

IUPUI Student Health
“A Vision for the 21st Century”
Spring 2008

Introduction

At the present time, IUPUI is not meeting the health needs of its students. Student Health Services (SHS) and Counseling and Psychological Services (CAPS) are only marginally available to students, primarily due to the limitation in financial resources. The campus is at the crossroads of either revisioning and repositioning these services to support good practices of care, or withdrawing from providing these services all together. Withdrawing from these services altogether is not a viable option, given the requirements of the IU School of Medicine to insure that its students are provided certain types of care and the obligation of the campus to provide access to care for those students, such as international students and residential students, who would not otherwise have such access. In addition, as IUPUI seeks to be a leading urban research institution, provision of physical and mental health services is integral to adhering to “best practices” of higher education and supporting student success.

Over the last few years, several changes have been occurring which have led to the need to re-evaluate health services offered to students. One change is the increasing number of students at IUPUI. Since IUPUI was established in 1969, the enrollment has steadily increased to almost 30,000, making it the third largest institution of higher education in the state. In addition, the number of students living on campus has increased dramatically, from 369 in the fall of 2002 to approximately 1,100 in the fall of 2007. This number will increase even more, as IUPUI plans to eventually house 3,000 students on campus. Finally, there has been an increased appreciation of the need to provide for the health of the community, not just the health of individuals. Public health issues receiving increased attention include unhealthy life styles (e.g., smoking, obesity, and decreased physical activity), infectious disease outbreaks (e.g., SARS, mumps) and disaster preparedness. There has been an increasing demand to provide health care as a part of the comprehensive package of student services which every student could access.

In recent years, there has been a steady increase in the demand for mental health services on college campuses. The National Comorbidity Study (1) found that 51.4% of college students meet the diagnostic criteria for a mental disorder, in comparison to 47.8% of the general US population. Recent results from the National Survey of Counseling Center Directors 2007 (2) indicated that 92% of counseling centers are noticing an increase in the number of students seeking services for severe psychological conditions, and the overall demand for services is ~8% of the population.

Additionally, recent tragic campus events, including acts of violence and weather-related incidents, have highlighted the need for crisis-related medical and mental health services. Counseling and medical staff members are increasingly being asked to serve on committees reviewing student behavioral concerns and campus safety issues. Several recommendations from the “Report of the Virginia Tech Review Panel” are related to enhancing campus mental health services and crisis response plans.

I. Baseline Information

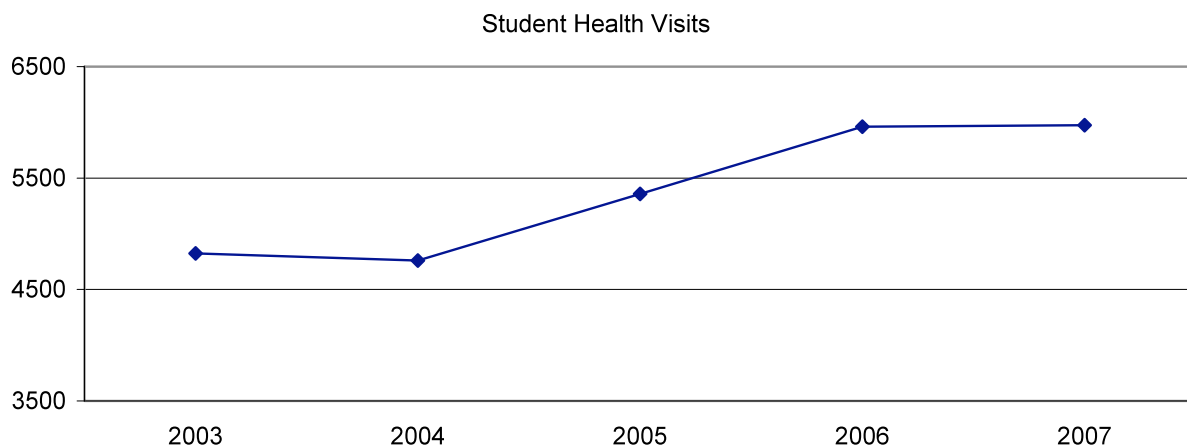
A. Student Health Services

Student Health Services at IUPUI are provided by IUPUI Health Services (IUPUI HS), a clinic located in Coleman Hall and administered by the IU School of Medicine (IUSM). The primary functions of IUPUI Health Services are to provide employee health services to IUPUI employees and to provide required immunizations and surveillance to students in the health care fields. Secondary functions of IUPUI HS include providing employee health services to Clarian employees at IU Hospital and Riley Hospital and to provide health service to IUPUI students. IUPUI HS provides services to Clarian employees on the IUPUI campus for historical reasons and because the overlap of the types of services required by Clarian and IUSM allows such services to be provided efficiently, resulting in a relationship that has been beneficial to both entities.

IUPUI HS provides a variety of services to students. The following is a list of the most frequent services requested:

- Acute care visits
- Immunizations
- Physical examinations, required for various purposes
- Preventive medicine visits, such as annual preventive visits for women

The number of student visits to IUPUI HS has increased over the last five years. However, student visits still represent only about one-third of the total visits seen at IUPUI HS. Student visit data for 2003-2007 are presented in the following table:



There are several reasons why the use of IUPUI Health Services by students is limited:

1. IUPUI HS receives limited funding from IU School of Medicine and IU School of Dentistry for student health services. This funding is to provide care for students who experience exposures during their clinical work. All other student health services provided at IUPUI HS must be directly charged to the student. Thus, students usually pay on a fee-for-service basis when they are seen. The average cost of a visit to a provider (physician or nurse practitioner) is \$55.00.

2. The IUPUI HS facility is small. The clinic contains only 3550 ft² and is located in Coleman Hall. Coleman is a convenient location for the IU School of Medicine, but not a convenient spot for most students on campus. The clinic was renovated in 2005. The renovation improved the efficiency and appearance of the clinic, but it did not increase space. The amount of space is still only 12% of the 30,000 ft² amount recommended in the IUPUI Programmatic Review of Student Health Services and Counseling and Psychological Services performed in 2004 (3).
3. Education and outreach programs (e.g. health education, screening programs, immunization clinics) are very limited due to lack of funding for such activities.

There is interest in making student health services more available to students. One officer of the Undergraduate Student Assembly advanced a student health fee proposal in 2002. However, a health fee was not approved at the time. IUPUI HS held focus groups with residential students in February, 2003 and the students indicated that they were willing to pay a health fee at the beginning of the semester if it led to a decrease in their out-of-pocket expenses at the time of a visit.

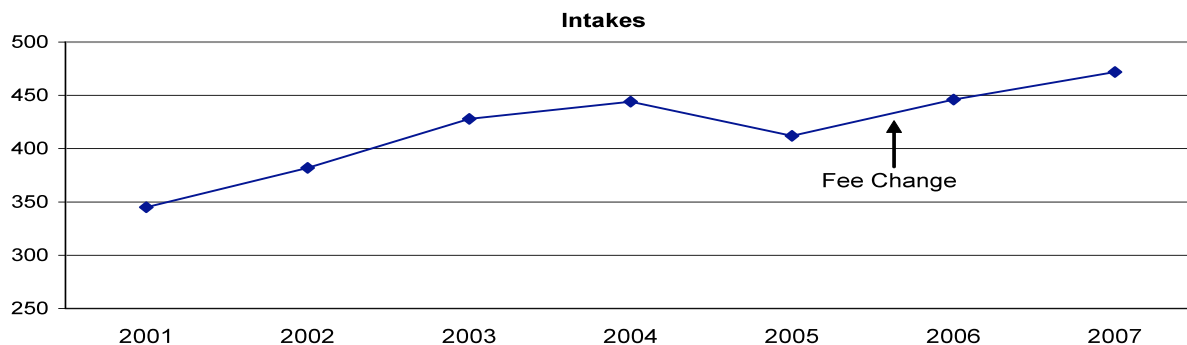
In addition to providing acute health services to students, IUPUI HS should provide public health services to the campus. Such services include:

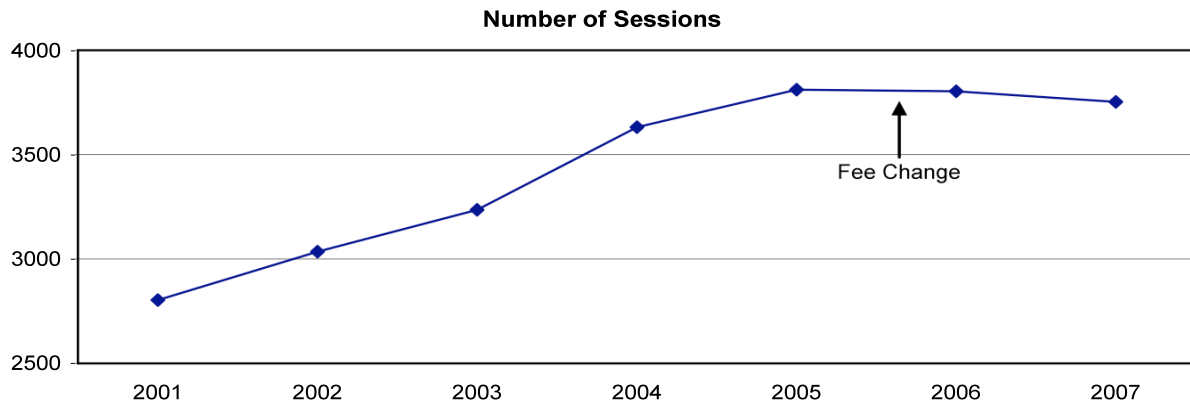
- immunization programs
- health screenings
- education programs
- control of contagious diseases
- assistance with disaster preparedness

These services are needed more now than in the past because of the increased number of students living on campus. The staff at IUPUI HS would like to perform these functions, but does not have the time or resources to do so. A new funding method, such as a health fee, in which some resources could be dedicated to the public health of the campus, would allow such public health functions to be performed.

B. Mental Health Issues at IUPUI

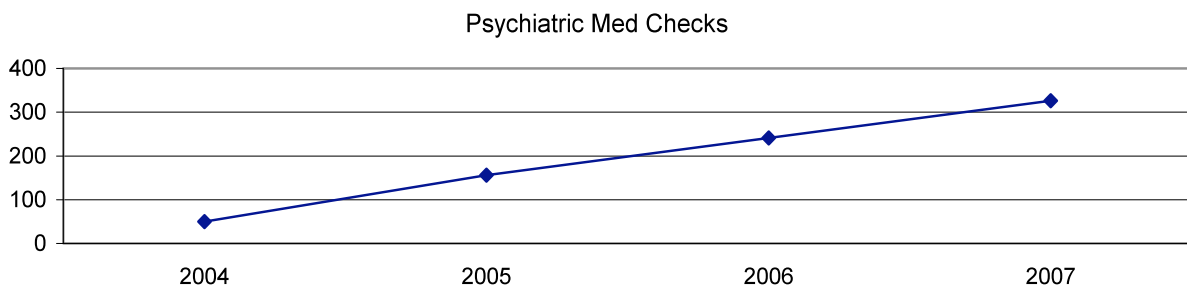
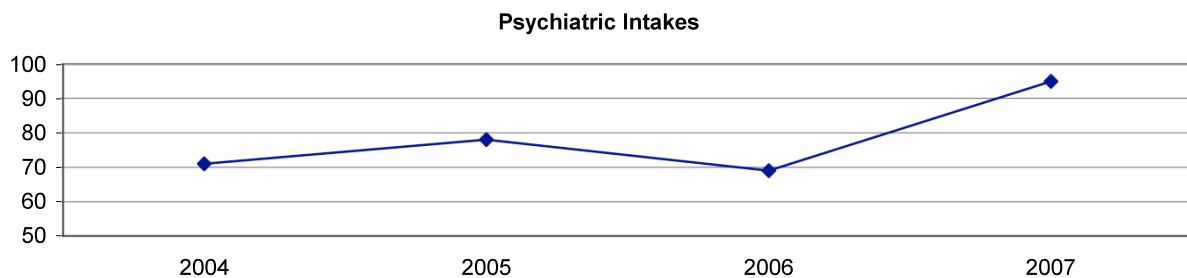
IUPUI CAPS is no exception to the national trends of increasing utilization rates at college counseling centers (2). The number of students seeking counseling services at CAPS has increased by nearly 37% since 2001. The number of sessions provided by CAPS' staff has increased by 34% over the same time period. .





Most students presenting for services at IUPUI CAPS report significant functional impairments due to their psychological symptoms (>30% moderate to severe, 25% mild difficulties), including impairments in academic functioning (>60%). Currently, the most common symptoms described by students are those of clinical depression and anxiety. In addition, CAPS' staff have responded to 80-100 incidents of acute distress, or "crisis" appointments, each of the past four years. While these services account for a relatively small percentage of total sessions, management of such situations requires the greatest quantity of resources regarding professional staff, allocation of time, and utilization of other campus and off-campus resources.

In response to these increases in severity of concerns and the concurrent need for medication management, CAPS now houses a consulting psychiatric resident who is available to IUPUI students on a referral basis at a significantly reduced cost. As can be seen below, the demand for and utilization of this service has increased dramatically since implementation in 2004, with nearly a 3.5-fold increase in total service delivery.



Despite the increased demand for and utilization of CAPS' services, the number of full-time clinical staff has remained relatively constant since 1986. Attempts to meet the increase in demand for services have included:

- 1) temporary financial assistance from Vice-Chancellor Whitney funding a Post-Doctoral Fellow and Staff Counselor – this funding is no longer available,
- 2) utilizing the maximum number of graduate student counselors possible given the availability of licensed staff to provide required supervision,
- 3) a reduction in outreach and prevention activities in order to maximize time for direct clinical service provision by full-time staff, and,
- 4) implementation of a waiting list for students judged to not be in imminent danger. Unfortunately, a high percentage of students placed in the wait list did not return for counseling when contacted at a later date.

In July 2001, CAPS underwent an external review and site visit by The International Association of Counseling Services, a worldwide certifying organization for both community and college/university based counseling centers. In the denial for certification letter, the IACS wrote,

“The most serious problem is the low counselor to student ratio. The IACS Standards state that every effort should be made to maintain the minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) to every 1000 to 1500 students. Your staff of three professional counselors to serve approximately 27,000 far exceeds this standard.”

While this target ratio may be considered idyllic by some, the average staff:student ratio for institutions of all sizes is 1:1969, while universities with >25,000 student enrollments are staffed at a level of 1:3060 (2).

C. 2004 External Review of Student Health Services and CAPS

Under the direction of Vice Chancellor Karen Whitney, an External Review Committee was commissioned to perform a Programmatic Review of Student Health Services and Counseling and Psychological Services at IUPUI in June 2004 (3). Occupational Health Services were also evaluated, but were not the focus of the review. After a period of evaluation, including two days on-site, the Review Committee produced a 42-page report.

The report had many recommendations for Short-Term (0-2 years), Intermediate (2-5 years) and Long-Term (5-10 years) changes in service and structure. Key recommendations included:

1. Reconsider the organizational structure
2. Change the funding model, including implementation of student health fee
3. Obtain accreditation
4. Build a new health and wellness facility

In addition, the Review team wrote the following direct comments regarding current student health and mental health services:

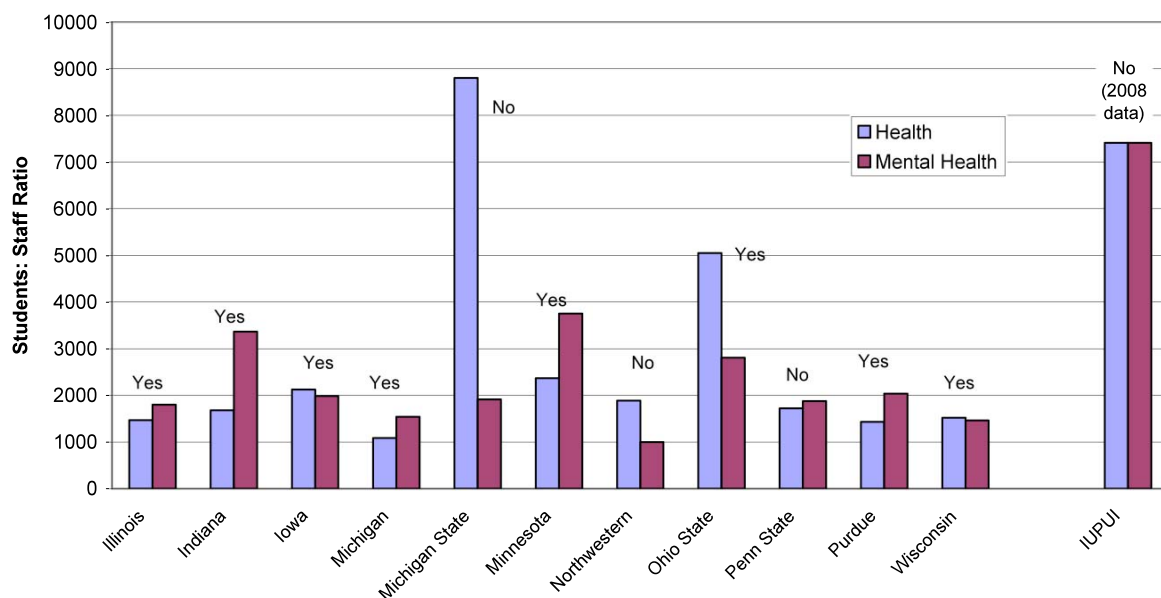
“Student Health services and CAPS are important services for fulfilling this need for access to comprehensive health care and facilitating the academic success of IUPUI students.”

”Current unmet need and future enrollment projections are the major reason these services need to be expanded. It is irresponsible for an institution of higher education to bring in thousands of students from all over the world and expect the community to meet their food, housing, and healthcare needs.”

Based on the results of the Programmatic Review, Vice Chancellor Whitney requested this Vision Statement be developed as a model for the future of Student Health Services on the IUPUI campus.

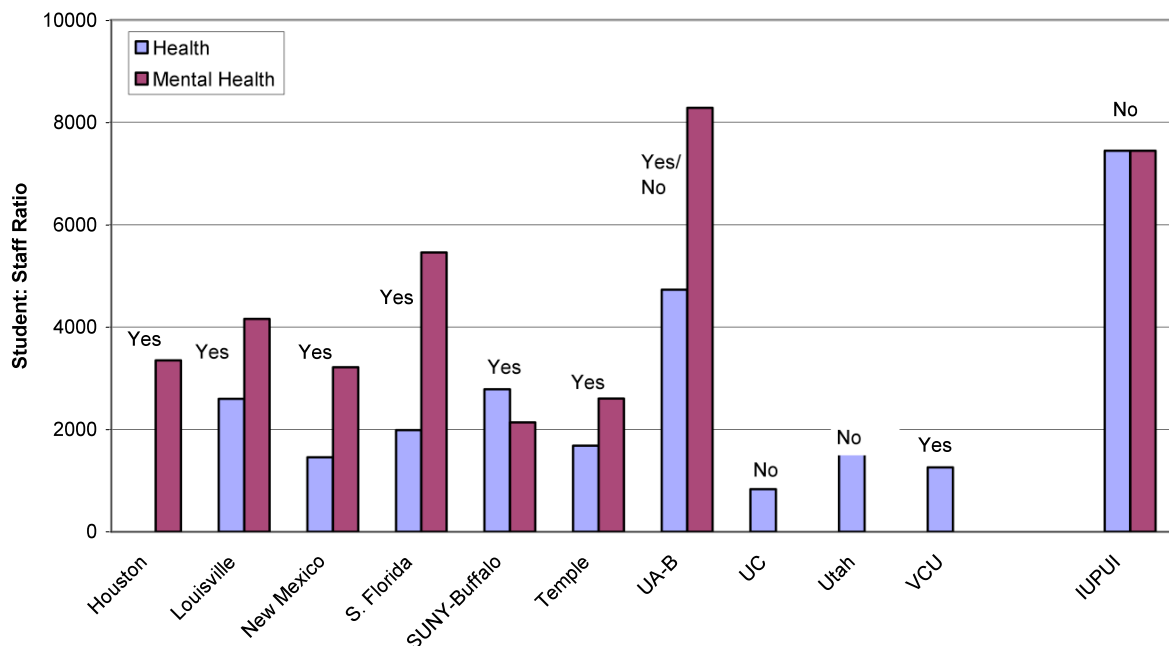
II. Comparison to Other “Benchmark” Institutions

One common standard of institutional performance is comparison to similar institutions. Below is a graph showing the ratio of students to full time employees (FTE) providing direct clinical services for IUPUI and the Big Ten Universities. Additionally, this chart shows the presence or absence of a mandatory health fee. Data from other institutions was collected in 2004.



IUPUI has comparable enrollment to most of the Big Ten institutions, but has no student health fee supporting the provision of physical and mental health services. As cited by the External Review and certification standards, it is clear that that the Student:FTE ratios at IUPUI are woefully inadequate.

A further comparison to large, urban institutions, similar to IUPUI, is believed to be an even more accurate comparison. The table below represents 10 urban institutions, all from the list of institutions that IUPUI frequently uses as “benchmark” comparisons. These institutions are believed to be comparable to IUPUI regarding enrollment and missions. Data was collected in the spring of 2008.



In comparison to peer urban universities, IUPUI is similar in enrollment size but lacks the financial resources and Student:FTE ratios to offer the services required of a 21st century urban institution.

III. Mission and Services

A. Vision and Mission Statements

1. Student Health Services

Vision: Every student at IUPUI is physically and mentally ready to learn, succeed and graduate.

Mission: To maximize the health of all IUPUI students in order for them to achieve their academic goals.

The mission statement of SHS is very simple and concise, but is consistent with the vision that every student at IUPUI is physically and mentally ready to learn, succeed and graduate.

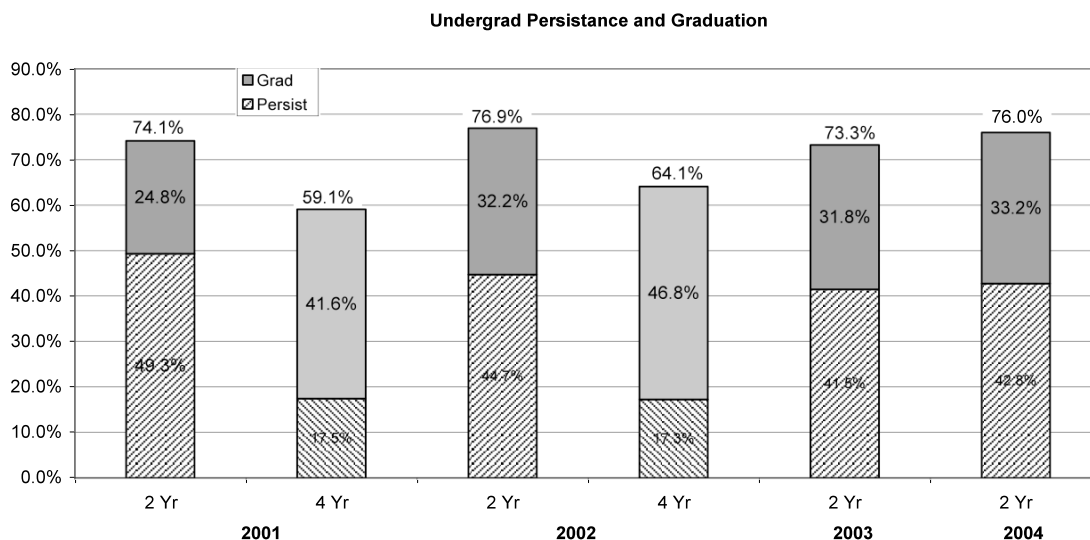
2. Counseling and Psychological Services

Vision: To be valued and recognized by the campus community for promoting psychological health, well being, and success for all students.

Mission: To provide direct professional psychological services, including crisis response, counseling, assessment, and referral, that are accessible to, and provide for, the general well being of all IUPUI students. Services also include consultation to the campus community and training experiences for graduate student counselors.

The Vision and Mission of both entities reflect a commitment to enhancing the educational experience of IUPUI students by supporting physical and mental health and wellness.

The impact of student health and wellness on academic performance is well-documented. As can be seen from the data below, students utilizing CAPS services have higher persistence and graduation rates than the general campus community. Institutional data from a March 2003 report based on new students entering IUPUI at various stages in their undergraduate careers indicated a 2-year retention or graduation rate of ~56% and a 4-year graduation rate of ~27% (4). These numbers are compared to ~75% 2-year retention and ~45% 4-year graduation rates for students using CAPS' services.



B. Services

IUPUI student health providers support two fundamental concepts that guide the provision of student health services. Benefits and services should:

1. be provided to all students, not just selected groups, and,
2. include a breadth of health services to meet the diverse needs of the student body.

The breadth of campus health services should include:

1. Medical Care – acute, chronic, and referral for specialty treatments
2. Health Promotion – prevention and educational efforts regarding health and wellness
3. Public Health – prevention of outbreaks, crisis response
4. Mental Health Services – counseling, evaluation, psychoeducational and psychiatric services

While health services at a given institution need to reflect the unique circumstances at that institution, an excellent general reference regarding the characteristics of an outstanding college health service is Guidelines for a College Health Program (5). Based on these guidelines, college health programming should incorporate aspects of: health promotion, medical care, mental health care, and public health. The types of services proposed for IUPUI students are summarized in Tables A (Health Services) and B (Mental Health Services). A detailed discussion of these services follows.

IUPUI is a very diverse institution of almost 30,000 students from all 92 counties of Indiana and 101 countries. The diversity of the student population of IUPUI only intensifies the need for comprehensive health services. Student Health Services and CAPS should be principle providers of health care to IUPUI students. Not do so would be to leave students at high risk for not having access for care when needed. Students at particular risk include:

- a. Students living in residential housing: IUPUI houses 1,100 students with plans to house a total of 3,000
- b. International students: IUPUI enrolls approximately 1000 international students
- c. Students moving from significant distances: over 2700 students are not residents of Indiana
- d. Students without health insurance. SHS and CAPS presently see many students with no health insurance coverage. National trends are that the numbers of uninsured are rising.
- e. Students required to come to SHS for medical surveillance.
- f. Students with full-time jobs and family responsibilities that may find it difficult to obtain community-based services due to time and distance constraints.

1. Medical Care

In order to support student learning, Student Health Services must provide quality medical care to presenting students. The nature of IUPUI is that students live primarily in the surrounding community. Thus, provision of medical services should not follow the model of a large residential campus, but pursue a 21st Century urban research university model.

Medical services provided to students must include the following:

- a. Appropriate preventive services
- b. Care of acute illnesses
- c. Appropriate referral to specialists

The fact that IUPUI is the home of the major medical campus in the state is fortuitous. Having such facilities as Clarian and Wishard so close obviates the need for IUPUI Student Health Services to have onsite facilities for a number of things such as specialized lab tests, an ER facility, and advanced diagnostic imaging equipment. IUPUI SHS must maintain close working relationships with these hospitals in order to facilitate prompt, appropriate care for students. In its unique position as part of IUSM and with close affiliations with the IUPUI Division of Student Life, IUPUI HS can provide a gateway into these health care systems for student who otherwise may have difficulty accessing them.

Details of all the constituents of medical care services to be provided are beyond the purview of this document. The best references for delineating such services are Guidelines for College Health Program (5) and the Accreditation Handbook for Ambulatory Health Care 2005 (6).

2. Health Promotion

As with the general population, IUPUI students are at risk for a multitude of health problems. Areas in which IUPUI students should receive encouragement and guidance to improve their health and lifestyle include the following (7-9):

- a. Dietary patterns causing disease
- b. Inadequate physical activity
- c. Tobacco use
- d. Alcohol and illicit drug use
- e. Sexual behaviors leading to unwanted pregnancy / sexually transmitted disease
- f. Injuries
- g. Mental illness
- h. Substance abuse

It is not enough to provide information to students on health risk behavior issues. IUPUI must encourage and facilitate students to adopt healthier lifestyles. A campus facility offering health and fitness programs and services would be very instrumental in accomplishing these objectives. Such a facility was recommended in the 2005 program review (see “Facilities” below). A Fitness Center Action Team wrote a recommendation regarding a Campus Wellness Center in 2007 (10).

3. Public Health

Student Health Services and CAPS must take the lead in promoting a healthy and safe campus environment for students. There are a variety of risks to the healthy campus environment. These risks include contagious diseases, natural disasters, intentional attacks (terrorism), and pollution. Personal safety issues are also impacted by campus occurrences of substance abuse, violence, and sexual assault.

The following are key areas in which SHS and CAPS must maximize the health of the campus environment:

- Disease prevention by promotion of healthy life styles
- Tuberculosis surveillance
- Readily available care
- Substance abuse counseling
- Violence prevention
- Sexual assault prevention
- Prevention of contagious disease transmission
- Disaster preparedness

Matriculating IUPUI students must be appropriately immunized against contagious diseases (11-12). Per the standard practice for prevention of tuberculosis in the United States, SHS needs to perform appropriate screening of individuals at high risk for tuberculosis (13-15).

Regarding disaster preparedness, SHS and CAPS must work even closer with Environmental Health & Safety and the Police Department to best prepare the campus for any disaster.

4. Mental Health Services

College counseling centers, ideally, are able to fulfill a variety of roles to promote mental health on campus. These include:

- a. direct counseling services for individual and relationship issues
- b. referrals for evaluation for psychotropic medications
- c. group counseling
- d. crisis management and response

- e. psycho-educational testing
- f. consultation for faculty and staff regarding dealing with students of concern
- g. outreach presentations to increase awareness of mental health issues
- h. psycho-educational workshops to enhance mental health behaviors/skills
- i. substance abuse prevention and education
- j. psycho-education/training of peer supports – e.g., RA's, mentors
- k. collaboration with wellness related activities
- l. outreach to faculty and staff
- m. training facility for future mental health clinicians

Currently, the on-campus mental health needs of IUPUI students are being met by Counseling and Psychological Services, in cooperation with medication management by SHS, and by various private and public mental health providers in the Indianapolis metropolitan area. CAPS is currently focusing on direct service provision and has, due to limited resources and personnel, reduced outreach, consultation, and prevention work. Furthermore, a wait-list protocol has been implemented in order to serve the most imminent mental health needs.

Much like SHS, CAPS enjoys a working and professional relationship with facilities already located on the campus that can provide in-patient and outpatient psychiatric services. CAPS relies on Midtown Mental Health (located at Wishard Hospital), Methodist Hospital, and Community Hospitals for assistance in managing clients who are deemed to be at risk of harm to self or others. The local 24-hour Crisis and Suicide Response Line is another example of a community resource that is used by CAPS. These collaborative relationships should be maintained and expanded.

IV. Proposed Time-Line of Changes

Change does not happen overnight. The change of IUPUI Student Health Services and CAPS from their currently minimalist status to the Services envisioned in this document will take years. A useful framework is to discuss changes to take place in the Short (0-2 years), Intermediate (2-5 years), and Long (5-10 years) Term periods.

Short-Term (0-2 years)

At Student Health Services, several changes have already occurred, including:

1. Renovation of the present 3550 ft² SHS space in Coleman Hall
2. Implementation of quarterly patient satisfaction survey instrument
3. Addition of direct reporting line between the Director of SHS and the Vice-Chancellor for Student Life and Diversity
4. Development of several health/wellness activities

At Counseling and Psychological Services, the following procedures have been implemented in response to external reviews and self-review:

1. Provision of an emergency "on-call" system for regular business hours.
2. Establishment of non-business hour accessibility to key campus staff (housing staff, SLD administration, IUPUI Police) for assistance or consultation if a campus emergency develops (e.g., assault, suicide attempt)
3. Introduction of a new fee schedule to increase funding levels.

4. Reduction in outreach and consultation programming in order to meet direct service demands.
5. Resumed administration of the Client Satisfaction Survey.
6. Secured membership in the Association of Psychology Postdoctoral and Internship Positions to enhance viability of CAPS as a site for full-time advanced training of doctoral students in psychology.
7. Implemented a “wait list” procedure that provides for timely evaluation of each student presenting for services, and facilitates service provision to those in acute need.

2. Intermediate Term (2-5 years)

A. Funding

Sources of Income

For SHS and CAPS, the most important activity in the intermediate term is the development of a fiscal infrastructure that can support the delivery of comprehensive student health and mental health services. Unlike many campuses, IUPUI has no student health fee. Based on the 2007 University Counseling Center Directors Survey, 52% of institutions with enrollments >15,000 utilize mandatory student fees to support counseling services (2).

SHS receives minimal institutional funding from IUPUI for student health activities; this funding is for the management of contagious disease exposures and injuries suffered by medical and dental students. The vast majority of funding for IUPUI HS is to support occupational health activities.

Historically, CAPS has been funded solely through base funds allocated from the State to the institution and administered through the Division of Student Life; there has been no substantial increase in base funds for expansion of staff or services for more than 20 years. Limited funds have been collected as fees for service. Only 8% of counseling centers charge for services, although 22% of large institutions implement a fee. IUPUI CAPS has been dedicated to minimizing the fees charged for services in order to limit barriers to treatment.

IUPUI initiated a General Services fee in the 2007-08 fiscal year. As a stop-gap measure to fund health services, Student Health and CAPS received \$2.50 per undergraduate student per semester, totaling ~\$125,000.

CAPS received \$100,000 and has utilized this resource to:

- 1) fund a post-doctoral fellowship position, a clinical service position
- 2) hire two part-time mental health professionals to provide direct clinical services
- 3) partially fund salaries of existing clinical staff to off-set increased operating expenses
- 4) purchase outreach and psychoeducational materials for distribution to students

Student Health received \$25,000 and has utilized this resource to:

- 1) provide free influenza immunizations to residential students
- 2) provide free pedometers for students
- 3) publish a campus walking trails map
- 4) provide body mass index (BMI), diabetes and cholesterol screening for students

In 2008-09, the Health allocation from the General Services Fee will increase to \$5.00 per undergraduate and \$2.50 per graduate student per semester. CAPS anticipates receiving a total of \$135,000 for that fiscal year, and this money will be used to:

- 1) continue funding the post-doctoral fellowship position, a clinical service position,
- 2) hire a full time licensed mental health professional whose primary responsibility will be provision of direct clinical service,
- 3) fund one part-time mental health professional to supplement direct clinical services,
- 4) partially fund salaries of existing clinical staff to compensate for increased operating expenses, and,
- 5) provide outreach materials to students.

Student Health will then receive a total of \$115,000, and this money will be used to:

- 1) develop and staff a satellite clinic more accessible to students
- 2) hire a part-time staff member to promote wellness programs for students
- 3) provide free influenza immunizations to residential students
- 4) provide body mass index (BMI), diabetes and cholesterol screening for students

Funding from the General Services fee allows IUPUI HS and CAPS to provide more services than they presently do, but is by no means enough to provide the appropriate level of services needed.

B. Facilities

Next to funding an operating structure, the most important need for the provision of health and mental health services on campus is a facility that can better meet the needs of a 30,000 student community. The Programmatic Review recommended a new health and wellness facility of 30,000 square feet for Student Health Services. Planning for a new SHS and CAPS facility needs to occur over the next 2-5 years.

C. Wellness Initiatives

Development of health and wellness programs is limited primarily by lack of funding. Despite this limitation, SHS has made some progress in this area. SHS has mentored several Master of Public Health students on projects benefiting the campus community. The presence of the MPH program, as well as IUSM, IUSN and SPEA provides for opportunities for SHS to leverage resources to develop such programs.

CAPS has engaged in a variety of wellness activities in the past, and continues to provide mental health Screening and Awareness Day activities to address issues of depression, anxiety, substance use, and eating disorders. In addition, online screening instruments are available to the campus community year-around. CAPS recently sponsored administration of the CORE survey to assess substance use attitudes and behaviors. CAPS continues to provide classroom presentations on stress management and looks forward to being able to resume and expand mental health wellness programming as funding and staffing allows.

D. Accreditation

Until the renovation of Student Health Services space in Coleman Hall, the physical space SHS occupied had major shortcomings, including lack of privacy for many patients. With a newly

renovated, albeit small, facility in place, SHS is moving forward with seeking accreditation through the Accreditation Association for Ambulatory Health Care.

CAPS sought certification through the International Association of Counseling Services (IACS) and was denied almost exclusively due to the lack of full-time professional staff. Until that discrepancy is addressed, CAPS will not be in a position to seek further external accreditation. While the degree to which college counseling centers are required to adhere to HIPAA standards is debated in many venues, CAPS' staff have worked to bring operations in line with HIPAA standards.

3. Long Term (5-10 years)

The long-term goals of SHS and CAPS are to provide the breadth of medical and mental health services discussed in Section III. To enhance the delivery and accessibility of these services, IUPUI students and staff will need to be aware of the available services and knowledgeable about under what conditions such services might be advisable and appropriate, information that can be provided through outreach and health promotional activities. Services must also be affordable, a part of ensuring accessibility.

To reach these goals, an appropriate funding mechanism will need to be established and implemented. Our goal is to have an institutional funding mechanism fully implemented within five years that will provide for ongoing financial support of these services. A second long-term goal is to facilitate students having access to cost-efficient health insurance that compliments the services provided at SHS. Finally, our goal is to have funding and design plans for a health and wellness facility in place in two years. The goal would be for groundbreaking in 2010 and opening in 2012.

V. "The Vision"

In order to bring student health and well-being in line with benchmark and certification requirements and to provide such services at a level that will have a significant impact on student retention and graduation rates, the following major concerns must be addressed:

- facilities
- funding
- staff
- administrative structure

A. Facilities

The present Student Health Services facility is located in Coleman Hall and encompasses the east wing of the first floor. The facility occupies 3,550 square feet. The facility has a 14 seat waiting room, 2 check-in windows, 4 provider exam rooms, 4 nurse patient intake rooms, 1 nurses station, small lab space, 1 patient bathroom, 5 offices, 1 break room, and 1 staff bathroom. The space is woefully inadequate for a campus of almost 30,000 students. When one keeps in mind that SHS also provides occupational health services to IUPUI and Clarian employees in this space, the need for expansion is even more evident.

Currently CAPS is located in the Union Building on the fourth floor, which was formerly a hotel facility. While the location does provide for adequate square footage, the rooms are difficult to heat and cool and do not provide appropriate levels of voice suppression to maintain

confidentiality. The facility is not entirely handicap accessible and water and air quality are poor. The waiting and reception areas are separated by a hallway, which impedes the efficiency of service delivery. In addition, the facility is located away from the primary undergraduate campus area, which limits accessibility and visibility of the service. Future plans call for the Union Building to be razed rather than rehabilitated.

The Programmatic Review recommended that IUPUI build a new Health and Wellness Center in the next five to ten years, with 30,000 square feet dedicated to Student Health Services. The 30,000 square feet recommendation is based on a large Student Health Center survey indicating that the average space at a student health center is 1-1.4 square feet per student.

A Health and Wellness Center at IUPUI would be a facility designed to promote health, wellness, and recreation among students. The facility would include Student Health Services, Counseling and Psychological Services (CAPS), and a fitness facility that would encompass recreational space, fitness equipment, weight rooms, running track, recreational sports facility, exercise rooms, dance rooms, and space for educational programs. The facility would be designed to facilitate a healthy lifestyle.

Proposed space for Student Health Services and CAPS are presented in Appendices C and D. The proposal calls for space for direct clinical health services, clinical support services and direct counseling services. There is space allotted for shared uses, such as a joint waiting room, patient restrooms, a break room and staff restrooms. Space is also allotted for staff offices, and a small amount of space is allotted for educational purposes. It is expected that elsewhere in the Student Health and Wellness building would be classrooms that could be used for health and wellness education. The proposed space totals approximately 17,000 square feet. However, no allotment is made for hallways and mechanical space. Planning on 30,000 ft² is appropriate in order to allow for the hallways and mechanical space, plus allow shell space for additional use as future needs demand. Please note that the proposed budgets do not include building maintenance costs.

The optimal site for the Health and Wellness Center building is the parking lot at the northwest corner of New York Street and University Boulevard. This location is an excellent one in that it is very convenient for students. It would be next to the Campus Center, across the street from the Lecture Hall and across New York Street from the Natatorium. A skywalk would connect the Center to the Campus Center.

The present SHS site in Coleman Hall would be dedicated to occupational health services. Maintenance of a close relationship between SHS and occupational health would be advantageous for staffing and efficiency purposes. Services and resources of the two clinics would overlap: both clinics will perform immunizations and screening of patients; staff at each facility will share some, though not all, skills. Staff could float from one clinic to another as needed, depending on relative workloads and one of the clinics might close during certain time period (i.e., holidays, vacation periods, weekends), allowing a significant cost savings. Affiliation of the clinics would also be of convenience to students. For example, medical or nursing students could choose to be seen at the Coleman Hall clinic rather than the new facility, simply out of geographical convenience. With an electronic health records system connecting the clinics, as is planned for the facility, treatment provision would be essentially seamless.

Since CAPS does not provide services to faculty, staff, or hospital personnel, the entire facility would vacate the current location to reside in the new facility.

B. Funding

Obviously, such a vision of Student Health and Mental Health Services as discussed in this document will not occur without appropriate resources. The current financial resources of SHS and CAPS have been outlined in prior sections. Essentially, the funding model to support this Vision must be developed from the ground up. Potential sources of funding are the following:

- General University Funds
- Endowment Funding
- Health Insurance
- Health fee
- Fee for Service charges
- Grants

General University Funds

In light of the current economic conditions and recent legislative reductions in funding for higher education, it is unlikely that there will be sufficient general funds to support any meaningful expansion of health services at IUPUI. Thus, our model to fund student health services at IUPUI will not include general university funds.

CAPS currently receives ~\$300,000 annually from general university funds, of which >95% is dedicated to salaries and benefits. The services proposed in this document would include, but not anticipate expansion, of university funds.

Endowment Funding

Neither IUPUI Student Health Services nor CAPS has endowment resources. Although Student Health Services at certain universities do have significant endowments, such circumstances are the exception, not the rule. Our model to fund student health services at IUPUI will not include any reliance on endowment funds.

Health Insurance

The percentage of IUPUI students who do not have health insurance is estimated to be approximately 20 – 30% (16). Those students who have insurance have a wide variety of policies. Those with university sponsored insurance have one of the following policies: medical students, student academic appointees, international students, and students voluntarily choosing to have insurance. Though institution of mandatory health insurance would be beneficial to those students presently without insurance, the benefit it would have to those students already with insurance is unclear. The need to have a waiver policy would create an administrative cost. Thus, the benefit:cost ratio of mandatory health insurance may not be very high. A mandatory health insurance policy is not part of the current recommendation.

Mandatory Student Fee

Student health fees are a common means of funding student health services (See Section II: Comparison to Other “Benchmark” Institutions). In 2004, the Programmatic Review recommended implementation of a student health fee in the \$80.00 per semester range. Given inflation, an increase in the recommended student health fee to \$90-100 per semester, if assessed to all students, would be reasonable. A gradual implementation of such a fee would be necessary, starting in the Fall of 2009. At present, SHS could not handle the influx if all

students suddenly paid a student health fee and rightly expected more services; however, SHS could deal with a gradual increase. Likewise, CAPS is at near maximum service capacity and time would be required to increase staffing levels. The initial funding would be used for programs targeted at the students paying the fee (but allowing other students to participate) and to decrease out of pocket payments at the time of service provision. At present, the average cost for a student to see a physician or nurse practitioner at SHS is \$55.00. This cost is a significant barrier to students (17). Students paying a health fee would be able to see a provider for only a co-pay. CAPS has only recently implemented a fee for service model. Students paying the health fee would be afforded a specific number of individual counseling sessions per year free of charge, with payment of a minimal fee after such services were utilized. This is the model in place at many of the IUPUI peer institutions and Big 10 universities. *Please note that the proposed budgets do not include building maintenance costs.*

Fee For Service

Fee for service billing will also be a specific source of funding. Ancillary services provided for students, such as pharmacy, x-ray, psychological testing, extended and specialized counseling services, and labs, will be provided on a fee for service basis. Such services could be billed to the students' insurance. These additional funds would allow the bulk of the health fee to be used for direct provider care, for items typically not covered by insurance (e. g. preventive medicine services) and for funding the Health/Wellness Center.

Grants

An additional potential source of funding is grants. SHS must pursue grant opportunities to fund appropriate projects aimed at improving care to students. CAPS, as a part of its own strategic planning, has sought grant funding from a variety of sources. Immediate funding needs are focused upon increasing the professional staffing level to assist in temporarily meeting the increasing demand for services. Unfortunately, many funding sources specifically disallow monies for direct service provision. In addition, the time-limited and competitive nature of grant funding does not address the issues of sustainability of service provision. Grant funding is most suitable for targeted and time-limited projects and programs. Thus, at best, grants are a supplement source of funding, not a primary source.

C. Staff

Financial resources will be needed to pay for the people, materials, and space that are required for the programs discussed in this document. The most important resources for quality direct care are people. Fortunately, if adequate funding exists, recruiting professional staff should not be difficult. There are physicians in practice who would like to switch to college health. There are many new adult nurse practitioners produced by IU School of Nursing each year. In addition, the MPH program trains people with skills that would be useful in health promotion. There are also many mental health professionals in the area who desire to work with college students and there are many training programs in the central Indiana region graduating new professionals each year. CAPS already enjoys a close working relationship with many of these academic programs through the current practicum and internship training opportunities.

D. Administration

As mentioned above, IUPUI Student Health Services is an entity within the IU School of Medicine. The Director of IUPUI SHS reports directly to the Executive Associate Dean for Clinical Affairs at IUSM. In 2006, the Director of SHS added a reporting line to the Vice Chancellor for Student Life. Counseling and Psychological Services has historically reported to the Vice Chancellor for Student Life and continues to do so.

E. Proposed Funding Strategy: Mandatory Health Fee

An essential step in implementing the vision discussed above is the development of a funding mechanism. Funds must be available to pay for the services provided. Mechanisms must be put in place to insure that maximum value is received for the funds used.

The External Review Committee recommended that consideration be given to two models (Health Fee and Insurance) and possibly a third combination of these models. The most appropriate model for funding Student Health Services at IUPUI is a health fee model, but one that takes into account the fact that most, but certainly not all, students have some type of health insurance.

The primary use of a health fee would be funding the operations, staffing, and programs of the Student Health Center and CAPS. Services would include acute primary care, some chronic care, short-term mental health counseling, basic pharmacy services, laboratory and radiology services, health/wellness programs and public health programs. As currently proposed, the health fee would be assessed to all students registered for on-campus courses at IUPUI.. As the graphs presenting “benchmark institutions” indicate, 8 of 11 Big Ten schools and 7 of the 10 Urban institutions cited have such a fee (an 8th Urban institution has a fee that supports medical, but not mental, health services).

In 2004, the Programmatic Review recommended a student health fee of \$80 per semester. Given health care inflation, a health fee of \$90-100 per semester is more reasonable now. Assuming 25,000 students would pay the health fee, this fee would provide a total of \$4,500,000-5,000,000 per academic year. The health fee would be implemented with each incoming class, so as to allow matching of the demand for services with supply. The funding from the fee would thus start at approximately \$1,100,000-1,200,000 year, and then increase by that amount until the total of \$4,500,000-5,000,000/year is reached. The funding from the student health fee would be expected to provide the bulk, but not all, of funding for the Student Health Center. Students already enrolled, and therefore not required to pay the health fee, would be given an option of paying the health fee to access services. Students already enrolled, but not paying a health fee, would not be eligible for subsidized services at the Student Health Center or CAPS. Current base funds and fees for extended services would add to the operating budget. *Additional funds would be required for maintenance and operation of the structural facility.*

The student health fee funds would support the following services:

- acute primary care
- care of chronic diseases
- limited specialty services
- preventive medicine services
- time-limited mental health counseling
- pharmacy services

- basic laboratory services
- basic radiological services
- health/wellness programs
- health/wellness education
- public health programs

Medical services would be provided for a small co-pay, such as \$10 per office visit and a subsidized fee for medications and other services. A student coming in to the Student Health Center one time per semester and getting a prescription would get most of the value back of his/her health fee with just that visit. A student being seen twice would more than recuperate the money that he/she paid in fees.

Students would be eligible for a specified number of individual counseling services per year at no additional cost. Extended counseling services would be provided at a relatively small fee (\$10-15/session). Specialized services, such as relationship counseling and assessments, would be provided on a fee for service basis, but at costs below that typical of the community providers.

The fee would not cover services provided outside the student health center, such as certain specialty referrals, specialized laboratory testing and radiological services and hospitalizations.

Decisions regarding the types of services provided would be made by the Student Health Center staff, in consultation with a Student Health Advisory Committee.

The advantages of a mandatory health fee plan are the following:

1. Simple to administer
The health fee would automatically be placed on the bursar bill for any full time or part time student.
2. Improved planning
Revenue would be easy to predict each year, facilitating better planning of services.
3. Economies of scale
The large volume of students seen would allow the Health Center to purchase medications and supplies at a reduced cost, and this savings would be passed on to students.
4. Wellness and prevention
Education and activities promoting the development of healthy living skills would ultimately reduce the severity of health concerns for students.
5. Public health
A certain proportion of funds would be used to provide services that benefit the campus community as a whole, not just individuals. Such services would include programs to insure students have received appropriate vaccines and screening programs for transmissible diseases, such as tuberculosis.

The disadvantage of a mandatory health fee plan is the following:

1. Limited services for uninsured students
A health fee only model provides a good mechanism for students to obtain many health care services that they need. However, it does not provide health insurance that would cover major costs, such as incurred by hospitalizations.

The Vision is to provide comprehensive physical and mental health care for IUPUI students, as well as to support health and wellness programming. While a student health fee would cover services provided by the Student Health Center and CAPS, it would not cover referrals for services not provided by the Health service. A mandatory health fee would not provide for all of the parts of this Vision. Thus, students would be encouraged to obtain appropriate insurance coverage that would cover what the health fee would not, especially catastrophic medical care.

VI. Budgets

See Appendix C for a proposed budget for Student Health Services.

See Appendix D for a proposed budget for Counseling and Psychological Services. The staffing levels requested will bring CAPS more in-line with certification standards and the standards of practice at comparable institutions.

VII. Summary

IUPUI Student Health Services is presently an unfunded minimalist entity sitting in the midst of a vibrant growing campus. Many students are not receiving health care and education that could help them achieve better academically. Counseling and Psychological Services is likewise a small entity that is currently unable to contribute optimally to the mental health and academic success of IUPUI students. There is much to be added to the student experience at IUPUI that will ultimately contribute to overall retention and graduation (18), and physical and mental health care are integral partners in this plan. Over the next five to ten years, Student Health Services and Counseling and Psychological Services can become real proponents of health and wellness for students on campus, and in the process, assist students to perform better academically and develop healthy living skills and habits. However, if this vision is to occur, major changes in funding and facilities for these two entities will be required. Such changes cannot be accomplished without the support of the institution and administration.

Appendix A

Student Health Proposed Services

- 0 Non-existent/Extremely limited
 + Basic Service
 ++ Extended Service
 +++ Fully Functioning Service

Service Area	Specific Service	Present Situation	With Requested Health Fee
Medical Care (Primary Care)	Acute visits	+	+++
	Care of chronic disease	0	++
Medical Care (Specialty Care)	Allergy	0	+
	Dermatology	0	+
	Obstetrics/Gynecology	0	+
	Orthopedics	0	+
	Pulmonary	+	+
	Sports Medicine	0	+
Preventive Health Care	Contraceptive Counseling	+	++
	Immunizations	+	++
	Travel Medicine	+	++
	Women's' Health	+	++
On-Site Ancillary Services	Laboratory	+	++
	Pharmacy	+	++
	Radiology	0	+
	Spirometry	+	+
Health Promotion			
Screening Programs	Cholesterol	0	++
	Diabetes	0	++
	STI Testing	0	++
	Overweight/Obesity	0	++
Participatory Programs	Smoking Cessation	0	++
	Walking Groups	0	++
Health/Wellness Education	Live presentations	0	+
	Pod-casts	0	+
	Web-based education	0	++
Public Health Programs	Meningitis Vaccination	0	++
	Influenza (Flu) Vaccination	+	+++
	Tuberculosis Surveillance	+	+++

Appendix B CAPS Proposed Services

+ basic service

++ extended service

✓ fully functioning service

Service Area	Service Type	4-5 staff	8-10 staff	>12 staff
Counseling Services	Individual Counseling	++	✓	✓
	Relationship Counseling	+	+	✓
	Group Counseling	+	++	✓
	Walk-In Appointments - Crisis	+	++	✓
	Evening Hours	+	++	✓
	Post-Graduate Transition Counseling		+	✓
Crisis Response	Relationship and Sexual Violence Response		+	✓
	Crisis/Disaster Response	+	++	✓
	Crisis Debriefing		+	+
Additional Clinical Services	Psychiatric Medication Management	+	++	✓
	LD and ADHD Testing	+	✓	✓
	Substance Abuse Evaluation/Treatment	+	++	✓
IUPUI Community	Consultation to Faculty/Staff	+	++	✓
	Peer and Student Leader Training	+	++	✓
	Faculty and Staff Workshops	+	++	✓
	Resident Halls Liaison			✓
	Newsletter to Faculty and Staff	+	+	✓
	Newsletter to Students and Parents			✓
	Peer Counseling Program			✓
Prevention and Education	Substance Abuse Prevention/Education		+	✓
	Relationship and Sexual Violence Prevention			✓
	First-Year Programming		+	✓
	Classroom Presentations	+	+	✓
	Developmental Workshops		+	✓
	Awareness Days	+	+	✓
	Screening Days	+	++	✓
	Awareness Weeks/Months			+
	Wellness Programming	+	++	✓
	General Outreach Events/Fairs	+	++	✓
	Outreach to Student & Affinity Groups		+	✓
	Diversity/Cross-Cultural Programming	+	+	++
Targeted Services	Reintegration to Campus Support		+	✓
	Supported Education Program			+
	Social Skills Groups	+	++	++
	ADHD Skills Training Workshops		+	++
	Educational Specialist – LD and learning difficulties			+
	Autism, AS, NVLD Skills Training Program		+	++
Professional Service	Graduate Student Training	✓	✓	✓
	IACS Accreditation		+	+
	APA Accreditation			+
	Research		+	++
	Conference Presentations		+	++
	Community Outreach and Presentations			+

Appendix C

Student Health Services Space Utilization

Clinical Space				
Item	Number	Dimensions	Square footage	Total
Examination room (large)	8	12 X 12	144	1152
Examination room (small)	8	12 X 11	132	1056
Nurse intake room	8	12 X 11	132	1056
Treatment room	2	15 X 18	270	540
Procedure Room	2	12 X 15	180	360
Nursing Station	2	20 X 20	400	800
Equipment Storage	1	12 X 15	180	180
Clean Utility Room	1	12 X 15	180	180
Dirty Utility Room	1	12 X 15	180	180
Rest room	1	10 X 10	100	100
Total				5604
Support Space				
Reception Desk/Front office	1	15 X 20	300	300
Pharmacy	1	20 X 20	400	400
Radiology	1	20 X 20	400	400
Laboratory	1	20 X 20	400	400
Total				1500
Education				
Demonstration Room	1	15 X 18	270	270
Total				270
Offices				
Director	1	12 X 15	180	180
Nurse Manager	1	12 X 12	144	144
Administrator	1	12 X 12	144	144
Pharmacist	1	12 X 12	144	144
Full time providers	9	12 X 11	132	1188
IT Support provider	1	12 X 12	144	144
Webmaster	1	12 X 12	144	144
Shared offices (part-time providers)	4	12 X 12	144	576
Shared offices (clerical)	4	12 X 12	144	576
Total				3240
Other (shared with CAPS)				
Waiting Room	1	20 X 20	400	400
Conference Room	1	15 X 20	300	300
Break Room	1	15 X 15	225	225
Staff Restroom	2	10 X 10	100	200
Patient Restroom	2	10 X 10	100	200
Total				1325
Total				11939

Appendix D

CAPS Space Utilization

Item	Number	Dimensions	Square Footage	Total
Clinical Staff Offices				
Director	1	15x15	225	225
Assistant Directors	2	12x15	180	360
Clinical Staff	7	12x10	120	840
Outreach Coordinator	1	12x15	180	180
Post-Doc Fellow	2	12x10	120	240
Psychiatrist	1	10x15	150	150
Pre-Doc Intern	2	12x10	120	240
Practicum Student	2	12x10	120	240
Support Office Space				
Reception	1	15x15	225	225
Office Manager	1	10x12	120	120
Copy/Supply/Work Room	1	12x12	144	144
Archive File/Storage Room	1	12x20	240	240
Waiting Area	1	15x20	300	300
Client Restroom	1	7x7	49	49
Staff Restroom	1	7x7	49	49
Supplemental Space				
Patient Education	1	10x14	140	140
Group Counseling	1	15x20	300	300
Testing Room	2	11x11	121	242
Conference/Training/Library	1	20x25	500	500
Staff Lounge	1	15x15	225	225
Total				5009

Appendix E

Proposed Student Health Services Budget

Student Health Services			
Salaries (includes benefits)	cost/FTE	# FTE	Cost
Clinicians			
Physician	180,000.00	3.00	540,000.00
Nurse Practitioner	90,000.00	6.00	540,000.00
Registered Nurse	80,000.00	2.00	160,000.00
Licensed Practical Nurse	45,000.00	2.00	90,000.00
Pharmacist	90,000.00	1.50	135,000.00
Medical Technician	40,000.00	6.00	240,000.00
Laboratory Technician	40,000.00	2.00	80,000.00
Pharmacy Technician	40,000.00	1.50	60,000.00
Administrative			
Director (physician)	180,000.00	0.50	90,000.00
Business Manager	90,000.00	1.00	90,000.00
Nurse Manager	90,000.00	1.00	90,000.00
Clerical	32,000.00	12.00	384,000.00
Health/Wellness			
Educator	60,000.00	2.50	150,000.00
Information Technology			
IT Support (shared with CAPS)	90,000.00	1.00	90,000.00
Webmaster (shared with CAPS)	60,000.00	1.00	60,000.00
Total			2,799,000.00
Supplies			
Medical Equipment			120,000.00
Pharmaceuticals			900,000.00
Office Supplies			75,000.00
Computers/Software			120,000.00
Total			1,215,000.00
Health/Wellness Outreach			
Office Materials			9,000.00
Laptop/Projector/IT			3,000.00
Educational Materials			12,000.00
Total			24,000.00
Grand Total			4,038,000.00

Appendix F Proposed CAPS Budget

	Salary	Benefits	# FTE	Cost
Staff				
Director	75,000	30,000	1	105,000
Assistant Dir - Training	60,000	24,000	1	84,000
Assistant Dir - Clinical	56,000	22,400	1	78,400
Outreach Coordinator	42,000	16,800	1	58,800
Psychologists	52,000	20,800	3	218,400
Master's Clinicians	45,000	18,000	3	189,000
Psychiatrist	200,000	80,000	1	280,000
Post-Doctoral Fellow	26,000	10,400	2	72,800
Pre-Doctoral Interns	20,000	8,000	4	112,000
Office Manager	40,000	16,000	1	56,000
Clerical Staff	30,000	12,000	2	84,000
			Total	1,338,400
Operating Expenses				
Office Supplies				50,000
Testing Supplies and Equipment				10,000
Computers/Software				50,000
Office Expenses (phone, data, fax)				10,000
Staff Development	1000		17	17,000
Travel	1000		14	14,000
Outreach Materials				10,000
Psychoed/Publicity Materials				10,000
			Total	171,000
Grand Total				1,509,400

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