

Better Addressing Penn State Students' Mental  
Health Needs

# EXPAND FOR DEMAND



The Presidential Leadership Academy Class of 2016

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## EXECUTIVE SUMMARY OF POLICIES

### **Student Mental Health Fee**

In order to fund new counselors under the embedded model plan (explained in further detail in a proceeding section), CAPS needs an increase in recurring funding. A new student mental health fee, which each undergraduate and graduate student at University Park needs to pay, would generate the necessary increases in yearly funding. As a starting point of recommendation, embedding five pairs of part-time counselors in the academic colleges would increase accessibility and capacity for treatment while burdening each student with only a roughly twenty-dollar yearly student mental health fee. The monies generated by this fee would cover both the salaries of the new counselors as well as any costs associated with establishing the embedded locations.

The collection of this fee should be incorporated into the newly created student fee, under the University Park Fee Board. This student-led fee board will consolidate the Facilities Fee, the Student Activity Fee, and, under this policy proposal, the Student Mental Health Fee. Not only would this fee board provide increased flexibility in changing the student mental health fee amount from year to year, it would also allow student representatives to voice student concerns.

With the lack of mental health service providers in the Centre County, Penn State should take a stronger initiative in meeting the growing student demand for treatment. This fee would fund the proposed expansion plans and ultimately improve the mental health of the students on campus.

### **Late Cancellation Fee**

In order to increase clinic efficiency and encourage a speedier recovery for all students, a nominal cancellation fee serves as an optimal solution to fill the gap of unused resources at CAPS. Currently, Penn State students are only charged a fee at CAPS upon failing to show for their appointment or canceling within one hour of the start time. Late cancellations and no-shows create unused appointment slots that could have been used by another student who could use the mental health services.

Because there is an increasing need for CAPS services and we encourage students to have a thorough and speedy recovery, students should call CAPS to cancel an appointment 24 hours in advance. Upon a late cancellation within 24 hours before an appointment, a \$10 Health Services charge will be sent to the Bursar. Upon a no-show occurrence, there will be a \$20 charge to the student's account.

The policy must be implemented and enforced in order to run the clinic most efficiently and effectively, for the entire student population, at large. While decisions made by counselors are valued in all regards to cancelled appointments, the need for accountability is apparent to ensure that the best interest of all students is kept in mind.

### **Embedded Model: Moving into Academic Colleges**

The embedded model offers not only a solution to space constraints, but also numerous advantages for students and counselors due to the immersion effect that it possesses. Many

schools have been adopting forms of the embedded model in recent years, including Penn State with a counselor embedded in Redifer Commons. A potential expansion of this program would include:

- Five new embedded locations within academic colleges
- Two counselors assigned to each location that will alternate between their respective academic college and CAPS Central
- Each location will include full-time counseling as well as CAPS Chat hours
- The addition of seven new counselors will let CAPS meet IACS standards by 2040 according to estimates
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### **Transparency Report**

The transparency report is a document that will outline the monetary transactions and student activity that is happening within CAPS during the month. The purpose of this report is to justify the student mental health fee and allow the public to see how the CAPS department is utilizing the additional resources given to them, thus making the additional fee “transparent.”

- Details of Transparency Report
- 5-6 pages in length
- Comprised of 4 sections: Total Transactions, Student Activity, Waitlist Fluctuations and Monthly Overview/Projections
- Will be available as a PDF download on the CAPS website

## INTRODUCTION

### THE HISTORY

Long before the day of acclaimed American mental health activist Dorothea Dix, many cultures across the globe viewed mental illness as a form “of religious punishment or demonic possession” (“Module 2”). Many people directed hate toward and discriminated against those with mental illness for the majority of history, and in America of the early 1800s, mental health clients were treated in unhygienic asylums and often confined. Dorothea Dix worked throughout the 1840s to de-stigmatize mental illness in the United States and actively worked towards persuading the United States federal government “to fund the building of 32 state psychiatric hospitals” (“Module 2”). Since then, there has been a movement to disseminate the asylum-based institutionalized care that was the prominent form of mental health care in the United States. Now, there are stricter standards that only allow individuals who “pose imminent danger to themselves and others to be admitted to state psychiatric hospitals” (“Module 2”).

Despite better standards for the treatment of clients with mental health, many Americans continue to suffer from mental illnesses. It is estimated that one out of every five American adults suffer from a mental health condition, and youth depression has been on the rise in America between 2011 and 2014 (“The State of”). Access to health insurance has increased over recent years, so the number of uninsured adults with mental health conditions has decreased tremendously, but 56% of adults with a mental illness still have not received any treatment nationwide (“The State of”). Mental health problems not only face us on a global scale, but they face us here at The Pennsylvania State University when it comes to the services that the university can provide to students, faculty, and staff in need.

## THE CONTEXT

Located in the small city of State College, the University Park campus of The Pennsylvania State University is home to over forty-six thousand undergraduate students. In addition to the undergraduate students, University Park also has just over six thousand graduate students enrolled. The University provides mental health care through the Counseling & Psychological Services, commonly referred to as CAPS. While CAPS provides a valuable service to many people across campus, there are numerous obstacles blocking CAPS from providing optimal services to all University Park Students; one very large obstacle being an insufficient of financial funding for CAPS.

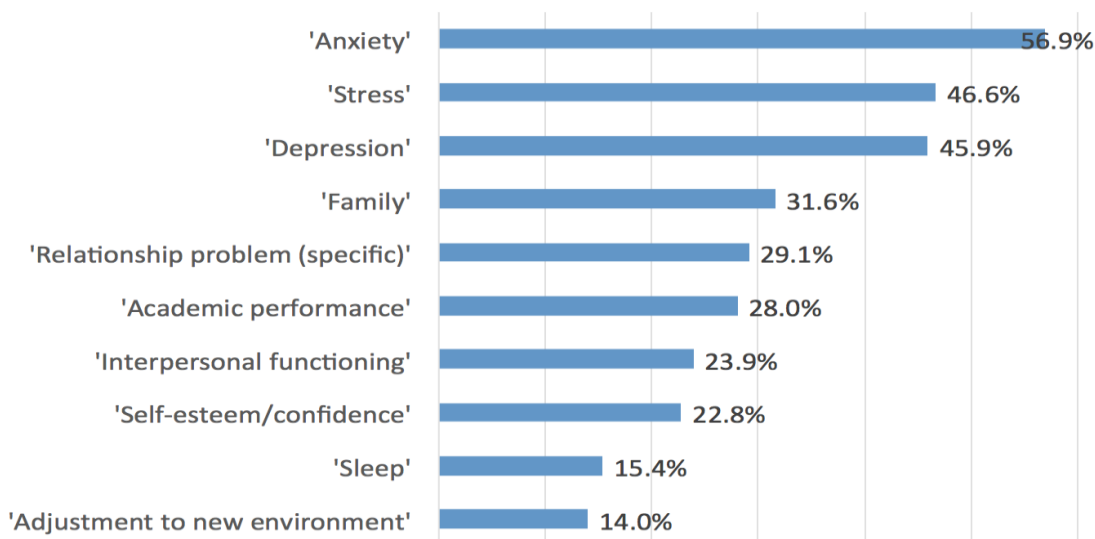
The majority of CAPS funding goes towards salaries for CAPS employees, which include psychologists, clinical service providers, and other administrative positions. Penn State currently employs 48 counseling center staff members for approximately fifty-two thousand undergraduate and graduate students at University Park (Bender, 2016). This means that per every singular staff member, there are approximately one thousand and eighty-four students at University Park. While not all students may need treatment or help, according to data collected by the *National Alliance on Mental Illness* (NAMI), “One in four young adults between the ages of 18 and 24 have a diagnosable mental illness” (College), and extrapolating this data to The Pennsylvania State University, this means that out of the approximately fifty-two thousand students at University Park, there are thirteen thousand students with a diagnosable mental illness who may be in need of treatment. To expect 48 staff members to successfully treat the needs of thirteen thousand students, approximately 271 students would need to be treated per member. This does not account for the different types of treatments each student needs as every student is unique.

The different specialist counselors who are employed may not be able to help in certain cases, and not every staff member who works at CAPS is a counselor who can see students.

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## Why do students seek help?

*[Check all that apply] – Top 10 -- (n=37,857)*

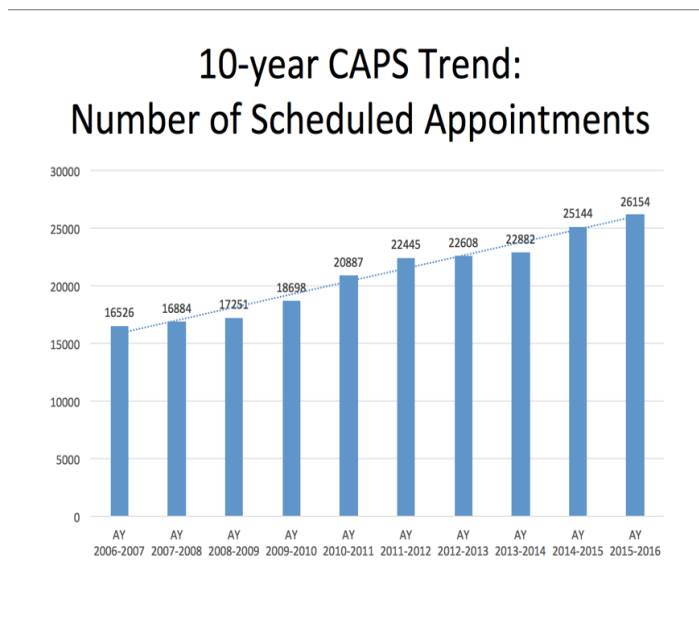


## THE PROBLEM

The International Association of Counseling Services (IACS) is an association that aims to “encourage and aid these [mental health services] throughout the United States and internationally to meet high professional standards” (<http://iacsinc.org/home.html>). The IACS also sets accreditation standards for centers across the United States. The Counseling & Psychological Services at The Pennsylvania State University is accredited by IACS. The standard for staff to student ratio that IACS has set is one professional staff member to every 1,000 to 1,500 students (“Statement about”). Penn State is on the low end of the ratio, with approximately 1,084 students per staff member. Trends indicate enrollment at this campus will

increase, and more counselors will be needed in order to meet the ratio standard. The figure below shows a trend over the past 10 years that more students are seeking help from CAPS by scheduling appointments. In order to meet the growing demand for appointments at CAPS while continuing to meet the IACS standards and student to professional staff ratio, CAPS will need more resources, specifically funding. With an increase in funding, CAPS would have the capability to hire more counselors and address other current issues. Properly addressing these issues will require allocating funds and implementing new monetary policies to diminish the workload on CAPS staff and getting students the help they need and deserve.

To accomplish these goals, The Pennsylvania State University should begin by implementing a new Student Mental Health Fee, establishing a cancellation fee for students who do not show up to appointments, expanding the embedded counselor program, and creating a transparency report to show how the student mental health fee funds are being used, which will help ease concerns from parents and students that the money is being misused



# STUDENT MENTAL HEALTH FEE

## OVERVIEW

CAPS provides all levels of treatment and support and mostly has rolling expenditures. According to Dr. Ben Locke, the director of CAPS, one-time expenses only represent a small fraction of CAPS spending, while the bulk of the spending goes towards salaries for counselors and other personnel. Much like typical establishments that provide service, CAPS salaries require a continual source of funding. CAPS has not only approached its physical space limits but has also started falling behind in funding. Lack of funding is contributing to a tumbling counselor-to-student ratio and long wait times.

Although the 2016 senior class gift of presented CAPS with a one-time gift of \$250,000, drawing more awareness to mental health, it provided only a minor financial lift. In order for CAPS to increase the amount of accessibility and treatment for students, they need sustained increases in funding. Most of the other services on campus, such as access to technology, software, and fitness facilities, all depend on a yearly fee. Penn State, like many other universities, offers general health services for a yearly fee. However, many private universities, such as Harvard, provide full access to mental health services without co-pay or deductibles to the students who have paid the general health fee. (Harvard) These universities also do not impose an upper limit on the number of sessions that a student can attend per semester. (Harvard) Penn State does not include unlimited access to mental health services in the general health fee or use the general health fee to fund CAPS. Therefore, a yearly mental health student fee, bundled into Penn State University's new single fee structure, would allow for CAPS to improve capacity and better serve the campus community.

## FEE CALCULATION METHOD

As an overview, monies generated by the fee will be broken up as follows:

- Sunk costs
- Salary for new counselors

To ensure that the new fee will adequately fund the embedded counselors model, it needs to raise enough money to pay for a new counselors' salaries. To accurately determine both short and long term projections of yearly fee totals, we must take into account student population growth trends. For the purposes of making baseline calculations, we temporarily neglected those trends. Since every undergraduate and graduate student must pay student fees in order to keep active student status and register for classes, the following equation models the yearly total generated by the fee:

$$T = S * F$$

where T is the yearly total, S is the number of students, and F is the yearly fee amount.

## ALIGNING THE FEE AMOUNT WITH EMBEDDED MODEL

The embedded counselor model will place psychologists and service-providers in various locations distributed across campus, either full-time or part-time. This approach will require CAPS to hire new employees and establish new operating locations. Our specific embedded model calls for counselors to be embedded in the various academic colleges on a part-time basis. By spending roughly half of their time at their embedded "field" location, in pairs, they will open up space at the central CAPS location (currently shared with UHS) for additional counselors. After determining the number of pairs of counselors to embed, the exact space available at the central locations can be determined. For every embedded pair, CAPS central will have space for

an additional full-time counselor. This is verified by simple math and intuition; if two people spend half of their time at a location other than central, that frees up two people's part-time worth of space, which also equates to one person's full-time worth of space. Dr. Locke stated in a meeting with our group that even without any redistribution, the UHS building currently has space for two additional counselors. From these known relationships and facts, the following equation determines the number of new counselors CAPS can hire based on the number of pairs of counselors to embed:

$$C = P + 2$$

where C is the number of new counselors that space will allow and P is the number of embedded pairs.

With a pair of counselors placed into the five largest academic colleges (College of Engineering, Smeal College of Business, etc.), the UHS building can hold an additional seven counselors. This number represents the target goal, which the fee calculations and recommendations rest on.

Looking at the salary statistics for a psychologist, *payscale.com* lists the median at roughly \$72,800 ("Psychologist Salary"). After taking into account the relative isolation of State College and various human resources considerations such as salary banding, a more reasonable estimate for the starting salary for each new psychologist would come out closer to \$80,000. For the first couple years of enactment, the fee would also have to fund the sunk costs associated with setting up the embedded locations, such as office equipment and confidentiality infrastructure. Just as a rough estimate, the sunk costs for five embedded locations could take

\$300,000 each year for the first two or three years (Romary & McDonald, n.d.). Finally, the current count of fee-paying students, which includes undergraduate and graduate students, is  $40,742 + 6,106$  is 46,848. (admissions) Taking all of these allocations and numbers into account, the following steps generate a nominal fee amount:

Yearly total representing salaries:  $7 * \$80,000 = \$560,000$

Yearly total representing sunk costs: \$300,000

Yearly total from salaries and sunk costs:  $\$560,000 + \$300,000 = \$860,000$

Yearly fee burden on each student:  $\$860,000 / 46,848 = \mathbf{\$18.36}$

For a fee of roughly \$10 a semester, CAPS would embed a total of ten counselors in five locations, while simultaneously recruiting seven new counselors. This value should only serve as a rough projection, and was calculated to demonstrate the positive impact of a student mental health fee, not as a concrete non-negotiable policy component.

## FEE IMPLEMENTATION

Earlier this semester (Fall 2016), Penn State central administration in conjunction with the University Park Undergraduate Association (UPUA) and the Graduate and Professional Student Association (GPSA) announced the creation of the University Park Fee Board. This new board completely restructures the student fee system by combining the current Facility Fee and Student Activities Fee into a single student-controlled fee, while also integrating the Information Technology Fee into tuition. After learning more about the logistics and implementation of the University Park Fee Board, this paper recommends that the Student Mental Health Fee should get bundled into the single fee. This offers a number of benefits:

1. Simplified fee collection - No added logistical overhead associated with collecting an entirely new fee;
2. Flexibility in amount - Depending on changing priorities and needs, altering the amount could potentially just result in an internal reallocation; the total that the student sees remains the same; and
3. Student-led decision making - A student panel can, in many ways, best represent the needs of the general student population, especially on the topic of mental health.

## OTHER CONSIDERATIONS

It was considered proposing a policy in which CAPS receives more funding from central administration, however, after analyzing the purpose of this fee, a student mental health fee is simply more reasonable. Other services on campus receive funding from a fee separated from tuition. Adhering to the economic saying of “There is no such thing as a free lunch,” a request for additional funding from central administration would either lead to a shift of funds from another department or an increase in tuition. The money has to come from somewhere. This fee would also allow for increased transparency, evident by the fact that students presently cannot find the data corresponding to how much of tuition goes towards CAPS funding. With this fee, the amount and intent would speak for itself and ultimately allow for flexibility in implementation of policy.

In addition, it was considered to encourage students to make better use of third party providers in the State College community. After much consideration, it was determined the responsibility falls on the university to provide extensive mental healthcare to its students, unless

the student is severe enough to require hospitalization. This was decided due to the fact that State College is not a large metropolitan area. State College lacks the several third party options that would be necessary in order to expect students to be able to find affordable treatment. This approach towards university-provided health care can be observed through UHS where students can expect to receive quality treatment for most illnesses.

After deciding that the student activity fee was the most appropriate solution, we had to justify why CAPS is an organization that can and should be funded through student activity funds, despite not being a typical student organization. According to the student activity fee website, there are three general guidelines to programs that can receive student activity funds. They must “improve the overall quality of the campus experience from the students’ perspective, increase opportunities for student involvement in the educational process through out-of-class experience, and enhance the appropriate out-of-class services and programs at the campus based on identified student needs.” Mental health services on campus qualify for these funds. Their purpose is to improve the students’ quality of life and quality of their campus experience by contributing to the students’ overall mental wellness. An improved mental state would give students more time to focus on their other out-of-class activities. With the extremely long waiting list that CAPS currently employs, it is apparent that more access and treatment for mental health are large student needs.

A recommended yearly fee amount of \$18.36 per student would allow CAPS to embed counselors in more accessible locations while also increasing the capacity for both short-term and long-term treatment. After the fee gets implemented, it would not only fund numerous

efforts to provide care and support the individuals who need it, but it would also further catalyze the much-needed conversation about student mental health, ultimately leading to a campus environment that student bodies and minds can thrive in.

## LATE CANCELLATION FEE

### ESTABLISHMENT OF PROBLEM

Dr. Locke presented the need to fill the clear gap of unused resources. The most evident way to achieve the overall goal of meeting the demand of mental health services on college campuses is to reduce missed appointments in the most efficient way possible. In order to continue to keep the needs of students as a first priority and improve the clinic's efficiency in the best way possible, a nominal cancellation fee seems to be the most optimal solution.

Students who frequently miss or fail to show for their scheduled appointments create administrative and clinical difficulties, and may not receive effective treatment. The no-show rate for mental health-related appointments is particularly high in ambulatory psychiatric clinics, especially those associated with academic medical institutions (“Can what we learned about reducing no-shows in our clinic work for you?”). Research has shown that failure to attend routinely scheduled outpatient appointments increases the risk of hospitalization (“Can what we learned about reducing no-shows in our clinic work for you?”). Among all causes of hospitalization, the same research showed how length of stay and relapses increase in clients with low adherence to their treatment regimen; clients who miss appointments are more unwell and more functionally impaired—also contributing to a higher risk and rate of re-hospitalization.

Most counseling centers at academic institutions do not abide by strict rules in regards to charging clients a penalty when they fail to keep a scheduled appointment. In the area of private practice of mental health, this policy is customary. For example, research at the University of Texas shows several departmental policies were in place regarding cancelled appointments, but they were not being followed (“Can what we learned about reducing no-shows in our clinic work for you?”). Raising awareness among staff and their clients effectively helped to deter clients from failing to show for an appointment. For example, the researchers informed students that three consecutive no-shows could lead to termination of care at the University of Texas, and they often “reacted with surprise to this caution but also voiced a desire to improve their attendance to avoid such an outcome” (“Can what we learned about reducing no-shows in our clinic work for you?”).

Mark Rosenberg, MD, PhD, president of Behavioral Health Management, PC, in St Louis, Louisiana spoke at the US Psychiatric and Mental Health Congress in Las Vegas in 2009. He shared that missed appointments not only result in lost revenue, but they also “interrupt the flow of patient care and impede clinic productivity” (“Four Steps to Reduce Missed Patient Appointments”).

According to Dr. Locke, a large problem facing CAPS today is this extreme number of cancelled appointments each semester. To solve the problem, it is recommended to implement a non-emergency cancellation fee that can increase efficiency in the clinic and encourage a speedier recovery for clients.

After speaking with friends who are Penn State students in various academic colleges who utilize services at CAPS, it was found that clients are only charged a no-show fee upon failing to show for their appointment or canceling within one hour of the start time. As Dr. Locke alluded, one hour is not enough time to fill the appointment with another student who could use the mental health services. The hour of the psychologist's time is ill-spent, and the recovery of the client who cancelled is then further delayed and often worsened by missing appointments. It is realistic to require the client to cancel on the morning of the appointment. This subtle change could make a difference in recovery and clinic efficiency. All private practices outside of the University setting often use a 24 to 48 hour cancellation policy. The actual fee can discourage no-shows because clients will have to pay for services that they don't receive. A change must be made to decrease the severe amount of appointment cancellation, and after research, this is the best option.

Other universities already engage in this practice. For example, at the University of Minnesota, failure to cancel an appointment before 4:30 p.m. on the day prior to the appointment will result in a Late Cancel Fee of \$10.00, and missing a scheduled appointment without calling the Mental Health Clinic will result in a No-Show fee of \$20.00. At the University of Maryland, late cancellation and no show fees will be assessed if an appointment is not canceled within 24 hours of the scheduled time. At the University of Illinois, appointments must be cancelled at least two hours prior to your scheduled appointment time. Failure to cancel on time will result in a \$10 fee charged to the student account. The University of Wisconsin states that "University Health Services wants to increase students' access to service. When a student fails to keep an appointment or cancels at the last minute, professional time goes unused and other students fail

to get timely service.” You must cancel any appointment by 5 pm the day prior. “Cancelling psychiatry appointments after that time will result in a late cancellation fee of \$10. If you do not cancel prior to your appointment time, or arrive to your appointment more than 10 minutes late, you will be charged a no-show fee of \$20”( “University of Wisconsin–Madison”).

Outside of academia, clients at private practices are typically charged completely for missed sessions and services. Most providers will charge the client the complete cost of service. For example, SunPointe Health in State College, Pennsylvania charges \$70 when a client fails to show up for an appointment and charges \$45 for a late cancellation with less than 24 hours notice (“Financial Policy”).

In selecting \$10 to be the nominal charge for the late cancellation fee, current policy and the policies of other comparable universities and local private practices were considered and analyzed. According to an NIH study, a fee of \$35 to \$50 appears to be the range most providers use (“Can what we learned about reducing no-shows in our clinic work for you?”). When it comes to universities, the fee falls between \$10 and \$20. A no-show fee of \$30 and the implementation a \$10 late cancellation fee is proposed to encourage students to keep their appointments in order to use resources most effectively.

Researchers at Emory University conducted a survey amongst psychotherapists and their patients in the outpatient department of a public safety-net hospital to examine how frequently and why patients missed scheduled appointments, (“Psychotherapy appointment no-shows: Rates and reasons”). They found that the most missed appointments were accounted for by patients with occasional absences of approximately one miss per month. A small percentage of patients

missed appointments with high frequency. The reasons for which patients missed their psychotherapy appointments include clinical symptoms, practical matters, motivational concerns, and negative treatment reactions (“Psychotherapy appointment no-shows: Rates and reasons”).

In addition, there are other risks at stake with the increase in the sheer number of cancelled appointments. At the University of Texas at Austin, researchers in the Department of Psychiatry conducted a two week study to analyze the problem of cancellations. For the project, they “defined no-show rate as the total number of clients who missed an appointment or canceled fewer than 24 hours before the scheduled time, divided by the total number of patients scheduled that day.” The study showed that 248 or 31% of appointments were no-shows or late cancellations. As the practice attempted to make changes as a result, roadblocks included the inability to charge a small fine for missed appointments. Departmental policies were already in place to discharge clients from clinics after missing three consecutive appointments and limit prescription refills to six months but they simply weren’t communicated to clients and staff, or implemented. As a result of their findings, they educated clients and staff and implemented the policies that were already in place but weren’t enforced (“Can what we learned about reducing no-shows in our clinic work for you?”). Enforcing policy then served as an effective deterrent to a no-show for an appointment.

When considering the benefits of a late cancellation fee, we must anticipate possible harms to the college student mental health, as well. The only obvious consequence presented to students seems to be a possible financial boundary. The severity of this possible financial

boundary does not seem to outweigh the benefits. The policy includes measures to support students in the case that this fee for a mistake presents a significant financial hardship.

The Pennsylvania State University should implement a non-emergency cancellation fee to increase efficiency. CAPS should write a new policy on missed appointments that is provided to all clients. CAPS should ensure that the missed appointment policy applies equally to all clients and does not charge in emergency situations, at the discretion of the counselor. The policy should establish that the billing department charges student's bursar accounts directly for missed appointments. To avoid parents or family members judging the student who may be experiencing a difficult time, the fee should be labeled Health Services and not Late Cancel Fee on the student's Penn State Bursar Account. More specifically:

Policy: Cancellations of appointments/no-show

- Late cancellations and no-shows create unused appointment slots that could have been used by another client. Because there is an increasing need for CAPS services and we encourage students to have a thorough and speedy recovery, it is important for you to call CAPS to cancel your appointment 24 hours in advance;
- If for any reason you need to cancel an appointment, please notify our office as soon as possible; and
- Upon your late cancellation within 24 hours before an appointment, a \$10 Health Services charge will be sent to the Bursar. Upon a no-show occurrence, there will be a \$20 charge to your account.

The policy must be implemented and enforced in order to run the clinic most efficiently and effectively, for the entire student population, at large. While decisions made by counselors are valued in all regards to cancelled appointments, the need for accountability is apparent to ensure that the best interest of all students is kept in mind.

## THE EMBEDDED MODEL: EXPANDING BEYOND SOUTH HALLS

In evaluating the constraints that prevent CAPS from meeting the demand, research identified labor and space as the two main problems. While it was clear that more labor was going to require more money, the embedded counseling model is a solution for space that minimizes costs.

Relatively new on college campuses, an embedded model is constituted by having counselors stationed in locations other than a health center, such as in residence life centers, dorms, or academic colleges. University Park currently has one embedded location in the South Halls Commons. The research that has been done on embedded models to date has shown the embedded model to have a multitude of benefits that justifies expanding the current program at South Halls.

## WHY EMBEDDED?

The Embedded Model has several advantages, from both a student and a counselor's point of view. Having counselors embedded in places other than a health center makes counseling more accessible to students (*Counseling and Psychological Services, University of*

*Michigan*). It encourages students who might not normally seek out help explore their options. In addition, by providing service in a location other than the health center, it helps students who are afraid of a perceived negative stigma with mental health issues. From a counselor's perspective, being stationed outside of the health center immerses them more in student culture and allows them to better serve the population.

Several universities have adopted the embedded model in recent years and achieved great success with it. One of the programs that stands out continues to be University of Michigan's (U of M). Their embedded model consists of placing counselors across seven different colleges with one counselor in each college (*Counseling and Psychological Services, University of Michigan*). Since they adopted this model in August 2014, the program has seen tremendous success and has revealed many unexpected benefits to the embedded model. First, being located in academic colleges has allowed counselors to gauge a sense of the culture in each respective school. Students across colleges have specific and unique needs that counselors have been able to better observe when stationed there. This has also allowed them to better tailor their prevention programs for students. Another major benefit of being located in the academic college is being able to collaborate with the faculty. Counselors at U of M have said that they are now able to work with both professors as well as academic advisors to help them better understand the stressors that their students face.

Another noteworthy program is Cornell University's "Let's Talk" program. "Let's Talk" makes getting help more accessible for students by placing counselors in different locations throughout campus and having them hold "walk-in" hours throughout the week, in which

students can drop by without an appointment. The objective of the program is to be able to hold consultations that can provide direction as well as information on additional resources for students.

Other notable schools that have adopted the embedded model include Ohio State University, Northwestern University, and University of Iowa. Penn State also joined the list of schools with embedded counseling programs this year when University Park decided to station a counselor in Redifer Commons of South Halls.

The services provided in Redifer Commons can be divided into two parts. The first includes full clinical counseling while the second is a new program titled “CAPS Chat,” in which a counselor holds drop-in hours for students several times throughout the week. CAPS Chat has the intent similar to that of “Let’s Talk” at Cornell University. The current program at South Halls is structured in a way that allows two counselors to switch out and divide their time between Redifer and CAPS Central. From a counselor’s perspective, there are benefits to being surrounded by other counselors throughout the day, such as emotional support and feedback on the handling of complex situations. Giving counselors the opportunity to divide their time between the two locations means they still have access to the beneficial environment available at CAPS Central, while also being able to cater to students.

## POLICY

The South Halls embedded model should be extended into academic colleges. To begin with, five full-time embedded locations should be created, with the possibility of adding more in

the future, if the initial program is successful. The colleges served would be the Smeal College of Business, Eberly College of Science, College of Education, College of Engineering, and College of Liberal Arts. This list was created with two factors in mind. The first consideration is location. If extended, it is crucial that the embedded model expands in locations all throughout campus to maximize accessibility. The second consideration is culture. The intent was to pick colleges that represented diversity in learning environments. With only five colleges selected, all cultures cannot be represented to the full extent, but by choosing contrasting colleges, the selection of counselors for students is somewhat more inclusive.

Similar to the South Halls program, one counselor would not be stationed in the college five days a week, but rather two counselors would alternate between the embedded location and CAPS Central. This is important, considering the emotional support and benefits that counselors receive from spending time at CAPS Central. In addition, this would also open up space in CAPS Central. Adding five more embedded locations with two counselors each would mean that there would be ten faculty in total moving to the embedded program. This would open up approximately five more spots for full time staff at CAPS Central, as the ten embedded counselors would be splitting their time between CAPS Central and their respective location.

There are both benefits for disadvantages for placing counselors into academic colleges versus residence halls and vice versa. Residence halls offer the opportunity for the counselors to work alongside the residence life coordinator as well as resident assistants. They are therefore able to gain a better understanding of what life is like inside. Academic colleges offer a similar advantage, but with faculty as well as academic advisors.

Ultimately, the benefits for academic colleges outweigh those of the residence halls. Being located in colleges allow counselors to witness the culture firsthand. Each college's students have a unique set of needs that can be better understood by counselors when they have become immersed in it. They can then not only tailor their sessions to better accommodate individuals, but can also create more specialized preventative programs, such as workshops and seminars that more greatly benefit the population as a whole. Programs like University of Michigan's even allow students to request workshops they feel are beneficial.

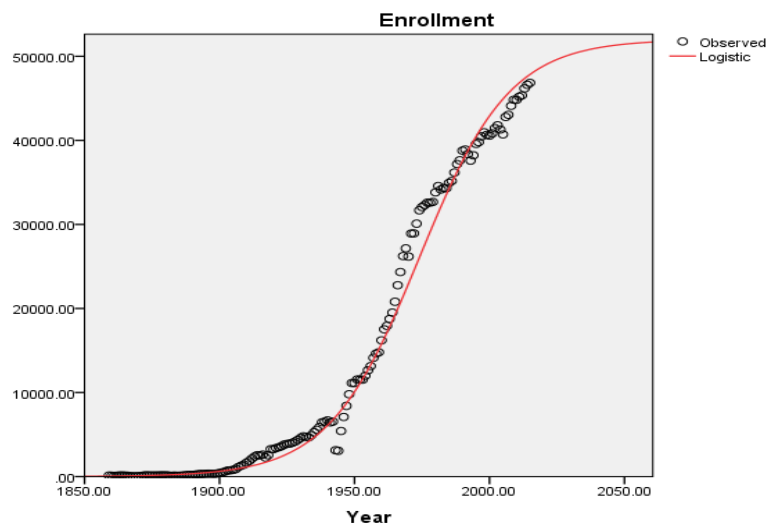
Counselors can also work more closely with the academic advisors. It is not uncommon for advisors to reach to the counselors for help regarding student conflict, and having them placed in the same building make them a much more accessible resource for these advisors. Similarly, counselors can collaborate with faculty to understand student workloads better, while faculty have the opportunity to gain a greater understanding of student mental health. Overall, choosing to have counselors placed in the colleges maximizes the benefits that the embedded model can provide.

In addition to offering clinical counseling, embedded counselors should also aim to emulate the CAPS Chat program, holding walk-in hours for approximately two hours each day. Having walk-in hours is a key part of the embedded program, as it can serve as a motivator for students who otherwise would not have sought help. This has proved to be true for the South Commons CAPS Chat, and expanding the program into academic colleges will only expose more students to its services. CAPS Chat not only serves as a consultation opportunity for students, but

it can sometimes also prevent certain cases from developing further. In addition, it is a great resource to help students who are currently waiting for additional help.

## SUSTAINABILITY

Another aspect of this policy that we must consider is its long-term viability. Since mental health is a rising issue in the Penn State community, there are two specific factors that we should analyze the increasing enrollment before concluding that the policy is sustainable. In order to account for changes to enrollment, we needed to be able to model enrollment over time at University Park. To do this, a logistic regression of the University Park enrollment history was implemented. The scatterplot and derived function ( $R^2 = .982$ ) are displayed below.



$$E = 1 / ( 0.0000192307692307692 + 1.93350990525833E+46 * 0.942241348116156^{(Y)} )$$

From this equation, enrollment estimates are given at different milestones, listed in the table below. Notably, this estimates University Park has a maximum capacity of 52,000 students.

Year	Enrollment
2020	48,847
2025	49,622
2030	50,213
2040	50,999

Using these values, it can be identified if the proposed policy meets the International Association of Counseling Services (IACS) staff –to-student ratio standards. These standards range from 1:1000 to at bare minimum 1:1500 full time, practicing staff to student ratio. With the proposed policy, seven additional psychologists would be added to the current staff of twenty-seven full time equivalent staff members. Therefore, to calculate the maximum amount of students that new staff can handle, the number of staff members should be multiplied by 1500 students ( $34 \times 1500 = 51,000$  students). By comparing this threshold of 51,000 students to the table above, we can conclude that Penn State would be able to meet IACS standards through 2040, assuming the IACS standards remain constant.

## TRANSPARENCY REPORT

The introduction of the student mental health fee plans to allow students and parents who are paying tuition and additional fees to directly see where their money is going to and how it is being managed throughout the semester. The transparency report hopes to enforce additional accountability within the CAPS administration and program so that they can organize the additional funds allocated in order to manage the money effectively. The clarity of the implemented transparency report will derive new solutions instead of “throwing money” at a problem whose solution has not been mediated.

This proposed Transparency Report will be composed of four parts; these parts include;

1. Total Transactions;
2. Student Activity;
3. Waitlist Fluctuation; and
4. Monthly Overview/Projections;
  - I. The total transactions section will provide the reader with a general overview of all the monetary transactions pertaining to CAPS (with the omission of the salaries of the employees). This overview will include all of the sources of income that has assisted or directly gone to the department either in the form of a grant, money accumulated through cancellation fees, endowment, additional student fees and donations.

- II. The student activity section will give the reader an idea the interactions that occur within CAPS daily. This section will focus on statistics such as how many students were attended to, the amount of appointments that were scheduled, and the ratio of appointments scheduled/actually attended.

There will be a subsection within the student activity section that will include the feedback from students who have attended CAPS within the month. These surveys will be optional and with the voluntary feedback, the responses will provide an accurate representation of the experience of the student. With this feedback, we want to take the input to the next level by using the data obtained to construct the model that we will provide in the monthly overview and projections section.

- III. The purpose of the waitlist fluctuation section is to allow readers to see how the implementation of the mental health policy fee is actively working on improving the prominent issue of the waitlist. Unfortunately, through analysis, the waitlist can be deemed very ineffective for students whose mental health status have been categorized less severe compared to their other student counterparts. Due to the nature of the waitlist working on the issue of seeing the patients who need the most help or immediate attention, this policy hopes to change the dynamic surrounding the waitlist.
- IV. Finally, the monthly overview and projections section proves to compare the progression and performance of CAPS to its performances on other months. With this, we want to

provide accountability and allow readers and administration to see the overall performance of the department in order to analyze and predict future interactions to efficiently serve the student body here within Penn State.

With the organization of the transparency report, we aim to explicitly break down the monthly activity pertaining to CAPS to allow the reader to fully understand why there is a problem and what is getting done in order to solve it.

This transaction report will remove any backlash that may come from students and parents who may not see the significance of this issue and how it is affecting the student body within the Penn State community. The goal is to ignite a “domino effect” with this transparency report by:

1. Allowing the Penn State community to see the problem surrounding college student mental health within the student body;
2. Once the community is informed, we want to show them what they can do in order to solve the problem mutually; and
3. After showing the community what they can do to help solve this outstanding issue, we also want to show the community the progress CAPS is making every month and how their money is being used;

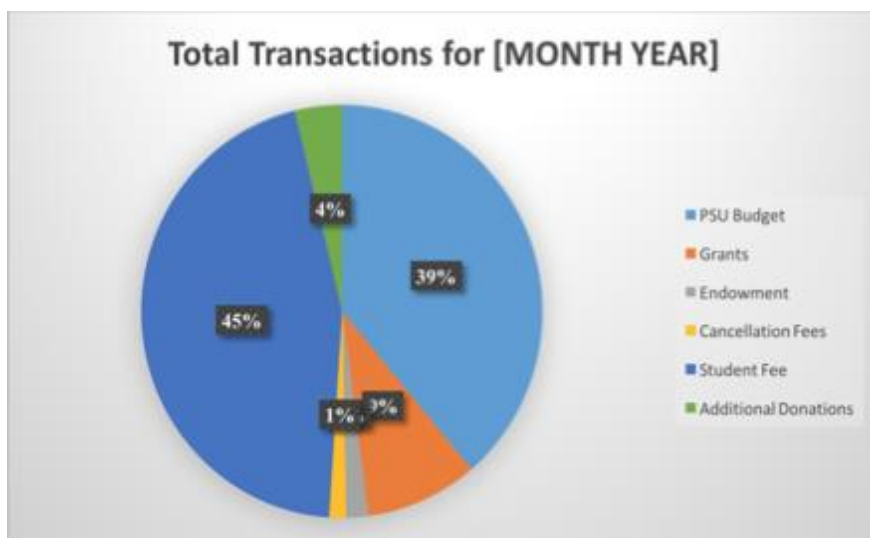
**\*A mockup graphic is used to show how we plan to format the transparency report and to test its effectiveness in delivering the information to the reader.**



Mock Transparency Report for [MONTH YEAR]

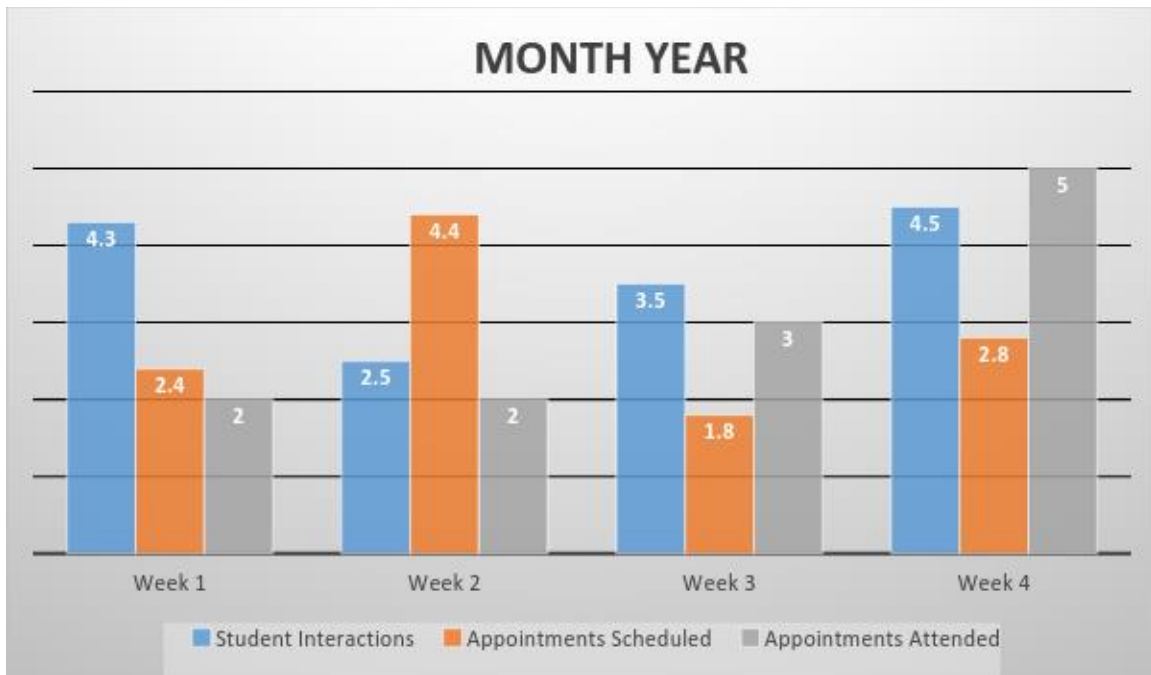
Total Transactions

	Cash Amount (In USD)
PSU Budget	\$43,694
Grants	\$10,264
Endowment	\$2,000
Cancellation Fees	\$1,500
Student Fee	\$50,567
Additional Donations	\$2,567



## Student Activity

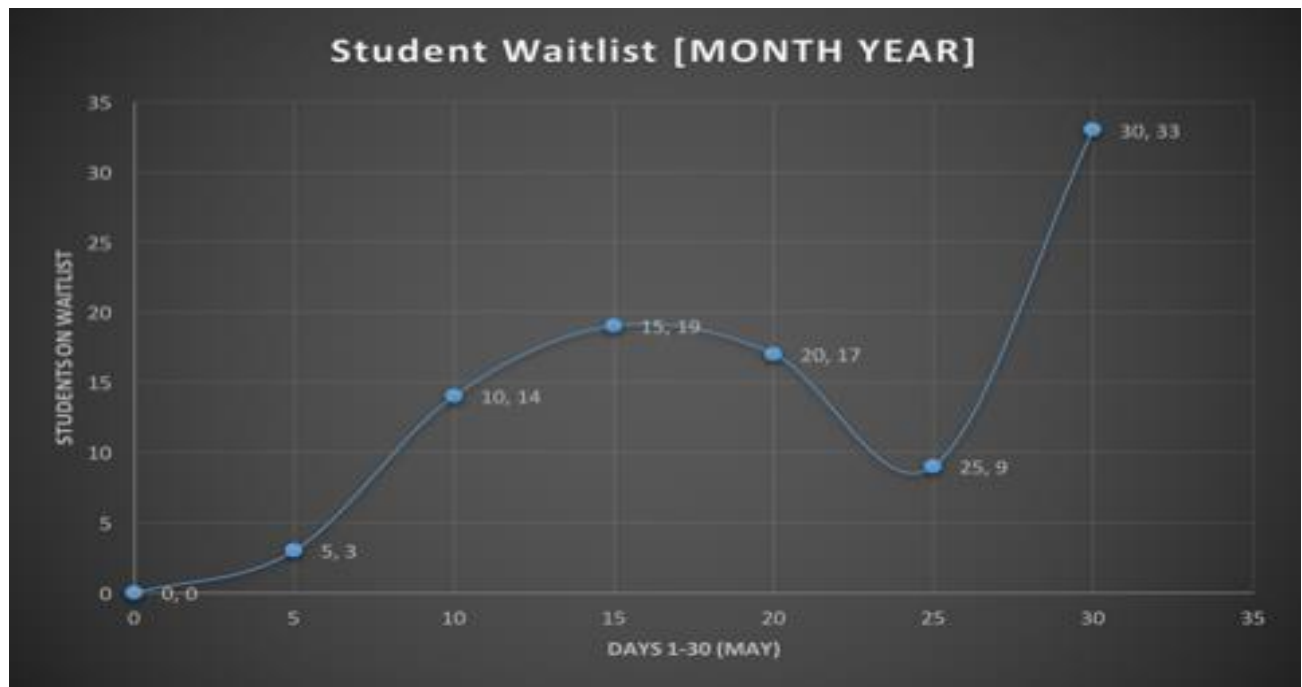
	Amount of students attended to	Amount of appointments scheduled	Amount of appointments attended
Week 1	4.3	2.4	2
Week 2	2.5	4.4	2
Week 3	3.5	1.8	3
Week 4	4.5	2.8	5



## Student Feedback

Question	Polling
Were you satisfied with your experience at CAPS?	Y(56%) N(44%)
Will you be back for additional sessions?	Y(77%) N(20%) Maybe(3%)
Would you recommend CAPS to a friend who may be need of its services?	Y(65%) N(35%)

## Waitlist fluctuations

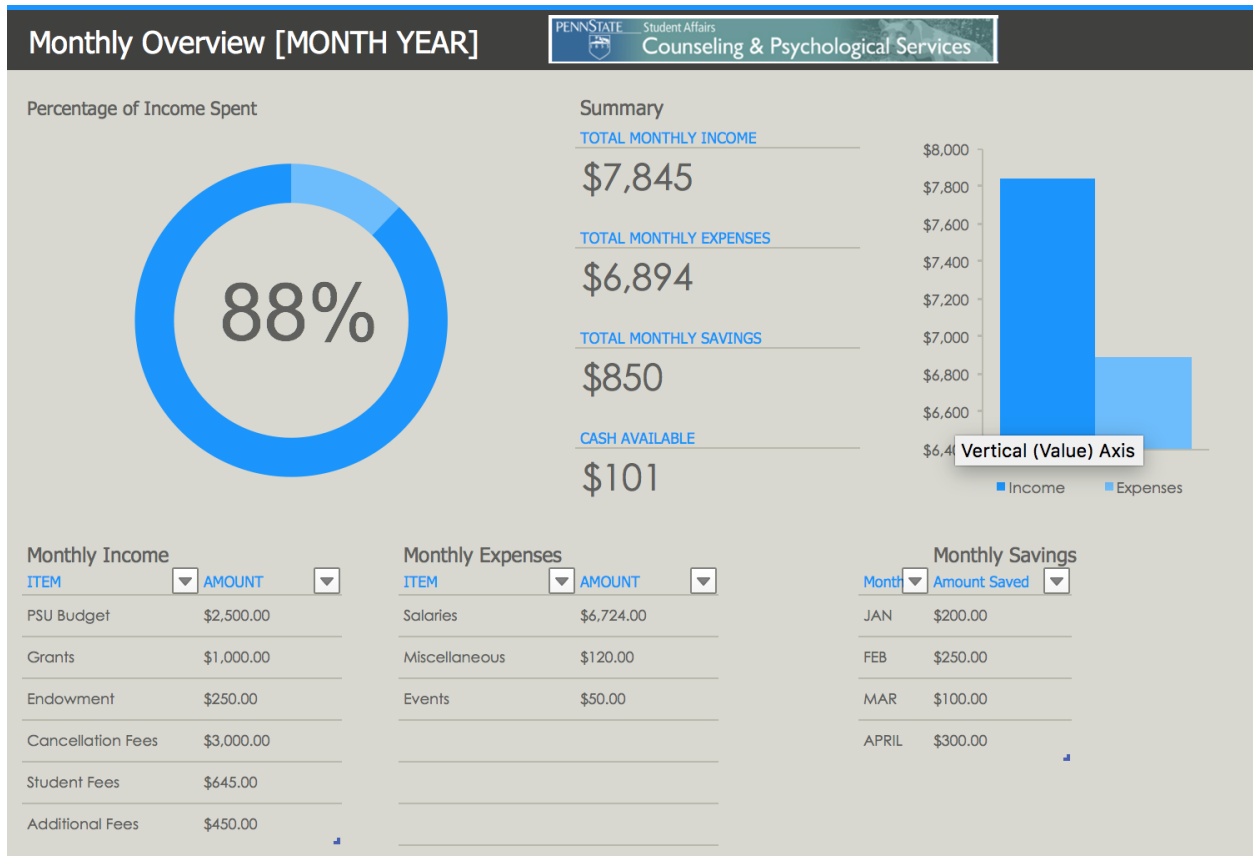


	Amount	Change from previous week
Week 1	450	
Week 2	720	+270
Week 3	240	-480
Week 4	600	+360

### **Monthly Overview and Projections**

The monthly overview section will summarize all of the sections so that an individual will be informed on the activity and progress within CAPS for the current month. It will compare the current month's statistics from the statistics from the previous month. With the statistics being shown, the administration within CAPS and the Penn State community will be able to see the progress within the department.

**\*The budget in the mockup monthly overview projection is not an accurate representation of the cash transactions within CAPS. We were unable to explicitly analyze the budget within CAPS during the creation of this policy paper; this figure serves more of a pictorial representation compared to monetary representation.**



## Projections/Goals

The purpose of the projections and goals subsection is to allow students to see new ideas and plans that CAPS is currently working on. This section serves as an outlet for CAPS to attain active feedback pertaining to adding additional policies that can be beneficial to student experience at CAPS.

With the goals section, it will be beneficial for CAPS to have projections, so that they are prepared if a dramatic increase in demand were to happen. Even if there is not an increase in demand, we feel that the projections section will allow CAPS to have an idea what to expect within student appointments for the next month.

## **Examples of Projections/Goals**

### Projections

1. Amount of students within waitlist will decrease 5%;
2. Average amount of appointments scheduled per student will be 5.2; and
3. Embedded counselors will see an increase of student activity by 20%

### Goals

1. Increase the student satisfactory response (within polls) by 10%;
2. Allow embedded counselors to be comfortable within the new position; and
3. Allow students to be comfortable within new embedded counselor system.

## CONCLUSIONS

Not many institutions operate at the magnitude at which The Pennsylvania State University does, and not many face the complex issues that this campus does. Penn State finds itself in a position of immense influence in the lives of thousands of young adults, and the experiences accrued here can and will change people's lives. With the continually growing pool of knowledge and emphasis surrounding mental health, Penn State can emerge as a leader in providing quality care and service to its students. The Big Ten has recently come together in mutual agreement that mental health concerns need to be a priority as they can and have affected everyone, from students and faculty

Our proposed policies, though covering multiple courses of action, revolve around the central concept of expanding CAPS at University Park in order to meet the ever-growing demand for both minor and severe treatment cases. Increasing capacity starts with increasing the number of CAPS counselors; however the practical implementation can vary widely. Each comes with a different set of benefits and drawbacks, so after analyzing different possibilities, we recommend using an embedded counselors model in the academic colleges, which would increase access in distributed locations while also increasing the central location's capacity for treatment. In order to fund these counselors, the new University Park Fee Board should strongly consider adding a mental health fee to the new combined fee model. Estimates using a goal of five pairs of embedded models and seven new counselors would require a yearly fee of roughly twenty dollars from undergraduate and graduate students. In order to improve the CAPS appointment efficiency, a Late Cancellation Fee is proposed, which serves a main purpose and a tertiary purpose. Primarily, this fee would allow CAPS to have higher successes in rescheduling open

time slots due to cancellations, as the consequence of a fee would encourage students to, if they need to cancel, cancel in a timely manner. It would also serve to bring in some amount of funding. Many other Big Ten schools have implemented this type of penalty with success. To solidify Penn State's convictions on placing more emphasis on mental health, it is recommended the university should send out a periodic transparency report, detailing the acquisition and allocation of funding, in addition to general CAPS statistics such as wait list times and service usage frequency.

All of these changes could set off a positive chain reaction, catalyzing both the opinions of the university community and the needs of the individuals on campus into one collaborative fight against mental health conditions. Not only would these policies enact practical actions, it would ignite conversation that brings together new ideas for future steps. Every student should receive the quality education that empowers them to leave amazing marks on the world, but when their own minds begin to stand in the way, they should have timely access to services and treatment. Healthy minds learn faster, collaborate better, and bring more happiness. After all, we will utilize and cherish our minds for the rest of our lives, so let's take the initiative and ameliorate the mental health services here at the Pennsylvania State University.

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