Facilities and Healthcare Committee Meeting 26th February, 2014

Present: Michelle Kriner, Tim Altenhof, Paul Baranay, Angharad Davis, Kristin Graves, Chad Marion, Michael Parker.

Apologies: Wendy Xiao

Meeting opened 8:47pm

1. **Agenda**
	1. Tax Advice Event
		1. CM spoke with Charles DelVecchio (from Ask An Accountant) about the possibility of holding another event. This is not possible during the current tax session, but Charles is willing to meet with representative students after tax season in order to discuss relevant tax matters. CM queries how to select appropriate students.
			1. MK thinks that GSA representatives should be adequate as long as all bases are covered, i.e. at least one US student, one international student, someone married, someone with children etc.
			2. CM suggested that we could put this event on the general assembly’s radar at the end of March, looking toward a meeting at the end of April
		2. CM reported that CDV was quite surprised at the number of attendees, and the plethora of questions that followed his presentations. He is willing to do two events next year (perhaps in the Fall and Spring, or both in late Fall) if there is sufficient demand.
		3. CM noted that CDV consulted with his firm, who ordinarily work at the high-income end of the spectrum. However, they are willing to do a ‘student special’: complete tax service (quarterly reporting/payments as well as EOFY) for $500. CM observed that this is roughly on par with comparable services offered by other firms (although perhaps a touch more expensive than some).
		4. CM reported CDV’s suggestion that it might be possible to arrange for a couple of days of (paid) on-campus tax assistance, with a very short turn-around on completion. CDV understands that $500 is a considerable amount of money for a student, and wished to know if the university might be able to subsidise some of this cost.
			1. MK enquired if it would be better to use CDV’s firm, or to find a smaller firm potentially more used to dealing with students, whose services may be a bit more affordable. CM asked CDV this, but for obvious reasons he can’t shepherd clients to an alternative business.
			2. MK will take CDV’s proposal to Steering and solicit opinions.
		5. MK enquired if we can publicise the $500 tax deal; CM replied that a number of students have already followed up on their taxes with CDV, and that he (CM) will include a question gauging general interest in the tax event survey going out soon.
	2. Healthcare survey
		1. MK believes that the survey is almost ready to send out; she has incorporated some feedback that she has received on the dental/vision plan questions.
		2. AD reports that she has also received feedback from a number of sources, including members of the GSA/GPSS committee on mental health, and a member of her own constituency.
			1. The latter suggests that we incorporate a question that specifically addresses the issue of grad student parents feeling isolated from each other (as well as potentially from the rest of the graduate student body). AD’s constituent believes that postdocs with children have generally succeeded better at creating a support network.
				1. MP asked if there were not already events that are specifically geared toward parents, run through the OISS, among others. AD responded that there are OISS events, but she was uncertain about how widely these are publicised outside the international student community, and how comfortable a US student would feel attending such an event.
				2. MK agreed that it makes sense to directly ask the surveyed parents if they feel isolated.
			2. MP asked if there is currently data available on how many grad students are parents; MK noted that there is not, but that we should be able to extrapolate this information from the sample size we get in response to the survey.
		3. MK was uncertain of how much demographic information we should aim to collect in the survey.
			1. The committee generally agreed that it might be helpful to know the divide between master’s degree and PhD candidates.
			2. MP observed that demographic information is always useful to have, even if it is not intended for an immediate purpose. (Looking ahead, it is better to have this information than not to have it.)
		4. MK requested assistance in naming the survey, since the topics it covers are quite diverse.
			1. PB suggested the ‘Yale Specialty Services’ survey; MK thought that this sounded too much like it pertained to hospital care.
			2. PB suggested that the ‘GSA/GPSS Healthcare Survey’ would be perfectly acceptable.
		5. MK queried when would be an optimal time to send the survey out
			1. MK will send the draft survey to the Steering Committee prior to their next meeting (next week). CM suggested that we wait until after Spring Break to send the final version out to the student body.
	3. Payne Whitney Gymnasium
		1. MP reports no further progress at this time; he is still waiting to hear back from his contact.
	4. Mental Health
		1. PB attended the recent meeting with Dr Siggins, Kim Goff-Crews, Dr Genecin et al, and found it to be very productive.
2. Dr Genecin reported that they are working on completely updating the Yale Mental Health and Counseling website; they will send us the draft sometime around Spring Break. PB noted that our inclusion in this process is encouraging.
3. Dr Siggins hasn’t yet spoken to the Directors of Graduate Studies, but still has this on her radar. She asked if she should aim to speak with them in April or September; PB avdvocated for both.
4. The topic of mental health at orientation was discussed; there is some debate as to whether students should provide this information to the new students, or whether someone from MH&C would be better placed to do so.
5. Dr Siggins reported that the metrics currently available are rather limited; information is available on how many sessions people have, which school they are from, and sometimes (but not always) which year they are in.
	1. MH&C is in the process of transitioning to Epic digital records (with significant security protocols in place). They’re still working out how to best use Epic for analytics; at the present point in time, Dr Siggins identifies students potentially falling through the gaps by hand (which is commendable, but not exactly ideal).
	2. Dr Genecin noted that metrics have limited usefulness; each health system is very particular, so it is more useful to use past issues at Yale as the basis for comparison, rather than the practices of other universities.
6. More information was forthcoming about the process by which students move from intake appointments to clinical appointments: Dr Siggins and Dr Blue discuss the priority of the student’s case and work to place them with the appropriate physician.
	1. The representatives from MH&C acknowledged that the current onus is on students to initiate contact if they do not hear back soon after intake. PB stressed to them the importance of MH&C being in touch with students who haven’t been placed with a physician 2 weeks after intake.
7. Dr Siggins will be in touch with the major schools within the university about the ongoing mental health issues on campus, and will talk to Dean Pollard to discuss setting up a meeting with the DGSes. The committee will work with Dr Siggins and Kim Goff-Crews on raising mental health issues during student orientation.
8. The committee will meet again later in the Spring.
	* 1. PB and MK attended a meeting to discuss the potential creation of a Yale Health video with a mental health theme.
			1. PB had formerly met with YCC representatives and a Yale media team to discuss the possibility of such a video. The recent meeting was a round table discussion, including many undergraduate representatives. The original Yale Health video was viewed, as well as other videos from comparable institutions.
			2. It became apparent to the students that the goal of the video was unclear (e.g. would it be a walk-through of a typical initial visit to MH&C? Would it incorporate student testimonials about their experiences at MH&C?)
			3. The undergraduate representatives voiced their opinion that MH&C has a PR problem, and suggested that it is important for someone in the administration to recognise that problem. PB found this to be an interesting notion, standing as it did at the intersection of policy and communication. (It would, for instance, be an opportunity for the university to make it clear that they are taking the issue of mental health on campus seriously.)
				1. MK agreed that a positive-spin video could be counter-productive when combined with an atmosphere of distrust for MH&C on campus.

MP thought that the inclusion of student testimonials – both positive and negative – would enable the video to be balanced and productive.

PB stated that testimonials are not inherently a problem, but that it became clear during the meeting that the group had two fundamentally different videos in mind.

* + - * 1. AD voiced the opinion that student video testimonials on this topic are not a good idea; they would automatically self-select students without serious conditions or particularly pertinent privacy concerns.

PB responded that there could be ways to mitigate these issues (e.g. through the use of voice-overs), but acknowledged that there are potential difficulties.

MP suggested that the honesty of a video that incorporated some degree of negative feedback would be a demonstration of good faith by the university. PB did not think that the video team would view the incorporation of negative testimonials as productive.

* + - * 1. PB asked if student organisations could possible put together a booklet of student testimonials regarding their MH&C experiences. The video committee were cautiously supportive of such a plan, but thought that the most beneficial avenue for stimulating discussion of these topics had been in medium-length articles in the Yale Daily News.
				2. MP asked if the information gathered in the healthcare survey would enable us to contact students to follow up with them about their MH&C experiences. He suggested the addition of a question: ‘If you have previously used services at Mental Health, would you be willing to provide further information about your experiences? If so, please submit your email address below.’

MK will add a question like this to the survey.

CM stressed the importance of making it clear to respondents that their response/testimonial will be kept anonymous in the final publication. MK was uncertain about how anonymous it could really be, given that we would need a respondent’s email address (and hence their name) in order to communicate with them.

AD noted that there is already an open-form question allowing survey respondents to provide feedback about their experiences at MH&C, but suggested that an additional question indicating the participant’s willingness to be contacted for follow-up be included.

MP pointed out that, at present, there are no real avenues for students who have had bad experiences with MH&C to express this, so it is a useful service to provide such an opportunity.

1. **Concerns/ideas from the floor**
	1. There being no further concerns from the floor, the meeting was adjourned.

Meeting Adjourned 9:19pm