**Student Health Services**

**Health Services Advisory Committee**

**Meeting Minutes 5/8/13**

**Attendance**: Tina August, Michelle Dowling, Bert Epstein, Ruth Ann Grogan, Cheryl Higgins, Art Hseigh, Susan Quinn, Catherine Williams, Deborah Ziccone

**Agenda Review:** by Catherine Williams, Committee Chair

**Announcements: 12:25-12:30**

CW: PEERS Coalition event was fun, had Beck Fein’s homemade hula hoops.

DZ: Student Affairs is working with Petaluma Education Coalition on showing of film “Inside the Tobacco Industry” for Fall 2013.

SQ: Sonoma County had 2 day training on tobacco cessation, SHS not able to attend, but need to get trained in this.

SQ: will present NCHA findings at Fall PDA and on June 7th, 2013 at County Health Action Coalition meeting.

**Approval of Meeting Notes:** AH motion to approve, seconded by SQ. Unanimous. Discussion of sending minutes to Dr. Chong: CW will draft summary of minutes and create links to each minutes document. SQ and BE will finalize summary as well as post all minutes from 2012-2013 to website.

**HSAC Committee Structure 2013-2014**

* **Committee members** 
  + **4 Faculty:** Faculty is 2 year appointment, there will be 1 slot available next year.
  + **4 Students:** Appointed by Associated Students, SQ will request to have 1 PEERS Coalition intern representative and 1 Student Outreach Worker. SQ will take recommendation to AS.
  + **3** **Classified**: Classified union appoints classified members, will likely be filled by new NP, if hired.
  + **4 Management:**
  + **3 Community members:** Discussion of someone from community health clinics, such as Southwest or Petaluma Health Center (Daniel Creegan, past SPS intern at Vista?)
  + Discussed need to fill slots and encourage attendance in order to have quorum.
* **Meeting day/time** suggested change to Thursdays 12-2pm.

**Student Charges 2013-2014**

SQ shared chart of proposed changes to student charges. Immunizations costs fluctuate, SHS charges students the cost, SHS buys large supplies whenever possible to stabilize price. SHS charges students for borrowed items not returns (e.g. crutches). Discussion of flu shots, $10 deemed reasonable charge. AH motion to approve, MD seconded, unanimous.

**PRPP Highlights**

* **Environmental Scan:** Impact of Affordable Care Act.
  + SHS is stand alone health center, not full scope primary care model, not connected to insurance based primary care. SHS is a safety net. SHS is convenient for acute needs on campus.
  + People need a medical home. SHS connects people to a medical home.
  + SHS will need to focus more on connecting students to a medical home, educational role, and eligibility role.
  + Discussion of future of health services in colleges if more students have insurance. SHS has public health model and advocates for health of entire SRJC community.
  + January 2014 Insurance Exchange starts.
  + PRPP goal is to develop workgroup to prepare, develop handouts, and tools
  + CH suggested website: [www.coveredca.com](http://www.coveredca.com) for students to determine what they are eligible for and how much it would cost.
* **Staffing:** looks like staffing increases, but really many contracted positions are shifting to in-house position. SPS staffing redesign means that there will now be no increase in cost from 2012-2014.
* **Planning/Goals:** 8 objectives, including stabilize funding, EMR conversion, team development/training, student employment scheduling, safe & clean facilities.

**SHS Budget Proposal**

SQ sent out budget summary. No use of reserve funds 2013-2014 meant there were cuts (e.g. STNC, SHA hours, supplies, travel). $1,276,399.00 budget. Union negeotiations for classified staff not finished, may see 5% increase (restoration of salaries), would cost $40,000 more. $25,000 of this could be found in the budget, but the remaining $15,000 would mean staffing cuts somewhere. HSAC will revisit this Fall 2013 after 1st census comes in, so we can estimate Health Fee revenue.

**SPS Presentation: Bert Espstein, PsyD**

* **Areas of Strength**
  + Client satisfaction
  + Diversity of services (individual, Spanish-speaking, psychiatry, outreach)
  + Access – very good capability to see students immediately
  + Large number of students reached through classroom presentations
  + Robust training program and very satisfied trainees
* **Areas that were improved in 2013-2014**
  + Improved communication with community clinics and increased referrals -> more capacity here
  + Expanded “pro bono” program where therapists in the community see SRJC students for free
  + Improved access – almost all students seen immediately
  + Much shorter wait list
* **Areas to focus on 2013-2014**
  + Transition to new supervisors
  + Streamline client and therapist paperwork
  + Further refinement of intake/triage/wait list
  + Technology: Expand website & Bring on Electronic Medical Records
  + Further implement new, extensive Outcome Measurement system