

Student Life committee

Meeting on Sept 30, 2016

Members Present: Ella Frazer, Poppy Fry, Megan Gessel, Tyler Randazzo, Brad Reich, Dan Sherman, Mike Segawa, Jennifer Hastings, Eli Gandour-Rood

Visiting: Renee Houston (associate dean), Kristin Johnson (Senate liaison), Libby Baldwin (CHWS), Donn Marshall (CHWS)

**Gessel** asked for feedback on the minutes from the September 9th, 2016 meeting. The minutes were approved as submitted.

After introductions, the meeting was dedicated to a presentation by CHWS and discussion surrounding related issues. The committee had copies of the Expanded Executive Summary of the CHWS 2015-2016 Year End Report for reference.

**Segawa** began with remarks framing this committee's interest in issues and challenges CHWS is facing today and data that could help us understand and help address these challenges.

**Marshall** offered remarks describing CHWS multi-disciplinary setting that combines medical and mental health services. At CHWS, records are shared between medical and mental health professionals, which allows for collaborative care. This was the product of a change made in the mid-1990s. Prior to that counseling and health services were separate with separate directors. Marshall explained that CHWS operates almost exclusively by appointment, that the appointments slots are nearly always filled. Marshall also explained that one staffing challenge is that we rely on just one psychiatrist who contributes just 4 hours per week to CHWS.

Marshall and Baldwin then distinguished which services the medical providers provide distinct from the psychologists on staff, explaining that the psychiatrist sees only the most complex or unrelenting presentations.

**Hastings** asked a question about how CHWS monitors medications. **Baldwin** answered that staff medical providers in CHWS work with records from students' health care providers and do routine monitoring like confirming why a student is on a medication as well as tracking the side effects and benefits of a medication. The staff psychiatrist may take the lead if a medication is not working well or if there is a complex set of medications.

**Marshall** explained that CHWS has 3 licensed psychologists (one of whom is Marshall, who has little time for clients due to administrative responsibilities). There are also 3 full time doctoral psychology interns, each in the final year of training prior to PhD completion. The American Psychological Association has approved CHWS as a training site, which helps us recruit interns like this. Marshall also gave an overview of how many Puget Sound students used CHWS. Last year 46% of Puget Sound students came through CHWS, 41% of these were seen for medical services and 16% of them for mental health services. The percentage of students who come to CHWS for mental health services has ranged from 14-21% over the past 5-6 years. Of the students graduating each year, 43% have used CHWS in the last year and nearly 59% of

them have used CHWS over last two years. Marshall concluded that CHWS sees most Puget Sound students at least once over a four-year college career.

**Gessel** noted that the executive summary document indicated that students have a concern about privacy and confidentiality and asked why they have this concern. **Marshall** explained that the concern is legitimate. One reason for the concern is that the waiting room is so small that it is often impossible not to overhear what is shared at the front desk. CHWS has taken to suggesting that hesitant students write down concerns at the front desk rather than speaking them out loud. Marshall also noted that CHWS staff wished that students were more cautious about their privacy. The concern about the physical space CHWS occupied was exacerbated in the last 2 years due to a 20% loss in their waiting area as a result of the Wheelock Hall renovation. **Baldwin** added that another privacy concern is that student employees (hired under the work study program) serve as clinical assistants and help see patients to their rooms and use the computer to log vital signs. Although these employees do not have access to sensitive information, it can make student patients uncomfortable. **Hastings** asked what the downside of hiring professional staff as clinical assistants would be. **Baldwin** answered that the student workers save CHWS money and allow them to see more patients with the resources they have. The student employees also gain valuable experience. **Marshall** also added that the walls are thin and CHWS is addressing this challenge by using white noise machines.

**Reich** asked what the average wait time was at CHWS. **Baldwin** answered that CHWS has been able to fulfill more medical appointments between August 1 and September 20th, than those filled during the same period last year (1117 appointments in 2015, 1205 this year). Baldwin explained that the goal is to see a patient on the day the medical appointment request is made or the following day and that the wait time is usually 48 hours. One of the challenges is that CHWS hours overlap with student class hours. **Gessel** asked about CHWS hours. **Baldwin** reported that they are typically 8am to 4:30 pm, but that they would see students up until 5:00pm. **Marshall** added that on Tuesdays CHWS is open until 8:00pm. **Hastings** asked if they had considered a different schedule or examined whether certain hours are not being used by students. **Baldwin** answered that they have challenges staffing alternative hours and **Marshall** reported that all available appointment hours are typically filled.

**Reich** asked what the breakdown was in terms of when students were using CHWS during the course of their college careers. **Marshall** provided figures that showed that CHWS usage tracked the share of the entire student body that each cohort comprised.

**Johnson** asked what the waiting time was for mental health professionals and if budgeting for more staff would solve this issue. **Marshall** responded that as of Wednesday the waiting time to set up an initial in-take counselling session was 13 working days and that last week it was 19 working days. After the in-take session it typically takes two weeks to get a follow-up appointment. **Segawa** explained that there has been a request to the budget task force for the past two years for additional counselling services. In the meantime they have hired .4 FTE of part time counselling professionals. However people in part time positions have a less deep

relationship with the institution and the clients and are not the most dependable source of expertise. The budget task force request is for an additional full time counselling professional. **Johnson** asked how this would reduce wait times. **Marshall** said that at its worst last year, the wait time for counselling was 6 weeks and that by adding .4 FTE they were able to bring this down considerably. **Hastings** asked if there were people on faculty who had the skills to serve in this capacity and if this could save the University money because they could be granted teaching release units. **Marshall** reported that there are faculty who could serve in this way, but there was a concern about student perception of privacy because these faculty would then have access to records. **Segawa** noted that faculty like this are best used on committees that work on things like suicide prevention.

**Gessel** asked if there were more intakes in the fall or spring? **Marshall** answered that there is more availability for intake in the early fall but that by week 5 appointments are full. Each staff person maintains 3 intake slots per week until the halfway point of the semester, when they keep 2 intake slots per week.

**Reich** asked about the physical space challenges for CHWS and whether there were any plans for change. **Segawa** answered that the University is hiring a space consultant to conduct a campus-wide audit that will inform a new strategic plan and campus master plan in the coming years. **Segawa** estimated that the CHWS space issue would not be resolved for at least two more years. There is the potential to renovate Wheelock, but that this would require funding.

**Hastings** asked how CHWS bills for services and whether they get costs back from insurance. **Baldwin** answered that CHWS does not bill insurance. They instead bill students directly \$20 for a medical visit, \$55 for physical exams, and additional billing for lab work. **Hastings** asked why we don't bill insurance when every student is required by law to have health insurance. **Baldwin** replied that it is rare for a school our size to bill insurance companies that it is difficult to do that out of state. **Marshall** explained that many students now have insurance policies that do not cover them while they are at Puget Sound (unless they require emergency services) and that getting on out of state panels might require the work of 1 or 2 full time staff members. **Randazzo** noted that students can apply to their insurance companies for reimbursements. **Randazzo** also asked how often the bills are waived for students by CHWS. **Marshall** reported that perhaps 10 students currently have their CHWS bills waived due to financial hardship and this is done by direct appeal to CHWS staff.

**Gandour-Rood** asked about the \$70,000 that CHWS directs into the University's general fund. **Segawa** explained that during the last round of budget cutbacks, instead of cutting staff, student services opted to send money raised from student CHWS fees into the general fund. Doing this for the past three years has enabled student services to avoid cutting staff. **Gandour-Rood** asked if this policy would be revisited. **Segawa** suggested that it could be on the table but that the main strategy is the BTF proposal for an additional counselling professional.

**Reich** asked what data is needed to make the case for new staffing and new physical space. **Segawa** explained that we are prepared now to provide data to the space consultant on the

physical space issue. And, that if we are successful in augmenting staff we have temporary ways of accommodating new staff in the existing space.

**Fry** asked what it will take in terms of data, advocacy, and evidence of a problem (like the 6 week wait time for counselling) to make this happen. **Segawa** replied that long wait times are not much different from off-campus options for treatment. Segawa also noted the BTF priorities of the previous two years (security and technology services) were important along with the University's commitment to keep tuition increases below 3%. **Fry** asked what other support structures could be provided in terms of peer assistance. **Segawa** explained that we should explore options that use new technological "web doctor" services. **Randazzo** asked about group counselling sessions. **Marshall and Baldwin** outlined existing group sessions offered like the two anonymous eating disorder groups, an addictions group, sexual assault survivor therapy group, as well as a grief support group, LGBTQ support group and adult children of alcoholics group. **Randazzo** asked about less issue focused groups? **Marshall** explained that students have not shown much interest in general group therapy.

**Gessel** inquired about when this committee should next meet and specific actions we could take regarding CHWS. **Marshall** recommended advocacy on CHWS behalf when they submit their BTF request and helping to raise concerns. **Segawa** cautioned against creating a perception amongst students that the wait time is too long at CHWS so it isn't worth trying to get an appointment. **Gessel** suggested keeping our regular meeting at the end of October and made a motion to adjourn. This was seconded and passed.

Minutes scribed and submitted by Dan Sherman