

Division **Enrollment Management & Student Affairs**
Department Student Health & Wellness Center

1. What are the main objectives of your unit, and how do you measure success in achieving them?

Main objectives: To provide medical and mental health services to help students succeed academically.

Measure success: By the number of students served and the percentage of students who pay the health fee who access the services. We also look at those who access services and compare the number of students that seek SHWC services who return the following year which over the past several years has been at a higher rate than the general student population.

We are accredited by AAAHC and we are reviewed every 3 years and they have recertified us every time. They review all of our procedures to ensure we are providing the best services to students. Please see links for [decision letter](#) and [survey report](#) for review.

Every year we submit an Improve report to the SOU Assessment Team which outlines our successes. The reports can be found [here](#) and [here](#).

We also administer student surveys and we received very good feedback and incorporate some of their suggestions to improve our system.

2. What are the services that your unit provides and to which customers (students, faculty, staff, donors, others)?

Students: medical and mental health services (including CORE which is a recovery program)

Faculty/staff: We primarily serve registered students. Under certain circumstances we can provide services to staff and faculty such as providing Covid vaccinations during the pandemic. SHWC does support faculty with student concerns. Many faculty and staff have physically walked students to SHWC for assistance and have called for guidance on how to handle certain student mental health situations.

Trans Care – one of our nurse practitioners specializes in caring for this population. This is a service that is very difficult for students to access locally.

In addition to the mental health counselors, our medical providers provide mental health services to students in the form of medication but they also spend a lot of time with these students. 50% of our medical doctor's appointments are related to mental health.

Vaccines – Covid, flu, measles, DTap, HepC

STI testing & treatment - Chlamydia, gonorrhea, HIV, syphilis

OHP application – we assist students in applying for OHP and can be approved immediately

Lab & medication dispensary – we offer blood draws, testing and medication to students on site for low cost.

Partners with community organizations - Agreements have been made with Options of Southern Oregon (mental health agency) to provide counseling and other mental health services to SOU students who have the Oregon Health Plan. Options assigns a specific counselor for our students and the Executive Director meets monthly with this counselor who provides SHWC with updates on our students she is engaged with. Another Agreement has been made with Paradigm Mental Health & Wellness Services (psychiatric care) where they assign a Psychiatric Mental Health Nurse Practitioner to our students and she works out of the SHWC one day per week to see our students who are patients of Paradigm. This organization provides psychiatric assessments, diagnosis and medication management to our students who have complex mental health needs.

3. List each position in your unit, and briefly describe the responsibilities of each. Include part-time and work-study student hours. Indicate if functionality of the position is tied to federal, state, or institutional compliance.

Lorraine McDonald – Medical Doctor. Part time/9mos. Primary health care includes: medical, surgical, orthopedic, gynecological and psychiatric care. Chief of Medical Staff. Physician dispensary (State). Lab (State). Medical consultant. Eating Disorders specialists. Nurse Standing Orders. Quality improvement.

Lisa Clayton – Family Nurse Practitioner (Medical Practitioner Mid-level). Part time/9 mos – contract is extended to provide services during 9 weeks in the summer. Provides direct patient care, medical and mental health. Lead work – medical services coordination, represent medical staff at Leadership, helps to establish procedures and policies, orientation of new employees, establishes standards of performance and assesses workers performance, and represents the medical staff to those outside of SHWC. Quality improvement.

Janet Reavis - Family Nurse Practitioner (Medical Practitioner Mid-level). Part time/9 mos. Provides direct patient care, medical and mental health. Physician drug room coordinator (state). Transgender healthcare specialist. Quality improvement.

Cindy Garboden – Registered Nurse 2. Part time/12 mos. Lead Nurse. Provides direct patient care (medical). Nurse Coordinator - Manages daily clinic flow. Triage – point person for students who walk in without an appointment. Cross trained in lab, dispensary, and front desk. Maintains medical equipment. Leadership team, helps to establish procedures and policies. Takes med team minutes. Point person of contact for emergencies (after administrative and medical directors). State immunization program. Helps to obtain accreditation. Main contact for Medcat (electronic health record). Quality improvement.

Bill Cross – Registered Nurse. Part time/9 mos. Provides direct patient care. Works with the transgender population. Quality improvement.

Carol Vergin – Registered Nurse. Part time/9 mos. Provides direct patient care. State immunization program. Travel consultations. Quality improvement.

Dante Cruz – Medical Assistant. Direct patient care. Cleans and stocks rooms. Assist clinician as necessary. Crossed train to work the front desk. Performs limited lab tests. Oversees/orders medical supplies. Disinfects/sanitizes equipment and furniture. Maintains autoclave. Quality improvement.

Donna Cook – Medical Lab Technologist. Part time/9 mos. CLIA (lab) certification in Donna's name (Federal/State) – Lab duties: run lab tests, coordinate off site lab tests, blood draws. Restock supplies. Oversees OTC. Updates processes and procedures. OSHA coordinator. Safety coordinator. Quality improvement.

Jose Garcia-Gomez – MH Clinical Coordinator – full time/12 months. Direct patient care: individual, couples and group counseling/therapy. Coordination of services. Risk assessments. Participates on the leadership team. Liaison to SSN/Behavioral intervention. Works with the Office of the Dean. Cares reports. Works with campus personnel. Quality improvement.

Lisa Majchrzak – MH Triage Counselor – Full time/9 mos. Direct patient care. Provides triage, same day appts and crisis intervention. Referrals (on and off campus)/advocates for students. Coordinates with the Dean's office.

Marcy Elliott – MH Counselor – Full time/9 mos.

Open – MH Counselor – Full time/9 mos.

Monica Ross – OS2 – Office Medical Specialist. Full time/12 mos. Front office: Greet/assist students, schedule appts, create remote appts, verify student eligibility, multiphone line, scan to EHR and communicate with individuals across campus. Clears measles holds. Oversight of Health Records Release of Information process including copying/scanning to and from outside entities. Monitors appts and associated forms. Creating/updating schedule templates in EHR. Takes minutes at all staff and front desk team meetings. Quality improvement.

Sarina Breen – OS1 – Office Medical Specialist. Full time/9 months. Greet/assist students, schedule appts, create remote appts, verify student eligibility, multiphone line, scan to EHR and communicate with individuals across campus. Clears measles holds. Distributes daily mail. Coordinates peer reviews. Maintains front desk phone messages. Maintains Health Resource Library. Clears measles holds.

Sue Phillips – Clinic Business Manager. Full time/12 mos. Oversees the operations of the SHWC including financial management and budgeting. In addition to her regular work she has become certified to assist students apply for the Oregon Health Plan. Building Manager. RH Coordinator (CCare). Third party and CCare biller.

Anna D'Amato – Executive Director. Full time/12 mos. In addition to her regular work, she is a member of the Equity Grievance team, is a liaison to several community committees, facilitates the recovery program (CORE), is a member of the Threat Assessment team and the liaison with Jackson County's threat assessment team, is on the Equity Grievance Team as a Process Advisor/Investigator, and is a member of SOU's Assessment Team.

4. Do you see needs and demands for services that your unit cannot currently meet? If so,

what are they, and how do they relate to the university's mission?

We have a greater need for mental health services (both counseling and psychiatric medication services). We no longer have a psychiatric mental health nurse practitioner and our medical providers do their best in assessing, diagnosing and prescribing mental health medication but they are not specifically trained for this specialty.

Between Cares Notes, faculty requests and student requests for on-going counseling we do not have enough counseling services to meet this need. We started Fall 2022 with a waitlist of approximately 45 students requesting counseling services who we could not schedule due to lack of staff. When we are fully staffed, students have to wait up to 3 weeks for their first counseling appointment. Last year 30% of the Cares Notes received in the Dean's office were for mental health concerns which was a 15% increase from the previous years.

Student's mental health is directly related to the University's mission because if they are too stressed, anxious, depressed, etc. they are not succeeding and are leaving SOU. SHWC has compiled retention data for student's who use our services and the percentage of these students who return the next year compared to the general population. Students who use SHWC services return at a higher rate than the general population. See retention data [here](#).

5. How could the university help your unit do its job better?

We have had a very difficult time competing with the other mental health agencies because our wages are low and we only offer 9 months employment. If we could increase the pay and extend the contracts from 9 to 12 months we may be able to meet the needs of the students and attract new employees.

If we lose any of our medical staff, we would have a difficult time replacing them because of the lack of professionals in our area but also because our wages are too low for this field.

We have eliminated the Health Promotions Specialist position so we don't have staff to promote our services which has resulted in fewer students accessing our services and the inability to promote healthy living.

We used to do substance abuse assessment and treatment which was a responsibility of the Health Promotions Specialists and a mental health counselor who specialized in this field. We have lost both positions so we have stopped offering this service.

6. In what ways does your unit relate to other units of the university, academic and non-academic? For example, what services do you provide to other units? What services do other units provide to you? On what tasks do you collaborate with other offices?

We often collaborate with the Dean's office, DR, Housing, and Athletics on students who are struggling with their mental health. Faculty call for assistance and often walk students over to SHWC for mental health services because they are exhibiting concerning behaviors in their classes. We often see students in crisis (either they walk in or a campus partner refers them) and assess a student's level of risk of suicide or homicide. We then recommend a plan to ensure the student and campus' safety. If a Cares Note is received reporting concerning behavior (suicide

ideation, not attending class because of mental health reasons, etc.) it is forwarded to the Executive Director and one of our counselors will call that student and talk with them. This may result in them coming in immediately or scheduling an appointment to discuss their mental health concerns.

The Dean's Office works with our students in counseling who need academic accommodations.

We collaborate with the Service Center on ensuring invoices related to SHWC are paid and any income received at SHWC is appropriately deposited in the appropriate accounts. Our Business Manager oversees the budget and reviews the debits and credits to ensure they have been accounted for correctly.

SHWC collaborates with FMP to perform maintenance on the SHWC building and infrastructure and SHWC pays for these services.

7. What skill sets and resources does your unit possess that can be shared with other units at slack times?

Our Office Assistants could help other units with administrative work, our Business Manager can also help with budget and other administrative needs.

The SHWC is also an important partner in any disaster or crisis on campus.

8. Which individuals in your unit are cross-trained and in what areas?

Our unit is very specialized and there are not any other areas they are cross-trained in except possibly our Office Assistants and Business Manager.

The Executive Director serves on the Incident Management team and was very instrumental in managing the covid pandemic on campus. She was the liaison between SOU and public health throughout the pandemic and continues in this role. She is also connected with the larger Jackson County community. She is the contact person for Jackson County Mental Health, sits on the Jackson County Threat Assessment Team, sits on the Continuum of Care board (oversees funding for homeless serves and serves as a SOU rep), and is the co-chair of the Jackson County Suicide Prevention Coalition.

The Executive Director is also the contact for the local hospitals. If a student goes to the ER or is admitted to the Behavioral Health Unit, the social workers will call her to inform her of the discharge plans for the student and may schedule them for follow up with a counselor at SHWC. A counselor will call the student after they are discharged and schedule an appointment for a post-hospital follow up appointment.

9. What resources do you need to improve your services to a superior level?

Increase our wages, increase the length of time the health center is open and we need "people" resources. We have not been able to fill all of our Mental Health Counseling positions because there are not enough resources in the field and our wages are low. We have four counseling positions and only three have been filled.

I think we can have more interns which would increase the number of students we service but that would require a full time Clinical Coordinator so we would have to take away the direct service component of the Clinical Coordinator's position which means we would need funds to hire a part-time Mental Health Counselor to make up for that loss.

We do not have a medical director and if we had one, they would be instrumental in bringing our services to a superior level.

10. What technologies are available to you to provide your services better? What training do you need to be more effective users of the technology?

We do not have any technical support for our electronic health record. Currently one of our Nurses is the point person for all the technical issues with this system and it takes up a lot of her time to manage this system. We could use a part-time IT person specifically for the health center's electronic health record. We would be more efficient.

11. What one thing do you wish you could do differently to improve your effectiveness but have not had the opportunity, time, or resources to do?

With the elimination of the Health Promotions Specialist, we have lost our ability to market and communicate with students and the campus community about SHWC's services. We have experienced a drop in the number of students seeking medical services and if we had the Health Promotions Specialist I know they would be spending a lot of time marketing these services and believe our numbers would increase.

12. How do you review and evaluate your department's yearly performance?

We collect data on the number of students served, student surveys, AAAHC studies and accreditation. See the AAAHC [decision letter](#) and [survey report](#). We also complete Peer Reviews 2x per year, performance evaluations of all employees (not just classified staff), and we have a system for student's to provide feedback which are reviewed and SHWC often makes improvements based on the student's comments.

13. Explain how your unit could function with:

- a. A 10 percent reduction to staff
- b. A 20 percent reduction to staff
- c. A 30 percent reduction to staff
- d. A 10 percent reduction to non-personnel resources
- e. A 20 percent reduction to non-personnel resources
- f. A 30 percent reduction to non-personnel resource
- g. What would be the consequences or other effects on service delivery in each case?

Our reductions look a little different because our revenue is based on student fees so the below scenarios are dependent on whether we increase the health fee or not. These budget numbers are to balance our budget (which currently has approximately \$400,000 deficit)

No increase in fees:

- Reduce FTE from 11.49FTE (16 people) to 9.15FTE (16 people – cut each person a little bit) or 9.65 (13 people – cut full positions).

Increase health fee 10% to \$192.50 per term:

- Reduce FTE from 11.49FTE (16 people) to 10.73 FTE (15 people).

14. What opportunities exist for greater collaboration and team approaches in the delivery of services?

No other program on campus provides these specialized services but we do collaborate with the Dean's office and the SSN partners to work together for the health of students.

15. How many "middle managers" do we have? Are there opportunities to reduce middle strata in the organization and expand the span of control?

We have one middle manager and her span of control has already been expanded. We eliminated our billing person about 4 years ago and the Business Manager took on those duties. This billing is required by the State CCARE program. She also took on the additional task of becoming a certified "assister" and is able to work with students to apply for OHP.

16. What technological improvements could be made that would result in labor savings?

If we had an IT person at SHWC we may be able to do more electronically so that we possibly would not need 2 full time office administrators although health services is a service that needs to interact face-to-face with our students.

17. How can a service be more efficiently delivered?

Again, improving our ability to understand our electronic health record system, we should be able to deliver our service more efficiently.

18. What processes do we have that can be streamlined or eliminated to improve service delivery?

None.

19. Restructuring: What efficiencies might be gained by consolidating similar entities?

The only entity we may be able to consolidate with is the Care Coordinators at the Dean's office but the education, training and confidentiality is very different so you would still need a Clinical Coordinator to oversee the Mental Health Counselors.

20. Personnel: Have we worked around or structured around non-effective personnel and other personnel issues, and is this the time to stop indulging and start confronting the issue(s)?

We have eliminated all the personnel with issues over the years. We do not currently have personnel who are not doing their jobs.

21. Outsourcing: Are there other opportunities to outsource non-mission-critical services to private contractors who could do it better, faster, cheaper?

This is always an option that can be explored.

22. Customer focus: How might our services be structured or delivered to meet the needs of students, faculty, staff, donors, and others better?

If we had more mental health counselors we could place them in other buildings where students may be more likely to utilize this service. For example, if we could place a mental health counselor in Athletics, those students may feel more comfortable seeing a counselor who is seen as part of their team rather than having to come to SHWC. Or if we could place a mental health counselor in the SU, it is more centrally located and more students may access the service.

We could explore the possibility of providing medical services to faculty and staff.

23. Benchmarking: Compare your unit with similar units at other institutions or national norms.

We are very similar to our health services at other universities. I meet with my counterparts regularly and those that offer integrated services (medical and mental health) we are very similar.

A big difference is that many of the schools hire PhD Psychologists to provide counseling to the students which means they can also offer psychological testing. Some of that testing is for ADHD and ADD which we have to refer out for those assessments.

24. What can we stop doing?

As enrollment has decreased, the number of medical appointments have also decreased, although I feel with more marketing we could increase the number of students accessing medical services. One option is to decrease the number of hours (or days) that we provide medical services to match the number of students seeking medical services.