ATTDNCE:
Teddy Albinak, Gene Chelberg (Guest), Francisco Lazo (Guest), Roger Elrod (Guest), Danny Glassmann (VPSEA Dsignee, Chair), Tachelle Herron-Lane, Nathan Jones (Co-Chair), Tony Little (Administrative Support), Jay Orendorff, Pam Su (Guest), Mia Veal, Garrick Wilhelm, Jeff Wilson,
a. The presentation was on the current state of two fees: Student Health Service Fee and Health Facilities Fee. These fees support Counseling & Psychological Services, Health Promotion & Wellness, and the Student Health Services.
b. Student Health Service Fee was last approved for an increase in Fall 2012, with the $111 per semester fee going up $46 over five years to $157.
c. Fee has been at $157 per semester since Fall 2016. Did not come forward with a fee increase sooner do to the timing of the Gator Transit Pass and the increase to the Mashouf operations fee in Fall 2017. Expenses are currently outpacing fee revenues; pharmacy and Family PACT revenues have also declined substantially. Fee reserves are being used to cover any deficits.
d. Not unlike many campus units, the majority of costs cover salaries and benefits. Additional big cost items include:
   i. HIPAA compliant hosted solution System for electronic health records is fairly expensive. (Considering alternative information systems options in order to contain costs.)
   ii. Recent game-changing contract between the CSU and the Union of American Physicians and Dentists (UAPD) significantly increased salaries for MDs.
   iii. Contracted psychiatry services has been essential yet very expensive
   iv. Repair and maintenance of the atrium was unexpected and costly.
e. The campus’ Master Plan includes a new building. However, this current budget is for what we need today. In order to provide up to date and program supportive facilities, the facility fee will have to be increased to cover the cost of design and construction.
f. Comment was made that students would support greater fees if SFSU addressed homelessness and food insecurities and know that the following services were being taken care of
   i. Sexual assault evidence collection kits on campus – currently, there are no rape kits on campus. This should be included in the fee. Need to research legal requirements for providing such services.
   ii. There should be an expansion of campus housing.
   iii. More places to “breathe” and relax on campus because most of the students are commuters.
g. Question – What process do you use to get the $75 increase and how will you get student input? Could we do surveys and a feasibility study? Response was affirmative.
   i. The goal would be the lightest load to put on students to get the biggest impact. We want to shoot for the stars instead of the “level field”
   ii. If we increase the fee the approach could either be a referendum or Alternative Consultation. The latter approach allows for more interaction with more students, so it is the approach we are requesting the President to approve. In either case, we will get put energy into getting student input and feedback
h. Students have already indicated that they don’t currently get enough services.
i. Currently, the Student Health Service Fee funded units will make it with reserves until Fall 2020. Timing is key. The point of this conversation today is not yet to request a fee increase but to give notice we are hoping to start that process and to get SFAC’s guidance as we do so. This is an FYI of where we are and what we need to do moving forward.
7. IRA Advisory Board Update – Tony Little – 10 Minutes
   a. There were no updates to provide as IRA fee proposals are under review.

Submitted collaboratively by:

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