



Item: V. AF: A 1

Wednesday, July 30, 2008

**SUBJECT: APPROVAL OF AMENDMENT TO UNIVERSITY REGULATION 8.001  
INCREASING STUDENT HEALTH FEES**

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**PROPOSED BOARD ACTION**

**BACKGROUND INFORMATION**

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*Legal Issues in the State University System,*

*The Mental Health Continuum of Care and Related*

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**Supporting Documentation:**

**Presented by:**

**Phone:**



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## FLORIDA ATLANTIC UNIVERSITY

### CONSULTATION REPORT FOR FLORIDA ATLANTIC UNIVERSITY STUDENT HEALTH SERVICES

#### EXECUTIVE SUMMARY September 2007

The enclosed Consultation Report Executive Summary for Florida Atlantic University Student Health Services was prepared in Fall 2007 by a select team of site visitors from the American College Health Association, the principal advocate and leadership organization for college and university health. The findings, recommendations and consultative comments are intended to assist administrative officials challenged to make decisions concerning the future direction of the various health programs and services that are funded by the student health fee.

**Student Health Services**

*health@fau.edu   www.shs.fau.edu*

Boca Raton • Dania Beach • Davie • Fort Lauderdale • Jupiter • Treasure Coast  
Florida Atlantic University • Student Health Services • 1001 University Blvd., Boca Raton, FL 33431 • 561-398-2000

## **EXECUTIVE SUMMARY**

Representatives of the American College Health Association (ACHA) Consultation Services Program were on the Florida Atlantic University (FAU) campus at the request of Dr. Charles Brown, Vice President for Student Affairs, from September 12, 2007 to September 14, 2007. The request was prompted by interest in the Student Health Services (SHS) operation as expressed by members of the FAU Board of Trustees and the desire to appoint an internal FAU task force to address a variety of health issues relevant to students and their access to health services. The ACHA selected Robert Dollinger (Florida International University), David Lynn Tabor (University of Georgia), and J. Robert Wirag (University of Central Florida) to conduct a professional site visit designed to accomplish the following objectives:

Environmental Health and Safety; Athletics; leaders from the Division of Student Affairs; allied health faculty; the SHS senior leadership, clinical, and administrative staff; and most importantly, FAU students who are the consumers of the campus health services and whose financial support makes the services possible. The following themes and issues emerged from the interviews:

- Organization structure and function
- Limited resources and the need to maximize return on those resources
- Partner campuses: what services to offer and at what cost
- Un-insured and under-insured students
- Projections for campus growth at all campuses, including resident student growth at Boca Raton and MacArthur campuses and adequacy of infra-structure to support the projected growth
- Internal and external partnerships
- Outsourcing certain parts of the SHS
- Revenue generation, including annual guidelines for determining appropriate student health fees, fee-for-service revenue, and third-party health insurance billing for covered services
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needed to break even. This can easily be accomplished by increasing charges to be more competitive with reasonable and customary charges in the community. (page 41-43).

Consider providing additional services such as Optometry and Sports Medicine (including physical therapy).

Given the fact that approximately one-third of the student body turns over each year, an on-going public relations/outreach plan is essential in combating students' comments that they are not aware of the many services offered through the SHS program. It is important for the SHS senior staff to be well connected with other campus leaders and decision-makers and encourage outreach activity by additional SHS staff.

Continue using the ACHA-NCHA. Administer bi-annually to create longitudinal data sets that can describe the collective health status of the student population. All services within the Office of the Vice President for Student Affairs should use this data to determine their contribution to advancing the overall health of FAU students and the campus community. The data should also be shared with faculty in the allied health disciplines to tailor research projects that complement the mission of health care service delivery to students leading to greater collaboration of faculty with SHS clinical and health education staff.

Pursue accreditation for the SHS program. Achieving accreditation status for the FAU Boca Raton ambulatory care clinic by one of the two national accrediting bodies, the Accreditation Association for Ambulatory Health Care (AAAHC) or the Joint Commission is a goal worth pursuing. National accreditation serves as the "good housekeeping seal of approval" in terms of quality services that meet widely accepted standards. Accreditation also conveys the message to students, parents, university officials, and medical professionals in the greater local health-care community, that FAU "measures up" and its students have access to quality primary care services – as good or better than they can expect to receive anywhere.

- 2. Neither the Boca Raton campus health services program nor the limited health services provided on the other Partner campuses are candidates for outsourcing at this time, given the expertise in place to manage a program that is fiscally responsible and is nearing a stage of readiness for accreditation review.** Outsourcing would severely limit the program of services to those that could generate the maximum amount of revenue necessary for the service to remain financially viable. Doing so would not differentiate the service from "a clinic across the street." To students' dismay, their costs of attending FAU would be more than they are now. The financial bargain they get for the health fee they pay would greatly diminish, especially for the nearly 30% of students estimated to be without health insurance to help them pay their medical bills. College health is far more than "clinical care." See Appendix B. Shortcomings identified in this report are complemented with recommendations intended to take a program from

good to great. Many suggestions are posited for consideration. Outsourcing the entire program is not one of them.

- 3. Health services on the Boca Raton and Partner campuses are fragmented administratively and functionally, rather than integrated or consolidated.** The SHS Director at the Boca Raton campus has no administrative authority for the SHS, counseling, or wellness programs at the Partner campuses which receive funding from the student health fee.

Two options are posited for administrative realignment of the three major components of the SHS programs system-wide. One option requires minimal change to the current structure while strengthening administrative and budgetary authority and oversight. Option two has more far-reaching implications that require substantive and procedural realignment of all health services on all Partner campuses. The second option reflects the national trend of consolidating health services under one administratively intact umbrella to promote a more holistic concept of campus health services. (page 19)

- 4. The SHS Director on the Boca Raton campus is well-connected and respected campus-wide and has provided excellent leadership to keep the SHS operational despite increasing student demands for services associated with decreasing resources.**

In consideration of Option one above, it is recommended that the SHS Director on the Boca Raton campus provide administrative and clinical supervision of all staff members (exclusive of Counseling Center services on the Boca Raton campus and other Partner campuses) providing health services at the Partner campuses, to include the Jupiter campus currently and the Davie Campus in the near future. To appropriately recognize the SHS Director for these additional responsibilities, it is further recommended (Option One) that the title of the Student Health Services Director be reclassified to “Executive Director, Campus Health Services” and report to the VPSA in a dual reporting relationship with the Counseling Center Director to assure the major components of the campus health services program (Student Health Services, Wellness and Counseling Center) are involved in the highest decision-making level of the Division. Such a change in organizational structure would emphasize the importance of health system-wide and recognize the Division of Student Affairs for its role in providing leadership in providing prevention, physical, and mental health services of value to all FAU students.

- 5. The Today and Beyond Wellness program is administratively separate from both SHS and the Counseling program and provides excellent learning opportunities for students with preexisting conditions. The SHS and Counseling programs provide additional clinical (reporting )Tj0.0003 Tc**

## Staffing

- 6. There is an imbalance in the ratio of physicians and advanced nurse practitioners. Advanced registered nurse practitioners see the bulk of visits for primary care services.**

Determine the optimal staffing mix and clinical competencies of the various providers, to best meet the anticipated increases in student demand associated with the greater numbers of students who present with varying levels of acuity, the various chronic medical conditions they bring to campus, and the fact that more students are living on campus. Ensuring an optimal SHS staffing mix is important to proactively address the anticipated increase in student enrollment and the number of residential students expected over the next 10 year period. It is recommended that an additional full-time primary care physician be employed to effectively satisfy the increase in student demand for on-campus physician medical services.

Because the number of patients requiring psychotropic medication management has increased dramatically over the past five years, as has the severity of the pathology, employ a part-time psychiatrist (at least 0.5 FTE) who reports to the SHS Associate Director for Clinical Services (Medical Director) on the Boca Raton campus.

- 7. With the exception of the Pharmacy Manager, the pharmacy is staffed entirely with part-time clerical staff, requiring the Pharmacy Manager to spend more time with staff training and computer issues than with pharmacist duties.**

Employ a full-time Pharmacy Tech to provide continuity and stability in the provision of the administrative, cashier, and other clerical tasks for the community-based pharmacy.

- 8. Although the attitude of SHS staff on the Boca Raton campus is positive, their morale has suffered because salaries are not competitive with the market; there is inadequate financial support for their professional development needs; and funds for additional staff to meet the increasing demands have not been forthcoming because of budget priorities for use of student fees.**

Allocate funds to provide non-monetary incentives for staff members, including staff awards, birthday/holiday celebrations, pot luck lunches, greeting cards, etc.

Partner with community health care organizations, including the FAU – University of Miami Miller School of Medicine, to provide speakers on a variety of clinical topics of interest to your providers. Consider pharmaceutical representatives who have funds for “lunch and learn” sessions and specialty physicians as part of their speaker



bureaus.

- 9. Demands by students with mental health issues have increased to a level beyond which the Counseling services staff can adequately meet the demand, leaving the institution at greater risk in terms of attrition and campus safety.**

Staffing ratios recommended by the Accreditation Standards for University and College Counseling Centers provided by the International Association of Counseling Services (IACS), Inc., should be considered.

### **Financing**

- 10.**

Eliminate formula distribution of health fee revenue to all the various entities funded by the student health fee. Instead, “budget to the plan” according to justifiable financial needs of the respective health serv



should continue to collaborate with other Florida institutions to implement a mandatory student health insurance plan (SHIP) with hard waiver.

### **Facility/Technology**

- 15. The Boca Raton SHS facility has not been expanded since fiscal year 2000, despite the increase in student enrollment and demand for services.** The current space is inadequate and will be more problematic as the enrollment and number of residential students increases, as well as other campus changes driven by the President's vision for the campus by 2017.

Tailor space needs according to future enrollment projections. As budget allows, consider consolidating the health promotion program offered by Today and Beyond Wellness with the space provided for direct patient care. Doing so may require relocation of other parts of the SHS program on the Boca Raton campus, such as business and technology services.

Consider working with the staff of the FAU – University of Miami Miller School of Medicine as they plan to build their on-campus clinic facility. Consider the longer term advantages of a new SHS facility connected to the hospital complex to facilitate access to specialty care, diagnostic support, rehabilitation and in-patient care services the facility will make possible.

- 16. The computer hardware is outdated, five years old on average, which is inadequate to support the current computerized practice management system for clinic, pharmacy, and business functions.**

Commit money to upgrade SHS computer hardware on the Boca Raton campus as soon as possible to improve efficiency of the information systems, enhance security of electronic patient information and to transition from a paper-based health record to an electronic health record (EHR) as an integral part of the existing electronic practice management system.

Other than identifying the key program elements, no attempt has been made to be prescriptive with the overall program's scope of services because a more thorough assessment of wants, needs and the availability of resources will factor into determining what FAU officials want the program to be in the foreseeable future.

It is hoped that the findings and recommendations provide useful information to serve as a framework for re-organizing the overall student health services operations at FAU. The University is currently at a major cross-road in its relatively young history, as it transforms from

a predominantly commuter-based campus, to become a more traditional university that is alive with residential students that will necessitate robust student activities and sports programs that will bolster students' affinity with their university. Associated with this unprecedented university growth comes the need to expand basic services, such as student health to include medical care, mental health services, and wellness. Consolidating these services into one "Campus Health Services" department will realize greater economies of scale and lead to more efficient use of scarce resources by eliminating duplication of basic administrative functions. To help fund the required growth of the health services, it may become necessary for the SHS to partner with major health-care organizations in the local community, such as the University of Miami's Miller School of Medicine. Unlike traditional health care models that emphasize treatment and high-tech procedures, it is imperative that college health retain its unique niche, by emphasizing prevention, education, primary physical and mental health care, and consultative public health t. To help fund tta



## HEALTH FEE INCREASE PROPOSAL

*FOR PRESENTATION TO THE  
FLORIDA ATLANTIC UNIVERSITY  
BOARD OF TRUSTEES*

**June 11, 2008**



## **ROLE OF COLLEGE HEALTH PROGRAMS\***

### Mission of College Health Programs

To advance the health of students, promoting a healthy community that supports the academic mission of the university.

### Best Practices

1. Provide a wide spectrum of services, committed to primary prevention, public health services as well as clinical and mental health services.
2. All students will have equal and easy access to services regardless of income level or their ability to pay.
3. Serve as principal advocate for a healthy campus community.
4. Provide quality services.
5. Students should have a significant voice in all services.

\* Fau 2007 Consultation Report/American College Health Association



## WHERE ARE WE GOING AND HOW DO WE PLAN TO GET THERE?

### GOAL:

*PROVIDE INTEGRATED HEALTH, COUNSELING AND  
WELLNESS SERVICES TO ENHANCE STUDENTS' EDUCATION  
AND PERSONAL DEVELOPMENT*

### UNIVERSITY-WIDE STRATEGIES:

- Provide quality services that meet the needs of our students
- On-going evaluation of services and the needs of our students
- Responsible fiscal management practices
- Use an Ecological Perspective to broadly promote campus health
- Accreditation for health and counseling services by 2012



## CURRENT COLLEGE HEALTH PROGRAMS

STUDENT HEALTH SERVICES

COUNSELING SERVICES

HEALTH AND WELLNESS SERVICES



What are the current level of services provided?

	Yes	No	No	No
3. <i>Women's Health Services</i>	Yes	Opens 2008Su	Yes	See #11
4. <i>Men's Health Services</i>	Yes	Opens 2008Su	Yes	See #11
5. <i>Contracted Gynecologist Services</i>	Yes	No	No	No
6. <i>Pharmacy (Community licensed with mail service)</i>	Yes	by mail	by mail	by mail
7. <i>Immunization Office (provides compliance with Board of Governors' regulations for enrollment)</i>	Yes	No	No	No
8. <i>Mental Health/Psychological Counseling</i>	Yes	Yes	Yes	TBD
9. <i>Psychiatrist / ARNP for Medication Management</i>	No / Yes	No / No	No / No	No / No







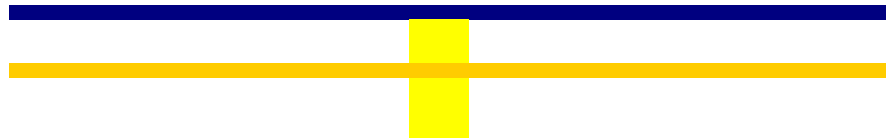
## How does the FAU Health Fee compare to other SUS fees?

STATE UNIVERSITY SYSTEM OF FLORIDA  
Local Fees-Per Credit Hour (12-hour equivalent)

2007-2008 Local Fees

Main Campus Local Fees - per credit hour*												
FEE	UF	FSU	FAMU	USF	FAU	UWF	UCF	FIU	UNF	FGCU	NCF	AVG
Activity & Service	\$9.27	\$8.55	\$10.50	\$9.00	\$10.00	\$9.98	\$9.73	\$10.52	\$12.07	\$11.24	\$15.86	\$10.61
Athletic	\$1.90	\$5.98	\$3.90	\$11.35	\$11.75	\$12.62	\$11.68	\$11.05	\$10.68	\$12.54	\$2.42	\$9.21
CAA Athletic Divisions	\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$2.00	\$2.00	\$2.00	\$0.00	\$0.73
<b>Health</b>	<b>\$9.27</b>	<b>\$7.55</b>	<b>\$4.92</b>	<b>\$7.91</b>	<b>\$6.33</b>	<b>\$3.64</b>	<b>\$8.15</b>	<b>\$5.60</b>	<b>\$5.62</b>	<b>\$6.63</b>	<b>\$4.37</b>	<b>\$6.36</b>
Access/Trans.**	\$9.82	\$6.50	\$4.79	\$5.25	\$5.00	\$1.80	\$7.09	\$5.98	\$7.56	\$7.50	\$3.33	\$5.87
Marshall Ctr Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							

\$0.00





## Dental Services Actual and Projected Profit/Loss

(Assumption: the number of billable procedures will remain stable once price increases become effective)

### DENTAL SERVICES BALANCE SHEET FY-08 (JUL-MAY)

Description (account #)	Revenue/(Expense)	With 60% Fee Increase
Fee-for-Service Gross Revenue	\$93,230	\$149,510
Dentist Salary	(\$53,954)	(\$53,954)
Dentist Benefits	(\$782)	(\$782)
Hygienist #1 Salary	(\$34,673)	(\$34,673)
Hygienist #1 Benefits	(\$503)	(\$503)
Hygienist #2 Salary	(\$16,275)	(\$16,275)
Hygienist #2 Benefits	(\$236)	(\$236)
Dental Equipment Repairs/Maintenance (240040)	(\$399)	(\$399)
Consumable Dental Supplies (342002)	(\$12,044)	(\$12,044)
Administrative Overhead on Expenses of 7.02%	(\$4,557)	(\$4,557)
<b>NET Profit/(Loss)</b>	<b>(\$30,193)</b>	<b>\$26,087 *</b>



## Fee-for-Service Increases for Fall 2008

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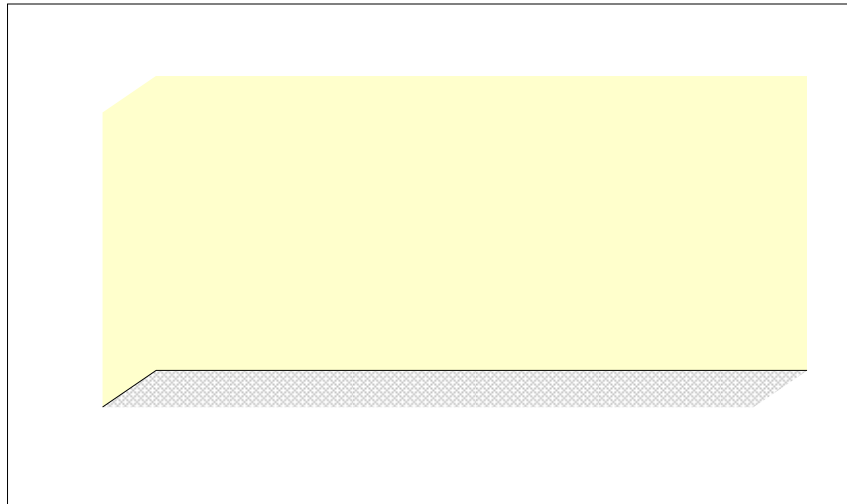
## 2007- 08 Outreach and Educational Efforts

### Student Health Services

- \* New breezeway signage
- \* **Student Health Advisory Council** – monthly breezeway events
- \* Orientations for students and parents/showcase of services

**CONSULTATION REPORT  
AMERICAN COLLEGE HEALTH ASSOCIATION  
STAFFING**

Enhancements proposed for 08-09 to meet BOG recommendations,



## How was the additional revenue used 2007-08?

- **Broward SHS & Counseling Center:**
  - Leadership position for Advanced Registered Nurse Practitioner to provide primary medical care on campus
  - Plans for purchasing required clinic equipment: medical diagnostic equipment, medical office supplies such as splints, vaccines, lab equipment, microscope, etc.
  - New psychologist hired to provide more sessions for students
- **MacArthur SHS & Counseling Center:**
  - Provision of basic counseling and health services on-campus
- **Treasure Coast Campus:**
  - Wellness Coordinator hired resulting in



### Counseling Center Utilization AY -06/07 to AY -07/08 [through 3.31.08]

	2006/07	2007/08	%Change
<b>Total Unique Clients Served</b>	<b>944</b>	<b>1039</b>	<b>10.1%</b>
<b>Total # of Appointments</b>	<b>5634</b>	<b>6950</b>	<b>23.4%</b>

### Counseling Center Utilization AY -06/07 to AY -07/08 [through 3.31.08]

#### Counseling Centers – all campuses Psychiatric Nurse Practitioner Evaluations and Medication Utilization

	2006/07	2007/08	%Change
<b>Total Unique Clients Served</b>	<b>145</b>	<b>324</b>	<b>123%</b>
<b>Total # of Appointments</b>	<b>324</b>	<b>1081</b>	<b>233%</b>





## Counseling Center Utilization AY -06/07 to AY -07/08 [through 3.31.08]

### Counseling Centers – all campuses Outreach Preventive Wellness Education Totals

	2006/07	2007/08	%Change
<b>Total Presentations</b>	<b>75</b>	<b>184</b>	<b>145%</b>
<b>Total Non-Unique Individuals Contacted</b>	<b>3101*</b>	<b>9192*</b>	<b>96%</b>

\*Duplicated headcount

## Student Health Services Utilization AY -06/07 to AY -07/08 [through 4.30.08]



Proposal to Increase the Student Health Fee for  
Student Health Services &  
Counseling Center Services

Proposal recommended by a 2007  
Student Health Fee Committee comprised of 50%  
students with representatives from all campuses and 50%  
faculty and staff.

Part 1:

Phased implementation of \$2.50/credit hour over a 2 year period;  
\$1.33/credit hour in AY 07/08 to \$6.33/credit hour.

Part 2:

Increase the student health fee for AY 08/09 from \$6.33/credit hour to  
\$7.50/credit hour – an increase of \$1.17/credit hour.



Proposal to Increase the Student Health Fee  
Student Health Services  
& Counseling Center Services

Rationale for a 2-year proposal:

- The proposal must comply with the statutory criteria which regulate student health fee increases. There was not enough fee increase “*cap room*” (i.e. all students fees must not exceed 40% of tuition costs AND must not cause student fees to rise more than 5% in a single year) in 2007/08 to meet the determined needs.

Therefore, two consecutive increases were proposed and supported by demands for health and counseling services.

- The 08-09 proposal provides enough revenue to maintain the current level of services on the Boca Raton and MacArthur campuses without the need for reductions in services.
- The 08-09 proposal provides additional revenue to increase the availability of and access to healthcare and counseling services on all partner campuses.



### Distribution of the Proposed Fee Increase by Partner Campus

<u>SERVICE</u>	<u>AY-06/07</u>	<u>AY-07/08*</u>	<u>AY-08/09**</u>
<b>Boca Raton SHS (49%)</b>	<b>\$1,352,838</b>	<b>\$1,796,227</b>	<b>\$2,128,170</b>
<b>Boca Raton Counseling (25%)</b>	<b>\$710,818</b>	<b>\$916,443</b>	<b>\$1,085,801</b>
<b>Broward SHS &amp; Counseling (17%)</b>	<b>\$524,210</b>	<b>\$623,181</b>	<b>\$738,345</b>
<b>MacArthur SHS &amp; Counseling (6%)</b>	<b>\$168,905</b>	<b>\$219,946</b>	<b>\$260,592</b>
<b>Treasure Coast (3%)</b>	<b>\$86,500</b>	<b>\$109,973</b>	<b>\$130,296</b>

\* \$1.33 fee increase implemented Fall 2007, reflects actual collections as of 5/30/08

\*\* If fee increased by \$1.17 and assumes no change in enrollment credit hours

### Factors which may impact student health in the future

<u>FACTORS</u>	<u>ANTICIPATED IMPACT</u>
<p><u>Mandatory Health Insurance</u></p> <p>FSU mandatory for all new students Fall 2007</p> <p>SUS BOG Task Force (action delayed Until 2008/09 at the earliest)</p>	<ul style="list-style-type: none"> <li>• The impact upon health fees is unknown.</li> <li>• The enrollment costs for students currently uninsured would rise if insurance becomes mandatory for enrollment.</li> <li>• Enlarging the pool of insured students in a consortium should decrease the cost of insurance premiums.</li> </ul> <p style="margin-left: 20px;">In 2007, FSU increased their plan participation from 800 to 2,650 students, a 231% increase. Annual Premium: \$1,440 (domestic), \$1,390 (international)</p> <ul style="list-style-type: none"> <li>• The # of students filing medical withdrawals associated with financial hardships caused by expensive healthcare should decline.</li> </ul>
<p><u>Increase in Campus Housing</u></p> <p>On-campus residential units will rise +600 in 2009, over 9 years to 5,500 (Boca and Jupiter combined)</p>	<ul style="list-style-type: none"> <li>• Historically, students living on-campus use SHS at a higher rate than commuter students. Therefore, operating costs can be expected to increase with demand.</li> </ul>
<p><u>New Boca Raton Community Hospital &amp; UM-FAU Medical Student Training Program</u></p>	<ul style="list-style-type: none"> <li>•</li> </ul>

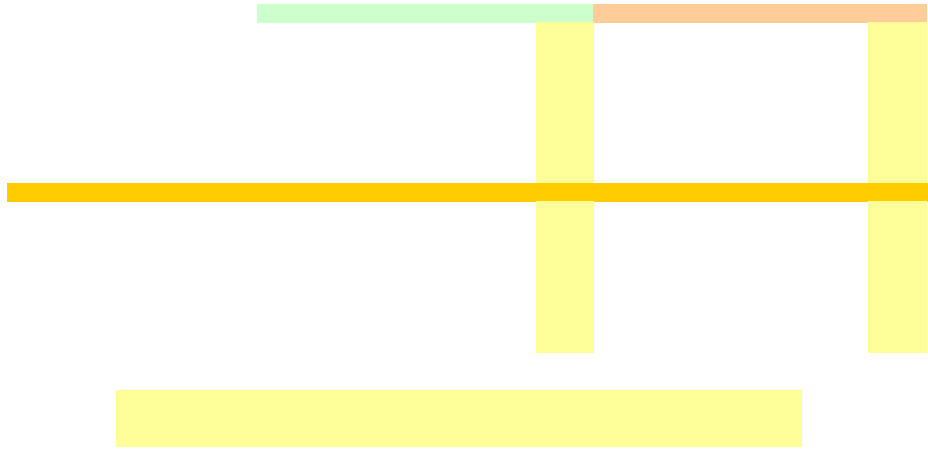
Factors which may impact student health in the future



## Cost to Comply With Mental Health Counseling Recommendations\* (Counselors : Student Ratios)

\*Source: FL Board of Governors 3.13.08

### Cost to Hire Additional Mental Health Counselors Across the SUS





## How will the \$1.17/credit hour be used for 2008-09?

### **Broward Student Health Services & Counseling Center:**

**Projected Revenue Increase \$115,164**

Enhance outreach and educational services to increase utilization by students.  
Fund appointment scheduling/support staff, freeing the Advanced Registered Nurse Practitioner to provide additional medical services for students.

### **MacArthur Student Health Service & Counseling Center:**

**Projected Revenue Increase \$40,646**

Enhance outreach and educational services to increase utilization by students  
Enhance on-campus health promotion offerings  
Build reserve account

### **Treasure Coast Campus:**

**Projected Revenue Increase \$20,323**

Enhance outreach of medical/counseling/wellness services to increase utilization  
Enhance on-campus health promotion offerings

