he Student Health Center strives to be responsive as the needs of Mizzou students change. This report summarizes some of the highlights and points of pride from the 2015-16 academic year.

**STUDENT CENTERED HEALTH HOME**
With Mizzou students at the center, we continue fine-tuning our organization to deliver holistic health care by a multidisciplinary team to achieve accessible, higher quality, more efficient, more coordinated services at an affordable cost. Rolling out Healthie, we now have a secure portal for students and their providers to communicate within the electronic health record.

Of the more than 48,000 total visits to health center providers, nearly 13,000 were to address mental health concerns, treated by both behavioral health and medical professionals.

**SATISFACTION**
Student satisfaction continues to be very high, as measured by ongoing user surveys and benchmarked against other universities participating in the American College Health Association survey.

**OUTREACH SERVICES**
Health education specialists reached over 13,657 contacts through classes and outreach activities.

The MIZ-GYT STI testing initiative was successfully held each semester. Record numbers of students received flu shots.

**INCLUSIVITY**
In addition to involvement of our leadership and staff members in a number of diversity-centered trainings and workshops, we are proud of the work accomplished by our new Diversity Committee. The efforts of this group will enhance our efforts to support an inclusive, welcoming environment for students and employees.

**QUALITY IMPROVEMENT**
We exceeded our Benchmarking and Quality Improvement goals with projects that include improvement of alcohol screening and provider documentation, improving timeliness of immunization compliance, and decreasing no-show rates for health coaching appointments. Peer reviews included management of major depression, maintaining clinical record standards and management of low back pain.

**RECOGNITION**
We are recognized for our exemplary work both on campus and nationally. While primarily a service organization, we have written scholarly publications, made presentations nationally and internationally, taught undergraduate and medical curricula and hold national leadership positions in 3 sections of the American College Health Association.

**FUTURE**
We have made changes in our organizational structure in response to budget limitations. We are working to make our financial future more sustainable including preparing for expanding billing. Because our pilot was successful last spring, we will be having behavioral health consultants available each day to support our medical providers. Committed to the values of the University and the School of Medicine, we will continue to face head-on the challenges of providing the best possible health care to students.

Susan Even, M.D.
Executive Director, Student Health Center
Campus Chief Student Health Officer
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director Comments</td>
<td>2</td>
</tr>
<tr>
<td>Key Performance Indicators</td>
<td>4</td>
</tr>
<tr>
<td>Goals and Progress</td>
<td>6</td>
</tr>
<tr>
<td>Pride Points</td>
<td>8</td>
</tr>
<tr>
<td>Awards and Recognition</td>
<td>9</td>
</tr>
<tr>
<td>Year End Revenues &amp; Expenses</td>
<td>11</td>
</tr>
</tbody>
</table>
Key Performance Indicators

**Patient Visits**
*(increase of 831 patients/2%)*

<table>
<thead>
<tr>
<th></th>
<th>Primary Care</th>
<th>Behavioral Health</th>
<th>Health Promotion</th>
<th>Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 16</td>
<td>38,855</td>
<td>7,657</td>
<td>529</td>
<td>48,037</td>
</tr>
<tr>
<td>FY 15</td>
<td>39,035</td>
<td>7,723</td>
<td>446</td>
<td>47,204</td>
</tr>
<tr>
<td>FY 14</td>
<td>38,340</td>
<td>5,443</td>
<td>708</td>
<td>44,491</td>
</tr>
</tbody>
</table>

**Number of Students and Visits to SHC with a Behavioral Health Diagnosis**

- 12,986 visits for behavioral health diagnosis
  - Behavioral Health visits: 7,657
  - Primary Care and Health Promotion visits for Behavioral Health diagnosis: 5,329

**Patient Satisfaction**

Using the question, “How likely are you to recommend the health service to another student?”
Survey results indicate overall student satisfaction is high and has increased over the past 3 years with a significant increase this past year.

<table>
<thead>
<tr>
<th>FY’14</th>
<th>FY’15</th>
<th>FY’16</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%/170</td>
<td>85%/1521</td>
<td>92%/752</td>
</tr>
</tbody>
</table>

**Additional Health Promotion Contacts**
*(increase of 119 students reached/≤1%)*

FY 16  FY15  Program
2,020  1,821  Non-Credit Classes
2,616  2,646  Credit Classes
5,895  5,604  Peer Outreach Awareness (Tabling)
2,696  2,759  Peer Education (Presentations)
430    1,008  Professional Education (Presentations)
13,657 13,538  Grand Total

*continued on next page*
Key Performance Indicators (contd.)

**On-Going Quality Improvement Program**

- 3 quality improvement studies were completed
- 1 peer review was conducted in each clinical department (primary care, behavioral health and health promotion)
- Exceeded our goal of 3 external benchmarking activities:
  - ACHA (pap and STI, patient satisfaction, salary survey)
  - Big 12 (administrative data and clinical benchmarking)
  - Sunbelt Survey (administrative data)
- Began participation in the College Health Surveillance Network

**MIZ GYT Initiative**

All students accessing the MIZ GYT initiative were provided a brief risk assessment along with risk reduction education. Students who tested positive were provided free treatment and partner notification cards in addition to sexual health safety products to assist in preventing future STIs.

**Student Learning Outcomes**

Students were assessed on their sense of belonging related to their experiences at the Student Health Center both Fall 2015 and Spring 2016. Basic demographics were collected in addition to the name of the student organization for which they belong with their associated responsibilities within their student organization at the Student Health Center. A 9-item sense of belonging scale (Haggerty, 1996) was used to assess student’s predisposition to belonging (antecedent). Students were asked to report their level of relevance on a 4-point Likert scale with very relevant being 4 to not at all relevant being 1. Scores were summed to determine their sense of belonging.

Students were recruited via their university emails. For the pretest, a total of 120 students were recruited to complete the online assessment tool with a resultant 34 participants. For the post test, 169 students received the assessment tool with only 16 responding. The discrepancy in numbers related specifically to the departure of students between the fall and the spring semesters. This, compounded with significant attrition, resulted in only three respondents completing both the pre and the post test. Therefore, these findings are limited in their ability to draw any conclusions from such a small sample size.
## Goals and Progress

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Key Finding(s)</th>
<th>Accomplishment(s)</th>
<th>Challenges(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Satisfaction</td>
<td>Chose not to conduct re-survey</td>
<td>Monitored on-going employee comments, suggestions and concerns. Successfully recruited staff members for diversity committee.</td>
<td>Merit raises were prohibited and layoffs were necessary.</td>
</tr>
</tbody>
</table>

### Plans/Recommendations for FY2017:
- Re-survey satisfaction in Fall 2016 and compare to prior survey results.

<table>
<thead>
<tr>
<th>Goal 2</th>
<th>Key Finding(s)</th>
<th>Accomplishment(s)</th>
<th>Challenges(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness</td>
<td>Staff members express competence with the Hospital's emergency plan.</td>
<td>We are now routinely meeting with both campus and hospital emergency management teams. We adopted and trained staff on the Hospital's emergency plan. We have standardized and successfully completed our required quarterly drills. Participated in Missouri Regional Ebola Tabletop Exercise (2016, June).</td>
<td>Patient privacy and service delivery during planned drills.</td>
</tr>
</tbody>
</table>

### Plans/Recommendations for FY2017:
- Continue supporting relationships with both campus and hospital emergency staff.
- Begin development of a plan for continuation of service delivery in the event of a disaster that prevented use of our current facility.

<table>
<thead>
<tr>
<th>Goal 3</th>
<th>Key Finding(s)</th>
<th>Accomplishment(s)</th>
<th>Challenges(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redesign behavioral health services care delivery system and staffing model</td>
<td>Demand for behavioral health services continues to be high.</td>
<td>Decreased waiting for both initial assessment and treatment visits.</td>
<td>Less than expected psychiatry appointment hours (family leaves).</td>
</tr>
</tbody>
</table>

### Plans/Recommendations for FY2017:
- Continue to carefully monitor the proportion of appointments distributed between initial assessments and treatment to maximize access.

*continued on next page*
DEPARTMENTAL CHANGES

• Resignations of patient service representative, LPN and health educator who were not replaced.
• Layoff of primary care physician.
• Eliminated all student employee positions.
• Retirement of director of health promotion and wellness (position eliminated).

ANTICIPATED OPPORTUNITIES

• Re-evaluate operating and salary expenses.
• Strengthen and develop relationships across campus related to diversity, inclusion and equity.
• Strengthen our integrated care delivery model in line with national trends.

ANTICIPATED CHALLENGES

• Finances – decreased revenues with decreased student enrollment and inadequate fees.
• Continuation of health promotion activities and student organization support without the help of graduate students.

NEW GOALS FY ’17

1. Successfully complete another Center-wide, 3-year accreditation term with the additional Patient Centered Medical Home Certification through the Accreditation Association for Ambulatory Health Care (AAAHC).

2. Prepare for primary care billing to include in-network medical insurance contracts.

3. Work with Student Affairs regarding fee increase referendum.

4. Expand pilot of integrated Behavioral Health Consultant (BHC) to all areas of primary care.
Pride Points

**IMPLEMENTED MU HEALTH E IN PRIMARY CARE**
An online secure tool to help connect students to their Student Health Center provider through the Electronic Medical Record.

**EXPANDED RELATIONSHIP WITH THE UNIVERSITY OF MISSOURI STUDY ABROAD PROGRAM**
Providing online medical review and recommendations to students planning to study abroad.

**BEHAVIORAL HEALTH CONSULTANT (BHC) PILOT PROGRAM**
Piloted a Behavioral Health Consultation program, using counseling professionals embedded in primary care teams. These professionals provide brief psychoeducational interventions with behavioral activation plans, complete risk assessments and crisis interventions, and facilitate precise referrals into Behavioral Health Services during primary care appointments.

**DEVELOPED SHC DIVERSITY COMMITTEE**
The committee has been successful in fulfilling its purpose of
- Coordinating professional education related to diversity issues to our staff,
- On-going policy review and making recommendations to the Executive Team about specific policies that may improve our inclusion efforts,
- Advising the Executive Team on the process of searches, hiring, and retention issues, and any other issues relevant to diversity.
- Being a liaison to campus and community diversity efforts and initiatives.

Committee work during FY16 includes:
- Developed and implemented a staff survey to increase the diversity committee’s understanding of staff diversity awareness.
- Invited staff members to a “One Read” and engaged in a discussion based on readings from Ta-Nehisi Coates’ Between the World and Me. Discussion groups ranged from 7-12 individuals.
- Hosted a “Heritage Potluck,” inviting staff to participate by bringing in a dish that tells a “story” from their region and/or family history.
- Sponsors and writes a column for the SHC newsletter, The CENTER Piece, called “Diversity Matters.” The column includes campus and community diversity events occurring that month, links to related articles, and a spotlight on individuals from various cultural communities.
Awards and Recognition

National Recognition

• Craig Rooney elected ACHA mental health section chair for 2015-16
  Successfully invited Susan McDaniel, Ph.D., President, American Psychological Association, to give the Dorosin
  Memorial Lecture at the 2016 annual meeting of ACHA in San Francisco, CA on June 1, 2016

• Heather Eastman-Mueller elected ACHA health promotion section chair for 2015-16

Campus Recognition & Collaborations

• Craig Rooney, Founding Member & President, MIZ-OUT (LGBTQ+ Faculty and Staff Council) Chancellor’s Diversity

• Craig Rooney, Chairperson, Social Engagement and Networking Committee, Division of Student Affairs

• Phoebe Wan served on Inclusion Collective group, Division of Student Affairs

• Erin Bullett served on Resilience group, Division of Student Affairs

• Division of Student Affairs, “STAR” award for Excellent Newcomer awarded to Margaret Jasinski, April, 2016

Presentations

Even, S.E. (2015, October). Vaccines in College Health. Vaccine Conference Update, sponsored by Missouri Department of
  Health and Human Services.

Even, S.E. (2016, April). Advisory Committee for Immunization Practices, Epidemiology and Vaccine Policy. School of Public
  Health.

  Services.

Rooney, S. C. & Kasai, M. (August 2015). LGBTQ Issues in Asian Countries: Do you know what is happening on the other
  side of the globe? Symposium (Chairs) at the 123rd Annual Convention of the American Psychological Association, Toronto,
  Ontario, Canada.

  School of Medicine.

continued on next page
Publications & Book Chapters


## Year-End Revenues & Expenses

<table>
<thead>
<tr>
<th>FY 2016 Health Fee Charge Per Semester</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>% Change ‘15 to ‘16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Fee</td>
<td>$6,302,473</td>
<td>$6,341,159</td>
<td>0.61%</td>
</tr>
<tr>
<td>Fall/Spring</td>
<td>$101.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>$82.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee for Service</td>
<td>$436,633</td>
<td>$478,638</td>
<td>8.78%</td>
</tr>
<tr>
<td>Other Income</td>
<td>$69,430</td>
<td>$20,532</td>
<td>-2.38%</td>
</tr>
<tr>
<td>General Operating Funds</td>
<td>$0</td>
<td>$0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Revenues:</strong></td>
<td><strong>$6,808,536</strong></td>
<td><strong>$6,840,329</strong></td>
<td><strong>0.46%</strong></td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$5,707,168</td>
<td>$5,804,512</td>
<td>1.68%</td>
</tr>
<tr>
<td>Consultants</td>
<td>$57,353</td>
<td>$40,977</td>
<td>-39.96%</td>
</tr>
<tr>
<td>Supplies (office, medical, vaccine)</td>
<td>$381,095</td>
<td>$390,024</td>
<td>+2.29%</td>
</tr>
<tr>
<td>Medical Malpractice Insurance</td>
<td>$5,853</td>
<td>$49,639</td>
<td>+88.21%</td>
</tr>
<tr>
<td>Facility Maintenance</td>
<td>$95,002</td>
<td>$16,449</td>
<td>-477.55%</td>
</tr>
<tr>
<td>Maintenance Agreements (medical equipment)</td>
<td>$676</td>
<td>$1,108</td>
<td>38.99%</td>
</tr>
<tr>
<td>Computing Charges</td>
<td>$248,522</td>
<td>$290,352</td>
<td>14.41%</td>
</tr>
<tr>
<td>Institutional Support</td>
<td>$245,678</td>
<td>$249,608</td>
<td>1.57%</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$329,203</td>
<td>$190,920</td>
<td>-72.43%</td>
</tr>
<tr>
<td><strong>Total Expenses:</strong></td>
<td><strong>$7,070,550</strong></td>
<td><strong>$7,033,589</strong></td>
<td><strong>-0.53%</strong></td>
</tr>
</tbody>
</table>

**Margin Revenues-Expenses**

- $262,014
- $193,260
- 35.58%