LGBT Resource Center

Shane Snowden talked about her key priorities, utilization and program information as well as successes over the last year. She expressed appreciation for the fact that this past year since she was funded by SSF’s that she felt good about protecting more time for students because of the commitment the committee has shown her. She isn’t asking for anything new but would like for the committee to make the funding permanent but understands if it needs to be temporary due to budget situation.

Jenny asked if Shane had any utilization statistics pertaining to students who come to her door. Shane said Dentistry has one (1), nursing only a few, the remainder are fairly evenly split between Medicine and Pharmacy. Medicine’s needs tend to be more curriculum focused but both request leadership development help.

Alyssa asked if there were any unmet needs. Shane said that her location on Parnassus sometimes was starting to make it more difficult to meet the needs of all the new Mission Bay students and faculty. This population will continue to grow as well. She has been piggybacking her outreach with Diversity and Outreach and Student Activity Center’s events. She has also found that the health sciences profession at MB seems to be more conservative culturally so she has been focusing her outreach on a smaller scale and making the connections more careful and intimate.

Kyriacos asked if where else would Shane for funding if the SSF didn’t renew the temporary funding for 2011-12. Shane said she could possibly have funding from Diversity and Outreach but their budget hasn’t been approved yet so there really isn’t a clear picture yet. Shane’s work is 75% campus (now within Diversity and Outreach) and 25% Medical Center. If the funding wasn’t in place she would have to scale back events for sure.

Student Health Services

Adele Anfinson and Henry Kahn presented a PowerPoint that outlined key successes, utilization statistics and issues from the proposal.

Jenny asked several questions/comments. Her first comment was that it seems like there are numerous ideas SHS would like to implement but that there doesn’t seem to be adequate infrastructure in place for them to be successful. For example SHS is requesting more time for a dietician and they would like to add a new position that would focus on students of color (not funded by SSF fund). Henry noted that there was still discussion about what type of position it would be (social worker, psychologist etc, and the cost and space associated with the person). Where is the data to support the need for the new position? There already seems to be a need for more space and they are focusing on being more efficient because they need to cut budget but still provide excellent service and continue to meet student needs in innovative ways. Adele acknowledged her points and noted that the new position was being championed by Dr. Castro. She noted that they were hoping to gain some efficiencies and potentially cost savings from the improved electronic record management system.

Jenny expressed concern that if the IUD program is now open to Hastings students would UCSF students have a priority? Adele said that they were not advertising the service heavily and that providing service to Hastings brought in a bit of revenue for SHS. If necessary they would add more hours to accommodate demand. Alyssa
asked if there was a bump in IUD requests due to the GSHIP change and would that even out eventually? Adele said yes but word of mouth would add numbers but yes, eventually there would be a leavening point.

Jenny asked if the School of Medicines Medical Wellbeing Program could be a potential collaborator with SHS. Adele said they have their own staff and are fairly maxed out on space and capacity for what they can handle already and that their focus is different such that UCSF students may not be as comfortable in the environment. They do still communicate and partner when appropriate.

Michael Levesque asked why they have and how they plan to address the looming operating budget deficit. Adele said that revenue has decreased due to changes in the self supporting degree programs and decreased waiver fees. She doesn’t really have an answer to how they are going to address the deficit other than they will continue to seek new ways to generate revenue. Kyriacos asked what the drop in reserve has been. Adele said in 2010-11 the decrease was $335,000 and in 2011-12 it is projected to be $344,000. Kyriacos asked why they were even considering adding the new position when there already was a deficit looming. Adele responded that because it was a priority for Dr. Castro.

Michael Villanueva asked what the impact would be if the SSF couldn’t fulfill SHS’s funding requests. Adele said they would have to scale back services for dietician or cut other clinical services depending on what is the greatest priority.

Alyssa asked if there was consideration to asking students to pay a small co-pay for office visits as a source of revenue. Adele said that they wouldn’t because students are already being hit with increased fees and it could limit accessibility. They may consider charging a fee for some services and would run the idea by SHAC.

Henry reiterated they were looking at all revenue options. He noted that one of their biggest cost issues is that the nursing unions get salary increases every year (which is good for them) but eventually this creates disparity with the doctors then equity increases have to be implemented in order to catch the doctors up to where they need to be.

Jenny asked if a patient could be referred for dietician services at the medical center. Adele said if that is the option then students tend not to even go and there is more limited access there and sometimes no insurance coverage for the service.

Lawrence asked for clarification on the clinical utilization statistics. He noted that they numbers didn’t seem to be for unique visits but cumulative for all visits. Adele acknowledged that was correct. Under the mental health stats you could get a good estimate for unique visits by looking at the N=# for each quarter.

Lawrence also asked why there was a charge for ERM requests if the record could just be sent via pdf. Adele said they have a review process for the chart before it goes out and there are still administrative costs attributed to the request. The fee is nominal ($20) and standard practice. She noted that a pdf via e-mail may not be secure. Michael L. pointed out that if you put secure: in front of the e-mail then it should be HIPPA secure.

Voting: None at this meeting

Adjournment: The meeting was adjourned at 7:50 PM.