

**Student Fee Advisory Committee**  
**Meeting Agenda**  
**April 22, 2020**  
**Via Zoom**

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Attendees: Chase Hayes, Lucy Rojas, Fiona Weigant, Brent Insua, Brynna Downey, Liz Miller, Gina Fleming, Isaac Karth, Lisa Bishop, May Alvarez, Rojina Bozorgnia, Venkatesh Nagubandi, Veronica Mitry, Gary Dunn, Sue Carter, Lydia Jenkins-Sleczkowski

1. Approval of Agenda and [Minutes](#)
  - a. Venkatesh motions to approve the agenda, Rojina seconds. No objections, motion passes.
  - b. Rojina motions to approve the minutes, Venkatesh seconds. No objections, motion passes.
  
2. Announcements and Updates
  - a. Announcements
    - i. Follow up and next steps to visit with Anna Finn, Associate Chancellor
      1. Lucy and Anna had a follow up meeting, Anna enjoyed meeting the group last week. The chancellor's office would like SFAC's input to finalize a policy and procedure for the chancellor to reduce, modify, or eliminate a campus-based fee if appropriate. Lucy is meeting with Planning and Budget next week to start writing this policy, to allow for a framework for the administration to suspend, pause, reduce, eliminate, or modify fees. Anna would like to engage SFAC with this process, and will be drafting a charge for this task. Anna thinks SFAC's input is very important and would like consultation and advice about principles and goals of having a policy like this, and how it would function for the campus. For example, when a service is no longer being provided. What are the circumstances that would warrant this policy? This can be written into the policy to provide a background. Lucy will follow up with the committee next week.
    - ii. Campus Elections 2020 - Formation of Sub-Committee to develop
      1. For example, last week's taco outreach event, which allowed transparency and student outreach.
      2. Brent volunteers to spearhead this. Rojina will also help.
    - iii. Recommendations:
      1. SFAC outreach
        - a. Letting students know what SFAC does, and that the committee is a recommender to the Chancellor. The group

can draft an idea and come back to the larger committee with its next meeting.

2. Educational elections event/forum

iv. Other Announcements

1. No other announcements.

3. Student Health Services/CAPS Visit

a. Introductions

i. SFAC members and the SHS representatives introduce themselves.

b. Guests: Gina Fleming, Interim Associate Vice Chancellor; Gary Dunn, Director of CAPS; Liz Miller, Medical Director

c. Questions/Prompts from the Committee

i. Tell us about the impacts of COVID-19 on operations? How have you adjusted operations in response to the pandemic?

1. Gina shares that the unit wants to spread information about how SHS has adapted to the COVID situation. Services have been disrupted, and staff had to make quick measures to have the proper capacity for COVID infections. The big change is that they have transitioned to providing services through telehealth on both counseling and personal care side. This would not have happened outside of the pandemic situation, but Gina hopes that these models can be sustained into the future. They hope that these services will still be used by students. This new approach allows for different structures, i.e. outside of the 9-5 schedule.

2. SHS is largely dependent on revenue to support its operations. In the last recession, UCSC had to change its operations to have sufficient revenue in place. Most of its funding comes from pharmaceuticals and UCSHIP. UCSHIP also supports onsite providers. UCSC also provides items for free or low cost on campus, which keeps insurance rates low.

3. Students have been on their oversight board since 2012.

4. The annual budget is about \$18 million, and they're running a \$4-500,000 deficit per month. By the end of June 30, they will have gone through half of their reserves. The unit will need to be mindful with revenue and how to cut services.

a. The insurance plan is allowing SHS to build a plan for those services.

b. However, whatever they charge to the insurance plan will need to be charged to non-insurance students. This is a difficult balance for students to take advantage of these services.

5. SHS will not be filling vacant positions, and have made a hold on other expenses. They may need to furlough staff, and if needed want to make sure that student services won't be impacted.
  6. Gary shares about CAPS. Students from winter quarter are continuing, but new students aren't pursuing these services. CAPS wants to get the word out across different channels that students can still receive mental health services. In addition to individual therapy, which is now more easy to obtain, there is also more extended treatment. Groups are still running, Let's Talk drop-in check ins, support groups, drop-in case management, and psychiatry are still operating with more capacity than usual. SFAC can help spread the word that CAPS is still able to help students during these times, and be fairly quick with scheduling appointments. There is still a physical presence through crisis services.
  7. Financially, CAPS is funded through student fees and the biggest variable is enrollment. If enrollment stays strong, then CAPS can continue these operations. If they have to make cuts during this period, they will not have the resources available to fit in-person services back to the budget.
- ii. Tell us about your current service levels, how many students are you serving? Have any students been turned away?
1. Enrollment in UCSHIP and use of facilities is important to their self-sustaining model. 19% of their usual volume are walking through their doors now, and their prescriptions have been reduced.
  2. CAPS has  $\frac{2}{3}$  of its normal volume right now.
- iii. How are student fees being used this quarter (i.e. Student Services Fees, Measure 7, Peer HIV Testing Fee, etc.).
1. Gina says that SHOP has moved online. They are doing wellness coaching to 1:1, and still have a few groups operating. They looked at the NCHS results and needs for students, and are doing coaching around that.
  2. Liz says that visitors are coming in through a single entrance in the building, and are taking forehead temperatures and evaluations. Fevers or sick guests go into a specific area and are isolated. Their focus is to protect staff and patients from COVID-19.
  3. Their staff is showing up everyday. Televisits are from offices now. Half of their patients are telehealth, the other half are scheduled or drop-ins. Types of televisits are medical advice, medication refills, gynecological evaluations, STI testing, anxiety and depression follow ups for medication. Contraception options are online and

sent to the student. The pharmacy is fully operating by filling prescriptions, and mailing prescriptions for no shipping cost. The lab is open fully, in addition to COVID-19 testing. The turnaround for testing has been adjusting for 24-48 hour results. They have partnered with professors who will help with testing on campus in a parking lot. Case managers are still working remotely and checking in with students every day. The university has helped to find proper isolation spaces as well.

- iv. Do you anticipate any surplus of student fees this quarter?
    - 1. Gina says that the Health Center is projected to run into a deficit by the end of June.
  - v. How have costs increased due to COVID-19? What are your projected revenues losses?
  - vi. Short term/long term financial impacts?
  - vii. If remote instruction format continues past spring 2020, what does the future of health services look like for students (i.e. use of telehealth?)
  - viii. Any issues you would like to consult on?
- d. Discussion
- i. Chase how much a month they are losing in revenue? Gina responds that it is as much as 400,000 or 500,000 per month.
  - ii. Has the health center made a plan for continued remote learning into fall quarter? Gina says that that is a big focus, for staff to provide services remotely. Many students are comfortable now with online platforms, and the Health Center has a range of ways and platforms to meet this need. There will still be students on campus, and they want to make sure there is still access for people in the community.
  - iii. Does the Health Center have an estimate for when the reserve will run out? Unless they can limit their expenses, their reserves will run out by the end of September. Chase responds that with the CARES act, there will be funding coming to the university. SFAC can relay the message that the Health Center will be in a deficit.
  - iv. Fiona asks if, on the system wide level, all UC students can go to any UC medical center. Gina says yes, with limitations. UCSHIP can apply all around, but health centers cannot bill a plan other than UCSHIP. Students are encouraged to contact their nearby health centers, if they are available and able to assist students. Fiona follows up about this insurance plan policy. Gina returns that it has failed in the past due to paneling, requirements, necessity for billing availability staff, and type of insurance that students have. For example, Kaiser is hard to bill.
  - v. Gary adds that CAPS has long standing agreements with other CAPS systems in other UCs. That assumed an in-person model. There is now no incentive to have this, with the new telehealth model, and doesn't apply for reciprocity at this time.

- vi. Rojina suggests that Gary reaches out to the resource centers to include CAPS information and resources in their communications with their interns and students.
- vii. Chase asks if the Health Center and CAPS know if cuts will be made, and what areas will be reduced in this case? Gina says that that is uncertain, and they would try to add furlough time and not omit services. In-person utilization has dropped significantly. They could also do some schedule “blocking” to expand into evenings. They are doing a survey for students doing telehealth services, and gain that input. It is very uncertain. They hope to receive some CARES funds, but since there is no guarantee they need to assume that they must cover costs now. If SFAC feels that there are service areas that could be cut, they can suggest. The goal is to keep everything continuing, albeit at a lower level.
  - 1. Gary is hopeful that CAPS can have more volume over summer with the telehealth model. They don't have to refer to home communities over summer.
- viii. Fiona asks if there is an option for an overdraft option over summer? Are other UCs willing to share resources? Has UCOP given any indication for help or run an overdraft period before fall? Gina responds no, other student health centers are in a similar condition. Luckily UCSC had a good reserve. That discussion will need to happen, but cannot be assumed and must plan around that. Summer can be used to implement furloughs if needed, and get by to limiting to a couple of months of furlough.
- ix. Brynna asks if there will be antibody testing on campus? Gina says that they had concerns about their reliability.
- x. Gary says that a major issue is making sure students are aware, and helping with the referendum process.

#### 4. Adjournment

- a. Lucy recognizes Gina, Gary, Liz and their teams for their work as essential services operating on campus.
- b. Chase reminds the group to reach out to him or Brent if anyone wants to participate in the subcommittee.
- c. Isaac motions to adjourn, Brynna seconds. No objections, motion passes.

Next meeting: Wednesday, April 29th @ 3:00 pm