

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 Facilities Fee	
III.	Current Fee:	\$ 3	per semester
	Proposed Fee:	\$ 55	per semester
IV.	Proposed Effective Date:	July 1, 2018	

Routing Order:

1. Submitted by:	Brian Mistler		4/2/18	3146
	Dept. Representative Name	Signature	Date	Phone
2. Approved by:	Brian Mistler		4/2/18	3146
	Dean / Director Name	Signature	Date	Phone
3. Approved by:	W. Wayne Brumfield		4-3-2018	
	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.

APR 03 REC'D

VICE PRESIDENT FOR STUDENT AFFAIRS

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.

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 as 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.



Economic analysis of mental health services at Humboldt State University

September 7th, 2017

Dear Brian Mistler and Colleagues:

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

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

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

Translating benefits into student retention and economic returns. Mental health problems such as depression are associated with a two-fold increase in the risk of student departure from an institution, based on our research. Thus, increasing the availability of evidence-based services or preventive programs can reduce this risk and increase student retention. For example, at Humboldt State University, suppose that clinical services were expanded to reach 1,000 of the students who currently have untreated mental health problems. We project this would lead to the retention of 64.8 students per year who would have otherwise departed without graduating.¹ This could save approximately \$1,035,104 in tuition revenue for the institution,² and perhaps more importantly would increase the total expected lifetime earnings of these students by more than \$12,953,368.³ On average, providing high-quality mental health services to these students would cost less than \$1 million.⁴ Note also that mental health is correlated with higher satisfaction in college and higher reported likelihood of donating as a future graduate, based on data in the Healthy Minds Study.

We hope you find this analysis helpful, and we would be glad to answer any questions.

Sincerely,



Daniel Eisenberg, Ph.D.

On behalf of the Healthy Minds Network team (www.healthymindsnetwork.org)

1. 1,000 students * 32-4% attrition rate among students with mental health problems * 0.6 relative reduction in attrition

2. 2 yrs * \$7,991 weighted-average of annual tuition amount per student * 64.8 students retained

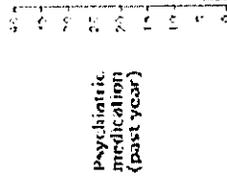
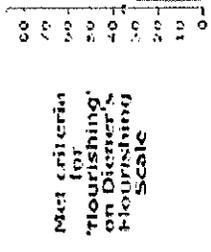
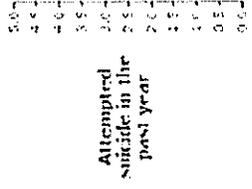
3. \$100,000 earnings per year of college education (from economic research) * 2 years college education * 64.8 students retained

4. 1,000 students * \$1,000 (generous estimate of treatment cost per student)

Suicidal Thoughts/Plans Among HSU Students Benchmarks Key Findings [DRAFT] 100 Universities and 10 Peer Institutions (Spring 2017 Healthy Minds Study, n=1717 of 4,000 sampled; 43% response)

Among the most striking results are the findings that 61% of HSU students screen positive for depressive symptoms (compared to under 40% nationally), 68% some anxiety, and 13% report suicidal ideation in the past year, with 9% reporting a plan). This all confirms or expands on other data reports including the ACHA National College Health Assessment (NCHA) survey and the National Survey of Student Engagement (NSSE).

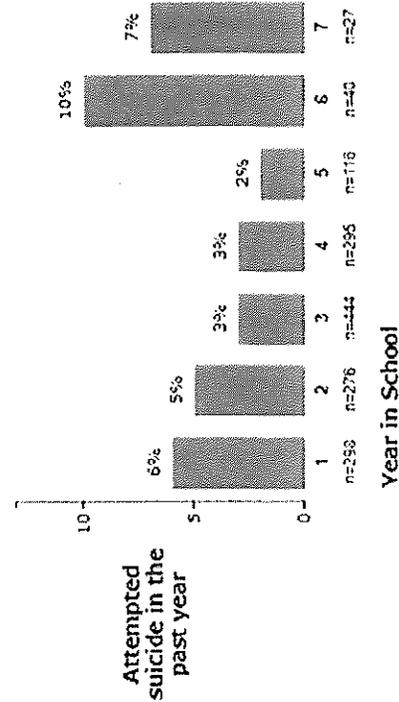
Suicidal thoughts (past year) Suicide attempt (past year) Non-suicidal self-harm (past year)



COMPARE TO OTHER SCHOOLS

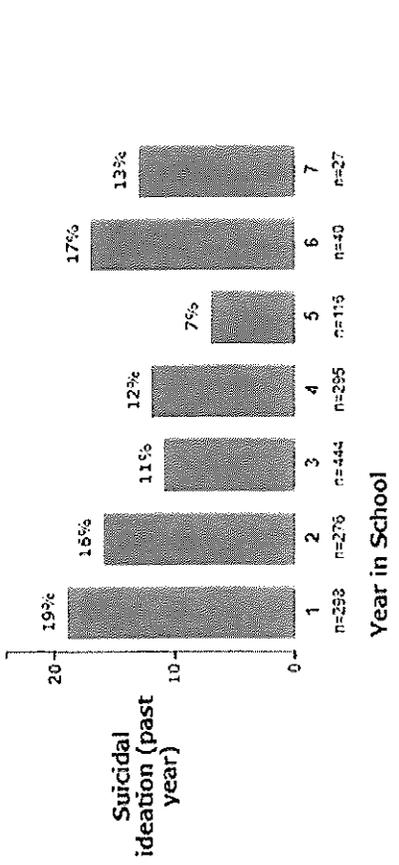
Percentage of students from all schools to date in the Healthy Minds Study (national, state, university, and campus) who reported experiencing suicidal thoughts in the past year, by all survey years.

- Other institutions
- Peer institutions
- Humboldt State University



Year in School

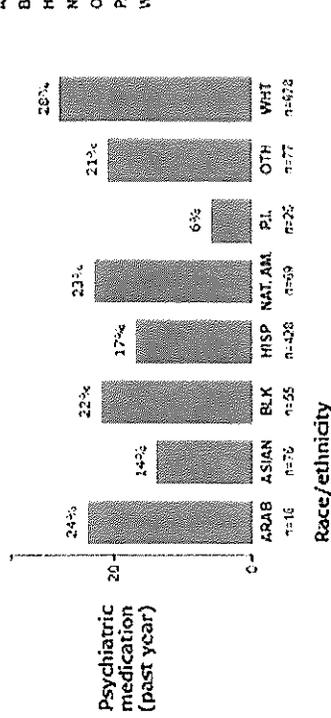
Survey respondents from Humboldt State University who reported attempted suicide in the past year grouped by year in school.



Year in School

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

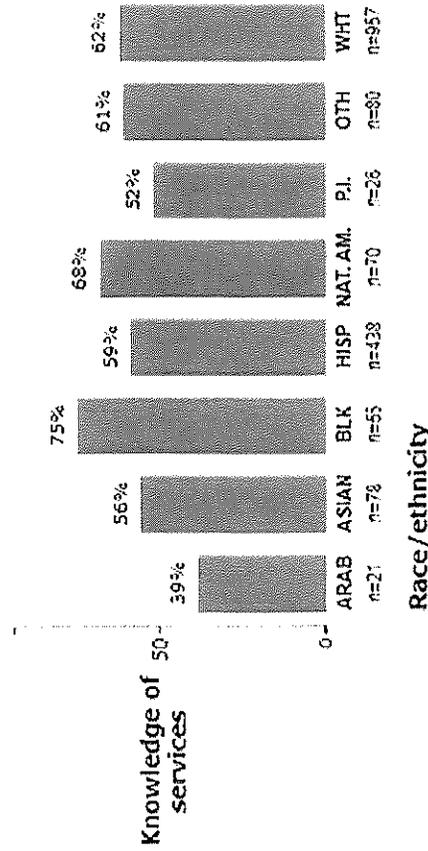
ARAB = Arab-American
 ASIAN = Asian-American
 BLK = African-American/Black
 HISP = Hispanic/Latino
 NAT. AM. = Native American
 OTH = Other
 P.I. = Pacific Islander
 WHT = White/Caucasian



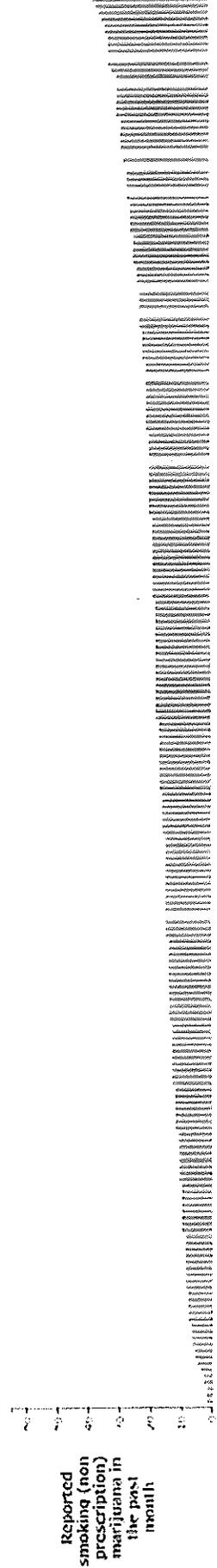
Race/ethnicity

Survey respondents from Humboldt State University who reported psychiatric medication (past year) grouped by race/ethnicity.

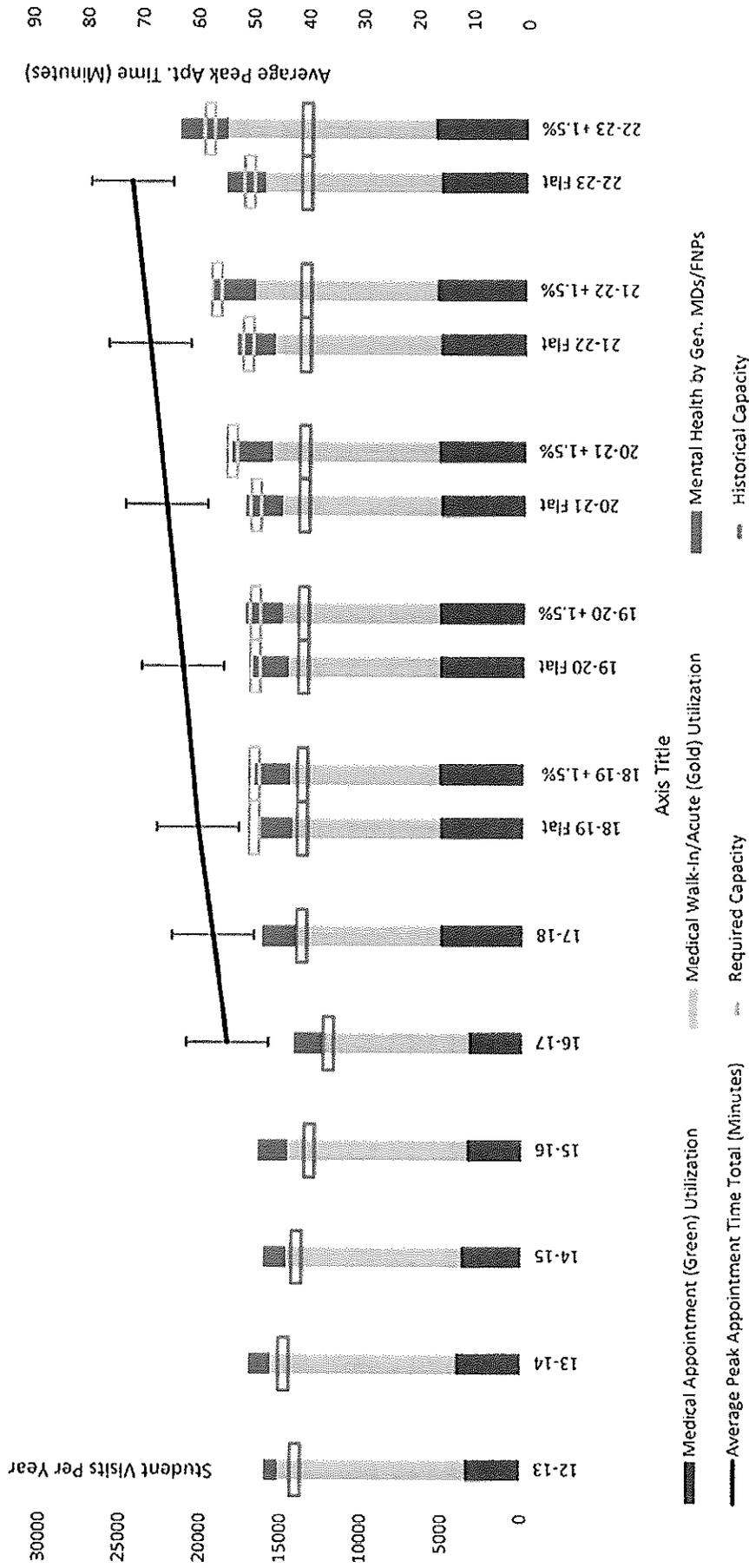
*The number of students in specific categories can add up to more than the total number of students for items where students are able to select multiple categories.



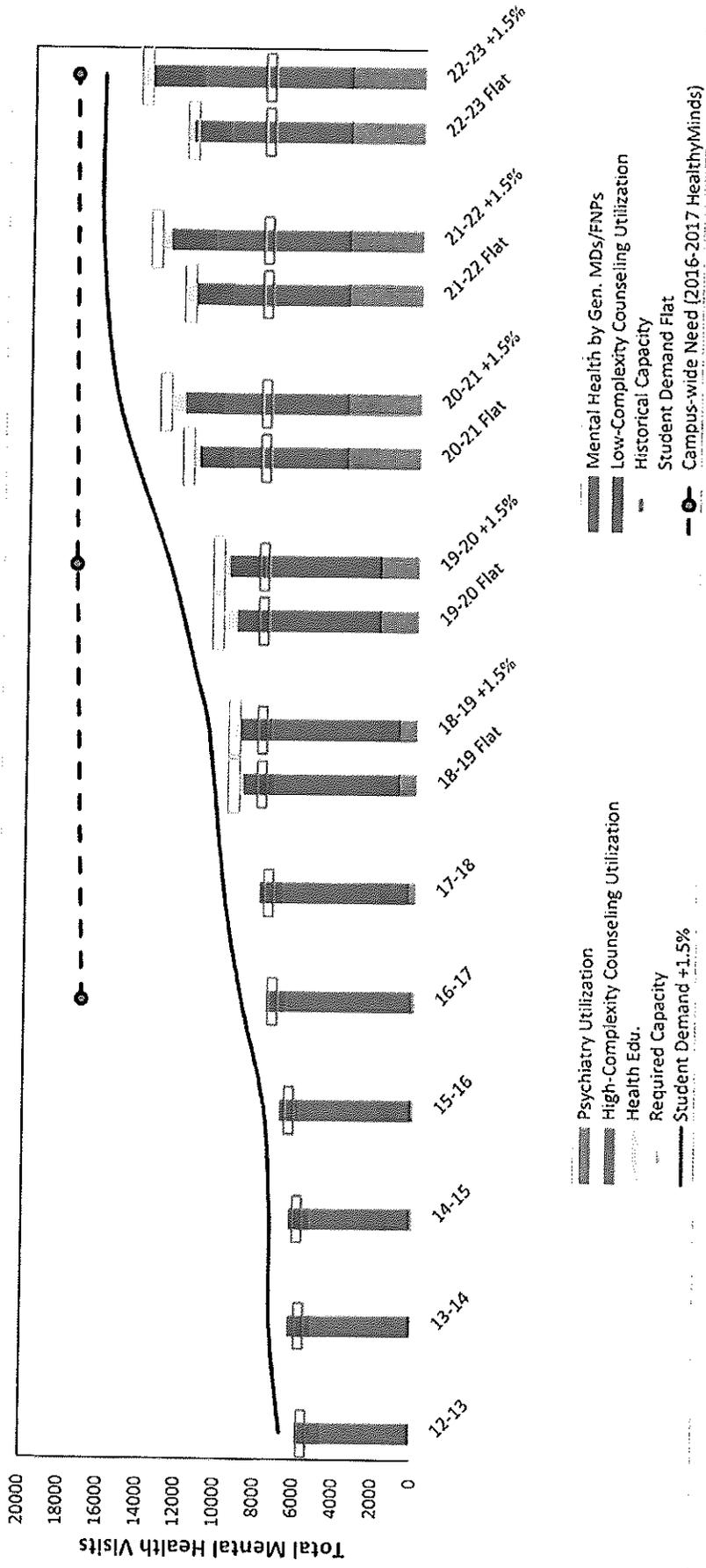
Race/ethnicity



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



[DRAFT-10/22/17] HSU Mental Health Demand, Utilization, & Capacity Requirements (Five Year Projections)



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

DEMAND is calculated using students 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 clinic, and utilization (naturally capped by capacity), and then controlled for enrollment fluctuations over 5 years. Demand (the tan lines) is expected to taper off asymptotically as it approaches campus-wide total mental health needs (the black dotted line, from 2017 Healthy Minds study).

UTILIZATION is projected into the future from historical data for both flat enrollment and a 1.5% enrollment growth rate scenario. As utilization further exceeds capacity, actual utilization will actually become more reliably flattened, and utilization projections will not be hit without required staffing capacity changes, further increasing the demand-capacity gap and number of students at Humboldt State University with un-met mental health needs each year.

CAPACITY is calculated based on average patient/client load expectations depending on licensure taken from national benchmarking data (e.g. AUCCCD Counseling Directors Survey and historical actual services provided) multiplied by the staffing tables for each group of providers. See the accompanying table for more details. The red boxes indicated capacity at historical staffing levels, and the green bars the required capacity to meet student demand over the next 5 years.

[DRAFT-10/22/17] HSU Mental Health Demand, Utilization, & Capacity Requirements (Five Year Projections)

	12-13		13-14		14-15		15-16		16-17		17-18		18-19		19-20		20-21		21-22		22-23	
	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util	Enroll	Util
ENROLLMENT Campus FTE Students	7649	8052	8231	8436	7927	8000	8000	8167	8000	8290	8000	8414	8000	8540	8000	8540	8000	8540	8000	8540	8000	8540
DEMAND																						
Students Unable to Schedule at CAPS	576	612	648	684	648	684	720	731	756	767	792	804	828	840	828	840	828	840	828	840	828	840
Student Wait > 10 mins Med. Triage	20%	20%	20%	2%	29%	35%	35%	42%	35%	48%	35%	54%	35%	61%	35%	61%	35%	61%	35%	61%	35%	67%
Mental Health Services Demand Total	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	15,208	16,423	15,208	16,423	15,208	16,423	15,208	16,423
Enrollmt-Contrid. Demand Growth	3%																					
UTILIZATION																						
Psychiatry	162	185	243	244	258	443	974	974	2,037	2,037	3,809	3,809	3,809	3,809	3,809	3,809	3,809	3,809	3,809	3,809	3,809	3,809
Gen. Medical Provider	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	2,408	2,696	2,408	2,980	2,408	2,980
High-Complexity Counseling	3,533	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	5,727	6,412	5,727	7,085	5,727	7,085
Low-Complexity Counseling	1,374	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	1,988	2,354	1,988	2,713	1,988	2,713
HSU M.H. Total Utilization Projection	5902	6341	6348	6883	7604	8625	10250	10401	11830	12309	13927	14931	14262	16038	14589	17353	14589	16038	14589	17353	14589	17353
CAPACITY - STAFF (Flat Enrollment)																						
Psychiatrist FTE	0.15	0.15	0.15	0.15	0.15	0.25	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
Physicians/Nurse Practitioners FTE	6.5	6.5	6.5	6.5	6.5	6.5	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8
Nurses and Medical Assistants FTE	6	6	6.5	7.5	6	6	6	6	6	6	6	6	6	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Time Med. Providers on Psychotropic Counseling Staff and Post-Grads FTE	5.2%	7.7%	8.6%	11.9%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	14.3%	8.5%	2.2%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
FT Counseling Staff High Complex %	9.25	9	9	9.4	11.5	11	11	11	11	11	11	11	11	15	15	15	15	15	15	15	15	15
Practicum Students (#) Service FTE	(2)0.24	(3)0.36	(4)0.48	(5)0.5	(1)0.12	(14).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	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5	(24)3.5
CAPACITY - VISITS (Flat Enrollment)																						
Psychiatry	162	185	243	244	258	430	258	258	258	258	258	258	258	258	258	258	258	258	258	258	258	258
Medical M.H. Visits	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	327	323	327	332	327	332
High-Complexity Counseling	2,800	2,688	2,688	2,867	3,360	3,584	3,584	3,584	3,584	3,584	3,584	3,584	3,584	4,928	4,928	4,928	4,928	4,928	4,928	4,928	4,928	4,928
Low-Complexity Counseling	1,824	1,824	1,824	1,824	2,480	2,496	2,976	2,976	2,976	2,976	2,976	2,976	2,976	3,584	3,584	3,584	3,584	3,584	3,584	3,584	3,584	3,584
DISPARITY/OUTCOMES (Flat Enroll.)																						
Campus Unmet Need (HealthyMinds)	(1746 students X 5.4 visits/per person) = 9248																					
Visits Unmet Need (Service Requests)	800-1200/year																					
Counseling Wait Times	3days-2weeks																					
Nurse Triage Wait Time > 10 min	20-35%																					
Psychiatrist Visit for Eval/Medication	1-2 months																					
Medical Total Visit (11-1pm Avg.)	53.6 minutes (Standard Deviation = 7.4 minutes)																					

Notes: As utilization further exceeds capacity, it will become more reliably flattened, and projections will not be hit without required staffing further increasing the disparity.

[DRAFT] Student Health & Wellbeing Funding Requirements [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). 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** (visit wellbeing.humboldt.edu/data for the report).

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 changes and **student demand increases 3-5% a year** regardless of enrollment), past-due facilities maintenance needs (which have 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.

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.

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.

Staffing Costs for Required Capacity

Class	Class Title	RANK	Monthly Salary	Monthly Benefits	Annual Operational	Annualized Total Cost	~Fee/Year Impact ⁶
Varied	Part-Time Backup Pool	1	N/A	M/A	\$52,000	\$52,000	\$6.50
8153	Registered Nurse II – 10/12	1	\$4,083	\$2,844	\$5,000	\$88,124	\$11.00
8165	Nurse Practitioner – 10/12	2	\$4,742	\$3,071	\$5,000	\$98,756	\$12.50
Medical Staff Sub-Total							\$30.00
3073	Counselor II [Psychologist/Clinical Coordinator] (Unit 3, SSP-AR-AY) – 10/12	1	\$6,100	\$3,656	\$5,000	\$122,072	\$15.00
3070	Counselor I [Psychotherapist] (Unit 3, SSP-AR-AY) I – 10/12 (x2) ⁷	1	\$5,331	\$3,379	\$5,000	\$220,000	\$27.50
3070	Counselor I [Clinical Case Manager] (Unit 3, SSP-AR) - 12/12)	1	\$5,263	\$3,250	\$5,000	\$107,156	\$13.50
N/A	Psychiatry +2 FTE	1	\$43,200	N/A	N/A	\$432,000	\$54.00
2436	Counselor Intern, Post-Masters – 10/12	2	\$2,420	\$2,329	\$5,000	\$56,988	\$7.00
	Cultural Training, Improved Recruitment, Required Licensure Fees, IRPs	2	N/A	N/A	\$32,000	\$32,000	\$4.0
N/A	Marketing/Supplies	3	N/A	N/A	\$8,000	\$8,000	\$1.00
Mental Health Sub-Total							\$123.00
8407	Health Educator (CheckIt+)	2	\$3,722	\$2,788	\$5,000	\$78,120	\$10.00
NA	10 Student Staff Positions	2	N/A	N/A	\$100,000	\$100,000	\$12.50
	Health Education Operating	3			\$100,000	\$100,000	\$12.50
Health Education Sub-Total							\$35.00
Total Annual Revenue Increase Need Per Student							\$186.00
Total Per Semester Health Fee Increase							\$93.00

It is also necessary to shift escalator from the HEPI to the Milliman Medical Cost Index (MMI).

Assumptions of the model: Continued funding from all existing grants, student affairs transfer at existing level for negotiated salary increases, AS funding for food pantry and other educational programs continues at current levels, Psychology Department funding for training clinic and MOU continues at agreed levels indefinitely, North Coast Rape Crisis Team services and Check It continues with existing dean of students/student affairs funding, no additional services added to the MBU, productive of staff members at five-year historical averages, and assumes a Headcount/FTES ratio of 1.06 (i.e. 2016 8,503 headcount / 8,020 FTES) as service demand is tied primarily to headcount. Space renovation timelines to match operational needs. Changes to these assumptions will result in delays or reductions in levels of service and/or additional planned deficit spending for a period of time.

⁶ Fee impact is calculated at minimum salary in identified range and estimated 8000 students.

⁷ One of the two therapists in this line represents a position that was previously funded by housing, ending Spring 2018 and is required just to maintain services as the current level.

Facility

TM001 revenue comes from student fees paid each semester (\$3/student per semester) 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. **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).

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. The existing facility is already 10-20% over capacity. Nine other CSUs have updated their outdated \$6 health facilities maintenance fee, and six of those⁸ 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). Spreading costs out over further than 6 years and new maintenance requirements begin to overtake the available revenues preventing progress. Delaying the hiring of new staff with an increased health operations fee could provide additional money for space repurposing but cannot be used for repairs, deferred or ongoing maintenance, or the additional 10,000 square feet required to meet operational needs. All necessary modifications for **use of the existing building** would require **\$66** per student per semester.

Instead of renovating the existing facility, it may be possible to make minimal investment in the current facility to allow continued operations, and re-allocate savings into new construction. By further deferring select maintenance costs could save \$2,000,000, along with providing space for other campus programs with building costs that are less than those of a medical center. A new facility offers several significant advantages, 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

⁸ 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>

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 center in 2002 at \$276 per square foot. More recently the University of Southern Carolina finished a 68,000 square foot health center in 2017 at \$308 per square foot. Using these numbers, the cost projections provided by the CSU for health center construction⁹ with a cost increase estimate for the Arcata area, the conservative estimate for construction costs for 35,000 square feet, with a 30-year payment on a new building is \$78 per student per semester, which should begin with construction to support the initial payment and soft-costs.

Beginning an immediately and lasting until the fee reaches the necessary amount for the construction of a new facility, the health facilities fee should also be adjusted to manage existing operational needs and deferred maintenance, while minimizing expenditures on expansion if new construction is certain. Time considerations are a primary constraint in projections, and with a benchmark term of 10 years to achieve deferred maintenance goals due to recurring lifecycle costs, we can expect an accumulated \$8.75m, which would cover deferred maintenance (DM) projection of 5m + 2m in new project down payment + 1.75m in programmatic needs, if the health facility fee is set to \$55 per student per semester beginning Fall 2018. This would also permit preservation of the requirement amount in a shorter time period to arrive at a \$2 million initial investment goal while also preserving approximately \$208,000 per year for maintenance needs including notably emergency repair and initial stages of HVAC repair.

In summary, it is recommended to adjust the fees as follows:

- Adjust the the per semester Health Operations Fee (+\$93) + MMI (4.3% for 2017 or \$13) to \$311+MMI (\$13) beginning Fall 2018 = \$324.
- Adjust the per semester Health Facility Fee to \$55 beginning Fall 2018.

And:

- Support the increase of the Health Facility Fee to \$78 in 2021 (or true debt maintenance cost at the time of building which should be delayed to begin past 2021 if a new building project does not manifest so as to minimize student impact).

4-Year Structure	Health Operations	Health Facilities
(Existing Semesterly Fees)	\$213	\$3
2018-2019	\$311+MMI (\$13)	\$55
2019-2020	(previous)+MMI	\$55
2020-2021	(previous) +MMI	\$55
2021-2022	(previous) +MMI	\$78 ¹⁰

⁹ Cost estimates are available in the "CSU Cost Guide for State and Non-State Funded Buildings Five-Year Capital Improvement Program 2016-2017 through 2020-2021"

¹⁰ This estimate should be adjusted based on true debt maintenance cost at the time of building, and should be delayed to begin past 2021 if a new building project does not manifest so as to minimize student impact.

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