Student Health Services and Counseling Program

Executive Summary

UW-Eau Claire's Student Health Services and Counseling Services currently operate as two separate units, both of which offer health-related services to all currently enrolled students. The units work closely to ensure a student's physical and mental health needs are being met, but they do have separate directors, locations, budgets, etc.

SHS services are prepaid through student segregated fees (part of tuition) with nominal out-of-pocket fees for supplies and certain services. There is no charge when students access Counseling Services.

Based on findings in the PEEQ report, the chancellor charged this committee with reviewing the two units to determine if there are benefits to seeking alternate means for providing health and mental health services to students. Alternate means for providing services that were considered by the committee included combining the two units into a single unit, outsourcing health and/or mental health services, and third-party billing.

The committee's review examined: services offered; student use of services; funding sources; and issues, challenges and potential benefits of combining the units, outsourcing or utilizing third-party billing.

Based on its review, the committee offers the following recommendations:

1. Providing health and mental health services on campus to all students must continue to be a priority. Research indicates that demand for such services — particularly services relating to mental health — will likely continue to increase.

2. Student Health Services and Counseling Services should be combined into a single unit. That combined SHS and CS unit should become part of a student wellness center.

3. Identifying a single location to house the combined unit should be a priority.

4. SHS-CS services should be available during additional hours at satellite locations that are convenient to students.

5. The committee recommends the university not outsource the student health and mental health services. SHS and CS work cooperatively to provide a variety of unique services that reach students across the campus. These extensive and unique campus collaborations could not be replicated by outside entities.

Overview

The health and mental health services provided by SHS and CS are critical to success of UW-Eau Claire students. The National College Health Assessment conducted at UW-Eau Claire in Spring 2008 found the top five factors impacting student academic performance
were stress, sleep difficulties, cold/flu/sore throat, depression/anxiety, and relationship concerns. SHS and/or CS provide services and/or education that address those issues.

The emotional health of college freshmen has declined to the lowest level since an annual survey of incoming students started collecting data 25 years ago. In the survey, "The American Freshman: National Norms Fall 2010" (published by the U. of California at Los Angeles Higher Education Research Institute), involving more than 200,000 incoming full-time students at four-year colleges, the percentage of students rating themselves as "below average" in emotional health rose while the percentage of students who said their emotional health was above average fell. The recession, increased pressures in high school and concerns about finding jobs after college are contributing factors, the survey found.

Successful resolution of developmental issues such as stress and time management, anger/conflict resolution, assertiveness, and relationship concerns are essential for effective academic and personal performance in college and beyond.

CS offers timely services that allow for flexibility with academic and work schedules with minimal need for transportation and loss of work or class time.

Students with intensive clinical needs for treatment often must wait a month or longer to get community services so CS provides services during this period. Without free campus counseling services, the wait for admission to outpatient community services and the cost would be damaging to students.

Local and national studies show that 30-50 percent of college students do not have health insurance or are under-insured. As a result, health and mental health services, including counseling and psychiatric assessment, would be limited if these services were not provided by the campus.

SHS and CS equalize health care and mental health care services for all students, regardless of ability to pay, race, gender, religion, etc.

SHS helps students transition from parents’ care to independent decision making with issues such as when, where and how to seek health care services, cost, self care, etc. Students are involved with their care plan, which helps prepare them to be independent decision makers regarding their health.

SHS and CS staff has the knowledge and skills needed to assist students with health and mental health care issues that are unique to an academic setting.

In addition, students are less likely to seek out some health or mental health services if they are worried that their parents will be notified via an insurance claim.

CS is not required to diagnose pathology for the purpose of receiving insurance payment for services. As a result, those seen do not have a diagnosed mental illness in their
medical record. Having a pre-existing condition such as depression or bi-polar disorder can negatively affect insurance rates in the future. (CS spring 2010 presentation)

The cost of counseling in the private sector is high. One hour of psychotherapy is billed at between $120 and $250 an hour. Psychological testing and interpretation is billed at $250 or more in the private sector. The committee determined that counseling for a fee is likely to decrease access to service by those who most need it given the high costs of such services.

An analysis of the administrative structure of counseling centers at public colleges and universities in states surrounding Wisconsin indicates that counseling centers at most of these colleges and universities are stand-alone units. Counseling staff at UW institutions indicated they collaborate extensively with student health services staff, even though the counseling services are separate.

The committee could identify few college and university counseling centers that bill students’ health insurance companies for counseling services. To bill insurance companies for services rendered, counseling centers must meet certain state and insurance company requirements. Also, students who are covered under their parents’ insurance often do not want their parents to know that they have sought counseling services so they would be less likely to seek out needed services. Some UW counseling directors indicated that third-party billing for counseling services would increase counseling staff’s and other administrative staff’s workloads.

**SHS services and use — overview**

- All enrolled UW-Eau Claire students are eligible to be seen at the SHS clinic.
- In the clinic, SHS serves about half of the student population (5,000) a year with 14,000-15,000 clinic visits. By the time students leave UW-Eau Claire, 80 percent of them have had a clinic visit (SHS presentation to committee, Spring 2010).
- SHS averages 90-100 student appointments per day during the academic year, with a maximum number of appointments in a day being about 150. On an average day, SHS sees 12 people who walk in, handle 20 phone calls, 17 e-mails and five pieces of mail. SHS also processes an average of 30 letters daily for students covered by the Family Planning Waiver.
- Education outreach efforts reach all students. Student Health 101 is an online health information publication that is sent via e-mail to all students. Health alerts and information are distributed through e-mails, web, Spectator, TV-10, classrooms and residence halls.
- SHS nurse practitioners can prescribe medications. NPs can assess and treat more complex student problems, such as fatigue, headache and mental health problems. They’ve increased their responsibilities with contraceptive management, medication refills and medication dispensing.
- The health educator coordinates peer-to-peer education through the SWATeam (Student Wellness Advocacy Team). Students provide programs on health topics such as general wellness, stress management and relaxation, fitness and nutrition,
sexual health, and alcohol use and abuse. Programs are presented in classrooms, residence halls and at student events.

**SHS – budget and funding overview**

- SHS services are prepaid through student segregated fees ($58 per semester that is part of tuition) with nominal out-of-pocket fees for supplies and certain services. Segregated fees for SHS have increased by about 7.6 percent in the last five years. The percent increase is significantly less than segregated fee increases to support health services at other UW campuses (see chart below).

<table>
<thead>
<tr>
<th>University Health Services Segregated Fees</th>
<th>FY05</th>
<th>FY06</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09</th>
<th>$ Change FY05-09</th>
<th>%Change FY05-09</th>
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<td>$76.68</td>
<td>$83.08</td>
<td>$84.53</td>
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<td>$90.00</td>
<td>$93.00</td>
<td>$93.00</td>
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<td>$93.29</td>
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<td>$72.25</td>
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<td>$49.70</td>
<td>19.7%</td>
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</tbody>
</table>

(SHS PEEQ)

- Examples of out-of-pocket fees for UW-Eau Claire students seeking SHS services include: $4/in-house lab test, $5 injection fee, $10 crutch rental, $20 sutures or other minor surgical procedures. (SHS, PEEQ report)
- The cost of an office visit is covered by the segregated fee, which eliminates the ability to pay as an obstacle to obtaining health care. An office visit to an area clinic would be $50-100 (SHS presentation to committee, Spring 2010).
- UW-Eau Claire was the first college health system in the state to use the Wisconsin Medicaid Family Planning Waiver. The program puts money toward pregnancy prevention, specifically women’s contraceptive services and supplies. SHS has provided no cost reproductive health services and birth control supplies to eligible female students. SHS bills Medicaid for contraceptive-related services rendered and contraceptive supplies dispensed to students in the program. This has augmented revenue for SHS with no out-of-pocket expense to the student (SHS presentation to committee, Spring 2010).
- Eighty percent of the SHS budget goes toward salaries and fringe benefits. Salaries are lower than market value in healthcare.
- SHS changes vendors as warranted and/or required by UW System. (SHS PEEQ)
- Policies and procedures are modified for cost reduction purposes. For example, when a lab test done in-house becomes too expensive to perform on campus, SHS sends it to a lab. As the costs of lab tests go down, it is offered on campus.

**SHS — community connections**
- SHS tracks and reports pertinent health symptoms in student population as part of a local effort to track/predict trends of health in the larger Eau Claire community.
- As requested by the State Division of Public Health, SHS helps track influenza activity by providing data to the DPH and the Centers for Disease Control. It also provides influenza data to the State Lab of Hygiene.
- UW-Eau Claire is a dispensing site for a countywide emergency preparedness response. As such, the university dispenses medications and/or vaccines to the campus community and their family members during emergencies.
- SHS collaborates with local hospitals and the health department in managing communicable and reportable diseases by providing students with barrier-free treatment and education regarding prevention and containment.
- SHS provides most vaccines needed for student employment, internships, travel and study abroad.
- SHS collaborates with area agencies regarding health and wellness issues. It works with clinics, hospitals, Eau Claire City-County Health Department, Eau Claire County Department of Human Services, and the Wisconsin Medicaid Program to ensure quality, accessible and affordable health care for students.
- Staff members are involved with many community committees: Energize Eau Claire, Tobacco Free Partnership of Eau Claire County, Public Health Emergency Preparedness, and Consortium for Substance Abuse Prevention, Infectious Disease, Bridge Coalition (alcohol), and Get the Shot (influenza vaccination).

**SHS -- campus collaborations**
- SHS works with Center for International Education to provide students with required physicals, immunizations, prescriptions, health education specific to destination and assists with the paperwork.
- In conjunction with the CIE, SHS purchased Travax, a software program that provides current travel and health-related information on travel destinations.
- SHS helps teach international students about the U.S. health care system, including access, cost and insurance coverage.
- SHS collaborates with students on projects for marketing, communication and psychology classes.
- SHS has participated in state and national research projects relating to abnormal Pap smears, birth control pill side effects and communicable diseases.
- SHS meets weekly with “Students of Concern Team,” which includes staff from Dean of Students office, Counseling Services, Housing and Residence Life,
University Police, Office of Multicultural Affairs, and Services for Students with Disabilities.

- SHS provides students in nursing and education with required TB screening. Pre-nursing students take advantage of low-cost immunizations and lab tests that are required for admission into nursing.
- SHS is a clinical site for nursing students.
- SHS practitioners are preceptors for advanced practice graduate nursing students. SHS practitioners fulfill the dual role of clinician with the patient and educator with the graduate student. Nurse practitioners teach graduate advanced practice nursing. Faculty members are part-time NPs at SHS. It's essential for faculty to maintain their clinical hours as required for licensure and certifications.
- Student athletes use SHS as a low-cost and efficient alternative for physicals and for care when ill or injured. SHS sometimes provides preventive interventions, such as influenza vaccinations to athletic teams.
- SHS also partners with University Recreation and Sports Facilities, CASA, WAGE, First Year Experience and New Student Orientation.

**SHS staff overview**

- SHS has 14.625 FTE, approximately half classified staff and half professional academic staff. This was an increase of 1.4 FTE last year as approved by the Student Senate during the budgeting process.
- Staff attend diversity awareness sessions and educational seminars on providing culturally sensitive health care to students with diverse backgrounds.
- Appropriate “safe zone” signs that tell students that SHS is LGBTQ sensitive are displayed throughout SHS.
- Physicians and nurses maintain the required degrees and licensures to practice at their respective levels. All three physicians maintain national certification through the American Board of Family Medicine. Each has at least 20 years of experience as a physician, with 10 or more years in college health. All three nurse practitioners maintain prescriptive privileges through Wisconsin as well as national certification in adult, family or women’s health advanced practice nursing. They each have about 28 years of experience in their expanded role.
- The clinic employs four nurses, each with 25 to 42 years of experience. Two nurses maintain national certification in college health.

**CS services — overview**

- CS provides individual and group counseling services to students experiencing psychological, behavioral or learning difficulties.
- CS provides direct individual services to 720-850 students annually. This number is higher than counseling services at any other UW institution other than UW-Madison or UW-Milwaukee. (CS April 2010 presentation)
- Each UW-Eau Claire student served by CS sees a counselor an average of 2.6 times. The total number of student counseling sessions provided per year is about 1,875. (CS April 2010 presentation)
• Depression and substance abuse issues are the top two issues for students seeking counseling services at UW-Eau Claire. (CS presentation, April 2010).
• CS houses the campus Employee Assistance Program. EAP services are free to faculty, staff, and family members. Services include counseling, crisis intervention, referrals, consultation and outreach. EAP services were provided to 43 university faculty/staff during the 2009-10 academic year. State institutions are required to provide EAP services. (CS PEEQ)
• CS offers programming and outreach presentations that focus on topics that meet the developmental needs of students.
• CS provides assessment services to identify student needs, services and referrals. CS refers students with long-term clinical mental health needs to community agencies when intensive services are needed.
• CS assists in crisis intervention and educates students in risk reduction strategies and skill building activities.
• An increase in the rate of serious clinical mental health concerns on campus over the past 10 years has necessitated collaboration with hospitals, Campus Police, the Dean of Students Office, Health Services and Residence Life.
• Crisis situations are handled immediately to ensure the safety of the individuals and the campus community. Counselors are available on an “on-call” after-hours basis for crisis situations.
• CS is accessible and can respond quickly to emotional catastrphic events on campus such as death of a student, suicide or tragedies such as a shooting.
• CS provides an underage drinking course that fulfills court requirements for underage drinking citations. It also provides alcohol and substance abuse assessments by Wisconsin licensed clinical substance abuse counselor as required by court or probation officers. The fees from such assessments help pay the wages of part-time counseling staff.
• CS follows the guidelines of accrediting agency International Association of Counseling Services. CS is one of two UW System schools with this national accreditation. (CS April 2010 presentation)
• The ratio of staff-to-students seen in individual counseling sessions is 1:167. Counselors also provide service to students in small group, classroom, and large outreach group educational settings. (CS April 2010 presentation)

Counseling Services — staff overview
• Full-time staff has master’s and Ph.D. degrees in mental health counseling, counseling psychology and clinical psychology.
• Staff includes a Ph.D. director (now retired) and two therapists with Ph.D.s, one of whom is licensed as a psychologist. There are two masters therapists, one of whom is licensed as a counselor and certified in substance abuse. Part-time staff also includes five master’s therapists, one of whom is certified in substance abuse.
• Each staff member has a coordinator role facilitating a special focus to students and/or staff needs. The coordinator roles are employee assistance, multicultural, alcohol/drug and women’s issues.
• CS offers supervision for master’s level interns who provide 20 additional hours of counseling contact weekly at no salary or FTE cost. CS plans to increase its use of counseling interns as supervisory resources allow.
  (Information from SHS PEEQ report)

Counseling Services — budget overview
• Salary and fringe costs for CS is $434,990. When travel, service and supply expenses are added, the cost is $457,555, making personnel its largest expense.
• The master's level counseling internships are an effective way to increase access to counseling without incurring the expenditure of additional salary or FTE costs.
• The fees from alcohol and substance abuse assessments by Wisconsin licensed clinical substance abuse counselor as required by court or probation officers help pay the wages of part-time counseling staff.
• When cost of counseling services’ salaries and fringe benefits is compared to number of enrolled students, UW-Eau Claire has the lowest ratio at $32 per enrolled student.

<table>
<thead>
<tr>
<th>UW - Institutions</th>
<th>UWEC</th>
<th>Whitewater</th>
<th>La Crosse</th>
<th>Oshkosh</th>
<th>UWSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>enrollment</td>
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<td>10,502</td>
<td>9,849</td>
<td>12,530</td>
<td>9,048</td>
</tr>
<tr>
<td>Cost (Salary &amp; Fringe)</td>
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<td>348,412</td>
<td>389,579</td>
<td>527,454</td>
<td>367,900</td>
</tr>
<tr>
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<td>720</td>
<td>606</td>
<td>813</td>
<td>794</td>
<td>427</td>
</tr>
<tr>
<td>Staff FTE</td>
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<td>4.1</td>
<td>4.8</td>
<td>7.2</td>
<td>4.0</td>
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<td>1:1,740</td>
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<td>$479</td>
<td>$664</td>
<td>$861</td>
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<td>Cost/Student</td>
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<td>$33</td>
<td>$39</td>
<td>$42</td>
<td>$40</td>
</tr>
</tbody>
</table>

(CS PEEQ)

CS — campus collaboration
• Collaboration, crisis intervention and presentation/outreach is extended and shared with other staff and faculty as deemed appropriate. For example, collaboration in teaching general education study skills courses for retention and teaching helping skills courses in psychology.
• The outreach areas are positive prevention and psycho-educationally based, as recommended by IACS. Some typical outreach areas include multicultural students, women and gender issues, international student activities, housing orientation with resident assistants, global learning communities, athletics, English as a second language courses and First Year Experience courses.
• Crisis intervention and prevention during difficult times is offered. For example, students, staff and/or faculty’s death, attempted suicide or suicide.
• Counseling and psychology faculty co-mentor the Counseling Research Group. Participants may receive academic credit for completing research. The projects provide assessment data to CS and a learning experience for students.
• The surge in mental health needs on college campuses means CS must collaborate with many campus departments and community agencies. CS collaborates with the Dean of Students office, Campus Police, Residence Life, the Office of Multicultural Affairs, International Education, Academic Skills, Office of Services for Students with Disabilities, Financial Aid and many academic departments and community mental health and medical agencies.

• CS director meets weekly with the Dean of Students office, Health Services, Housing and Residential Life, University Police, Office of Multicultural Affairs and Services for Students with Disabilities as a member of the Students of Concern Committee. Members provide early warning of “at- risk” students and provide preventive interventions that reduce risk for the student and community.

Mental health services at other campuses — overview

• Mental health counseling services at all four-year UW institutions and the three UW Colleges that offer the services are organized as integrated health and counseling services (at six institutions), stand-alone units (at seven institutions), or outsourced services (at three institutions). (UW System President's Commission on University Security, 2007)

• All 13 UW four-year campuses and three UW Colleges offer counseling services for students. All 13 four-year UW institutions provide most or all of their services in house and on campus. (UW System President's Commission on University Security, 2007)

• The three UW Colleges contract with community mental health service providers to provide counseling services for their students, and these services are offered off campus. The remaining 10 UW Colleges do not offer counseling services. Staff help facilitate students’ access to counseling services in the community. The 10 UW Colleges do plan to offer counseling services; the Board of Regents approved a request to increase segregated fees for mental health services.

• UW schools do offer some common services, including individual counseling, group counseling, crisis intervention, psychiatric services, outreach and education, and screening and referrals. Services are offered to students without a separate charge.

• According to UW counseling center directors and counseling staff, individual counseling or psychotherapy is the core of counseling services offered by UW institutions. Full-time counselors spend between 20 and 25 hours each week in direct counseling services, most of them in individual counseling. Typical individual counseling sessions at UW institutions last between 45 minutes and one hour.

• Most institutions have session limits/guidelines for individual psychotherapy. The guideline is 10 sessions per academic year at UW-Madison and UW-Milwaukee; 12 per year at UW-Green Bay, La Crosse, and Oshkosh; and 14 per year at UW-Eau Claire and UW-Whitewater. Session limits are not rigidly enforced, and some counseling directors indicated that a lack of local resources for referral can make enforcing the limits difficult. Also, they indicated that a counselor cannot ethically stop serving a student who needs continued assistance without a referral link.

• All four-year campuses offer outreach and education to students. A variety of information is provided, including information about signs/symptoms of depression,
stress management, anxieties, eating disorders, coping skills, sexual assault, relationship violence, academic problems, conflict resolution and suicide prevention.

- UW-Eau Claire does not offer psychiatric services on campus, but does refer students to community psychiatrists and covers some of the costs for uninsured students.
- Students who need care beyond what UW counseling services offer or who would benefit most from services in the community are referred to off-campus providers. All 13 four-year UW institutions that offer counseling services on campus refer students to off-campus mental health providers. Anecdotal information indicates there are challenges with referring students to community resources, such as a lack of resources in the community, lack of transportation, inability of students to pay, and student resistance to the challenges of obtaining services off-campus.
- At all UW institutions, all students are eligible for counseling services without a separate charge. Students are eligible if they are enrolled, regardless of the number of the credits they carry. Students who are not enrolled during the summer are eligible for counseling services during the summer if they were enrolled in the preceding spring semester and intend to return in the upcoming fall semester.
- All UW institutions that offer counseling services allow students to withdraw from school for medical reasons and receive full or partial credit for tuition paid. The policies allow students who need intensive and long-term mental health treatment to withdraw from school.
- According to a 2006 survey of counseling center directors nationwide, 65 percent of the directors participating in the survey indicated that their counseling services were not administratively integrated with health services.
- The Association for University and College Counseling Center Directors has stated that it believes there is no single administrative structure that is the most effective in serving students.

Expected future needs in counseling services

Increased enrollment: Under the UW System plan, Growth Agenda for Wisconsin, student enrollment is expected to increase at some UW institutions, including UW-Eau Claire. Increased enrollment will increase the demand for counseling services.

Serving more veterans: Expansion of veterans benefits will likely increase the enrollment of Wisconsin veterans and their dependents at UW institutions. UW institutions will have to address psychological issues that these veterans and their dependents may have.

Severity of mental health problems: Research studies and data from national surveys of counseling centers describe increases in the number of students with severe mental health problems and the number of students taking psychotropic medications. UW counseling directors and counseling staff members reported seeing similar trends at their institutions.

Concerns for campus safety: The tragedies at Virginia Tech and other institutions have increased pressure on universities to identify high-risk students and to plan appropriate intervention. Various groups studying campus safety recommend increased outreach to and education for students, faculty and staff. Campus safety efforts will increase demands
for counseling staff time. Also, increased outreach might increase the number of students seeking counseling services.

**Expected future needs in health services**

SHS works closely with CIE to meet the needs of students who will be studying abroad as well as the needs of international students studying here. As the university continues its efforts to provide more students with international experiences and to bring more international students here, the demand for these services will increase.

**Conclusions**

As noted earlier, the committee reviewed three alternate means for providing health and counseling services at UW-Eau Claire. Those considered were combining the two units into a single unit, outsourcing health and/or mental health services, and third-party billing. The committee's review examined: services offered; student use of services; funding sources; and issues, challenges and potential benefits of combining the units, outsourcing or utilizing third-party billing.

**Third-party billing conclusions**

The committee did not feel that third-party billing was a viable option.

The amount of resources that would be necessary to maintain such a billing system would be substantial. The cost of personnel to oversee it would be significant.

According to data from the U.S. Government Accountability Office, nearly 66 percent of students are insured through their parent's employer. As more parents lose jobs and/or benefits, the students' insurance will be eliminated or changed.

In addition, insurance companies often require people to access services at a particular geographic location. For students whose parents live hours away, that might mean repeated trips across the state to access the appropriate providers. It will be a hardship on students and/or cause students to not get the services they need.

Also, many insurance plans have deductibles and co-pays that need to be met. This would be an additional financial burden to the student, and again may cause them to not seek the assistance that they need.

Some plans also have benefit caps or policy exclusions, such as no or limited mental health care.

In addition, college students often seek health and mental health assistance for issues they do not wish to share with their parents (examples include birth control, sexually transmitted infections, sexuality issues, mental health issues). Many of these students
would be reluctant to seek those services if they knew their parents would learn about the services via an insurance claim.

Finally, insurance companies often require health and mental health care providers to provide a specific diagnosis. Such "diagnosis" can have far-reaching affects as students move into their post-college lives. For example, they may be unable to secure health insurance or may have to pay more for health insurance if they are considered to have a pre-existing condition based on treatment received while a student.

**Outsource health services and/or counseling services conclusions**

The committee also determined that outsourcing health and/or counseling services would be problematic for students for multiple reasons.

Committee health and mental health organizations are not designed to specifically meet the health and wellness needs of the college population. In-house health and mental health providers understand the student population and have been trained to address issues of concerns, many of which are specific to college students.

That said, on-campus health and mental health providers must work closely with agencies in the community. In the State of Wisconsin Governor's Task Force on Campus Safety report, it was determined that ongoing communication between community and campus providers is critical since off-campus behavior often acts as a precursor to on-campus violence. As noted earlier, both CS and SHS personnel already have strong ties with key agencies throughout the region.

Costs also would be substantially more for even the most routine services accessed by students. For example, at local clinics a tetanus shot costs nearly $90, a rapid strep tests runs about $60 and a 10-minute appointment costs about $100. Through their segregated fees and nominal charges for services, students pay a fraction of that amount for the same services.

In addition, students are less likely to seek out health services if they must leave the campus to access them.

CS uses unpaid interns as well as volunteers with expertise in the areas of college mental health issues to supplement the work done by its paid staff. This creative use of staff provides students with additional services at no additional costs. The internship program also provides students with valuable internship experiences and hours.

Campus officials at institutions that have outsourced health services indicated that there is a significant amount of time that goes into negotiating and overseeing the multiple contracts that must be in place when services are outsourced.

Finally, accessing area health care and mental health organizations can mean a long wait to see a provider. This is particularly true of mental health professionals. It can far longer
than a month to get an appointment with an area mental health provider. Students who are in need of immediate assistance would not get the help they need when they need it.

**Merging SHS and CS — conclusions**

According to the literature reviewed by the committee, the advantages of combining health and mental health services include improved communication between health and mental health providers; health and counseling services offered in a single location; creation of a multidisciplinary treatment team; reduced confusion for students, parents, staff, and administrators; salary savings; improved treatment planning; and singular leadership. A combined unit also may better position the university to address public health issues of particular importance to college students, such as drug and alcohol concerns and eating disorders (American College Health Association's "Considerations for Integration of Counseling and Health Services on College and University Campuses" white paper).

The disadvantages include increased tension between the staff as health services and counseling services compete for resources; decreased confidentiality; differences in staff philosophy; merging diverse record and other management systems; and loss of experienced professional staff (ACHA's white paper). Some UW counseling directors indicated that merging health and counseling services records could violate IACS standards on record privacy. IACS-accredited counseling centers are to limit access to counseling records to counseling center personnel; a signed release of information must be obtained from the student before records can be shared with other individuals.

While the disadvantages noted do create challenges, the committee believes those challenges can be worked through. The committee believes combining the units would provide students with more comprehensive health services, while also allowing the university to reduce its costs in providing these services. Examples of cost savings include having a single director, sharing support staff and maintaining a single physical space.

Bringing the two units together in a single location would create more efficiency for students who need access to both health and mental health services, greater privacy to students, and more cost savings to maintain a central space. Students worried about the stigma of receiving mental health services may be more willing to be seen walking into a center that offers comprehensive health services than into a space that only offers counseling services.

Among the findings noted in the Governor's Task Force on Campus Safety report is that coordination of care is essential for individuals who receive treatment from a multidisciplinary team. Coordinating care increases the likelihood that individuals will complete their treatment plan. The committee believes bringing these two units together will enhance the staff's ability to coordinate the physical and mental health care needs of students.
The American College Health Association's "Considerations for Integration of Counseling and Health Services on College and University Campuses" white paper notes that students often will be more comfortable initially seeking help from a health care provider than a mental health professional. Many mental health concerns may initially present as a physical problem (i.e. panic disorder), while some mental health issues, such as depression, may be rooted in a physical problem. Still other issues such as eating disorders may need to be managed by both health and mental health professionals. Thus, the relationship between health and counseling providers is critical. The paper states that integrating counseling and health services may provide for the most holistic care to students.

The committee also believes a combined health-counseling unit should become part of a university wellness center. Such a center would help students enhance their physical and mental wellbeing. Training, massage therapy and other wellness-related activities would be part of such a center.

As noted earlier, meeting students health and mental health needs is critical to students' academic success and overall experience at UW-Eau Claire. An on-campus health services and counseling services staff will better meet the students' immediate health care needs, as well as help them develop healthy lifestyles and learn to navigate the complex health care system independently.

The committee recommends a close review of the American College Health Association's "Considerations for Integration of Counseling and Health Services on College and University Campuses" white paper before steps are taken to combine SHS and CS. The paper provides detailed information regarding efforts to combine counseling and health services at other campuses, as well as a step-by-step guide toward implementing such a merger.

The committee believes that combining Student Health Services and Counseling Services into a single unit best addresses our goals in the Centennial Plan, including but not limited to the goals of nurturing human resources and amplifying financial resources.

**Issues of note regarding combined SHS/CS**

The committee did identify several issues that it would encourage the university to address should it combine SHS/CS services. These include:

- Currently all students have access to SHS in the summer. Students who take summer classes pay segregated fees to support this access. Students who are not paying summer tuition still have access to SHS in the summer. The committee believes those not enrolled in summer classes should pay a user fee for those services.
- Students taking classes at UW-Eau Claire’s Marshfield site are charged segregated fees but would have to travel a distance to make use of SHS or CS services. This needs be addressed in some way, be it a reduction in fees paid by these students or an agreement with a health provider in that community to meet their needs.
There also are a growing number of students who take classes only online, thus are not in a geographic location that makes it easy or possible for them to access SHS and/or CS services. The needs of these students also must be reviewed.

Making a merged SHS-CS part of an integrated wellness center would be ideal but finding a location for such a center will be a challenge. Much of the cost savings that could be realized by combining the units would be realized only through shared space.

Bringing SHS-CS into a wellness center would require the university to determine what other units would be part of that center. For example, what role would University Recreation and Sports Facilities have in such a center.

Additional notes

The committee felt it should be noted that students — whose segregated fees support SHS and CS — have not been asking for a change in how the health and counseling services are organized at UW-Eau Claire. In fact, the students have opted to increase support for those services in recent years, recognizing how important they are to students' overall success. The student representative on the committee (Student Body President Dylan Jambrek) indicated that he has not heard from any groups of students on campus asking for changes in these services. In committee meetings, Jambrek indicated that many students view the SHS and CS services as a "bargain" and they appreciate the value. He also noted that students prefer to keep health and mental health services in house because they believe the campus-supported units could/would better respond to changing students' needs in a timely fashion.

In a 2008 satisfaction survey, more than 50 percent of the respondents said they chose SHS because it's easy to get into, and more than 20 percent of the respondents said they came because they had no insurance and/or someone advised them to come. Other student satisfaction surveys supplied by SHS show support for the unit (SHS PEEQ)

As noted earlier, both CS and SHS work extensively with students, faculty and staff across the campus. Both units also have extensive ties to local agencies and services providers in the community. Given the years it has taken to establish those relationships and connections, it would be extremely difficult — if not impossible — for an outside entity (even if they had offices located on campus) to create those kinds of connections. The outreach done by the units across campus and the ease with which they collaborate with colleagues across the campus and region should not be underestimated.