

Campus Health Care Fee Level Recommendation for 2015-2016

Independent Analysis by Health Fee Advisory Board (HFAB)

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Executive Summary

The Health Fee Advisory Board (HFAB)¹ recommends increasing the Campus Health Care Fee² by 5.4 percent for the 2015-2016 academic year.

After conducting a comprehensive review of the Campus Health Care Fee and its impact on University Health Services (UHS), HFAB recommends increasing the fee up to the maximum allowable cap³ of 5.4 percent in order to minimize the operational deficit at UHS and mitigate the impacts of structural budgetary issues on essential health services for students. Student utilization of UHS Primary and Urgent Care, Counseling and Psychological Services, and Social Services increased significantly last year, continuing a trend in recent years toward higher service utilization across UHS units⁴.

Revenue from the Campus Health Care Fee only supports 12 percent of the UHS budget annually⁵. Originally intended to “supplement but not supplant” funding for student health and counseling services, the Campus Health Care Fee fails to address the structural deficit issues at UHS. HFAB recognizes that UHS will operate a deficit regardless of whether or not the fee increases. For example, the UHS deficit on this fund without a fee increase would be \$221,654, compared with a deficit of \$20,287⁶ with the maximum allowable fee increase.

Thus, despite serious concern regarding the overall fee burden on students, HFAB supports the maximum increase in the Campus Health Care Fee because HFAB understands the direct impacts of large deficits on staff levels and service provision.

¹ HFAB Summary

² Campus Health Care Fee Summary

³ Referendum language

⁴ Data on Service utilization

⁵ Citation on UHS funding breakdown.

⁶ Chart on fees.

Given these realities, HFAB recommends initiating a comprehensive review of the funding model for UHS in order to better assess how to address the chronic budget shortfalls and identify solutions that preserve services and minimize the financial burden placed on students.

Methods

Like preceding years, the 2014-2015 U.C. Berkeley Health Fee Advisory Board primarily consisted of six undergraduate students and one graduate student, from across various academic departments and student interest groups. Two members of the committee were serving for a second consecutive year, providing institutional memory and guidance for the other members. UHS Strategic Initiatives Manager, Bené Gatzert, as well as UHS Executive Director, Claudia Covello, helped to guide, facilitate meetings, and provide collection of data.

Methods of data collection included: UHS programs and budget analysis; in-depth interviews with UHS Directors; and a review of HFAB literature and previous reports. Overview of UHS programs and budgets provided HFAB members with information regarding UHS funding sources, proposed budget plans, and annual reports. Members also received Health Fee-specific materials, which broke down all possible fee increases, capped at 6%, translating these figures into actual dollar amount.

HFAB next conducted a series of interviews with UHS Directors, including: Medical Director, Brad Buchman; Counseling and Psychological Services Director, Jeff Prince; and, Social Services Manager, Paula Flamm. We've asked them to prepare their presentations based on HFAB's questions from last year. The primary function of each conversation was to provide HFAB members with a sense of each department's unique financial needs. These interviews also offered Directors to share what services they deemed indispensable. Given the inevitability, regardless of fee level increase, of a deficit, the conversation often bypassed the topic of new programming.

Lastly HFAB members reviewed the history of the health fee, each year's increase, and most recent years' reports. While this helped inform the trajectory of the health fee, current fiscal climate information was gathered by members, who also served on other health, wellness, and student fee committees and were connected to broader student groups across campus, including the Graduate Assembly (GA), the Associated Students of the University of California (ASUC), the Committee on Student Fees (CSF), the Student Health Advisory Committee (SHAC), and the Chancellor's Advisory Committee on Student Mental Health (CACSMH). HFAB members, informed by these connections across campus, compiled

and analyzed all data in order to come to a uniform understanding and recommendation for the 2015-2016 Health Fee at U.C. Berkeley.

Data Collection & Findings

A. Counseling & Psychological Services and Social Services

HFAB spoke with UHS Counseling and Psychological Services (CPS) Director, Jeff Prince, regarding the evolving context of psychological and counseling services on the UC Berkeley campus. Prince discussed utilization levels and types of services, as well as the need for more developmental models of counseling throughout campus life. Prince reported that use of CPS across campus was 15%, which is significantly higher than the national average of 6%. And that there has been a recent effort to integrate CPS with primary care. HFAB was specifically interested in how CPS was working to ensure that all students, regardless of gender, were equitably accessing services. Similarly HFAB inquired about CPS's work towards developing greater cultural competence. To this extent Prince mentioned a new program that CPS is implementing which involves sending counsellors to Taiwan and China to learn about cultures there. Prince stated that this is largely due to counselling and psychological services being stigmatised in these cultures. This is particularly important since international students seek out healthcare from UHS at disproportionately low numbers, making them one of the most underserved student communities on our campus. Prince also mentioned the existence of CPS's satellite offices across campus that serve to break down the barriers to seeking support. Prince recognized that the students' demands for psychological services are far greater than the current resources and that there has been an increasing need for long-term care.

HFAB then interviewed UHS Social Services Manager, Paula Flamm, to assess this department's trends and concerns. Flamm informed HFAB that Social Services provides more specialized care than psychological services and that most students come to Social Services based on referrals. Flamm informed HFAB that eating disorders still remain of major concern on the UC Berkeley campus. To tackle this persistent issue Flamm mentioned the existence of nutrition counseling and nutrition-therapy services that are staffed by one full-time dietician. She also brought up the eating disorder clinic, which is a new initiative they are piloting this year that integrates medical and social services that combines the services of a physician, a dietician and social services in one clinic visit. HFAB was interested in the Social Services' role in providing supportive services to sexual assault survivors, which is a growing concern on the UC Berkeley campus. To this extent Flamm mentioned the existence of numerous resources and the development of UC Berkeley's Sexual Violence Prevention & Response campaign,

including the sexual assault and harassment education requirement, in keeping with the national “It’s On Us” campaign.

B. Medical Services

Lastly, HFAB interviewed UHS Medical Services Director, Brad Buchman, to survey this department’s needs. The most important service that this department provides is primary care, this is followed by urgent care, and then rotating specialty clinics. There has been an increase in initiatives to improve communication with the student body through text message reminders as well as increased triage (phone calls with advice nurses). Other initiatives being implemented by the Medical Services department include streamlining the discharge process and working closely with CPS. Due to UC Berkeley not having a medical center, extra demands are placed on medical health services that might otherwise be mitigated.

Fee Recommendation

While this year’s HFAB unanimously agreed to increase the health fee for the upcoming 2015-2016 academic year, there was a great deal of resistance among its members. The HFAB members recommend a fee level increase of 6% for the Fall 2015 and Spring 2016 semesters, increasing the fee from \$62.50 to \$66.50 and a 2% fee level increase for the Summer 2016 semester, increasing the fee from \$47.00 to \$48.00. This particular fee level is the maximum increase available for HFAB to recommend; however, this recommendation, if heeded, still yields a \$20,287 deficit. While this remains a considerable debt, a 0% increase and maintenance of the current fee level would result in a \$221,654 deficit. This difference in deficit is significant and allows UHS to retain the majority, if not all, of its current staff, services and facilities. While this decision was made by the collective, board members shared in their hesitance to recommend the maximum fee level increase, due to the overall fiscal burden to students at U.C. Berkeley. While this recommendation reflects HFAB’s dedication to maintaining health and wellness services, the board acknowledges that financial stress is a significant stressor for students, a paradox not lost on the members of HFAB.

This difficult decision was made after collecting data from both inside and outside of University Health Services. Our recommendation comes after careful analysis of the needs of the various student communities represented at our campus at by HFAB members, as well as the need of UHS. Yet HFAB observed a relentless trend, both on campus and across the University of California school system, where students are responsible for the increasing costs of their education⁷ and health programming, without an

⁷ Despite statewide protests, the University of California Regents committee approved a five-year plan to increase tuition by up to 5 percent annually.

increase in actual quality or provision of services. Specifically, U.C. Berkeley's health fee in this past decade has had to both keep up with health care inflation and shoulder the weight of this trend as it affects health services. These consistent gradual increases in the fee level have resulted in an unsustainable fiscal model.

The board has begun to work with U.C. Berkeley Associate Vice Chancellor and Chief Financial Officer, Rosemarie Rae, in order to establish a more sustainable plan for the Health Fee Advisory Board and the chronic deficit UHS faces each year. This small sub-committee established a need for a 3-year strategic plan pursues alternative joint funding streams, in order to lessen the burden of costs upon students for health services. This plan also establishes the need for ongoing commitment of HFAB members, so as to reduce the loss of institutional memory. Ideally, this tactic would coincide with efforts to increase diverse representation on the board wherein graduate students, who tend to be long-term members of the campus community, are more actively recruited. While HFAB 2014-2015 technically closes its year with its fee level recommendation, the board will work with Bené Gatzert, Claudia Covello, and Rosemarie Rae to establish the 2015-2016 HFAB committee, lay the framework for the 3-year strategic plan, and to facilitate a smooth and informed transition.

Campus Climate: Health, Wellness, and Fiscal Burden

This year HFAB faced a similar situation to years past: even a maximum fee level increase resulted in a deficit, meaning UHS would still be short of meeting projected costs for services supported by the Health Fee funding stream. In the context of current tuition hikes and consequently the increasing financial burden being shouldered by students, it is especially important to keep in mind the aim of the Health Fee (original referendum in Appendix). Simply put, the fee was created to make up for a shortfall in funding so that students would not miss out on necessary health care services. Additionally the fee was meant to allocate funding where students wanted it most and to push efficiency in service provision.

In an effort to improve student services, last year's HFAB took on the role of conceiving a special advocacy project which involved reaching out to campus officials and restructuring funding for student health services. This special advocacy project is being led by the Wellness Workgroup. The Wellness Workgroup is advocating for a mandatory student wellness initiative fee that would fundamentally shift our campus toward a new model of wellness including: increased and improved UHS mental health services; expanded services regarding sexual assault; extended clinical hours to better serve student availability; enhanced RSF services; and wellness programs for underserved student populations. The wellness initiative proposal includes a sustainability strategy to lower student costs over time and a

funding mechanism that will institutionalize student oversight in order to foster a healthy collaborative partnership with the campus administration.

Conclusion

HFAB calls on campus administration to both increase the Campus Health Care Fee by 5.4 percent for the 2015-2016 academic year and initiate a comprehensive review of the funding model for UHS. HFAB prioritized service preservation over other issues, but student tolerance for significant annual increases in the Campus Health Care Fee is waning. The Campus Health Care Fee was established to supplement essential services provided by UHS, not to make UHS fiscally whole. However, with service utilization rising and with the understanding that even moderate increases in the fee would produce deficits that would necessitate reductions in staffing levels, HFAB decided to endorse the maximum net fee increase for next year with the hopes of working alongside campus administration and UHS to develop a more sustainable funding model for the future. HFAB aims to work collaboratively with campus administration and UHS to develop a funding model that preserves essential services, while depending less heavily on annual maximum increases in the Campus Health Care Fee for UHS to be fiscally whole.

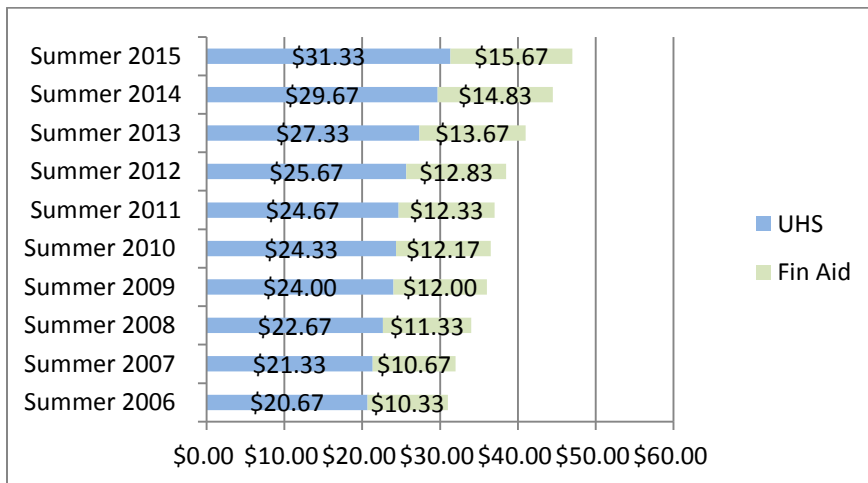
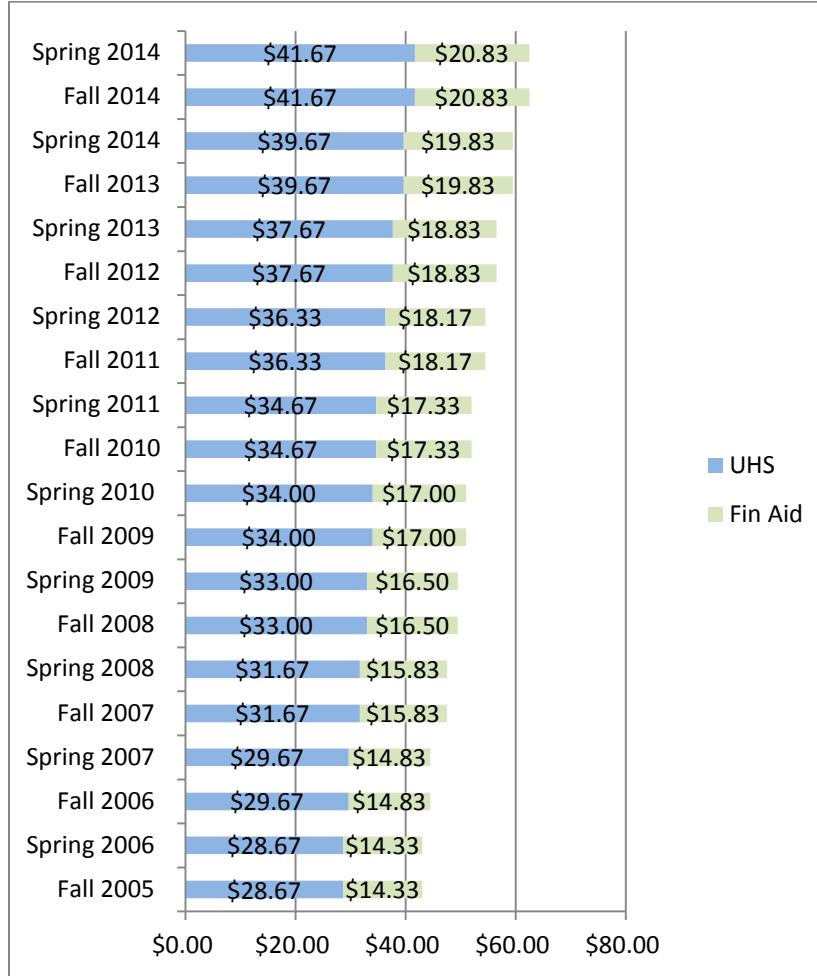
While HFAB understands the fiscal challenges facing campus, HFAB also argues that expenditures at UHS produce considerable benefits for the campus community. In other words, given limited resources, the campus' marginal dollar is best spent at UHS because it will reduce costs across other units. Students who are sick or struggling with serious mental health issues rely more heavily on other academic and support services across campus, they are more likely to withdraw, and they take longer to graduate. Campus expenditures on health and wellness function to reduce costs in other divisional units, thus campus should prioritize minimizing the UHS structural deficit. Students need UHS, utilize UHS services at high rates, and report high satisfaction with UHS services. Within a context of limited resources and rising student service utilization, campus administration should minimize the structural deficit at UHS in order to contain costs across campus. Budget cuts to UHS will also put further pressure and strain on other divisions and services across campus that do not function to serve students or meet students' health and wellness needs in the same ways. HFAB supports UHS and its service to the campus community. HFAB supports a net increase of 5.4 percent for the 2015-2016 academic year and HFAB calls on campus administration to take collaborative action to address the structural budget issues that affect UHS annually.

Appendix

1. **HFAB: <http://uhs.berkeley.edu/students/healthfee/hfab.shtml>**

2. **Original referendum language:**
<http://uhs.berkeley.edu/students/healthfee/referenedumlanguage.shtml>

3. **Historical Fee Levels**



Note: 2/3 of the health fee goes to UHS and 1/3 is returned to financial aid