UMD HEALTH SERVICES

ANNUAL REPORT 2013-2014

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Executive Summary: Health Services Annual Report 2013-14

The 2013-14 academic year saw continued focus on meeting the mission of HS by serving the medical, counseling and health education needs of UMD‟s students thereby enhancing their retention and academic success.

Organizational Highlights:

- The transformative and longitudinal process addressing cultural and organizational change at Health Services continues to progress. Data from the Employee Engagement Survey (EES) in October 2013 was reviewed and presented to staff in the greater context of the on-going work begun nearly 5 years ago. Data from Health Services‟ annual work climate survey given each spring will complement the EES data each year. The central focus of this process has always been the ability to better meet our mission and vision with improvements to our staffing and supervisory model while containing or reducing costs.
- With the hiring of a Clinic Manager this year and the development of business plans to address the voluntary layoff of two positions, Health Services‟ restructuring goals were met ahead of the projected timeline for completion.
- Performance coaching was introduced as a standard expectation for all supervisors to do with each staff at least once a semester. This goal was met and well received by staff. In addition, this year‟s performance reviews included more specific staff professional development planning and discussion regarding individual staff preference for recognition of good work/achievement.
- Health Services completed its Program Prioritization Assessment in October 2013. Based on many of the structural and organizational changes HS began 5 years ago, HS scored quite well.
- Health Services worked closely with the University‟s Office of Audits to complete its plan of correction in September 2013.
- The Professional Standards Committee (PSC) continued to meet twice monthly looking at operational and productivity initiatives for the clinic. A survey sent to students using Campus Labs was created by PSC to better understand their understanding of our services and resources and ways in which we can improve the delivery of services.

Budgetary/Financial Highlights:

- Health Services SSF budget request reflected a complete utilization of all carry forward monies in an effort to use these resources to pay for the unexpected costs of a new roof, staff salary increases, and to keep budget request increases to a minimum. The SSF Committee funded nearly all of Health Services‟ operational request of 1.397 million dollars and generously supported financial planning for a new physical space. Summary sheets for SSF and O&M budgets for Counseling Services are included in this report.
- Health Services had two employees who qualified for and expressed interest in the Voluntary Layoff initiative. After careful analysis, research, and collaboration; business plans for each position were developed that resulted in significant cost savings to the organization without sacrificing the provision of services to students.

Objectives/Goals:

- Goals for Health Services and objectives for the 2013-14 academic year were set in the summer 2013 with input from the VC of Student Life, HS management team and staff. These goals and objectives were aligned and mapped to the strategic plans, goals and values of Health Services, the Division of Student Life and UMD. The objectives set were completed (partially or fully). A full discussion of this is included within this report within the Assessment section.
- With the encouragement of the VC of Student Life, Health Services and RSOP provided updated information to the SSF Committee in January 2014 regarding a new Wellness facility. This concept includes clinical and teaching space as well as a state of the art aquatics facility. The facility would provide numerous collaborative opportunities for student learning with other campus partners, staff and student utilization opportunities and community partnerships. The SSF Committee received this information favorably and expects a specific update on the process in January 2015. Presently, a programmatic assessment is being pursued. A meeting is tentatively set for summer 2014 with a representative from the University of Minnesota.

Clinical Highlights:

- For Fall 2013 and Spring 2014 semesters, Health Services staff were involved with nearly 10,000 medical encounters, over 2500 counseling visits and 325 health education programs serving nearly 8000 individuals.
- Health Services staff in conjunction with UMD School of Pharmacy and Quick Care provided 1533 flu vaccinations to students, staff, faculty and dependents during 3 mass vaccination clinics in Fall 2013..
- All Health Services staff participated in Health Check, a highly regarded student health fair, held in October 2013.
- Health Services has continued to provide precepting opportunities for students from UMD Athletic Training, CSS NP students, and LSC lab tech students. Our Health Education department continued to provide internship opportunities for UMD students.
- Staff from the medical, counseling and health education sections of the unit participates on campus committees in which physical, chemical or behavioral health expertise is needed by University staff.

University of Minnesota Duluth
Division of Student Life
Health Services

I. Vision

The vision of Health Services focuses on the development of an inclusive health care model including medical, counseling and health education services which is collaborative in nature with academic and community partners. This concept is consistent with the University‟s Core Value of Engagement and Campus Goals 1,2 and 5 as well as Division Goals 1,2, 3, and 5.

II. Mission

The mission of Health Services is to provide students the opportunity to develop healthy personal lifestyles, help ensure their retention at UMD, and contribute to the overall excellence of their total educational experience by providing services which address the physical, emotional, social and intellectual well-being of our students.

III. Goals

1. Ensure that the Health Services facility provides an integrated, educational and service oriented physical space to support student, staff and community members.

2. Develop thoughtful, intentional and collaborative relationships between Health Services and academic partners such as UMD medical and pharmacy schools, UMD Masters of Social Work Program, UMD Athletic Training Program, College of St. Scholastica and Lake Superior College.

3. Utilize community health care providers to make specialty services accessible on-site at Health Services.

4. Strive to increase productivity in order to provide accessible and high quality health services to UMD students.

5. Provide health education programming that helps students develop a healthy lifestyle that will promote their success in college and their lives after graduation.

6. Practice responsible, transparent, and accountable stewardship of University and Student Service Fee resources in the operation of Health Services.

III. Health Services Goals Mapped to the UMD and Student Life Strategic Plans

Health Services Goals	**Mapping to University Goals**	**Mapping to Student Life Goals**
Ensure that the Health Services facility provides an integrated, educational and service oriented physical space to support students, staff and community members.	1, 5, and 6	1, 3 and 5
Develop thoughtful, intentional and collaborative relationships between Health Services and academic partners such as UMD medical and pharmacy schools, UMD Athletic Training Program, College of St. Scholastica and Lake Superior College.	1, 6	1, 5 and 6
Utilize community health care providers to make specialty services accessible on-site at Health Services.	1, 5 and 6	3 and 5
Strive to increase productivity in order to provide accessible and high quality health services to UMD students.	6	3, 4 and 6
Provide health education programming that helps students develop a healthy lifestyle, promoting their success in college and beyond.	1	1 and 3
Practice responsible, transparent, and accountable stewardship of University and Student Service Fee resources in the operation of Health Services.	6	5

IV. Objectives/Outcomes:

1. Develop a plan for a new Health and Wellness facility by the end of the Spring 2014 semester.

2. Identify at least two academic partners during the 2013-2014 school year.

3. Write a position description for a Case Manager position and work with the Office of Student Life and Student Service Fee Committee to explore funding.

4. Learning outcomes:
    a. Provide programming that helps students identify signs of alcohol overdose.
    b. Help students engaged in counseling services to develop coping strategies for anxiety.
    c. Develop leadership skills in UMD Peer Educators.

5. Complete the Program Prioritization Exercise by November 2013.

V. Assessment Plan:

1. Evidence of achievement of Objective 1: Completed pre-program assessment for a wellness facility
2. Evidence of the achievement of Objective 2: Partnerships established with two academic partners
3. Evidence of the achievement of Objective 3: Completed position description for Case Manager position
4. Evidence of the achievement of learning outcomes:
    a. After classroom presentations from Health Educators, UMD seminar students will be able to successfully name two signs of alcohol overdose.
    b. Students participating in Cognitive Behavioral Therapy through Counseling will explain the skills/techniques they learned after 3-4 sessions.
    c. Peer Health Educators will complete pre and post-assessments of their presentation skills.
5. Evidence of the achievement of Objective 5: Submit Program Prioritization Exercise to University committee for scoring with potential exploration of resource saving opportunities based on scoring assessment.

Assessment Results

Objectives for Health Services 2013-14

1. **Develop a plan for a new Health and Wellness facility by the end of Spring Semester 2014.**
   Action Steps Taken: Health Services Director and RSOP Director have collaborated to create a document detailing the need for a new Wellness facility as well as identifying stakeholders, collaborators and beneficiaries. In addition both directors met with multiple parties over the course of the year including Director of FM, VC of Student Life, Associate VC of Student Life, Director of Auxiliary Services and representatives from the University of Minnesota and UMD Facilities Planning Committee to discuss the process involved in moving forward with a pre-programmatic assessment for the new facility. An additional meeting has been set for summer of 2014 with a representative from the University of Minnesota and Directors from Health Services and RSOP to identify and discuss next steps**.** This process has presented challenges on multiple fronts but clearly identifying a University entity which primarily oversees, approves and supports this endeavor has been the most challenging.
   Status of Objective Achievement: Partially met.

2. **Identify at least two academic partners during the 2013-14 academic year.**
   Action Steps Taken: Health Services staff identified a desire to work with the UMD School of Pharmacy to provide three mass vaccinations clinics for influenza in October and November 2013. Representatives from Health Services met multiple times with faculty from the School of Pharmacy and Quick Care beginning in the summer of 2013 to organize and plan the clinics. This collaboration included reserving space for the clinics, ordering vaccine and supplies, confirming benefits reimbursement for staff and faculty, scheduling students and faculty from the Pharmacy school as well as HS and Quick Care employees to staff the clinics and providing training of Pharmacy students in proper safe injection practices. Over 1500 vaccinations were provided at the three clinics, helping to protect students, staff, faculty and dependents from a significant public health issue.
   Health Services staff also identified a desire to continue to provide clinical precepting opportunities for UMD Athletic Training students. Three MDs and 1 NP at Health Services worked with the AT Program Director to schedule clinical preceptorships lasting 8 weeks for each student throughout the course of the year. Students were able to improve history and exam skills, read xrays and further their understanding of primary care medical concerns. Students were evaluated on their performance and preceptors were also evaluated by each student. Data gathered is kept by the AT program.
   Status of Objective Achievement: Fully met.

3. **Write a position description for a Case Manager and work with the Office of Student Life and the Student Service Fees Committee to establish funding.**
   Action Steps Taken: The Director of Health Services and the Program Director for Counseling Services met over the summer and fall of 2013 to write a position description for a Case Manager using position descriptions from other universities including the University of Wisconsin and Emory University as references. The description created reflected the fact that this position would primarily involve case management for patients with significant or complicated mental health issues but would also entail the provision of some direct therapy services to other patients, helping the Counseling program better

address the mental health needs of all UMD students. A copy of the position description is included as an attachment to this document. Funding of the position was discussed in detail including a joint model of support using Counseling Services and Health Services resources. Unfortunately with SSF funded units being advised this year to request little or no increase in funding allocations, the timing of the request for this position was felt to be suboptimal. The position, however, was discussed in detail with the SSF committee and was well received. Additional attempts to fund the position came from the Office of Student Life and the position was prioritized in the Budget Compact submitted in January 2014, however this was also unsuccessful in achieving on-going, recurring financial resources to fund the position.
Status of Objective Achievement: Partially met.

4. Learning Outcomes:

A. Provide programming that helps students identify signs of alcohol overdose.

Action Steps Taken: Magnets listing the symptoms of alcohol overdose and steps to take were placed on the refrigerators on all campus housing units.

A presentation on Alcohol Overdose and Medical Amnesty to all incoming freshman during Welcome Week, all UMD athletes, Greek Life, and 45 UMD Seminar, Health and Wellness, Drug Ed, and Women's Health Issues classes. 100 classroom presentation evaluations were collected. Of these, 97% could name one sign of alcohol overdose, and 70% could name 2 signs. The number one sign identified was "non-responsive". This is the primary symptom we would like students to identify (50%). 40% identified vomiting; 39% identified cold, clammy skin; and 16% identified irregular breathing. 3 surveys listed black outs as a symptom of alcohol overdose. While significantly dangerous, it is not a sign of alcohol overdose. The advisor addressed this correction with the Alcohol Peer Educators and curriculum was adjusted for emphasis.

In an electronic survey of UMD undergraduates in the spring of 2007, 990 student respondents indicated that the number one reason they did not assist someone suffering from alcohol overdose by calling for medical help was that they did not recognize the situation as a medical emergency. The second reason listed was that they did not want to get a fellow student in trouble. The programming the Alcohol Peer Educators provided at that time addressed the responsibility and expectation of students by the university to assist in these situations and provided practical and factual information to make decisions by.

The electronic survey was distributed again this spring to re-evaluate programming efforts and the impact of the newly implemented State law Medical Amnesty. 53% of the 386 students responding stated they were aware of the Medical Amnesty law. 90% indicated they would be more likely to call for help based on the knowledge of the law. The previously identified primary barrier to calling for help (not recognizing the situation as a medical emergency, dropped to the 5th reason listed, and fear of getting someone in trouble fell to the 8th out of the 9 reasons listed not to call. The top four reasons identified for not calling had to do with fear of punitive consequences from the university (expulsion, suspension, judicial sanction, and discipline from the Office of Student Conduct respectively). These findings will be discussed in the fall with the Chemical Health Advisory Committee to determine next steps for addressing these concerns.

The Chemical Health Educator will be scheduling a meeting this summer with Duluth and campus police, the City Attorney's office, and the Office of Student Conduct to evaluate the first year of implementation of Medical Amnesty on campus and in the city of Duluth. Case studies will be used as discussion points. There were 4 incidents this spring where the Assistant City Attorney, Lt. Huls from Campus police, and the Chemical Health Educator conferred to review situations where a citation was issued. In 3 of those cases, the incident was identified as

meeting the criteria for Medical Amnesty and the citation was dismissed.

A handout was also developed for distribution in local emergency rooms for any age individual who is brought in experiencing Alcohol Overdose.

Magnets listing the signs of Alcohol Overdose have been ordered for Housing again for this fall.
Status of Objective Achievement: Fully met.

B. Develop leadership skills in UMD Peer Educators

Action Steps Taken: To address presentation styles/skill, new peer educators are integrated into presentations by watching the experienced students, reviewing curriculum and then gradually presenting one small piece of curriculum per session under the guidance of peers and the advisor with additional segments of the curriculum assigned to them as appropriate. All peer educators attend presentations to view styles/skill and provide constructive feedback to each other.

Peer Health Educators are asked to rate themselves at the beginning and end of each semester using a rubric (attached) which addressed three primary areas: knowledge of material, presentation skills, and career readiness. In addition, peers „debrief" each presentation during a weekly meeting allowing for peer feedback and curriculum adjustments to be made in a timely fashion.

At the conclusion of each semester, the advisor meets with each peer educator individually to review the student"s self-reports; discuss strengths, areas for improvement, training needs and deliver peer review feedback.

Advisors then use a combination of the assessment tool and the end of the semester review meeting to identify future training topics. Representatives are frequently brought in accordingly from such on campus and community agencies as UMD Campus Police, the Center for Drug and Alcohol Treatment, GLBTSA services, Planned Parenthood, Women"s Health Center, DAIP, etc. In addition, statistics are refreshed from the Boynton survey completed by UMD students.

This Fall, a total of 7 students served between the 2 peer education groups. Of these, 2 did not report any change/improvement from pre/post. This was due to schedule demands and the lack of availability to consistently attend presentations. The remaining 5 reported improvements ranging from 20%-70%, producing an average increase of 46%. All students met satisfactory level performance.

Individual meetings at the end of fall semester for the Alcohol Peer Educators identified a lack of knowledge about drugs. While drugs have not historically been incorporated into our presentations, the rise in reported heroin use in the Duluth community and the legalization of marijuana in 2 states has prompted greater classroom conversation and perceived changing norms. An officer from the Duluth Police Department met with the Alcohol Peer Educators second semester to provide additional training in these areas. The Sexual Health Peer Educators had developed a new curriculum on by-stander intervention. At the conclusion of the semester, they reviewed classroom feedback and modified the video clip selection they utilized during the presentation.

Consistently, both Peer Educator groups valued the experience they gained public speaking and the satisfaction that accompanied „being an expert" on a topic. 4 of the students were from the Health Education department and believed the experience they gained with the student group would benefit their resume, and ultimately, their career. One of the advisors, who also serves as our Learning Outcome liaison, met with Jenn

Fuchs and Julia Williams to review the rubric used this year. Modifications to the rubric for fall will be made based on the feedback from the meeting.
Status of Objective Achievement: Fully met.

C. Help students engaged in counseling services to develop coping strategies for anxiety

Action Steps Taken: Stress and anxiety are consistently the top reason why students report that they seek therapy. In the fall of 2012 Counseling Program staff began to utilize a Cognitive Behavioral Therapy (CBT) approach to assisting students in gaining insight into their anxiety and building skills for symptom management. The curriculum entitled "What? Me Worry?!, developed by the Centre for Clinical Interventions, consists of eleven psycho-education modules to be completed between individual sessions. When clients presented with complaints of anxiety counselors asked them if they would be interested in using the modules as a part of their treatment. Participation was up to the client and how many modules they chose to go through was also their choice. This project was chosen as one of Health Services learning outcomes so data gathered was related to skills that clients learned as well as their report on utilization of those skills and barriers to utilization. Initially clients were asked to fill out a form toward the end of therapy but due to
the fact that many terminations of therapy services are unplanned this was adjusted to asking them to fill the form out after the third or fourth session.

List something you learned about anxiety:

- I've learned that it is a state of mind that gets tripped up (fight or flight) and one needs to rework their mind to get it back under control. Either be it solving personal issues that have been repressed or fears one needs to conquer.
- I learned that it's something you need to be able to control to feel better. You can't just expect something to change without any effort.
- It's not out of my control!
- It happens when you are tired. It creates emotional distress and it can be handled.
- I learned that I am not alone in what I feel anxious about.
- Anxiety is natural. We live in a high stress environment which will trigger stress and anxiety. It distracts from focusing and enjoying life. But it doesn't have to last forever….it can be dealt with.
- It's more common than I thought it was.
- The thing I learned about anxiety that stuck with me the most and also helped me the most is that I am not alone. Many people experience anxiety and is it possible to control it.
- It can be a wrong way that people try to cope with things.
- That it's not normal to think the world is dangerous and unpredictable or that anxiety is uncontrollable. I have learned these were all invalid thoughts.
- There is positive and negative anxiety.
- Anxiety is a process and if you understand the process you can work to interrupt the compounding effect of anxiety. Relaxation is key.
- I learned that there are several ways to deal with anxiety rather than just taking medication and some of the ways of coping with anxiety are much simpler than I would've thought

Explain what skills/techniques you learned:

- Analytical journaling, positive writing, breathing techniques, positive reinforcement meditation, confronting and really challenging my problems.
- I learned ways to change my thoughts (negative) into positive thoughts just by noticing the distortions and what is actually happening around me.
- Delaying worrying, challenging my beliefs, collecting evidence for/against my beliefs.
- "Worry time", how to love myself, do other happy things when I feel bad.
- Deep breathing, mindfulness.
- I learned breathing techniques like "square breathing" in order to stop my panic attacks.
- Postponing worrisome thoughts for a designated time each day, deep breathing.
- Mindfulness and breathing exercises.
- I learned about how important being relaxed/having a relaxed body is and how when you are relaxed it's easier to let your anxious thoughts pass and not give them power.
- Square breathing, learning positive/negative beliefs about worry, learning strategies to deal with worry/anxiety.
- I learned how to recognize what my anxiety is and signs of it that help me to stop it before it gets worse.
- Instead of focusing on the negative thoughts, put them to the side.
- Grounding; concentrating how the bottom of your feet feel on the ground, including if pressure is different on either foot, etc, being very descriptive, focusing and describing mentally 1-3 things in the space around you, focusing on one spot and then widening your focus to your peripheral vision, identifying the negative thought that causes the anxiety so it doesn't compound.

Identify what skills/techniques you implemented

- I've implemented everything in #2 and then some because you don't know what works until you've tried them yourself.
- I implemented the skills I stated above. I also did exercises where it widened my view so I don't get upset as much.
- Challenging my beliefs and making a for/against list.
- I tried to set some worry time whenever I feel anxious. I also did something that makes me feel relaxed such as meeting friends when I was nervous.
- Deep breathing.
- Square breathing, closing my eyes and visualizing my worries going away and stopping myself before my worries get too out of hand.

- Postponing and breathing.
- Breathing.
- I use relaxation almost on a daily basis now. I relax my body and also implement deep breathing techniques.
- Square breathing and postponing worry.
- I question "what if" thoughts and focus on the better results.
- Grounding, focusing and describing things in the space around you, focusing on one spot then widening your focus.
- I tried them all/ thought about them but I used the deep breathing techniques and sensory detail techniques the most

What, if any, barriers did you encounter that interfered with your utilization of these techniques.

- Being over my anxiety threshold is when these techniques become a lot more difficult to utilize
- Sometimes it was hard to implement the skills and techniques.
- With delaying worrying I found it hard to stick to a time limit.
- Just hard to control and manage my brain; but I'm working on it.
- Time and patience.
- Sometimes the anxiety would be really hard to control, but I just keep persisting with the techniques and they got easier as time went on.
- My schedule is hectic and it was hard to find a time to postpone my worries.
- Not knowing what to change my "should" statements to.
- I didn't feel as if I had any barriers.
- Time management, forgetfulness and practice.
- Lack of motivation.
- None, when I remembered to use these techniques they helped.
- Sometimes being too anxious before I started a technique caused them to not work as efficiently as I had hoped.

Status of Objective Achievement: Fully met.

5. Complete Program Prioritization Exercise by November 2013

Action Steps Taken: Working with the Office of Student Life, Accounting Services, ITSS and numerous staff from Health Services whose contributions were immeasurably helpful, the Director of Health Services researched, compiled and wrote the Program Prioritization report following the detailed template provided for Administrative and Service Units at UMD. The

report highlighted the work done by Health Services over the past five years to develop strong, guiding mission and vision statements that were aligned with the UMD and Division of Student Life Strategic Plans. It also highlighted the unit‟s commitment to providing quality health care including its QI programs and accreditation with AAAHC, the unit‟s robust service base of internal and external constituents as well as structural and organizational changes made in the last 5 years to maximize service, quality and revenues while streamlining costs. A copy of the report is available by using the following link: http://www.d.umn.edu/vcaa/program_prioritization

The report was submitted electronically for peer review and editing using Google Docs by other Student Life Directors in early October. This represented a technological challenge for Health Services since the unit‟s access to Google Docs was not the same as other units within Student Life. The finalized report was reviewed and scored by the APPC(Administrative/Services Program Prioritization Committee) in November and results shared to Directors of Student Life in December 2013. Health Services received a score of 14.8, well above the University‟s average program score of 13.4. Please use the previous link to review scores from all units at UMD.

In the future, when the Program Prioritization exercise is repeated, a discussion of the scoring rubric should include the potential to modify the benchmarks used to assess the quality of services provided by each unit. It remains the opinion of Health Services, that insufficient weight was given to the rigors of AAAHC as a measure of this unit‟s provision of quality services and specifically the comprehensive nature of AAAHC QI programming.

Moving forward, Health Services has set an initiative stemming from the Program Prioritization exercise to generate additional revenue by marketing its services to other students of universities and colleges in the area whose institutions do not have health services.
Status of Objective Achievement: Fully met.

Position Posting
University of Minnesota, Duluth

Official Title: Principal Student Worker/Counselor

Working Title: Mental Health Case Manager

Degree requirements: Masters degree in Social Work or Counseling/Clinical Psychology. Applicant must be licensed in the state of Minnesota.

Work experience: Applicant must have a minimum of three years of experience in a mental health setting.

Additional qualifications: Experience working with an electronic health record, demonstrated skill and experience in clinical case management and maintenance of a case management tracking system. In addition, experience working in college mental health, crisis assessment and management, extensive knowledge and experience with identifying local and community resources within in-network and out-of-network insurance plans. Applicant must also possess the knowledge, skills and commitment to interact with students from diverse backgrounds including students of color, LGBTQ and international students. Familiarity working independently and as part of a multi-disciplinary team while coordinating and managing multiple clinical situations is necessary. Excellent oral and written communication skills are needed.

Principal duties: Provide referral, management and support services to undergraduate and graduate students with complex mental health needs through coordination of care between campus and community resources. This position will collaborate and consult with campus constituents including The Division of Student Life and its Vice Chancellor, Access Center (Disability Resources), UMD Police Department, Student Behavioral Management Committee (SBMC), Financial Aid and Registrar's Office, as well as community resources including local hospitals, clinics and social service agencies. Maintaining appropriate confidentiality requirements is critical.

Specific duties of the position include:

I. Acting as a direct resource to UMD Health Services staff regarding students needing community mental health referrals including hospitalization and discharge planning. UMD Health Services uses a brief therapy model and facilitating referral of students needing long term or more specialized services such as treatment of eating disorders and chemical dependency is essential. Implementation of a plan of follow up on all students referred to the community is also a crucial component of this position. Additionally, this position will also develop relationships with community agencies and resources to assist students with significant mental health needs and inadequate insurance coverage (50% of duties).

II. Act as a liaison between UMD Health Services and campus offices which serve students to coordinate efforts in supporting and dealing with at risk students with complex mental health needs. This includes but is not limited to consulting with The Office of the Division of Student Life and its VC as well as academic offices or faculty on students for whom significant mental health issues are present or suspected. In addition this position will serve on the SBMC and will work with campus offices or faculty to adjust academic course load during a time of crisis and to develop re-entry plans for students who have left the University due to mental health reasons and have requested re-admission. The development of new initiatives to improve retention among students with significant mental health issues by tracking students who leave the University for mental health reasons and assessing reasons for withdrawal is also expected (25% of duties).

III. Function as therapist using UMD Health Services model of brief therapy seeing students who present for evaluation of symptoms of depression, anxiety, ADHD, adjustment disorder, or other appropriately managed issues in a college health counseling center (25% of duties).

All duties include following agency policies and procedures consistent with state mental health statutes, ethical guidelines, best practices, HIPAA and FERPA, maintaining accurate and timely documentation for all clinical interactions and consultations, attendance at staff, work group, committee and professional development activities as well as other responsibilities as assigned.

Position Classification: Civil Service

Department: UMD Health Services

Salary: Commensurate with experience

Term: Annual Renewable 10 month position

Appointment:100%

Anticipated Start Date: August 1, 2014

Telling Our Story

UMD Health Services interacts with students, staff, faculty and community members on a daily basis as we strive to meet the needs of our constituents. In the Spring of 2014, the Professional Standards Committee from Health Services used Campus Labs to create an on-line survey for students of the University to gather information on where students access health care and if Health Services was accessed, what the student experience was like at our facility. Below are some excerpts from the survey highlighting the overwhelming positive experiences students reported.

In Fall 2013, Health Services held three mass influenza vaccination clinics in collaboration with the UMD School of Pharmacy and UMD Quick Care. Nearly 1600 vaccinations were given to students, staff, faculty and dependents on those three days. One student took the time to write an article in the UMD Statesman thanking UMD (and Health Services) for the flu shot clinics and a copy of that article is included in this section to highlight our story.

Comments from Health Services Survey

- Everyone was very nice. The nurse explained things very well, gave good directions.
- Everyone was very personable and helpful!
- Everyone was very pleasant and respectful of my privacy.
- Everyone was very polite. They got me in quickly as well.
- Everyone was very respectful of my health-related needs and was very nice to me.
- Everyone was very very welcoming and comforting. It did not feel like a sterile and scary doctors office.
- Everyone who helped me was very nice and happy which makes going to Health Services a breeze.
- Everyone working there has such a spunky attitude and they are always respectful and helpful!
- Everyone working was helpful and respectful.
- Everyone(receptionist, nurse, doctor, blood tester dude) were all very polite, and timely.
- Everything was confidential and the staff was very helpful and nice.
- Everything was confidential, the appointment desk was quick and the staff were all friendly.
- Everything was done fast and efficiently, and they did a good job of reminding me of my appointments.
- Everything was explained well and felt like the staff spent time making me feel more comfortable than expected
- Everything was handled in a very professional manner.
- Everything was quite normal, not much to say. I was satisfied.
- Everything was very professional and polite with my privacy kept in mind
- Everything was very relaxed, and professional.
- Everything went well, I was quickly scheduled and concepts were well explained at the visit.
- Excellent service! Went in and was taken care of in a timely fashion.
- Excellent work.
- felt comfortable and given good advise.
- Everyone was considerate and listened.
- Everyone was courteous
- Everyone was extremely courteous and made it a relaxing and comforting experience.
- Everyone was friendly and welcoming my first time there. My wait wasn't long and the nurse was very helpful.
- Everyone was friendly and willing to help
- Everyone was kind
- Everyone was kind and confidential.
- Everyone was kind and friendly and really listened to my medical problem.
- Everyone was kind and helpful
- Everyone was kind and listened well.
- Everyone was kind or at least not disrespectful in any way.
- Everyone was nice
- Everyone was nice and considerate. I was treated like an adult.
- Everyone was nice and friendly especially the doctors and the receptionist down stairs
- Everyone was nice and helpful.
- Everyone was nice.
- Everyone was polite and made me feel comfortable.
- Everyone was polite.
- Everyone was professional and friendly
- Everyone was really nice and helpful
- Everyone was respectful
- Everyone was respectful and helpful of my needs.

- Everyone was respectful, I was looked at, taken care of, and either prescribed or sent home with instructions after my visit.
- Everyone was so nice, especially my doctor. I wasn't nervous to be open even though it wasn't my regular doctor.
- Everyone was very friendly and explained everything to me.
- Everyone was very friendly and helpful
- Everyone was very friendly and I didn't feel embarrassed or mistreated
- Everyone was very friendly.
- Everyone was very helpful and encouraging.
- Everyone was very helpful and kind.
- Everyone was very kind and did not do anything without permission first.
- Everyone was very kind and helpful during my visits.
- Everyone was very kind and helpful.
- Everyone was very kind to me and helped me in every way they could, and they did it all with smiles on their faces!:)
- Everyone was very kind to me.
- Everyone was very kind, helpful, and understanding.
- Everyone was very nice
- everyone was very nice !
- Everyone was very nice and happy to help. I felt very comfortable talking to the nurses.
- Everyone was very nice and helpful
- Everyone was very nice and helpful.

UMD Statesman
November 20, 2013

Thanks for the shots

BY BEN LABERGE
Columnist

As a seasonal flu-shot receiver, I recently found myself going to get the vaccine in following with this yearly tradition. There I sat in a chair with my right sleeve rolled up as a pharmacy student stuck a needle in my arm and administered the dose. Funny things happen to people who come to get these shots. I've seen grown men with biceps larger than my head squint and make a face like they're being branded. On this particular year, there was a girl getting a shot at the table next to me, nearly hyperventilating and repeatedly saying, 'Just do it. Just do it. Just do it." It was as if her spirit had left her and a robot remained in her place to run the 'Just Do IL" program until the procedure was over.

Having been a needle-phobic for the majority of my young life, I remember the fear. I can't put my finger on it but something about the feeling of cold metal piecing your skin and staying there for what seems like an eternity just wells up a primal reaction to get away. Even though it could help keep us healthy, even though it doesn't actually hurt more than it is uncomfortable, and even though the service is provided to students free of charge, something in us as humans denies our better judgment.

The thought of willingly submitting ourselves to be infected with the flu in order to make ourselves better does seem counterintuitive. It seems much like something you'd rather avoid, in addition to the whole needle-phobia.

But somewhere along the line, a part of my mind sat me down and told me straight: "You're making a bigger deal about this than it really is." And while I can't say that everyone ought to have such an epiphany, I will say that I haven't made a fuss about getting a shot ever again. I know full well that, while I may in fact become sick with a strain of the flu this coming winter, I am building my own immune system through this service.

And in this mindset, I would like to thank UMD. So I thank you, University of Minnesota Duluth, for providing us, the student body, with ac<Zess to free flu shots. You don't have to, but you do. It shows recognition of our wellbeing and an attempt at keeping us healthy enough to enjoy our college experience. And if all we need is our student ID and a free arm to take the shot, that's fine by me.

Budget

Health Services submits three budgets for funding each year. The operational and capital improvement budgets for Health Services are funded through the Student Service Fee and the Counseling Program budget is funded by O&M resources.

Attached you will find two, one page summary sheets of the budget proposals submitted by Health Services to the Student Service Fee Committee in January 2014. In summary, Health Services requested $1,396,000 for its operational budget and $150,000 for the capital improvement fund to be used in the pursuit of a new building. The Student Service Fee Committee approved $1,382,000 for the operational budget for the Fall and Spring semesters of 2014-15. (Summer student service fee allocation for 2014 was $42,800 and is anticipated to remain the same for the summer of 2015.)

This allocation represented a 2.8% increase in funding from the previous year ($1,344,469) and was based on projected increases in salaries and reflected the fact that Health Services has spent down all of its previous carry forward balances. Despite the funding increase and use of carry forward balances, Health Services is projected to end the year in 2015 with a deficit, which operational reserves will cover. The precise calculation of that deficit will depend primarily on savings realized through the voluntary layoffs initiative, but it should not exceed $44,000. A recurring budget deficit necessitating the use of operational reserve funds is not a sustainable long term strategy to meet the budgetary needs of the unit. Requesting larger allocations of funding from the Student Service Fee Committee is also not ideal given the current budgetary challenges of the University and its students. Generation of additional revenue and further cost cutting thus will be necessary. Potential marketing of the unit‟s services to other university and college students in the area as well as reducing the unit‟s summer staffing model based on historically lower utilization rates during this period may be steps worthy of further exploration.

Health Services requested $150,000 for capital improvement funding to be used in the pursuit of a new facility and was allocated $100,000, which represents a nearly 70% increase in funding from the previous year ($60,000). Health Services greatly appreciates the support of the Student Service Fee Committee as the unit moves forward on its plans for a new collaborative Wellness facility.

The Counseling Program‟s budget is also summarized in a one sheet attachment with an end of the year balance in 2014 of $23,000. This carry forward balance had been discussed as a means of partially funding a case manager at Health Services. Being able to fully fund this position annually is a challenge that went unmet this year, but one that has the support of the Director of Health Services, the Counseling Program Director and the VC of Student Life. Given the Case Manager‟s unique position of serving multiple constituents by acting as a liaison with academic and non academic partners, providing direct therapy services to clients and coordinating care of students with complicated mental health issues, this position might best be funded from multiple sources including Student Service Fee as well as O&M funds.

UMD HEALTH SERVICE

2014-2015 SSF REQUEST

RESOURCES	2010-2011 ACTUALS	2011-2012 ACTUALS	2012-2013 ACTUALS	2013-2014 BUDGET	2013-2014 REVISED	2013-2014 AS OF: 12/31/13	2014-15 REQUEST	% Chg from prior yr
Prior Year Carryforward	363,793	420,499	391,984	256,400	256,400	256,400	116,167	-70%
Student Service Fee Income	1,352,250	1,324,250	1,352,250	1,420,000	1,344,469	672,234	1,396,000	3%
Student Service Fee Summer	41,089	40,826	37,883	42,800	42,800	14,469	42,800	13%
	22,648	0	0	0	0			
Other Income:	406,857	406,839	385,594	398,400	398,400	138,619	400,000	4%
TOTAL RESOURCES	2,186,637	2,192,413	2,167,711	2,117,600	2,042,069	1,081,722	1,954,967	-10%
PAYROLL EXPENSES								
Payroll - Staff	980,298	975,768	1,027,031	1,075,270	1,052,707	497,690	1,088,500	6%
Payroll - Students	3,337	2,800	3,590	4,275	4,275	1,971	4,275	19%
Fringe Benefits	359,624	375,704	374,352	396,920	396,920	169,976	396,920	6%
Other Payroll Expenses	0	0	0	0	0		0	
Total Payroll Expense	1,343,259	1,354,272	1,404,972	1,476,465	1,453,902	669,637	1,489,695	6%
OPERATING EXPENSES								
Gen Oper Supplies & Serv	64,287	99,756	108,589	111,700	111,700	9,819	111,700	3%
Lab, Xray, & Medical Sup & Ser	213,262	187,385	192,307	200,000	200,000	110,734	200,000	4%
Enterprise & Cost Sharing Exp	25,183	22,311	23,006	24,000	24,000	7,113	24,000	4%
Telephone	5,943	5,948	6,031	6,000	6,000	365	6,000	-1%
Travel/Staff dev	4,159	3,684	9,045	6,000	6,000	6,951	16,000	77%
Dues / Licenses / Insurance	13,579	17,340	15,187	12,300	12,300	1,200	12,300	-19%
Equip / Computer Support	24,547	34,825	30,303	20,500	20,500	9,291	30,500	1%
Programs	10,000	0	10,000	10,000	10,000		10,000	0%
Custodial Expenses	31,894	47,709	50,399	47,500	47,500	24,927	51,200	2%
Utilities	17,831	18,590	16,337	19,000	19,000	5,313	19,000	16%
Maintenance & Repair	12,194	8,610	15,738	15,000	15,000	10,645	15,000	-5%
Other Expenses: Replace roof				150,000				
Capl Rsrv FY12 entry in FY13			29,396					
Other Expenses:								
Total Operating Expense	422,879	446,158	506,338	622,000	472,000	186,358	495,700	
TOTAL EXPENSES	1,766,138	1,800,430	1,911,310	2,098,465	1,925,902	855,995	1,985,395	4%
ENDING BALANCE	420,499	391,984	256,400	19,135	116,167		(30,428)	
SSF as % of total budget	62%	60%	62%	67%	66%		71%	-33%
SIGNATURE:								

UMD HEALTH SERVICE - CAPITAL
2014-2015 SSF PROPOSAL

RESOURCES	2010-2011 ACTUALS	2011-2012 ACTUAL	2012-2013 ACTUAL	2013-2014 REQUEST	2013-2014 REVISED	2013-2014 as of 12/31/13	2014-2015 PROPOSAL	% Chg from prior yr
Prior Year Carryforward	118,359.14	166,626	135,002	166,272	166,272	166,272	95,969	-42%
Student Service Fee Income	60,000.00	60,000	60,000	150,000	97,197	48,958	150,000	0%
Student Service Fee - Summer	1,852.73	1,824	1,687			639		
Transfer to Capital Reserve (industry standard - 14% of replacement value)	(10,000.00)	(10,000)	(25,000)	(50,000)	(25,000)		(50,000)	0%
Transfer from Ops Rsv- Roof				150,000	150,000			
TOTAL RESOURCES	170,211.87	218,450	171,689	416,272	388,469	215,869	195,969	-53%
EXPENSES								
Building analysis				15,000				
New Building funding	3,323.00						50,000	
Building Interior		16,303	3,365	10,000	9,250	1,450	10,000	0%
Building exterior		17,741		10,000	12,250		10,000	0%
Misc repairs/maintenance	263.28	3,469		3,000	1,000		3,000	0%
Repair outside front steps					3,000			
Replace the roof			668	250,000	250,000	177,757		
Technology upgrades								
Digital xray		37,540		12,460				-100%
Software				5,000	5,000		5,000	0%
Licenses/development ITSS		5,421		6,000	10,000		6,000	0%
Hardware		460		2,000	2,000		2,000	0%
Building Prep		2,513	1,384					
Wireless								
Other Expenses:								
Total Expenses	3,586.28	83,448	5,417	313,460	292,500	179,207	86,000	-73%
ENDING BALANCE	166,625.59	135,002	166,272	102,812	95,969		109,969	7%
SSF as % of total budget	35%	27%				23%	77%	N/A

UMD Health Services Counseling

Student Life FY14 Annual Report

Revenue/Expense Statement Actuals - DeptID 10455 (ALL Fu n

UM Report Budget Account Versus Actual Activity - Current Non-Sponsored Funds

Data as of Tuesday, 06/17/2014

Fiscal Year	**2013-2014**
Prior Year Carry Forward	
Fiscal Year End Carry Forward	20,081
Total Carry Forward	**20,081**
Revenue	
State O&M Appr Redistribution	231,930
External Sales	187
Total Carry Forward + Revenue	**252,198**
Expenses	
Payroll	213,798
Fringe	74,864
27th PD Accrual PR & Fringe	1,036
General Oper Supplies and Services	5,434
Telecommunications	93
Travel	930
Non-Capital Equipment	349
Repairs and Maintenance	830
Enterprise Assessment	3,592
Total Expenses	**300,927**
Transfers	
Transfers In	72,381
Transfers Out	0
Total Transfers	**72,381**
Ending Balance	**23,653**

University of Minnesota Duluth
Division of Student Life
Services Strategic Plan 2014-15

I. Vision

The vision of Health Services focuses on the development of an inclusive health care model including medical, counseling and health education services which is collaborative in nature with academic and community partners. This concept is consistent with the University‟s Core Value of Engagement and Campus Goals 1,2 and 5 as well as Division Goals 1,2, 3, and 5.

II. Mission

The mission of Health Services is to provide students the opportunity to develop healthy personal lifestyles, help ensure their retention at UMD, and contribute to the overall excellence of their total educational experience by providing services which address the physical, emotional, social and intellectual well-being of our students.

III. Goals

1. Ensure that the Health Services facility provides an inclusive, educational and service oriented physical space to support students, staff and community members.

2. Develop thoughtful, intentional and collaborative relationships between Health Services and academic partners such as UMD medical and pharmacy schools, UMD Masters of Social Work Program, UMD Athletic Training Program, College of St. Scholastica and Lake Superior College.

3. Utilize community health care providers to make specialty services accessible on-site at Health Services.

4. Strive to increase productivity in order to provide accessible and high quality health services to UMD students.

5. Provide health education programming that helps students develop a healthy lifestyle that will promote their success in college and their lives after graduation.

6. Practice responsible, transparent, and accountable stewardship of University and Student Service Fee resources in the operation of Health Services.

Health Services Goals Mapped to the UMD and Student Life Strategic Plans

Health Services Goals	**Mapping to University Goals**	**Mapping to Student Life Goals**
Ensure that the Health Services facility provides an inclusive, educational and service oriented physical space to support students, staff and community members.	1, 2, 5, and 6	1, 2, 3 and 5
Develop thoughtful, intentional and collaborative relationships between Health Services and academic partners such as UMD medical and pharmacy schools, UMD Athletic Training Program, College of St. Scholastica and Lake Superior College.	1, 6	1, 5 and 6
Utilize community health care providers to make specialty services accessible on-site at Health Services.	1, 5 and 6	3 and 5
Strive to increase productivity in order to provide accessible and high quality health services to UMD students.	6	3, 4 and 6
Provide health education programming that helps students develop a healthy lifestyle, promoting their success in college and beyond.	1	1 and 3
Practice responsible, transparent, and accountable stewardship of University and Student Service Fee resources in the operation of Health Services.	6	5

IV. Objectives/Outcomes:

1. Complete the pre-programmatic assessment or equivalent for a new Health and Wellness facility by the end of Spring 2015 semester.

2. Generate additional revenue by providing a TB screening clinic for LSC's PTA program.

3. Explore further funding models for a Case Manager position at Health Services

4. Counseling, Medical, Health Ed and Business Support specific objectives:

   To be determined in late August 2014 after section meetings and full staff discussion.

5. Prepare for and pass re-accreditation with AAAHC in November 2014

6. Have all staff take the DISC assessment and at least two staff complete the ILD cohort experience.

7. Explore plans to bring 3 Phrazer medical translational devices to UMD for HS and campus use.

V. Assessment Plan:

1. Evidence of the achievement of Objective 1: Completed pre-program assessment for a wellness facility by Spring 2015.

2. Evidence of the achievement of Objective 2: Demonstrate revenue generated and number of LSC students and staff served by TB screening clinic.

3. Evidence of the achievement of Objective 3: Create a funding model using one or more financial resources to sustain a Case Manager position at Health Services.

4. Evidence of the achievement of Counseling, Medical, Health Ed and Business Support objectives:

   Pending objectives set by staff in late August 2014

5. Evidence of the achievement of Objective 5: Re-Accreditation status is conferred by AAAHC for 3 years.

6. Evidence of the achievement of Objective 6: Staff will be familiar with their individual DISC assessment and can run comparison reports with other staff. Two staff who have completed ILD cohort experience will share the value of the experience with all Health Services staff.

7. Evidence of the achievement of Objective 7: Develop a plan which involves potential collaboration with the Office of Student Life, Student Conduct Office, UMD Communications Department, UMD Medical School, UMD Health Services and GeaCom to implement use of the Phrazer on campus.