



CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
RESOURCE ALLOCATION PLAN  
FISCAL YEAR 2019-20

RAP-6

ACCOUNTABILITY REPORT  
(Applicable To All Funds)

Division: Student Life

Dept ID: 400235

Prepared By: M. Jazzabi/M. Warren

Fund Code: SF005 & TH452

Program Code: XXXXXXXXXX

*Student Health Center Operating & Facilities Funds*

Budget: \$6,725,767      Expenditure: \$6,786,643

Please use evidence-based data including year-end financial reports and historical data for comparison.

1. Describe how resources are aligned with the campus strategic plan, which includes Engagement, Service, and the Public Good; Welcoming and Inclusive Campus; Student Success; and Academic Distinction.

The Student Health Center (SHC) embraces the University's mission and strives to align resources to fulfill its role in furthering the objectives of our Strategic Plan while providing high-quality, affordable health care and health education for the students of Cal State LA, serving to preserve and enhance their potential for academic success and personal development. The Center's services include:

- Primary medical care
- Counseling and psychological services
- Psychiatric services
- Health promotion and education
- Pharmacy
- Laboratory
- Radiology
- Chiropractic
- CPR training
- Dental services
- Massage therapy
- Nutrition counseling
- Optometry
- Referral services
- Sexual assault and domestic violence victim advocacy

In providing these services, the SHC plays a significant role in supporting student success as health of the body and mind is paramount in maximizing learning potential and academic performance.

Furthermore, the Center educates and encourages students to adopt and maintain healthy and safe lifestyles that benefit, not only themselves but, the community at large. The SHC contributions extend well beyond direct services to students and include those in support of engagement, service, and the public good through its efforts in implementing public health strategies, public health education and advocacy, campus public health related communication, public health protection efforts, public health crisis management efforts, liaising with Public Health authorities, Public Health reporting, increasing awareness and enhancing knowledge of physical and mental health, as well as promoting best lifestyle practices to maximize health and wellness. In addition, the SHC engages in educational and training activities in direct support of academic programs and creating a welcoming inclusive campus that fosters wellbeing, care, and a thriving environment for students. The SHC's collaborations with University programs and departments in a supportive role are extensive and include those involving: Student Conduct; CARE Team; Dean of Students Office; WellbeingU; Veterans Resource Center; Dreamers Resource Center; University Student Union Cross Cultural Centers and Center for Student Involvement; ASI; EOP; New Student Orientation and Parent Programs; Housing; Public Safety; Risk Management & Environmental Health and Safety, OEDI Title IX; Human Resources Management; and many academic programs.

The Health Services Fee (SF005) and Health Facilities Fee (TH452) are the SHC's primary source of revenue and are used to cover the comprehensive cost of operations including salaries and wages, benefits, workers compensation insurance, supplies, contractual services, equipment, data storage, building repair/maintenance, and other operating expenses. As with most health care operations, human resources - salaries, wages and benefits - account for over 90% of the operating expenses. While this leaves little flexibility to reprioritize existing funding to support specific strategic goals, the Student Health Center continuously seeks to improve service to students and, as such, recruiting and retaining the highest quality healthcare providers and support staff continues to be a critical strategic priority.

This year, we incurred substantial unplanned expenses related to the COVID-19 pandemic, including: technology equipment and software required to facilitate telemedicine and tele-therapy services implemented due to the pandemic, additional PPE and medical supply acquisition, and personnel costs associated with bargaining agreement obligations that required emergency pay for non-exempt employees. The SHC is seeking reimbursement for many of these expenses as part of the University's FEMA filing, but it may be some time before these reimbursements materialize.

While adjusting to the needed operation modifications and delivering services differently in light of COVID-19, we continue to work diligently to align our resources in support of *student success; engagement, service and the public good; and, a safe, welcoming and inclusive campus* in accord with the University Strategic Plan.

## 2. Provide key evidence and measurements of success.

It is difficult to measure fully the outcomes of healthcare, mental health and health education services. Nonetheless, the Student Health Center regularly uses tools such as patient satisfaction surveys, patient feedback forms, client surveys and suggestions, and aggregate health information data from visits, encounters, outreach activities, educational activities, presentations, etc., to assess its outcomes. In addition, the SHC participates fully in CSU system-wide benchmarking surveys that compare health services across the system and our Student Health Center consistently ranks highly for services, access and affordability.

Despite the impact of COVID-19 on the Spring semester, this year the Student Health Center served about 5,179 unique student/patients through 18,477 patient visits to providers of medical and mental health care services, excluding ancillary services provided by Pharmacy, Laboratory, Radiology and our Referral Specialist. In addition, our Counseling and Psychological Services (CAPS) and Health Education departments provided a multitude of workshops, presentations, training sessions and group counseling sessions serving thousands of additional students, as well as staff and faculty.

The results from the most recent Patient Satisfaction Survey that was conducted were very positive. Patients asked to rate the health care provider they saw at their last visit responded that their most recent visit was very good, with responses ranging from 4.43 to 5.0 (rating scale was 0-5, with 5 being the highest rating or "excellent"). Patients also reported that they were very satisfied with the ease of getting an appointment and the overall waiting time for service. In addition, throughout the year we received many comments and suggestions via our patient feedback forms that provided useful insights and observations based on student/patient direct experiences with clinical services.

As with all survey results, assessments and patient input, our Quality Management team assesses and evaluates the data collected, recommending improvements and, where appropriate, working with management to initiate policy, procedural or operational changes to adopt these recommendations and implement changes in very tangible ways. Following the recent temporary transition to distance education, we have been exploring ways to effectively engage students remotely and incentivize them to participate in on-line assessments, we will continue to refine our approach to maximize student input.

### **3. Describe program outcomes and results. Identify challenges encountered.**

The organization's success is defined by the observation of its ability to facilitate improved student physical and mental health, positive changes in lifestyle choices, decreasing risky behavior, and increased understanding of best practices for sustained health and wellbeing. On an ongoing basis, the SHC assesses itself through its comprehensive Quality Management program that evaluates and improves many aspects of care and services provided. The SHC is externally assessed by the Accreditation Association of Ambulatory Health Care (AAAHC) and has been successful in attaining full accreditation throughout the years. In July of 2018, we received another full 3-year AAAHC accreditation, valid through July of 2021. In addition, the Student Health Center works collaboratively with the Office of the Vice President for Student Life, the Dean of Students Office, the Student Health Advisory Committee (SHAC), Associate Students Inc., the Campus Care Team and other campus constituents to respond to identified health concerns and improve the overall health and wellbeing of the student body.

The Student Health Services Fee (SHSF) increase implemented in Fall of 2018 has served to restore critical funding for the Student Health Center and alleviated the growing structural deficit. However, after successfully filling several critical provider and support staff positions, absorbing increased benefits and operating costs, and addressing the revised immunization verification requirements of Executive Order 803, the additional revenue provided by the 2018 fee increase is being fully utilized. We are now dependent upon the annual fee index adjustment, based on the Milliman Medical Index (MMI), to help the SHC keep pace with inflationary costs and stay within budget. We are hopeful that consistent annual indexing will assure the long-term stability of the Center's operating budget and preserve the quality of services to students in the face of ever increasing healthcare costs. Accordingly, effective Fall 2020, the President approved a 3.8% indexed increase to the Student Health Services Fee, prescribed by the MMI. These incremental increases provided by indexing the fee should allow the Center to keep pace with inflationary costs, but we remain uncertain of the potential fiscal impact that any enrollment shortfalls resulting from the ongoing COVID-19 pandemic could have on the operation.

The Health Facilities Fee (TH452) remains inadequate to sustain building maintenance and equipment expenses which continues to be an ongoing challenge for Center operations. This fee, under the purview of the Chancellor's Office, has not been adjusted since the mid-1980's and falls dramatically short of meeting the building repair and maintenance needs of our aging facility. Accordingly, revenue from our primary Operating Fund (SF005) will continue to be required to offset any essential building repair and maintenance costs incurred by the Center.

The Student Health Center, working closely with Enrollment Services, launched a soft implementation of immunization compliance for Fall 2020, in accord with Executive Order 803. The revised EO 803 expands the list of required immunizations/screenings and mandates immunization verification for all new and incoming students by Fall 2021. This unfunded mandate has had a substantial fiscal impact as the SHC has been forced to absorb the costs associated with securing additional outside resources and enhanced technology required to fully support our compliance efforts for approximately 8500 new students each Fall. E.O. 803 mandates that the University achieve full compliance by the end of the Fall 2021 semester.

In addition, the COVID-19 pandemic also impacted the SHC significantly during the last quarter of FY 2019/20 and continues to have an ongoing impact on SHC services and operations. We were immediately forced to drastically modify our operations in order to safeguard personnel and protect the health and safety of students and our workforce, as well as to comply with Public Health guidance on physical distancing and other measures. These modifications included reducing our daily on-site workforce, modifying our hours of operation, retooling our intake and service provision procedures, and adding the delivery of telehealth services to students, while keeping essential on-site services available including: medical care, mental health, and ancillary services such as X-ray and laboratory and pharmacy. Augmented services (Dental, Chiropractic and Massage Therapy) that are considered non-basic, high exposure risk and non-essential have been temporarily suspended to safeguard students, staff and contracted practitioners. The Chancellor's decision to pivot to on-line remote learning in March necessitated a rapid transition to telehealth and a substantial investment in remote technology, including hardware, software and Zoom health licensing required to deliver remote medicine efficiently and effectively to the campus student population. This unplanned and unanticipated expense resulted in the limited utilization of SHC reserve funds (retained earnings), which we are hopeful will be recovered if and when our portion of the Campus' FEMA filing is reimbursed.