

UNIVERSITY *of* WASHINGTON | BOTHELL

HEALTHCARE SERVICES TASK FORCE REPORT

Submitted to Chancellor Wolf Yeigh
August 31, 2017



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INTRODUCTION

The UW Bothell Chancellor's Healthcare Services Task Force was convened in May 2017, and met and deliberated from that point through August 2017. The following individuals (representing student, staff, and faculty constituencies) were appointed by UW Bothell Chancellor Wolf Yeigh to serve on this Task Force, and develop options and recommendations to create a health services center for students.

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This report is presented to UW Bothell Chancellor Wolf Yeigh in response to the convening and charge of the Task Force. The contents of this report lay out prospects, possibilities, and considerations to inform decision-making and implementation to create a student health services center at UW Bothell. This report is not intended to represent ultimate analysis and final decisions, which fall outside the purview of the Task Force.

This report lays out two different principle options (characterized as clinical and non-clinical) to consider as ways that UW Bothell students can get access to health and wellness related services. These principal options are informed by a number of sources, including an assessment conducted by the UW Bothell HEROs (Health Educators Reaching Out; available at:



<https://sites.google.com/a/uw.edu/health-services-uw-bothell/>); individual student/staff/faculty experience and efforts seeking out information from services offered throughout the immediate region; knowledge and perspective from UW Bothell students (including from ASUWB) as well as other students, staff, and faculty serving on the UW Bothell Chancellor's Healthcare Services Task Force; and a national research report about academic health clinic services ("Establishing Student Health Services: Provider Models and Services" Custom Research Brief by Jed Diamond and Sarah Moore for The Advisory Board Company, Washington, DC, 2012).

The options below are not presented in any order of preference and are preliminary in nature with varying degrees of viability that depend on continued information gathering before any final decision is made by the UW Bothell Chancellor and ASUWB. Accordingly, this document serves to inform what is potentially possible. However, the details to implement any one or combination of the options below will need further investigation, particularly related to matters of fiscal resources to support a health services center, physical space allocation, and if involving entities external to the UW Bothell's organizational and administrative structure.

The first principal option outlines a number of possibilities of a health services center that is more clinical in nature and scope (conceptually like a conventional health clinic). The second principal option describes a health services center that is principally non-clinical in nature and scope (although some "light" clinical-type services could be offered to address relevant student health needs and issues). Within these two principal options (clinical vs. non-clinical), there are additional detailed considerations that need to be weighed with regard to feasibility, practicality, and resources (whether from UW Bothell administration or ASUWB, or both). These detailed considerations presumably play into final determination about which option(s) to pursue.

The Task Force chose not to make formal specific recommendations because, as a group, it did not have all of the necessary data nor operational expertise to rank order the options outlined in this report. Task Force members urge that decision-making by Chancellor Wolf Yeigh and ASUWB consider and be guided by the following principles.

- **Affordability.** Students have noted financial constraints and stress as significant factors in their lives. Health services at UW Bothell needs to be offered in an economical manner and be kept to the lowest possible amount that students would bear out-of-pocket.
- **Access.** All students deserve equal and convenient access in terms of service offerings, available times, and physical location of health services. Because of demands on students' time, service availability that recognizes and works around class time scheduling (i.e., avoiding conflict with class times and considering evening class times) would serve their needs well.
- **Effective and Efficient.** Acknowledging that some health-related services already exist on campus (see below), the benefits of possible organizational realignment of relevant units (e.g., Counseling Center, Recreation & Wellness, Disability Resources for Students) should be

considered to increase opportunities for coordination and collaboration, allow analysis and evaluation of services, decrease redundancy, and enhance breadth and depth of services.

- **Centralization of Information.** Students would benefit from a primary location, source, or method to obtain information about health and wellness related services. For example, a prominent, dedicated UW Bothell web page that lists services and resources both on campus and in the local community would be essential.
- **Population Perspective.** Assessing, deciding, planning, and delivering health and wellness services should all be undertaken with consideration for students as a population. Accordingly, health and wellness needs should be addressed based on the demographic characteristics of the UW Bothell population, rather than simply based on individual-level care; and promote a focus on illness prevention as well as treatment interventions.
- **Community Engagement.** Partnerships have been previously initiated and established by faculty, staff, and students with entities external to UW Bothell through research and learning pursuits. These existing relationships should be explored and leveraged to enhance health and wellness services offered at UW Bothell.
- **Data-Driven Decision-Making.** Final determinations about what direction(s) are pursued and implemented should be informed by sound, robust information and data.

CLINICAL OPTION (with multiple scenario possibilities)

It is important to note that UW Bothell already offers a number of health and wellness related services to students. Under UW Bothell's Division of Student Affairs, these services include the following: Consultation, Assessment, Response and Education (CARE) Team; Counseling Center; Disability Resources for Students; and Recreation & Wellness. The focus of this first "clinical" option is not on these existing services, but rather on clinical healthcare services that are not presently available at UW Bothell. Other non-clinical wellness services, in addition to those mentioned above, such as spiritual health and naturopathic health, could still be pursued outside of pursuing clinical health services, and possibly implemented through Recreation & Wellness programming.

Below are four possible scenarios (1.A. through 1.D.) for a clinical student health center. These scenarios are formulated as a spectrum with a gradient of access to clinical health services.

Additionally, these scenarios do not necessarily have to be considered exclusive from each other. It may be possible to “mix & match” features from among the scenarios and details listed.

1.A. SCENARIO: Off-campus, in-person “full” clinical health services

This scenario seeks to provide UW Bothell students access to a full “shop” of in-person clinical health services through a community-based health center. Access would allow students to make appointment visits with licensed healthcare clinicians spanning a range of expertise, such as (but not limited to) primary care, urgent care, preventive care (i.e., immunizations), sexual and reproductive health, behavioral and mental health, naturopathic health, dental care, and health promotion services. While a full “shop” of clinical health services might be desirable; some identified priorities for students are primary care, preventive care, sexual and reproductive health, and behavioral and mental health, particularly to support psychiatric health needs [*NOTE: For this particular sub-option, accessing mental health counseling through an off-campus health services entity should only occur after short-term counseling is sought through or referred out from the UW Bothell Counseling Center.*] Additionally, the location for such an off-campus “shop” of clinical health services should ideally be within reasonable adjacency (~ 1 mile) of the UW Bothell campus via walking, cycling, driving, or public transportation.

To pursue this option, UW Bothell would put out a call for contract bids for a health clinic/organization entity having the ability and agreeing to provide such services (either all available at the entity, or just those deemed necessary/desired). Per UW policy, UW Medicine has the first right of refusal for such a contract bid before any other response can be considered by a non-UW entity. Examples of nearby potential entities include:

- **UW Medicine Neighborhood Woodinville Clinic.** UW Medicine operates a number of Neighborhood Clinics throughout the metro Seattle and King County region. The closest of these is the UW Neighborhood Woodinville Clinic, located at 17638 140th Avenue NE, Woodinville, WA 98072; which is 2.8 miles east from the UW Bothell campus. Details about the health services at this location available at: <http://www.uwmedicine.org/locations/primary-care-woodinville>.
- **HealthPoint community health center**, located at 10414 Beardslee Boulevard, Bothell, WA 98011; which is 0.6 miles west from the UW Bothell campus. Details about the health services at this location available at: <http://www.healthpointchc.org/health-centers/bothell>
- **Kaiser Permanente Northshore Medical Center**, located at 11913 NE 195th Street, Bothell, WA 98011; which is 1.2 miles northeast from the UW Bothell campus. Details about the health services at this location available at: <https://www.ghc.org/html/public/locations/northshore>
- **EvergreenHealth Primary Care – Canyon Park**, located at 1909 214th Street SE, Suite 110, Bothell, WA 98021; which is 5.0 miles north of the UW Bothell campus. Details about the health services at this location available at: <https://www.evergreenhealth.com/canyon-park>

If an agreement with any such entity were to be arranged, it would be important to consider allowing access to other locations of that entity's system/network of clinics. For example, if an agreement is established with UW Medicine, students should be able to access the Woodinville clinic as well as other sites such as its Northgate, Shoreline, or Issaquah locations (just to name a few). Having such access would accommodate needs of UW Bothell students who reside across the western Washington region, and not just the immediate Bothell area.

To support and sustain an arrangement where students get access to and may utilize clinical health services at any one of the entities listed above (or any other), a student fee might have to be considered, depending on the willingness of the healthcare entity. It is possible that this student fee may be limited to access of services. The amount of this fee and the number of visits would have to be determined and negotiated between the provider entity, Services & Activities Fee (SAF) committee, ASUWB, and UW Bothell administration. Actual payment for services rendered may likely have to be covered by the student's health insurance. If the student does not have health insurance, perhaps the healthcare entity can provide assistance with enrolling in health insurance appropriate for the individual student's circumstances.

As reference, UW Seattle students' tuition and fees afford them the following services through the UW Seattle Hall Health Center: **Medical Care:** (1) Unlimited medical advice from Consulting Nurses in person or by phone during business hours, or after hours by phone; (2) One subsidized visit per quarter which covers the face-to-face time spent with a provider only. The student's personal insurance will be billed for this service, but the student will not be responsible for any out-of-pocket costs. **Mental Health & Addiction:** (1) No-cost drop-in appointments for mental health referrals and short-term support; (2) Help quitting smoking or addressing substance use; (3) Access to light therapy room for Seasonal Affective Disorder. **Other Resources:** (1) Free safer sex supplies through the Health Promotion office; (2) Assistance enrolling in & using health insurance. Additional UW Seattle Hall Health services are available to students (e.g., preventive care visits, immunizations, and behavioral health and mental health counseling), however a separate fee for service will be charged (outside of quarterly tuition and student fees).

For any formal contractual arrangement between UW Bothell and an entity to provide clinical health services, the specific terms and details about what services and costs likely need to be negotiated between the health services entity, ASUWB, SAF Committee, and UW Bothell administration. This will dictate amount and terms of whatever student fee might be instituted.

It may be possible that a **non-binding, non-contractual arrangement** (i.e., memorandum of agreement/understanding) can be made with a given health services entity (or even multiple entities), such that UW Bothell students can access clinical health services using their personal health insurance either through UW (see below for international students and graduate students) or their own personal health insurance (such as the case for undergraduates).

- An informal arrangement of this sort currently exists for UW Bothell international students. Washington state laws require that international students on an F1 or J1 visa maintain



adequate health insurance while attending the UW. These matriculated international students on F1 or J1 visa status are required to purchase the International Student Health Insurance Plan (ISHIP, administered by LifeWise Assurance Company; for details, see: <https://www.uwb.edu/cie/health-insurance> and <http://www.washington.edu/ship/international-student-insurance-health-plan/>). ISHIP is available only to F1 and J1 visa status international students. Preliminary premium rates for ISHIP for the 2017-2018 academic year are projected to be \$331 per quarter; but not finalized until August, 2017. Historically, in 2014, ISHIP replaced the previous Student Health Insurance Plan (SHIP), which had been offered to all UW students. [SHIP may have ended because many domestic students may have enrolled in the subsidized Apple Health plans offered through the state-run Washington Health Plan Finder based on the Affordable Care Act.] Currently, UW Bothell has an informal arrangement with HealthPoint Bothell community health center, whereby international students are informed that they may go there to seek clinical health services and use their UW student health insurance.

- For UW Bothell graduate students, the Graduate Appointee Insurance Plan (GAIP) is still in existence. It is also administered by LifeWise Assurance Company. GAIP enrollment is through the UW Benefits Office for paid Research Assistants and Teaching Assistants, since they are considered UW employees. Details about GAIP can be found at: <http://hr.uw.edu/benefits/health-insurance/graduate-appointees-health-insurance/gaip-eligibility-and-coverage/>

Accordingly, a viable scenario may be that this sort of non-binding, non-contractual arrangement be applied to all UW Bothell students where students can be directed to a community health center (whether HealthPoint Bothell and/or other community health centers) where their health insurance, whether through UW (i.e., international students and graduate students) or their own personal health insurance (i.e., undergraduates), would be accepted.

1.B. SCENARIO: Off-campus, in-person limited clinical health services

As an alternative to off-campus, full range, in-person clinical health services, a focus on specific priority, in-demand health services may be another viable option. As noted above, the following clinical health services are viewed as priority, in-demand needs for students: preventive care, sexual and reproductive health, and behavioral and mental health. These can be further specified into the following services: primary care; preventive care (including immunizations); sexual and reproductive health; and, behavioral and mental health (including medication management).

Perhaps, the community health centers identified above can provide limited (rather than full range) health services based on these priority, in-demand needs. Accordingly, any negotiations ranging from a formal contract to an informal agreement (i.e., memorandum of agreement/understanding) would be limited in scope for this scenario. Payment options for access and use of such services might take the form of any one or combination of the following:

- Personal health insurance
- UW health insurance for international students and graduate research/teaching assistants
- Institute a UW Bothell student fee, which then allows access to and use of these services. The amount of such an additional fee would have to be determined based on what (limited) services would be offered and the cost negotiated. Also, this fee would have to be determined and negotiated between the provider entity, SAF Committee, ASUWB, and UW Bothell administration; and whether such a fee would be required of all UW Bothell students or optional. If the latter, then students not paying the fee would have to rely on another source of payment for services obtained.
- Fee for service

1.C. SCENARIO: Combination off-campus virtual care & off-campus, in-person (full or limited) clinical health services

1.C.1. Virtual Visit/Telehealth

As an alternative to making an in-person visit to a healthcare provider at a community health center location, a virtual, telehealth-style visit may be sufficient for students' basic health service needs. Many healthcare organizations offer 24-hour telehealth services where patients/clients are connected directly with a healthcare provider via a virtual face-to-face visit using secure online video through a smartphone, tablet, or computer. Healthcare providers can diagnose and treat minor medical concerns and injuries, as well as prescribe medications or lab work. Potential local options for telehealth services include: UW Medicine Virtual Clinic (<http://www.uwmedicine.org/locations/virtual-clinic>), EvergreenHealth (<https://www.evergreenhealth.com/healthline>), and Providence Express Virtual Care (<https://virtual.providence.org/index.html>).

Payment for telehealth virtual visits tends to be approximately \$35-40; and is commonly covered by some personal health insurance plans (depending on the provider entity), or can typically be paid for by credit card at the time of service (i.e., fee-for-service). Perhaps, a student fee may be desired to be instituted that allows students a certain number of virtual visits per quarter or academic year. The amount of this fee and the number of visits would have to be determined and negotiated between the provider entity, SAF Committee, ASUWB, and UW Bothell administration. Also, perhaps no student fee is instituted, but a discounted rate for each telehealth virtual visit is established in agreement with the telehealth entity. As stated above, UW Medicine has the first right of refusal to provide such a service to UW Bothell students.

Healthcare organizations may have restrictions regarding access to telehealth services, while some may not. For example, UW Medicine Virtual Clinic is not available to those covered under government insurance such as Medicare, Medicare Advantage, Medicaid or Tricare. Providence

Express Virtual Care is accessible whether or not one has insurance or not, and whether or not one is a Providence patient. An important feature of any telehealth service that is pursued is to have service accessibility 24 hours per day, 7 days per week.

1.C.2. In-person Visit

As a complement to telehealth virtual visits, students may want/need access to in-person visits with a healthcare provider at a free-standing community health center. Perhaps an arrangement as described above in Scenario 1.A. (for full range clinical health services) or Scenario 1.B. (limited to priority, in-demand clinical health services) and associated cost considerations can be pursued.

1.D. SCENARIO: On-campus, in-person “full” clinical health services

At UW Tacoma, student health services are offered through an on-campus location operated by CHI Franciscan Medical Group. In short, UW Tacoma provides the on-campus space for this healthcare entity to operate, but the UW Tacoma does not oversee or manage the operation. Funded by student fees, visits are free of charge. While some services at the visit may incur costs, such as some lab work and some vaccinations, they are offered at discounted rates and are discussed with the patient/client before they are ordered. The healthcare clinic staff are not UW Tacoma employees, but rather are employed by CHI Franciscan Medical Group. As well, all operational oversight and delivery of services are managed by CHI Franciscan Medical Group.

UW Bothell may wish to pursue this option with the entities listed under Option 1.A., and possibly others. As already mentioned, UW Medicine has first right of refusal. With whatever healthcare entity might be interested, details around contract stipulations would need to likely involve UW Bothell administration and include ASUWB, and, possibly, representatives from among faculty, staff, and other stakeholder groups at UW Bothell.

1.D.1. Cost Considerations

Possibly, some kind of student fee may need to be imposed to support access and visits, with clinical health service costs having to be paid by the student’s health insurance or paid out of pocket as a fee-for-service. The amount of this fee would have to be determined and negotiated between the provider entity, SAF committee, ASUWB, and UW Bothell administration.

1.D.2. Location & Space Considerations

To create and operate an on-campus, full service health clinic, a viable space in a UW Bothell-owned building would have to be made available. In addition to identifying an existing space that could technically and practically support “full” service health clinic operations, other considerations include:

- All services ideally in same physical space (if allocated space could accommodate); if not possible, locating services very near each other
- Safety and security that protects both staff and clients
- Maintaining privacy and confidentiality of clients (including availability of one or two connected or adjacent small private rooms, and access to rooms that may be able to accommodate scheduled/periodic meditation or prayer opportunities serving all beliefs)
- Allows for reasonable accessibility and adjacency, while being centrally located on campus
- Separate from classrooms and other high traffic, public areas
- Connected to and serviceable by IT infrastructure
- Access to plumbing that accommodates handwashing and toilet facilities
- Ability to accommodate refrigeration (i.e., for immunizations, medications)
- Accessible for sharps disposal and biohazard waste collection by Facilities and Campus Operations, Custodial Services
- Furnishable with office equipment (i.e., desks, tables, chairs, file cabinets, storage)
- Not simultaneously occupied or shared with any other campus unit/entity/group to prioritize confidentiality and dedicated use for health and wellness related services

Of existing UW Bothell buildings that may be possible, only Founders Hall (UW1), Commons Hall (UW2), and Discovery Hall (DISC) are UW Bothell-owned facilities. Given space constraints, these buildings may not be ideal to house a full-service health clinic, as well as given the location and space principles listed above. The Activities and Recreation Building (ARC) is a shared building with Cascadia College. As such, any pursuit of ARC as a location needs to involve Cascadia College students and administration. The Beardslee Building (UWBB), Beardslee Crossing (UWBX), and Husky Hall (HH) are not owned by UW Bothell and are occupied via lease agreements, as well as are not ideally accessible.

The healthcare organization entity may wish to pursue a lease agreement at locations such as UWBB (which presently has dental clinics/offices, services) or UWBX, but would have to lease space directly with the ownership/management groups of those properties. This latter scenario would essentially be analogous to the HealthPoint situation, where an external non-UW Bothell entity would be operating in an external non-UW Bothell space. Also, if located in UWBB or UWBX, question as to an appreciable difference or improvement in location with the current HealthPoint location could be raised.

It is important to note that long term, future considerations for the location of an on-campus, full-service clinical health center should be kept in mind for the UW Bothell Campus Master Plan, as well as discussions about ARC Phase 2 or a residence hall complex. Future building and space planning should consider how a full-service clinical health center can be potentially accommodated. Also, worth noting towards the future is the potential prospective development plans along Beardslee Boulevard between UW BX and downtown Bothell, which may present future location opportunities and the possibility of entering into partnerships with health service organizations/entities.

1.D.3. Personnel

Clinician and management staff for this on-campus full service clinic would presumably be employed and managed by the contracted healthcare entity.

NON-CLINICAL OPTION



If a clinical option (as those described in the previous section) is not realistic in the immediate or mid-range future, a non-clinical student health services center could be developed that addresses student needs while working within present capacity and constraints of the UW Bothell campus and its resources (fiscal and human). Such a non-clinical health service center would be meaningful and valued, although viewed as an incremental step forward given that there may be future potential to house a health service center with expanded scope, including full-range clinical health services. For shorthand purposes of this document, the phrase and acronym, Health and Wellness Resource Center (HAWRC; pronounced “hark”), will be used. Whether this name is selected and used moving forward is still to be determined.

In lieu of a full-service clinical health center, the HAWRC will primarily operate as an information resource center, serving as a gateway and referral hub to direct students seeking assistance to find health and wellness related services in the community. Some periodic and episodic “light” clinical-type services could be offered, but would not require extensive clinical equipment, clinician staffing, special physical space, or regulatory compliance as that mandated for conventional clinical health service delivery settings. As demand for services grows and as space becomes available at UW Bothell, more services could be added as appropriate.

The following considerations for a non-clinical HAWRC are explained according to the following sections: Services (2.A.), Staffing (2.B.), Organizational Structure (2.C.), Location & Space (2.D.), and Budgetary Support (2.E.).

2.A. SERVICES

A number of health and wellness services could be offered and delivered through the HAWRC. However, services should be matched and aligned with needs relevant for the UW Bothell student population. Also, services need to be determined within its non-clinical boundaries. An important consideration is to recognize existing health and wellness related services already offered to UW Bothell students, and, whether or not to administratively centralize or coordinate all relevant health and wellness services under one “shop” or unit. Listed below are existing health and wellness related services (2.A.1.), as well as additional services (2.A.2.) that could be offered.

2.A.1. Existing Services

There are some existing health and wellness related services currently offered through the UW Bothell Division of Student Affairs and managed/overseen by UW Bothell staff. How these existing services are organizationally and operationally coordinated and/or integrated in connection to or within the HAWRC should be formally delineated. A rationale for coordinating or even centralizing existing services through the HAWRC (as one “shop”) is to facilitate awareness and communication about and between these existing services (along with added health and wellness related services, as outlined below). Doing so, could more effectively and efficiently attend to students’ needs. There have been ongoing contemplations and discussions between UW Bothell staff about administratively centralizing existing health and wellness related services. These parties are open to continued discussion for such a centralization model. With regard to centralization, locating these services in the same physical space would be ideal; should allocated space be able to accommodate. However, if not possible, then some consideration to locating all HAWRC services very near to each other would be prudent. The following is a list of existing UW Bothell health and wellness related services which all fall under the UW Bothell Division of Student Affairs:

- **Recreation & Wellness** meets the diverse needs and interests of the UW Bothell community by providing programs and facilities that are current, inclusive and exceptional in quality. By creating opportunities that educate about good health, Recreation and Wellness inspires individuals to pursue an enhanced quality of life. Examples of health and wellness related activities and programs include: Health Promotion (<https://www.uwb.edu/recwell/health-promotion>); Student Health 101 (<https://www.uwb.edu/recwell/health-promotion/student-health-101>); Family Health History (<https://www.uwb.edu/recwell/health-promotion/famhealth>); and the Peer Health Educators program (HEROs; <https://www.uwb.edu/recwell/health-promotion/phe>). *[NOTE: The possibility of separating Wellness functions and programming from Recreation, and folding Wellness into the purview of the HAWRC, would be sensible and is recommended.]*
- **Health Educators Reaching Out (HEROs)**, UW Bothell’s Certified Peer Educators, are hired and trained to develop campus outreach programs on topics such as: sexual health, global health, violence prevention, body image & nutrition, mental health, and alcohol & other Drugs. HEROs make health research, campus resources, and sustainable wellness skills accessible to students.

- **Consultation, Assessment, Response and Education (CARE) Team** is a confidential resource for the entire campus community when there are concerns about a student's well-being. CARE Team's purpose is to provide proactive and supportive consultation, assessment, response, and education regarding students who may be at risk or in distress. CARE Team, as a group, is not housed in a physical space. Rather, it is comprised of multiple individuals from across a variety of organizational units.
- **Counseling Center** provides numerous services to meet the needs of students, parents, faculty, and staff. The Counseling Center offers confidential, short-term counseling to enrolled UW Bothell students free of charge; including same day crisis appointments, individual counseling, group counseling, and couples counseling. In addition to the Counseling Center Director (Rosemary Simmons) providing direct counseling services, the Counseling Center hosts trainees from graduate level academic programs to also provide counseling services. Starting in Autumn 2017, two additional full-time licensed psychologists will be joining the Counseling Center, thus expanding current service capacity. Additionally, a full-time Victim Advocate will be hired to provide students assistance, support, and help. The Counseling Center and all of its service locations are located in UW1-080, which is a suite of multiple office spaces on the lowest level on the northeast side of Founders Hall.
- **Disability Resources for Students (DRS)** recognizes disability as an aspect of diversity that is integral to society and to our campus community. DRS serves as a partner in fostering an inclusive and equitable environment for all UW students. DRS is located in UW1-170.

2.A.2. Needed/Desired Added Services

In addition to the existing services listed above, the HAWRC should provide (1) on-site, regular services, (2) on-site, periodic services, and (3) episodic services.

- **On-site, Regular Services:** As a center attending to the health and wellness needs of a college student population, some core services would need to be regularly offered. The HAWRC should be able to offer and distribute first-aid supplies (i.e., bandages, ice packs), some basic over-the-counter medicines (i.e., for pain relief and flu/cold symptoms), and hygiene products (i.e., tampons/sanitary napkins). However, the limitations and boundaries of providing first-aid supplies should be verified with UW Bothell risk management policies. Additionally, the HAWRC should be the central information resource "clearinghouse" for health and wellness related issues and needs. One model/example for this particular type of service is the "Connection Desk" (see: <https://www.globaltolocal.org/programs/>). As described by this website, "A Connection Desk bridges social and health services to directly address the underlying issues of poor health outcomes. Serving as a physical space for information and referrals, clients are connected to available resources in the community that will better their health and overall well-being." In this role, the HAWRC can be the starting point for students to obtain information about (but not limited) to: (1) sexual and reproductive health (i.e., birth

control options, rape and abuse awareness, sexually transmitted infections); (2) mental and emotional health (i.e., depression, anxiety, eating disorders, suicide prevention, transgender well-being, LGBTQIA+ needs, school-work-life balance, parent union needs); (3) spiritual health resources; (4) where to obtain clinical health services (i.e., nearby health clinics/centers such as HealthPoint community health center and UW Medicine Neighborhood Woodinville Clinic, as well as telehealth services by local healthcare organization providers such as Providence Express Virtual Care and UW Medicine Virtual Clinic; or others); and, (5) enrollment options for publicly-available healthcare insurance. HAWRC personnel (see below) along with HEROs (see above and below) could oversee and execute operations for this resource “connection desk” service, as well as continually assess and determine relevant health and wellness topics and services to meet students’ needs.

- **On-site, Periodic Services:** In addition to serving as an information clearinghouse and referral source to campus and non-campus health and wellness services, the HAWRC should offer some “light” clinical health services. These include, as priority areas, the following:
 - **Sexual & reproductive health services;** including but not limited to contraception (with access to long-acting reversible contraception like IUDs and implants dependent on space and funding), sexually transmitted infection (STI) testing with or without exam, emergency contraception, and evaluation of and education about client-specific risks (for specific details, consult with Meghan Eagen-Torkko, Assistant Professor, School of Nursing & Health Studies). The hours and schedule consistency for when these services are offered should consider, as best possible, convenience and equity for students.
 - **Immunizations;** including but not limited to influenza vaccine, human papilloma virus vaccine, and meningococcal vaccine. Scheduling immunizations should consider, as best possible, convenience and equity for students.
 - **Prescription medication management (principally for the Counseling Center);** notably for psychiatric medications. An identified need is the periodic availability of a clinically-licensed provider (psychiatrist, or physician assistant or nurse practitioner specializing in psychiatric/mental health) that can see students and assess/prescribe/manage their medication needs. It is estimated that 4-6 hours per week of this provider’s time would be sufficient to serve the UW Bothell campus. The hours and schedule consistency for when these services are offered should consider, as best possible, convenience and equity for students. There are multiple ways to pursue some type of contract agreement/arrangement for such a provider to serve the UW Bothell campus (for specific details, consult with Rosemary Simmons, Director of Counseling Center).

Delivery of on-site, periodic services could be coordinated by the designated HAWRC personnel in consultation with its advisory board and designated healthcare provider (described below). Additionally, scheduling of such services could be arranged for periodic, yet regular, availability on specific days/hours of the week (i.e., half-day twice a week for sexual

and reproductive health services; three-hour blocks of time twice per week for psychiatric medication management).

- **Episodic Services:** Because the HAWRC (as proposed and conceptualized in this report) does not offer a full-range or scope of clinical health services, other ways to attend to clinical health service needs, particularly with regard to health promotion and disease prevention, would be to schedule temporary clinics/services that are episodically offered. For example, some healthcare organizations operate mobile vans/trucks that conduct clinical health screenings. Such mobile services could be arranged with and conducted by local/regional healthcare entities as part of their outreach and community service initiatives to come to UW Bothell campus. Additionally, monthly health fairs (e.g., covering multiple health topics or focused on specific topics such as cholesterol awareness and screening during National Cholesterol Education Month in September) could be conducted to promote health and wellness. The hours and scheduling for when such services are offered should consider, as best possible, convenience and equity for students. HAWRC personnel (see below) could determine, plan, execute, and oversee the arrangement of such episodic services; with HEROs playing a supportive role.

2.B. STAFFING

A dedicated staff supported by campus stakeholders and administration is essential to establishing and sustaining the HAWRC's presence, use, viability, and long-term success. The following positions and roles should be considered to serve HAWRC functions and operations. *[NOTE: It is not the Task Force's intent to delineate what the specific titles, duties, and responsibilities of these staff should exactly be. Rather, a general description of the types of roles they would have is offered below.]*

2.B.1. Center Director

A staff or faculty person (with some dedicated %FTE) should direct and manage the overall operations of the HAWRC, assuring that high-quality, relevant services are offered and delivered. The duties and responsibilities do not necessarily have to focus on actual health and wellness programming (see Program Manager position below), but rather on administrator-level tasks such as center operations, coordinating and integrating with campus-level operations, identifying and securing resources to support center operations and activities, strategic and priority planning, assessing student population needs, and interfacing with both internal campus and external community stakeholders. This is a significant role to maintain purpose, utility, viability, and relevance of the HAWRC amidst priorities and directions within its assigned organizational unit and the UW Bothell campus overall.

2.B.2. Program Manager

A staff person (with dedicated %FTE) should plan, develop, coordinate, manage, oversee, and



evaluate health and wellness programming and services offered by the HAWRC. Carrying out these responsibilities would be formalized as part of HAWRC operations. This is a central and vital role as programming will reflect student needs, interests, and priorities, as well as identifying and executing program activities that attend to these. Additionally, marketing and outreach is a critical duty; including maintaining a website of information (i.e., www.uwb.edu/health), creating signage and flyers distributed across strategic high visible/profile areas across campus, and working with program advisors and faculty to facilitate knowledge transfer about HAWRC and its services directly to students. The program manager should work in partnership with the Center Director and seek support and guidance from other HAWRC stakeholders (as those identified below).

2.B.3. Health Educators Reaching Out (HEROs; <https://www.uwb.edu/recwell/health-promotion/phe>)

As explained above, HEROs are UW Bothell's Certified Peer Educators. Students are hired and trained to develop campus outreach programs on the health and wellness topics. These peer health educators could organize and carry out activities for the HAWRC working directly with the Program Coordinator. This group will play an important role for HAWRC programming and channeling HAWRC services to the UW Bothell student population.

- In addition to HEROs, the possibility of other students being involved in executing HAWRC activities and programming should be explored. Student involvement could be possibly coordinated through a work study arrangement (<https://www.uwb.edu/financial-aid/workstudy>) as well as through fieldwork requirements (i.e., students who are Health Studies majors or students in the Bachelor of Science in Nursing program, many of whom are already licensed Registered Nurses).

2.B.4. Designated Clinical Healthcare Provider

While the HAWRC will not formally offer full-range, conventional clinical health services, it would be helpful to have a designated resource person with clinical training, licensure, and certification to serve in an advisory role, as well as possibly conduct some "light" clinical-type services with expertise, skills, and legal scope of practice (see SERVICES section, above). This clinician advisor could very well be a separate person from the clinician conducting the management of psychiatric medication management. Also, if providing some direct clinical service, this clinician's time and services should be compensated at some designated %FTE or contract arrangement. Some possibilities to fill this role exist from among faculty of the UW Bothell School of Nursing & Health Studies, or an external provider could be contracted or solicited for this community service to the campus. This is an essential role to support and guide the HAWRC with a clinical health perspective as well as to deliver (as possible) "light" clinical-type services.

2.B.5. Advisory Board

A group of individuals should be appointed to serve in an advisory role to the HAWRC and its



priorities, operations, directions, and sustainability. This board will provide a means to communicate and actualize student interests and needs in the spirit of assisting HAWRC staff and guide programming. Having an advisory board will be helpful in providing informed support for service delivery, an “outside” yet representative perspective of campus group/stakeholder interests, and advocacy to sustain operation and prioritization within overall UW Bothell campus operations and directions. The charge, role, term limits, and conditions of service should be determined by the Chancellor (or possibly the Vice-Chancellor for Academic Affairs, or the Vice Chancellor for Administration & Planning), ASUWB, and the HAWRC Center Director. This advisory board should include representation from ASUWB, UW Bothell faculty, and UW Bothell staff; and possibly be open to membership of an external community member.

2.C. ORGANIZATIONAL STRUCTURE

Appropriate placement to consider for the HAWRC within the UW Bothell organizational structure is the Division of Student Affairs. Whether the HAWRC is created as an independent department or is integrated (in some fashion) with the Department of Recreation & Wellness, as well as possibly with other health and wellness related services above (e.g., Counseling Center, CARE Team, DRS), will have implications for the reporting structure. Within the HAWRC, possibly there may be consideration for establishing program/service-specific supervisors/groups. This should be discussed and determined by leadership of the Division of Student Affairs and current leadership/staff of existing health and wellness related services; and brought to the Chancellor’s attention (as appropriate).

2.D. LOCATION & SPACE

2.D.1. Desired Features

A permanent, dedicated space should be designated and allocated to house the HAWRC. The following principles should be prioritized and guide decision-making about campus location, space allocation, and space configuration.

- All services ideally in same physical space (if allocated space could accommodate); if not possible, locating services very near each other
- Safety and security that protects both staff and clients
- Maintaining privacy and confidentiality of clients (including availability of one or two connected or adjacent small private rooms, and access to rooms that may be able to accommodate scheduled/periodic meditation or prayer opportunities serving all beliefs)
- Allows for reasonable accessibility and adjacency, while being centrally located on campus
- Separate from classrooms and other high traffic, public areas

- Connected to and serviceable by IT infrastructure
- Access to plumbing that accommodates handwashing and toilet facilities
- Ability to accommodate refrigeration (i.e., for immunizations, medications)
- Accessible for sharps disposal and biohazard waste collection by Facilities and Campus Operations, Custodial Services
- Furnishable with office equipment (i.e., desks, tables, chairs, file cabinets, storage)
- Not simultaneously occupied or shared with any other campus unit/entity/group to prioritize confidentiality and dedicated use for health and wellness related services

Additional administrative factors need to be recognized when deciding on location/space. **First**, decision-making authority over space assignment is a principal consideration. If the HAWRC were to be located in an existing UW Bothell-controlled space that is presently occupied, this would entail shifting and re-locating current personnel and usage of that space to another space. There is a formal process to request space allocation (consult Amy Van Dyke, Director of Physical Planning and Space Management within UW Bothell Administration and Planning) that would need to be initiated. The Chancellor is the ultimate decision authority over space allocation and usage. If the HAWRC were located in a student-controlled space (e.g., Activities and Recreation Center, ARC), then students hold decision-making authority. **Second**, depending on what location(s) is(are) considered, fiscal budget considerations may also play a role. Should a leased space (e.g., HH, UWBB, UWBX) be selected, then a plan and decision is needed regarding who finances this budget (i.e., via a student fee, or shared by student fee and UW Bothell administration budget). When considering a leased space, however, it is important to note that dedicated use of such a leased space is predicated on the lease terms agreed upon with the actual building/property owner, and not UW Bothell per se. **Third**, any space that shares use and authority with Cascadia College students (e.g., ARC) would require their input and approval as well. Additionally, given this agreed upon shared use, HAWRC services would then seemingly be available for Cascadia College students to use as well.

2.D.2. Possible Locations

The Task Force reviewed and considered a number of potential locations for the HAWRC, with varying degrees of feasibility, sensibility, and alignment with principles above. Additionally, strengths and challenges were identified for these locations. Being cognizant of space constraints across the UW Bothell campus and potential displacement of individuals/units, naming specific spaces and their respective appropriateness for the HAWRC are not reported here; but can be shared and discussed directly with the Chancellor, ASUWB, and others as appropriate.

It is important to note that long term consideration for the location of the HAWRC should be kept in mind for the UW Bothell Campus Master Plan, as well as discussions about ARC Phase 2 or a residence hall complex, or even any shared space with Cascadia College. Future building and space planning should consider how the HAWRC can be potentially accommodated, and its services and programming even expanded. Also, worth noting towards the future are the potential prospective development plans along Beardslee Boulevard between UW BX and downtown Bothell, which may present future location opportunities for the HAWRC and the possibility of entering into partnerships with health service organizations/entities.

2.E. BUDGETARY SUPPORT

Details about specific start-up and a continual operating budget for the HAWRC will need to be figured out by relevant UW Bothell administrative units, which will be responsible for proposing this budget to the SAF committee. Possible sources for such funds may come from an imposed student fee or UW Bothell central administration operating funds, or a combination of both. If an imposed student fee is pursued, SAF committee will have to consider whether such a student fee should be: (1) required of all students (thus, allowing all students access and use of these available health and wellness related services); (2) be optional (thus, allowing access and use only to those who paid), (3) making access and use as a fee-for-service type payment. The second and third options may not be viable to support start-up and sustained operations, which will likely require a substantive amount of initial funds as well as a steady stream of sustained funds. As such, requesting funds from UW Bothell central administration that can be used in concert with an implemented student fee may be needed. It is important to note and consider how the existing health and wellness related services (i.e., Counseling Center, Recreation & Wellness) are funded, and whether a student fee or central administration funds already cover or is needed to cover such services. In addition, the possibility to solicit some kind of fiscal sponsorship and support from a corporate healthcare entity, other type of corporate entity, or even a philanthropic donor could be pursued. Lastly, if the HAWRC is designated as a shared service with Cascadia College students, then consideration should be given as to whether they can also impose a student fee or use Cascadia College central administration funds to support operations and services.

IN CLOSING



The Healthcare Services Task Force thanks UW Bothell Chancellor Wolf Yeigh for the opportunity to investigate and deliberate on a very important matter to UW Bothell students and the campus community, at large. Task Force members are available to provide clarification and answer questions related to the contents of this report. The Task Force hopes this report provides useful information and helpful perspective, and looks forward to any next stages to make desired health and wellness related services a reality at UW Bothell.