

SFAC Winter Meeting #4
2/5/16 2:00PM-4:00PM
Price Center West Warren College Room

Call to Order

Present: Paul Tchir, Jackie Markt-Maloney, Ellen Kim, Andrew Thai, Ei Lin Chong, Crystal Inacay, Akshay Tangutur, Norienne Saign, Ivan Evans, Sylvia Lepe-Askari, John Hughes

Absent: Chad Mackie, Mukanth Vaidyanathan, Negin Mokhtari

Approval of Winter Quarter Meeting #3 Minutes
Motion by Mukanth, second by Chad

Student Health and Well-being Presentation

1. Mission statement: help students in their academic success and personal growth
2. CAPS, Health Promotion Services, Student Health Services, MSO
 - a. Integrative model that is considered the standard of care
 - b. Peer Education program (Student Health Advocates, Wellness Peers)
 - c. Well-Being Cluster Student Advisory Board
 - i. Very representative of the student population - groups from each college, international students, grad students, - an effective model of information transfer
 - d. Rec, CARE @ SARC were previously part of the cluster,
 - i. Still doing all those programs together, still looking at mutual goals and accomplishments for the betterment of well-being in general
3. Public Health Approach
 - a. Clinical 1:1 – meetings with a physician, counselor
 - b. Targeted outreach/Education – prevention model, reaching out to students that are at risk
 - c. Population Based – the entire community (student body), programs that reach out to everyone, affecting the largest number of students through programs and campaigns
4. Resources
 - a. SSF consists of over half the resources, roughly a third from income, and the rest from SHIP
 - b. CAPS and Health Promotion Service funded completely by SSF
5. CAPS
 - a. Community psychology model
 - i. CAPS psychologists posted throughout the campus in strategic areas and undergraduate colleges
 - ii. Many centers have their CAPS stationed in one area – the community model is a great model being emulated by other campuses
 - b. Short term model
 - i. Much more effective to a greater number of students, long term care is dealt with off campus

- c. Tritons Flourish – manage stress, provide resilience, inform students of the skills needed to get through the tough times
- 6. Health Promotion Services
 - a. “What are the kinds of programs and services that are likely to lead to change?”
 - b. Drug and Alcohol Risk Reduction: “Floaties Training”
 - i. Bystander intervention program, started 2013-2014
 - ii. Reached almost 500 students, with a total of almost 1,100 students by Fall 2015
 - iii. Trains students on how to intervene and prevent substance abuse, but also reduce harm and lower the risk of high-risk students
- 7. The Zone
 - a. Over 300 programs with over 20,000 participants
 - b. Recent issue of turning people away due to lack of space
 - c. Major percentage of students reporting that the Zone is a positive, relaxing environment
- 8. Student Health Services
 - a. Extended hours at SHS
 - i. Put into effect a year ago
 - ii. Tuesday and Wednesday, stayed open until six
 - iii. Saturday, available from 9am-12noon for urgent care and pharmacy
 - iv. UCSD Urgent Care – had not had urgent care in the past
 - 1. Students are ending up going to the emergency room at a greater expense to them
 - 2. Scheduled to open this summer
 - v. Overall, a 7% increase in visits and a 55% increase in prescriptions filled
- 9. UCSHIP
 - a. Student representatives cast campus votes on any changes
 - b. “In the black, healthy reserves, good data”
 - c. Two mid-year plan design changes
 - i. Required by law to be consistent with ObamaCare services
 - ii. Benefits are greater
 - iii. Mental Health: \$250 copay for inpatient hospitalizations; a more predictable amount and encourages students to go voluntarily – this year, the copay is eliminated, and students that have already paid it will be reimbursed
 - iv. Out of Pocket Maximum: \$500 over the required amount – will be reduced, and will reimburse any students that have paid over that
 - d. UCOP exploring Medi-Cal students – many students waive out with Medi-Cal paid for by the government
- 10. Student Mental Health Funding
 - a. 5% increase in SSF
 - b. Funds strictly for Tier 1 mental health (clinical 1:1 care)
 - c. Increase access to mental health services
 - i. Long wait times (result of not having enough staff), desire to see the wait times decrease significantly
 - ii. Seen periods of up to 5 week wait times

- d. Accountability of how the funds are being used
 - e. Jump start and deficit, will be overspending to improve the wait time right away, using reserve funds to fund extra positions
 - i. On the backend, there will be a period of time to repay the monies to the reserves
11. New CAPS Staff
- a. Sixth College and Liaison to RAZA Resource Centro
 - b. Psychologist at Central CAPS
 - c. Two new psychiatrists
 - d. Future staff
 - i. 2 clinical social workers/case managers
 - ii. 2 psychologists to work with Asian American Pacific Islander Students
 - iii. 1 psychologist to work with students with special needs
 - e. Issue of space is the biggest concern
12. More info regarding Tritons Flourish
- a. Campaign that will be campus wide, and hopefully system wide
 - b. Goal is to engage everyone including staff and students so that they know how to prevent students from “falling,” through programs targeted towards faculty, staff, and students
 - c. Specific in nature, i.e. having a sense of belonging means being entitled to asking for health, having support from everyone
 - d. The form in which it will take has yet to be determined – programs, classes, workshops, etc.
13. Wait time for psychiatrists?
- a. 1-2 weeks maximum, urgent students can come the same day
 - b. With the increase in staff, what is the goal for wait times? Within 2 weeks
 - c. Numbers based on enrollment of students last year, so they’re somewhat skewed because of the increase of students year to year
 - d. Tracking the wait times at every campus, and the results will be presented to the Regents and groups here at UCSD
 - e. Week 5-10 is when wait times get out of hand, even normalizing the wait time will be a great accomplishment
14. Expansion of CAPS in response to student enrollment
- a. Make sure that the money from the increase goes to CAPS, hopeful about the future of it going forward
 - b. As the enrollment comes, that money would go towards Tier 1 – leads to a need in Tier 2/3
15. Can these expanded funds be used for the other tiers/
- a. These funds will be ongoing for the staff positions at Tier 1
 - i. Diverting that money would mean letting staff go
 - b. Dream is to expand the current Student Health center building and build a bigger Zone and provide more services
 - c. System wide committee focusing on mental health at Tier 2/3

Resource Analysis Dyad

1. First priority
 - a. Obtaining information – goal for this week is to identify specifically what they want to know and gather that information
2. Contact SFAC committees from other campuses to see what the best practices are and ask about their permanent and temporary allocations and how they avoided emptying their temporary funds
3. Gain a concrete understanding of the 5% student fee increase so that future SFACS and students can understand
4. Influence of 2014-2015 SFAC
5. Reviewing the VCSA charge and laying out what they believe
6. Set of criteria for basic SFAC procedures unrelated to the Deep Dive dyad
7. Identifying goals and priorities, past methods of review

Adjournment

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