19 (as reflected in Table 1, in the "Approved 2018-19 Fee Rate" column, below).
- Based on the SFAC's multi-year recommendation, I am also approving the semester rate for 2019-20 of \$319 per semester, plus the Milliman Medical Index inflationary increase for that year (as reflected in Table 1, in the "Approved 2019-20 Fee Rate" column), pending justification (see next bullet).
- Change the annual cost index multiplier from the Higher Education Price Index (HEPI) to the Milliman Medical Index (MMI). To increase the fee by the MMI, the University Budget Office, in consultation with Student Health and Wellbeing

Services and the Vice President for Student Affairs, will provide an analysis and justification to the Student Fee Advisory Committee as early as possible in the spring semester; SFAC will then forward its recommendation to the President for approval.

Table 1. Student Health Fee Rates for 2017-18 through 2019-20

Student Health Fee	2017-18 Fee Rate	Proposed 2018-19 Fee Rate	Approved 2018-19 Fee Rate	Approved 2019-20 Fee Rate
Semester Rate	\$218	\$319	\$288	\$319 + MMI
Annual Rate	\$436	\$638	\$576	\$638 + MMI

Health Facilities Fee

- The Student Fee Advisory Committee also recommended increasing the Health Facilities Fee increase; this fee increase is approved for implementation over four years to reduce the impact of the fee increase in a single year (as reflected in Table 2). This plan will create the funding necessary to: 1) maintain the existing facility in the short term and 2) invest in a new facility in the long term (fall 2022 target date).
- I approve increasing the fee from \$3 to \$18 per semester in 2018-19 (as reflected in Table 2, in the “Approved 2018-19 Fee Rate” column).
- I approve increasing the fee from \$18 to \$33 per semester in 2019-20 (as reflected in Table 2, in the “Approved 2019-20 Fee Rate” column).
- I conditionally approve increasing the fee from \$33 to \$58 per semester in 2020-21 (as reflected in Table 2, in the “Approved 2020-21 Fee Rate” column), with the understanding that the fee rate may be recalibrated based on updated financial plans related to the new facility.
- I conditionally approve increasing the fee from \$58 to \$83 per semester in 2021-22 (as reflected in Table 2, in the “Approved 2021-22 Fee Rate” column), with the understanding that the final fee rate will be recalibrated based on updated financial plans related to the new facility.
- The Milliman Medical Index (MMI) is approved as the annual cost-index multiplier for the Health Facilities Fee beginning in fall 2022. To increase the fee by the MMI, the University Budget Office, in consultation with Student Health and Wellbeing Services and the Vice President for Student Affairs, will provide an analysis and justification to the Student Fee Advisory Committee as early as possible in the spring semester; SFAC will then forward its recommendation to the President for approval.

Table 2. Health Facility Fee Rates

Health Facility Fee	2017-18 Fee Rate	Proposed 2018-19 Fee Rate	Approved 2018-19 Fee Rate	Approved 2019-20 Fee Rate	Approved* 2020-21 Fee Rate	Approved* 2021-22 Fee Rate
Semester Rate	\$3	\$55	\$18	\$33	\$58	\$83
Annual Rate	\$6	\$110	\$36	\$66	\$116	\$166

**Note: The approved increases in 2020-21 and 2021-22 are estimates and will be recalibrated after results of the facility feasibility study, project design and development, and related financial plans have been completed and approved.*

By implementing the fee increases gradually over multiple years, HSU will be able to expand medical and mental health services to meet the needs of our students right away, while spreading the financial impact over a longer timeframe, as recommended by SFAC.

Thank you for your service on this important committee and your careful consideration of how student fees can help meet the needs of HSU students.

With best wishes,



Lisa A. Rossbacher, Ph.D.
President

Student Fee Category: ☒ Category II (Mandatory campus fees) ☐ Category III (Course fees)

In accordance with the provisions of the California State University (CSU) Executive Order 1102, the President is responsible for assuring that appropriate and meaningful consultation occurs prior to adjusting any Category II or III fees and must consult with the campus fee advisory committee prior to establishing or adjusting these fees.

To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:

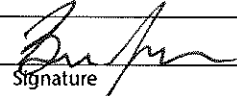
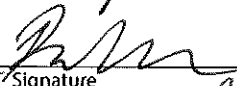

Part 1 - Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President

Part 2 - Fee Request Narrative

Part 3 - Financial Data Sheet

I. Request to:	<input type="checkbox"/> ESTABLISH a Campus Fee	<input checked="" type="checkbox"/> ADJUST a Campus Fee
II. Name of Fee:	Student Health Fee	
III. Current Fee:	\$ 218 + HEPI	per semester
Proposed Fee:	\$ 311 + MMI	per semester
IV. Proposed Effective Date:	July 1, 2018	

Routing Order:

1. Submitted by:	Brian Mistler		10/24/17	X 3146
	Dept. Representative Name	Signature	Date	Phone
2. Approved by:	Brian Mistler		10/24/17	X 3146
	Dean / Director Name	Signature	Date	Phone
3. Approved by:	W. Wayne Buford		10-26-17	X 3361
	Vice President Name	Signature	Date	Phone
4. Approved By:	Sandra Wieckowski			
	Manager, Student Financial Services	Signature	Date	Phone
5. Recommended by:				
	Chair - SFAC	Signature	Date	Phone
	<input type="checkbox"/> Recommend approval <input type="checkbox"/> Recommend approval w/modification <input type="checkbox"/> Recommend Denial			
Comments from SFAC (if needed)				
5. Reviewed By:	Lisa A. Rossbacher			
	President	Signature	Date	Phone
	<input type="checkbox"/> Fee Approved <input type="checkbox"/> Fee approved with modifications <input type="checkbox"/> Fee Denied			
Comments from the President (if needed):				
7. Form with President's signature sent to Manager, Student Financial Services.				

For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

Student Fee Category: ☒ Category II (Mandatory campus fees) ☐ Category III (Course fees)

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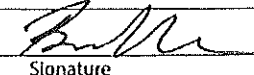
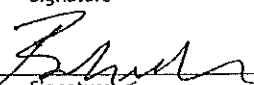
Part 1 - Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President

Part 2 - Fee Request Narrative

Part 3 - Financial Data Sheet

I.	Request to:	<input type="checkbox"/> ESTABLISH a Campus Fee	<input checked="" type="checkbox"/> ADJUST a Campus Fee
II.	Name of Fee:	Student Health Facilities Fee	
III.	Current Fee:	\$ 3	per semester
	Proposed Fee:	\$ 119 + MMI 50.00	per semester
IV.	Proposed Effective Date:	July 1, 2018	

Routing Order:

1. Submitted by:	Brian Mistler		10/24/17	5019
	Dept. Representative Name	Signature	Date	Phone
2. Approved by:	Brian Mistler		10/24/17	5019
	Dean / Director Name	Signature	Date	Phone
3. Approved by:				
	Vice President Name	Signature	Date	Phone
4. Approved By:	Sandra Wieckowski			
	Manager, Student Financial Services	Signature	Date	Phone
5. Recommended by:				
	Chair - SFAC	Signature	Date	Phone
<input type="checkbox"/> Recommend approval <input type="checkbox"/> Recommend approval w/modification <input type="checkbox"/> Recommend Denial				
Comments from SFAC (if needed)				
5. Reviewed By:	Lisa A. Rossbacher			
	President	Signature	Date	Phone
<input type="checkbox"/> Fee Approved <input type="checkbox"/> Fee approved with modifications <input type="checkbox"/> Fee Denied				
Comments from the President (if needed):				
amended by committee to \$50 per semester, Approved by committee to move to referendum - President not recommended MHI for Facilities Fee.				
7. Form with President's signature sent to Manager, Student Financial Services.				

For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

1. Clearly list all assumptions used when creating this proposal.

The facilities health center audit is accurate.

2. Clearly state the expenditures that will be funded by this proposed revenue source.

See attached

3. Clearly state the reason(s) why this fee or fee increase is necessary (include references to executive orders, CA law, etc.)

The \$3/semester is insufficient to meet deferred maintenance needs and space changes.

4. Clearly articulate why the level of fee proposed is the appropriate amount to charge.

The fee is calculated to meet the need over three years.

5. Time line Information:

The fee increase is proposed to be effective for the Fall 2018 incoming class.

Student Health and Wellbeing Services

DRAFT Funding Requirements Information DRAFT

Existing Operations

We know Student Health and Wellbeing Services (including Medical Services, Health Promotion, and Counseling and Psychological Services) are a force-multiplier – supporting students' ability to function and multiplying the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus.

The existing Student Health & Counseling (SHC) building comes from a 1977 expansion of the building to a 20,000 square foot facility. In 2012 Health Education was separated physically into the Recreation & Wellness Center (RWC) to support the space needs of a growing health education program. Student needs for Wellbeing related services have outgrown existing staffing and facilities.

To provide required services includes a historical capacity of approximately 40 professional full-time staff including physicians, nurse practitioners, health educators, registered nurses, medical assistants, laboratory scientists, medical records staff, office manager, several psychotherapists, and a varied number of unlicensed postgraduates and student counseling trainees. Part-time staff are employed to maintain minimum staffing numbers when staff take vacation, sick, or other unexpected leave. Finding part-time staff is a challenge, and the budget allocated for these part-time pool staff was decreased significantly in 2016. In 2017 we reduced administrative support staff by a full 1 FTE through restructuring and increased use of technology. Through partnerships with community agencies such as Planned Parenthood, North Coast Rape Crisis Center, and the Health Department additional services are made available to students, however a 2017 HSU-Wide Student Healthy Minds Study conducted by economist Daniel Eisenberg and data from the National Survey of Student Engagement (NSSE) confirm services are still inadequate to meet demand.

Research has repeatedly shown that students who receive counseling services have higher retention rates than students who did not despite requesting services¹, and the odds of students who received counseling registering in their third semester is as much as 3x times higher than for students who do not². Students who make it to counseling also reduce their risk for suicide by as much as 600%³. Nationally, 70% of students admit personal and medical issues negatively impact academic success⁴.

Current revenue is insufficient to meet student needs in medical services, psychological services, building maintenance/repairs/alteration, and campus health education. This problem is made especially worse by documented increasing psychological needs of students (which increases both at HSU and nationally at a rate of 3-5x enrollment increases), past-due facilities maintenance needs (which have

¹ Wilson, S. B., Mason, T. W., & Ewing, M. J. M. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, 44, 316-320.

² Lee, Olson, Locke, Michelson, & Odes, The effects of college counseling services on academic performance and retention, *Journal of College Student Development* 50(3), 305-319, (January 2011).

³ Schwartz, A. J. (2006). College student suicide in the United States: 1990–1991 through 2003–2004. *Journal of American College Health*, 54, 341–352.

⁴ Turner, Andrew L, Berry, Thomas R. Counseling center contributions to student retention and graduation. A Longitudinal assessment. *Journal of College Student Development*. 2000 Nov-Dec;41(6):627–36.

been deferred the past 5 or more years), and space limitations that makes both hiring needed full-time staff and employing lower cost training models that require flexibility increasingly difficult.

Justifying Spending on Health and Wellbeing Services

Repeated economic analysis has decided this conclusively – investing in student health and wellness pays off⁵. Each staff member hired in Health and Wellbeing can actually CREATE \$150,000 or more a year in tuition revenue with the impact on increased retention.

- 1) In order to meet 2025 retention goals, we would need to commit to increasing revenue to all health and wellbeing services to support student success throughout students' 4 years to graduation, which goes beyond the urgent care requirements of the executive order.
- 2) We know money invested in health and wellbeing is a force-multiplier – paying off with increased retention and improving the impact of resources invested in all other academic, recruitment, student support, and retention activities across campus.
- 3) We triage life-threatening cases, yet there is an increasing waitlist (passing 1 month) for ongoing counseling and medical care (the kind that helps students stay in school); many students will have failed academically before they can identify their need for and get help.
- 4) Many students who leave campus fail to return due to the challenge of coordination with home providers. Improving clinical case management will result in more students taking a successful medical leave of absence and returning to complete their degree.
- 5) As more students visit the medical center with mental health issues that require more time per visit and more frequent visits, there is both an increasing number of students and increasing ratio of visits per student that outpace enrollment changes approximately four-fold.
- 6) We live and work in an under-resourced community, with 75% fewer community resources than many other CSUs (Humboldt has 4,610 civilians per community psychiatrist, and SLO has only 1,503). Similarly, Chico, SLO, and others have 40+ Kaiser facilities within 1-2 hours, and Arcata/Eureka has none.
- 7) HSU has an outdated Student Health facility and has put off critical maintenance as health fees have not been increased for many years. HSU's fee remains outdated at \$6 while at least six other CSU schools have raised the health facilities maintenance fee to \$30 or higher.
- 8) We provide many campus-wide programs to prevent sexual assault and support students that are temporarily grant funded and at risk of disappearing.
- 9) We must improve health education to improve student wellbeing beyond reactive treatment and money invested in health education has a greater impact overall.
- 10) We believe employing more students in peer-education is one of the best ways to help students succeed while simultaneously mentoring the next generation of student health leaders.
- 11) HSU is distinguished by a deep social justice commitment that goes above and beyond the norm, and without increased revenue, underprivileged, URM, and first-generation students most at risk for dropping out and without the resources to seek care in the community or at home will be the most negatively impacted.

⁵ Kognito Whitepaper, May 2015. The Benefits of Investing in Students' Mental Health.
2016-2017 HSU Campus-Wide Health Minds Study by economist Daniel Eisenberg, Ph.D.

Facility

TM001 revenue comes from student fees paid each semester (\$6/student annually) to the "Health Facilities Fee" as part of the required tuition. This fee is for building maintenance, major equipment purchases, as well as indirect costs for "State Pro Rata" and "Chancellor's Office Overhead" charges.

(Option A) Repair and Renovation of Existing Structure

Revenues from the student health facilities fees are not sufficient to meet ongoing costs, significant deferred maintenance, and would not cover needed improvements to allow use of the building for all required staff. Some of these repairs are required before creating new counseling offices. Examples of current repairs and deferred maintenance required in the next years include asbestos abatement (\$38,000), Restroom Accessibility (\$38,000), Elevator Modernization of Hydraulic and other parts (\$382,000), Fire Alarm Panel, Dialer, Battery & Charger (\$39,000) and other Fire Alarm renewal project (\$92,000), Air Handling and Boiler (\$38,000). Roof repairs (\$360,000), HVAC Controls System (\$115,000), Other Air Handling Unit Renewals (\$135,000), Exit Signs (\$10,000), and a number of other similar projects at \$5000-\$25,000 each, detailed in the Capital Plan for Student Health Center, based on the Deferred Maintenance Audit performed in 2014-15. These do not include costs for modernization to meet changing staff space needs such as moving or adding walls, removing or updating x-ray equipment in lead-protected radiology area, changing central storage areas or waiting rooms into additional office space, etc.. The health center also has several large pieces of equipment in its building that require annual maintenance, occasional overhaul and eventual replacement including the laboratory's hematology analyzer and the many computers currently installed through the building (unknown).

3 Year Projected Facilities Maintenance and Renewal Costs									
YEAR	State Pro Rata	Chancr. Over-head	Contract Svcs & Work	Project Design Estimates	Non-Recurring Proj Est.	Deferred maintenance	Capital Renewal Proj	Space Re-purpose	YEARLY COST TOTALS
'18-19	\$9,040	\$22,642	\$68,949	\$223,099	\$32,982	\$199,225	\$273,731	\$75,000	\$904,668
'19-20	\$9,040	\$22,642	\$85,000	\$236,686	\$36,041	\$205,268	\$281,942	\$80,000	\$983,619
'20-21	\$9,040	\$22,642	\$90,000	\$181,209	\$0	\$269,044	\$290,401	\$85,000	<u>\$974,336</u>
Total 3 Year Cost									\$2,862,623

While current fees may be sufficient to fulfill the most basic requirements of executive orders, they are not sufficient to maintain facilities for regular operations, to managed deferred maintenance costs, or to make even minor improvements to the space as staffing needs change. Nine other CSUs have updated their outdated \$6 health facilities maintenance fee, and six of those⁷ have set the new fee above \$30, including Sacramento (\$33), Sonoma (\$32), San Bernardino (\$40), San Marcos (\$50), San Diego (\$50), and San Jose (\$116). To manage these costs over three years by increasing the student health facilities fee would require an annual fee of \$119 + HEPI or medical cost index annually (\$59.50 per semester). Spreading costs out over further than 6 years and new maintenance requirements begin to overtake the

⁷ These numbers are accurate for 2015-2016 – from "2015-2016 California State University Tuition and Fee Rates" available at <http://www.calstate.edu/budget/student-fees/fee-rates/TuitionFeesAllCampus.pdf>

available revenues preventing progress. Delaying the hiring of new staff with an increased health operations fee could provide additional money for space repurposing and lower facilities fee costs.

(Option B) New Building Construction

Instead of renovating the existing facility, it may be possible to make minimal investment in the current facility to allow continued operations, and instead re-allocate savings into new construction. By further deferring select maintenance costs to maintain the current facility could be reduced as follows:

3 Year Projected Facilities Maintenance and Renewal Costs									
YEAR	State Pro Rata	Chancr. Over-head	Contract Svcs & Work	Project Design	Non-Recurring Proj Est.	Minimum maintenance	Capital Renewal Proj	Space Re-purpose	YEARLY COST TOTALS
'18-19	\$9,040	\$22,642	\$68,949	\$0	\$32,982	\$25,225	\$0	\$75,000	\$233,838
'19-20	\$9,040	\$22,642	\$85,000	\$0	\$36,041	\$30,000	\$0	\$80,000	\$242,723
'20-21	\$9,040	\$22,642	\$90,000	\$0	\$0	\$35,000	0	\$85,000	\$241,682
Alternative 3 Year Bare Maintenance Expenses									\$718,243
(Previous Page Total) 3 Year Renovation Cost									\$2,862,623
Savings									\$2,144,380

A new facility offers several significant advantages over the existing antiquated building, including space for Health Education and Oh SNAP Student Food programs, an integrated model building design which allows rotating behavioral health psychologists to more effectively reduce demand on medical providers, better air handling and negative air pressure rooms to reduce the spread of airborne diseases, up-to-date dedicated spaces for tele-medicine to improve access to remote resources, and intentional, flexible spaces to allow for cost-saving training programs benefiting all our students.

CSU San Marcos completed a new 20,000 square foot health center in 2015 at a cost of \$375/sq ft. CSU Fullerton completed their new health center in 2002 at \$276 per square foot. More recently the University of Southern Carolina is finishing a 68,000 square foot health center in 2017 at a projected \$308 per square foot. Using these numbers and the cost projections provided by the CSU for health center construction⁸ of \$393 per square foot along with a 20% cost increase estimate for the Arcata area, we estimate construction costs conservatively at \$475 per square foot for 25,000 square feet.

$\$475/\text{sq ft} \times 25,000 \text{ sq ft} = \$11,875,000$ project cost for a new, state-of-the-art health center.

The total cost could be paid down in 6.5 yrs⁹ at \$262.50 per student per year, plus \$30 per year per student (+ HEPI or medical cost index annual increase) health facility fee for bare maintenance of the existing facility while construction is completed.

⁸ Cost estimates taken from "CSU Cost Guide for State and Non-State Funded Buildings Five-Year Capital Improvement Program 2016-2017 through 2020-2021"

⁹ Assumes 4% interest on an initial loan and an average enrollment of 8000 students.

Closing the Need-Capacity Disparity in Health Services

Considerations for Referendum vs Alternative Consultation

- HSU will not likely meet our social justice mission, resolve the budget imbalance, or reach the GI 2025 goals without fixing our health needs-capacity disparity this year.
- A small percentage of students vote in referendums -- this means that they are not a representative sample of the student population. Often the students who need services the most are the least likely to or to depressed to vote in a referendum. Active science-informed surveying, open forums, and focus groups during the alternative consultation process would engage more people and yield a more accurate reflection of the entire campus' will than a referendum.
- The health fee is categorically different from the other fee increases being considered because of the complexity, urgency, and necessity. It's very easy to justify an alternative consultation process for a health fee increase as so many of the other CSUs seeking health fee increases have done, while putting the rest of the fee requests up for referendum. Separating the timelines further clarifies the issues, and allows addressing urgent health need-capacity disparities even sooner; if a health fee change was settled early enough, CAPS could still have an impact on a percentage of the 1746 students with untreated mental health concerns and save some of the 64 or more students who leave each year from untreated mental health concerns this academic year.
- Surface level data in this area can be misleading - figures like "utilization" and comparisons of fees across the CSU do not accurately reflect the unique nature of systemic barriers to access faced by HSU students. Fixed Costs (e.g. Pharmacy, Lab, Radiology, Building, Accreditation) + Higher Needs + Systemic Barriers + Location = Highest Health Fee (now & forever), yet a deeper understanding of the business model and student health data requires an hour or more, and can't easily be summarized for a wide audience in a poster or other such materials.
- The fact that 4% of HSU students reported attempting suicide in the past year, higher than all other 100+ universities studied in 2017, and 68% of students screen positive for anxiety are core parts of understanding the need for more services; yet, actively publicizing HSU's elevated mental health or suicide attempt rates widely could conceivably increase the risk among already vulnerable populations. Until the need-capacity disparity is closed, such publicity could also negatively affect the perception of HSU's brand on and off campus.
- The majority of HSU students will use health and wellbeing services during their time at HSU, yet often students consider health needs as something for "someone else" until they need them; nationally, people tend be more accepting of risk and invest fewer resources in insurance or other services they don't feel certain to use immediately. Universal health systems are mandated in locations where they're effective.
- If we truly understand the urgency and necessity of closing the need-capacity disparity in health services, a failed referendum could present an impossible situation; accepting a failed referendum would inevitably have a negative impact on both student success and safety and overriding a failed referendum could lead to a feeling of disenfranchisement far worse than making the decision using alternative consultation with good justification.

The Health Need-Capacity Disparity Among HSU Students

Humboldt State University and its students face a number of important challenges in the area of both physical and mental health impacting retention, which are related to four primary factors: University Size, Higher Needs, Systemic Barriers, and Location.

University Size: The smaller size of the university compared to others in the CSU system is one factor that reliably increases the cost per student for access to on-campus health services as a result of fixed costs. The Student Health and Wellbeing Team consists of 45-50 full-time staff including medical providers (physicians and nurse practitioners), registered nurses, medical assistants, as well as psychologists/psychotherapists, and part-time staff including student employees and trainees. While some of these staff costs scale with enrollment, others costs such medical records, laboratory, radiology, pharmacy, accreditation compliance, staff training, and building maintenance generally do not, raising the total cost per student compared with larger universities providing the same services. A facilities audit performed in 2014-15 also points to nearly \$3 million in deferred maintenance and renewal costs for the Student Health & Counseling (SHC) building, which would be comparable for a much larger university but more expensive per student with lower enrollment.

Higher Need: A 2017 campus-wide HealthyMinds Survey revealed 1746 students with untreated mental health concerns at HSU. This confirms other data, including that from the 2016 NSSE and ACHA's National College Health Assessment which both show HSU students as dramatically elevated in health needs compared with both other CSUs and national averages. When asked "How would you describe your health?" Nationally 85% of reference group (RG) students reported good, very good, or excellent health. CSU was 5 percentage points lower at 80%, and HSU was another 5% lower at 75% and only half of HSU students reported their health was either very good or excellent - another 5-7% lower among trans* students and students of color. 68% of all HSU students screen positive for anxiety (61% depressive symptoms) compared with closer to 40% nationally. Heartbreakingly, we also know that 4% of HSU students have reported attempting suicide in the past year which is significantly higher than almost all other universities in the country.

Systemic Barriers: Resource insecurity and systematic barriers to accessing health services results in a population of students who arrive at HSU underserved and underinsured or uninsured and this has a direct impact on psychological health & academic success. URM students are disproportionately affected. Other related areas of resource insecurity including food scarcity further contribute to physical and mental health concerns. *Location:* There is a 4600:1 ratio of psychiatrists to citizens in the Arcata Community, compared with 1,500:1 in a location like San Luis Obispo. The lack of primary care and other providers is similarly low, making it challenging to impossible for students and staff both to find health care in the community. Students, who on paper have insurance, in reality have little or no access to anything except emergency care. The roughly 1 in 5 of our students whose families signed up for Kieser would need to travel more than 5 hours for even basic care, and more than half of

students face similar challenges with medical that doesn't work in and can't easily be transferred to Humboldt county, plans that require primary care referrals they can't obtain, or waitlists for care. We also know isolation is a significant risk factor for suicide risk, one of the reasons Humboldt County as a whole as a suicide death rate twice the California average.

Impact on Retention: The Health Needs-Capacity Disparity means students have inevitably higher health fees than the rest of the CSU, service for walk-in services on campus that exceed an hour, and wait times of weeks for counseling and months for psychiatric medication management. As a result, many have miss class to get help or drop out before they can get needed counseling or psychiatric treatment. It's settled science that money invested in health is a force-multiplier – increasing retention and improving the impact of resources invested in all other activities across campus. HSU Students are anxious, depressed, and suicidal in large numbers. Untreated mental health problems increase dropout rates. And, national and local data is conclusive that health and CAPS staff are effective treating exactly these issues. Our best evidence suggests treating 100 students prevents 6.48 dropouts, meaning that if we could increase capacity to meet the needs of 1000 of the 1746 students with untreated mental health concerns, 64+ additional students will persist at HSU every year¹.

¹ See <http://wellbeing.humboldt.edu/data> and <http://www2.humboldt.edu/irp/reports.html> for related data and summary reports.



mental health services at Humboldt State University

colleagues:

in the 2016-17 Healthy Minds Study to collect survey data about student mental health at Humboldt State University. This report summarizes how the survey findings and other research can be used to estimate the economic impact of mental health services at our institution.

An estimated 43% of students at Humboldt State University are experiencing at least one significant mental health problem, including depression, anxiety disorders, suicidal thoughts, self-injury, or symptoms of eating disorders. From your population of 8,790 students, approximately 3,749 total students with a mental health problem. Among these students, an estimated 53% have used campus mental health services, whereas 47% have not. This translates to approximately 1,746 total students with untreated mental health problems.

Programs. While many of these students would get better without intervention, mental health services greatly improve outcomes. Based on a large literature documenting the effectiveness of therapy and medication for depression, anxiety disorders, and other mental health conditions, campus counseling services lead to large reductions in symptoms and improvements in functioning, according to the National Collegiate Mental Health (CCMH). In your Healthy Minds data, satisfaction rates are near 85% among students who have used campus mental health services, suggesting that your services are effective, as in the CCMH data.

Impact on student retention and economic returns. Mental health problems such as depression are associated with a higher risk of student departure from an institution, based on our research. Thus, increasing the availability of evidence-based mental health services can reduce this risk and increase student retention. For example, at Humboldt State University, suppose that we were able to reach 1,000 of the students who currently have untreated mental health problems. We project this would result in 183 students per year who would have otherwise departed without graduating.¹ This could save approximately \$1.2 million for the institution,² and perhaps more importantly would increase the total expected lifetime earnings of these students by \$953,368.³ On average, providing high-quality mental health services to these students would cost less than \$1,000 per student. Mental health is correlated with higher satisfaction in college and higher reported likelihood of donating as a future adult, as found in the Healthy Minds Study.

We are happy to be helpful, and we would be glad to answer any questions.

nds Network team (www.healthymindsnetwork.org)

n rate among students with mental health problems * 0.6 relative reduction in attrition

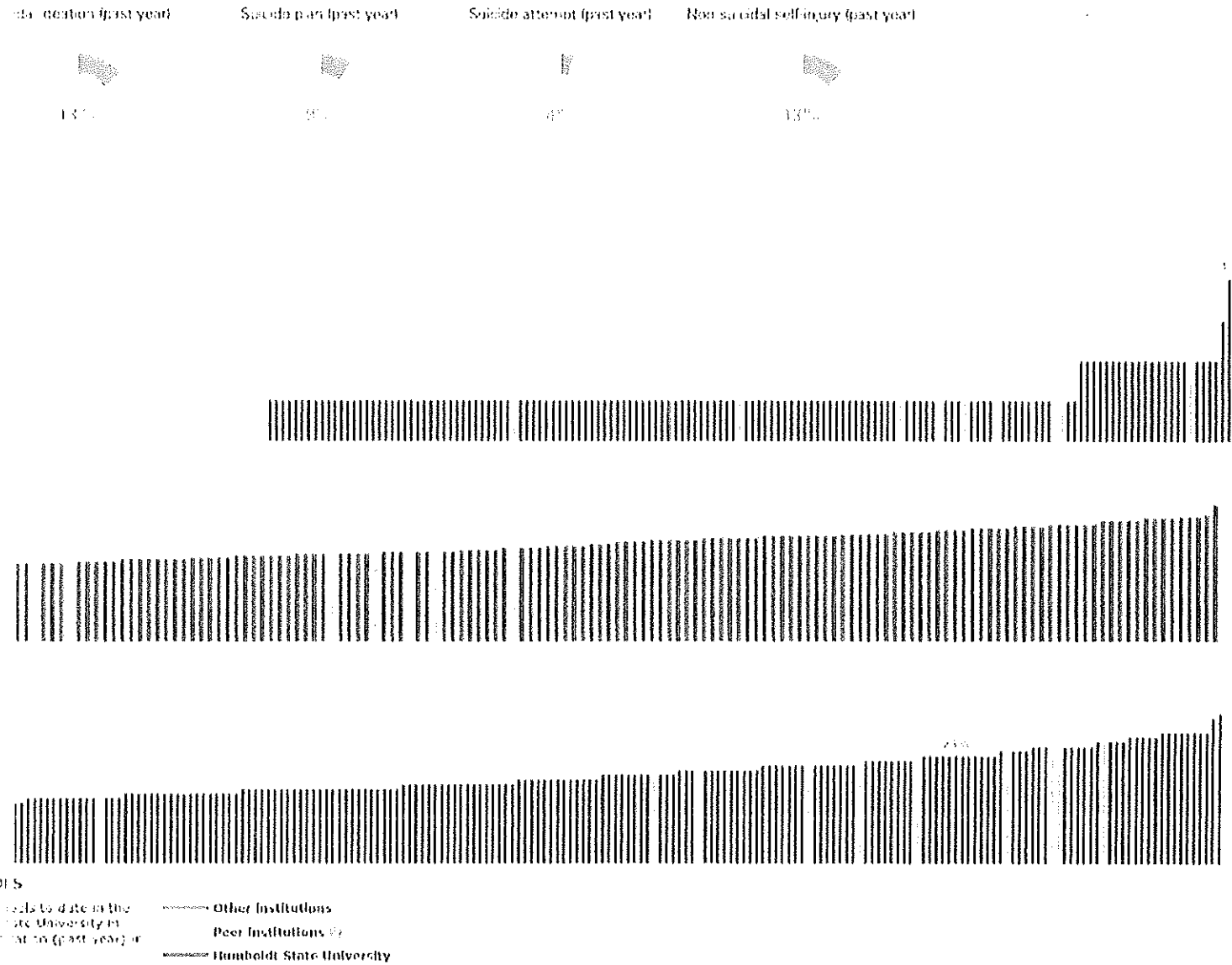
ge of annual tuition amount per student * 64.8 students retained

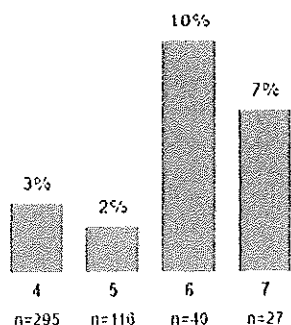
f college education (from economic research) * 2 years college education * 64.8 students retained

ious estimate of treatment cost per student)

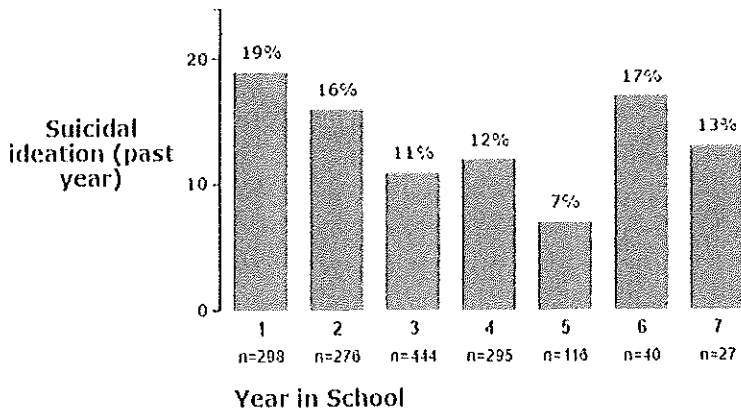
Suicidal Thoughts/Plans Among HSU Students Benchmarks Key Findings [DRAFT]
s and 10 Peer Institutions (Spring 2017 Healthy Minds Study, n=1717 of 4,000 sampled; 43% response)

are the findings that 61% of HSU students screen positive for depressive symptoms (compared to under 40% and 13% report suicidal ideation in the past year, with 9% reporting a plan). This all confirms or expands on other National College Health Assessment (NCHA) survey and the National Survey of Student Engagement (NSSE).

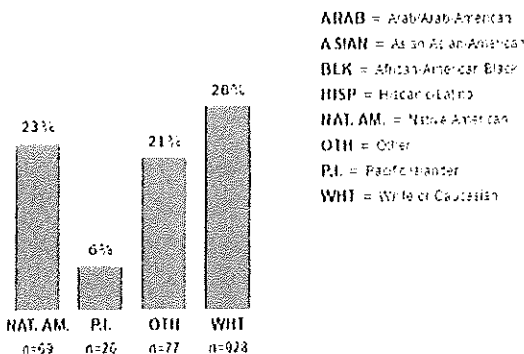




from Humboldt State University who reported suicidal ideation (past year) grouped by year in school.

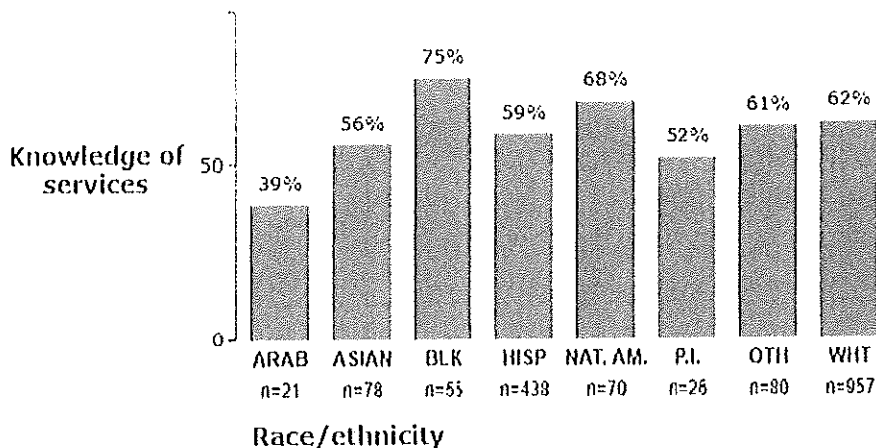


Survey respondents from Humboldt State University who reported suicidal ideation (past year) grouped by year in school.

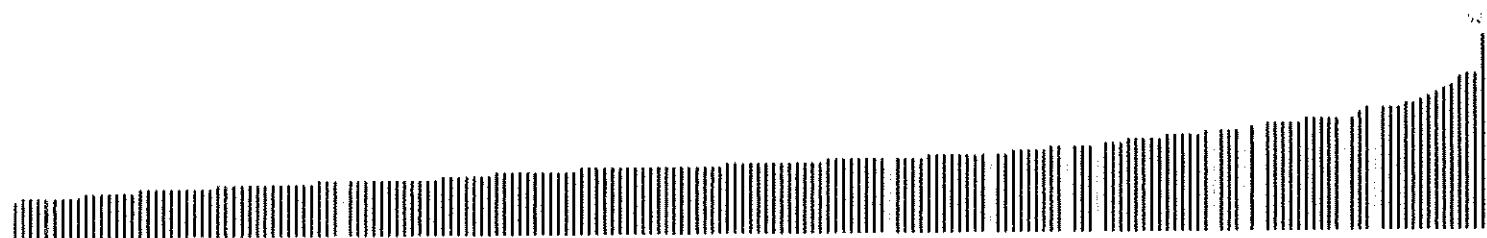


Humboldt State University who reported suicidal ideation (past year) grouped by race/ethnicity.

Since categories can add up to more than the total number of students, students are able to select multiple categories.

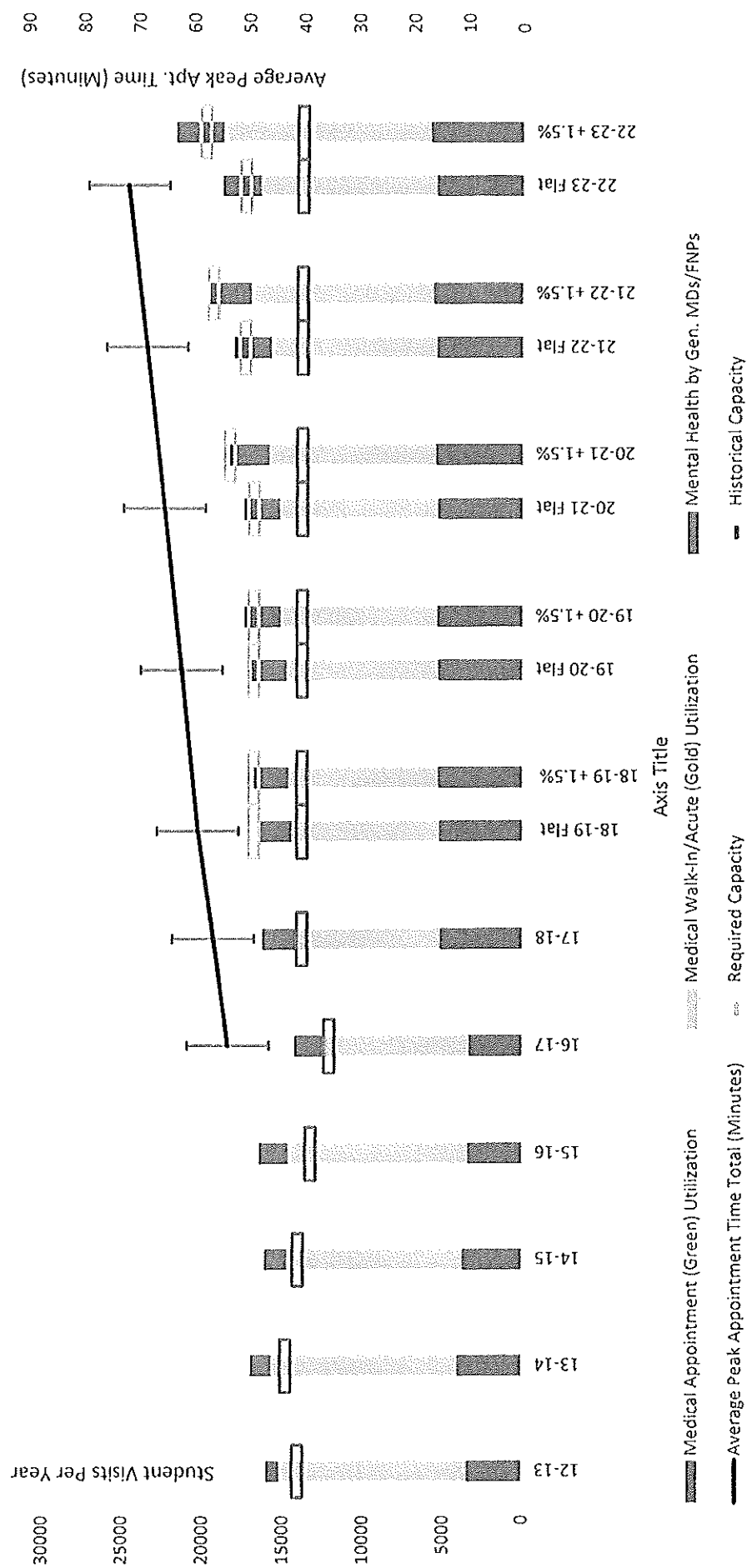


Race/ethnicity

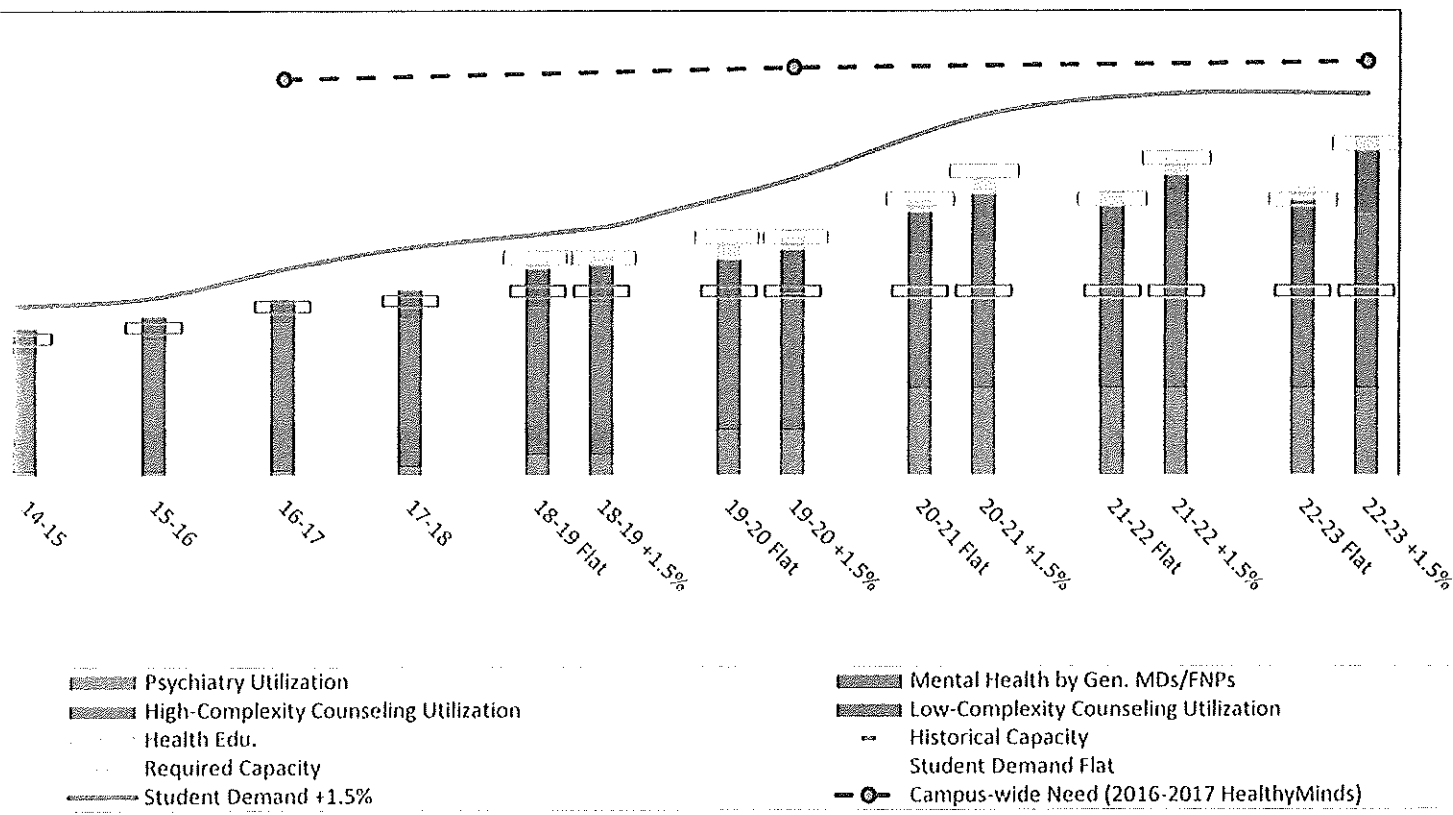


GOALS
 - Compare to date in the State University in the past (non-prescription) of survey years.
 - Other Institutions
 - Peer Institutions
 - Humboldt State University

[DRAFT] HSU Medical Services Demand, Utilization, & Capacity Requirements (Five Year Projections)



HSU Mental Health Demand, Utilization, & Capacity Requirements (Five Year Projections)



ty, and short-term capacity increases are possible through temporary staff, we have seen utilization continue to grow despite enrollment of 3%/year is attributable both to national trends -- mental health demand is increasing 2-5%/yr nationally as stigma of seeking support medication and therapy in high school. In 2017-2018 The Interactive Wellbeing Map and Choose it Yourself Skillport courses through by the yellow bar). CAPS also began offering counseling through masters trainees at CAPS-BSS, increasing the ability to provide low- MA students require much supervision are limited to seeing cases minimally seen in the past, their availability mostly increases demand with minimal impact on overall capacity-demand gap. A significant percentage of mental health prescription services are provided by s rather than psychiatrists, which is less than ideal and reduces capacity for other medical concerns.

who must call back in a week or more for an appointment, percentage of students waiting over 10 minutes for triage in medical walk-in by capacity), and then controlled for enrollment fluctuations over 5 years. Demand (the tan lines) is expected to taper off asymptotically as al health needs (the black dotted line, from 2017 Healthy Minds study).

e from historical data for both flat enrollment and a 1.5% enrollment growth rate scenario. As utilization further exceeds capacity, actual liably flattened, and utilization projections will not be hit without required staffing capacity changes, further increasing the demand- t Humboldt State University with un-met mental health needs each year.

ge patient/client load expectations depending on licensure taken from national benchmarking data (e.g. AUCCCD Counseling Directors ovided) multiplied by the staffing tables for each group of providers. See the accompanying table for more details. The red boxes indicated f the green bars the required capacity to meet student demand over the next 5 years.

Mental Health Demand, Utilization, & Capacity Requirements (Five Year Projections)

2-13	13-14	14-15	15-16	16-17	17-18	18-19		19-20		20-21		21-22		22-23	
						Flat	+1.5%	Flat	+1.5%	Flat	+1.5%	Flat	+1.5%	Flat	+1.5%
7649	8052	8231	8436	7927	8000	8000	8167	8000	8290	8000	8414	8000	8540	8000	9821
576	612	648	684	648	684	720	731	756	767	792	804	828	840	864	877
20%	20%	20%	2%	29%	35%	35%	42%	35%	48%	35%	54%	35%	61%	35%	67%
6,693	7,274	7,326	7,670	8,885	9,806	11,103	10,676	12,976	12,746	14,596	15,496	15,208	16,423	15,828	16,423
3%						3%	4.5%	3%	4.5%	3%	4.5%	3%	4.5%	3%	4.5%
162	185	243	244	258	443	974	974	2,037	2,037	3,809	3,809	3,809	3,809	3,809	3,809
833	1,318	1,403	1,843	2,017	2,078	2,140	2,171	2,204	2,301	2,270	2,474	2,338	2,696	2,408	2,980
533	3,580	3,574	3,741	4,263	4,666	5,088	5,162	5,241	5,472	5,398	5,882	5,560	6,412	5,727	7,085
374	1,258	1,128	1,055	1,066	1,240	1,648	1,687	1,729	1,853	1,813	2,071	1,900	2,354	1,988	2,713
N/A	N/A	N/A	N/A	N/A	200	400	406	618	646	637	694	656	767	656	767
5902	6341	6348	6883	7604	8625	10250	10401	11830	12309	13927	14931	14262	16038	14589	17353
						At Historical Capacity					At Required Capacity				
2-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	18-19	19-20	20-21	21-22	22-23
0.15	0.15	0.15	0.15	0.15	0.25	0.15	0.15	0.15	0.15	0.15	0.55	1.15	2.15	2.15	2.15
6.5	6.5	6.5	6.5	6.5	6.5	7	7	7	7	7	8	8	8	8	8
6	6	6.5	7.5	6	6	6	6	6	6	6	7.5	7.5	7.5	7.5	7.5
2.2%	7.7%	8.6%	11.9%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	8.5%	2.2%	2.0%	2.0%	2.0%
0.25	9	9	9.4	11.5	11	11	11	11	11	11	15	15	15	15	15
72%	74%	76%	78%	80%	85%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
0.24	(3)0.36	(4)0.48	(5)0.5	(1)0.12	(14)0.84	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5
162	185	243	244	258	430	258	258	258	258	258	946	1,978	3,698	3,698	3,698
785	1,058	1,153	1,435	1,184	1,184	1,184	1,125	1,066	1,006	947	1,280	343	323	327	332
300	2,688	2,688	2,867	3,360	3,584	3,584	3,584	3,584	3,584	3,584	4,928	4,928	4,928	4,928	4,928
1824	1,824	1,824	1,824	2,480	2,496	2,976	2,976	2,976	2,976	2,976	3,584	3,584	3,584	3,584	3,584
200						400	618	637	656	656	406	646	694	767	767
(1746 students X 5.4 visits/per person) = 9248						9428					7,832	6,845	3,759	3,099	2,438
800-1200/year						2,366	4,239	5,859	6,471	7,091	769	1,656	190	142	101
3days-2weeks						1-2wks	2weeks	2-3wks	3weeks	3-4wks	3-4days	3-4days	<24hrs	<24hrs	<24hrs
20-35%						38%	42%	45%	48%	51%	20%	20%	5%	5%	5%
1-2 months						2-3mnth	3-4mnth	5-6mnth	6-7mnth	7-8mnth	2-3wks	1-2wks	3-4days	3-4days	3-4days
53.6 minutes (Standard Deviation = 7.4 minutes)						1-2hr	1-2hr	1-2hr	2-2.5hr	2-2.5hr	40-50min	40-50min	20-40min	20-40min	20-40min

ty, it will become more reliably flattened, and projections will not be hit without required staffing further increasing the disparity.