

**TRUSTEES
 OF
 COLORADO MESA UNIVERSITY
 AGENDA
 SPECIAL MEETING OF THE BOARD
 VIA TELECONFERENCE CALL
 800-504-8071 access code 2481498#
 COLORADO MESA UNIVERSITY
 GRAND JUNCTION, CO
 March 30, 2017**

Colorado Mesa University’s mission, established by the Colorado Legislature, is contained in Colorado Revised Statutes (C.R.S.) 23-53-101:

“There is hereby established a university in Grand Junction, to be known as Colorado Mesa University, which shall be a general baccalaureate and graduate institution with selective admission standards. Colorado Mesa University shall offer liberal arts and sciences, professional and technical degree programs and a limited number of graduate programs. Colorado Mesa University shall also maintain a community college role and mission, including career and technical education programs. Colorado Mesa University shall receive resident credit for two-year course offerings in its commission-approved service area. Colorado Mesa University shall also serve as a regional education provider.”

Institutional Mission Statement

Committed to a personal approach, Colorado Mesa University is a dynamic learning environment that offers abundant opportunities for students and the larger community to grow intellectually, professionally, and personally. By celebrating exceptional teaching, academic excellence, scholarly and creative activities, and by encouraging diversity, critical thinking, and social responsibility, CMU advances the common good of Colorado and beyond.

Call to Order: 2:00 p.m.

I. CALL TO ORDER

Roll Call

Approval of Minutes–February 28, 2017 Conference Call	(Action)	...3
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Public Comments

II. CONSENT AGENDA

Personnel Report March 2017	(Action)	Laura Glatt ...5
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III. REPORTS/INFORMATIONS

President Report	(Information)	Tim Foster
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Tenure Recommendation and Promotion in Academic Rank	(Action)	Cynthia Pemberton ...6
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Campus Hotel Concept	(Information)	Derek Wagner ...8
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High Need Students	(Information)	Laura Glatt	...16
Triathlon	(Action)	Tom Spicer	...22
Amendment to Trustee Policy Manual-Discrimination	(Action)	Dan Robinson	...23
Program Addition Update & Conceptual Approval PA, PT/PTA, OT	(Action)	Cynthia Pemberton	...26

IV. OTHER BUSINESS TO BE CONSIDERED

The Board of Trustees of Colorado Mesa University may convene in Executive Session for any of the purposes allowed pursuant to Colorado Revised Statutes section 24-6-402(3).

V. ADJOURN

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February 28, 2017

CALL TO ORDER

Chairman Quimby called the meeting to order at 4:04 p.m.

TRUSTEES PRESENT

Trustee Bechtel, Bishop, Marquez, Martinez, Quimby, Reed, Ringel, Robinson and Wilson, were present.

APPROVAL OF MINUTES

Trustee Ringel moved to accept the minutes of the January 17-18, 2017 meeting. Trustee Bishop seconded. Motion passed unanimously.

PUBLIC COMMENTS

There were no public comments.

REPORTS

President: President Foster reported the new banking relationship with USBank is being finalized. Wells Fargo has been asked to resign as Bond Trustee which will also move to USBank and will result in a substantial savings in service fees. Delta Technical College has been contacted regarding CMU offering technical classes in Montrose and we are awaiting their response. The newly appointed Executive Director of CDHE will be in Montrose and the technical classes will be discussed. The Hotel project continues to be researched.

DISCUSSION/POSSIBLE ACTION

Mesa County Mineral Lease Grant: Derek Wagner, Vice-President of Intergovernmental Affairs, reported that the artificial turf at Stocker Stadium needs replacing at a cost of \$516,934. Staff recommends that the Trustees approve a resolution supporting the partnership with the City of Grand Junction and School District 51 in applying for a Mesa County Mineral Lease Grant to cover \$200,000 of the cost. Trustee Bishop moved that the Trustees approve Resolution 17-01 in support of the Mesa County Mineral Lease Grant. Trustee Bechtel seconded and the motion passed unanimously.

Financial Budget Planning Process Briefing FY17-18: Laura Glatt, Vice-President of Finance and Administration discussed the budget planning to date. A balanced budget will be proposed to the Board at the May meeting for approval.

Triathlon: Tom Spicer, Director of Athletics, presented a report on the addition of Women's and Men's Triathlon to the NCAA competitive program.

3106 C Road Property Caretaker/Manager: Vice-President Wagner reported that as was discussed at the November Board meeting the new property at 3106 C Road will need a

Caretaker/Manager. Staff recommends executing a lease that has been reviewed by legal counsel and Human Resources with Mr. Kevin Bates who is the Rodeo Coach Advisor. Trustee Robinson moved that the Board of Trustees approve the execution of the Lease with Mr. Kevin Bates to manage the property at 3106 C Road, Grand Junction, CO. Trustee Ringel seconded and the motion carried unanimously.

ADJOURNMENT

Trustee Bishop moved to adjourn the meeting. Trustee Reed seconded and the motion passed unanimously.

Chairman Quimby adjourned the meeting at 4:49 p.m.

AGENDA ITEM: ACTION

Title: Personnel Item – Appointments

Issue: The following personnel items are submitted to the Trustees for action in accordance with Section 3.3 of the Board of Trustees of Colorado Mesa University Trustees Policy Manual.

Recommendation: It is recommended by the President that the Board of Trustees of Colorado Mesa University approve the following appointments.

Administrative Appointments: (new positions are noted in italic)

Elisabeth Bloom, Manager of Enrollment Outreach & Scholarships, \$38,000, effective February 8, 2017

Lisa Harris, Professional Staff Assistant to the VPAA, \$55,000, effective April 10, 2017

James Hickman, Parking Services Field Technician, \$30,720, effective November 19, 2016

Louis Nadelson, Director of Sponsored Programs, \$88,000, effective May 15, 2017

Sandra Nadelson, Director of Health Sciences, \$90,500, effective July 1, 2017

Kathy Young, Interim Director of Allied Health, \$45,000, effective February 6, 2017

Faculty Appointments:

Joseph Cordova, Interim Technical Instructor-Paramedic, \$39,500, effective January 16, 2017

Separations:

Cheryl Fricke, Assistant Professor of Nursing, effective December 31, 2017, following two years of service

Mandy Gallagher, Admissions Counselor-Denver, effective March 10, 2017, following one year and eight months of service

Anthony Garcia, Auxiliary Grounds, effective January 6, 2017, following, one year and two months of service

Keith Gissel, Assistant Director of Admissions-Southern California, effective January 19, 2016, following three years and two months of service

Katherine Hadar, Instructor of Art, effective December 30, 2016, following one year and four months of service

Elise St. Amour, Grant and Compliance Specialist, effective February 21, 2017, following one year of service

Deb Vigil, Staff Accountant - Foundation, effective March 2, 2016, following one year of service

AGENDA ITEM: ACTION

Title: Tenure Recommendation and Promotion in Academic Rank

Issue: Trustee policy (Section 3.3) requires the Board of Trustees (BOT) to review, consider and approve recommendations to award tenure. Trustee policy (Section 3.3) requires the Board of Trustees (BOT) receive personal action recommendations and information. Faculty promotions are considered BOT information items. The immediate tenure recommendation forwarded for BOT approval was reviewed and voted on per Handbook policy (Handbook Section VI.B.2.e1, p. VI-15); with a recommendation from the Vice President for Academic Affairs forwarded to the President.

The relevant policy language states: “The Trustees, in their sole discretion, may award Tenure to new, Full-time Faculty appointees if immediate Tenure is recommended by the President at the time of their appointments... **and:**

- a) The appointees were previously Tenured at regionally accredited, baccalaureate-granting institutions of higher education and, after consultation during the search process, receive a recommendation for Tenure from the Tenured Faculty of the affected Faculty body designated by the University to make Tenure recommendations...(p. VI-15)...

Recommendation: It is recommended by the President that the Board of Trustees of Colorado Mesa University grant immediate tenure to Dr. Sandie Nadelson effective with Academic Year 2017 – 2018. This agenda item further serves to notify the Board of Trustees of the President’s decision to promote Dr. Nadelson to the rank of Associate Professor, effective with the Academic Year 2017—2018.

Dr. Sandie Nadelson, Assistant Professor of Nursing: Dr. Nadelson is in her first year of CMU employment (i.e., “new”), and has been awarded tenure twice prior to this consideration. She was awarded tenure and the rank of Associate Professor in 2014 from Utah State University, and awarded tenure in 2012 from Boise State University. Beginning July 1, 2017 Dr. Nadelson will serve as Director of Health Sciences. She will continue to teach part-time while serving as Director.

Excerpt from Teaching/Philosophy Statement: A Chinese proverb says, “Tell me and I’ll forget; show me and I may remember; involve me and I’ll understand.” I believe this is true and as both a teacher and learner, I try to keep this in mind every day. Even though the proverb is helpful in explaining how we best learn, it leaves some gaps in terms of how we involve others in the learning process and also what is essential learning. In the next several paragraphs, I provide some information about my philosophy on student learning, understanding, and excitement about learning.

People learning is complex because it goes beyond instilling knowledge from a text. In many nursing programs there has been a greater focus on the training part of being competent nurses to being a health individual. However, health care students need to learn more than psychomotor skills and how to do well on tests. I am able to identify learning in a variety of

ways. Tests, quizzes, skills laboratory demonstrations, classroom discussions, and other assignments help me see if students are acquiring the knowledge base. In addition, I evaluate their interactions with instructors and students both online and in the classroom to help me see if they are learning about what it means to be a professional. Students also need to learn about professionalism (Sullivan, 2005). As students develop as professionals, they begin to value lifelong learning, the importance of ethical behavior, and see how they can best improve the health of others.

Philosophically, I feel that being an educator is a privilege and very rewarding, but also a difficult role to fill. As a teacher, I need to know about what is important “book knowledge” for students to know and assisting them in maturing into competent, professionals. In terms of facilitate their acquisition of basic knowledge, do this through involving and inspiring students to be the best that they can be as they perform assessments, give medications, and do procedures. In assisting student learning in these areas, I provide lecture materials, quizzes, case studies, online discussions, and hands on activities.

My job does not stop with facilitating students’ learning of skills and basic knowledge. As mentioned previously, being a health care professional is much more than giving injections, taking an XRay, and applying wound dressings. Students often need assistance with learning about being professional and holding high moral and civic standards. Colby et al (2003) suggests, “taking moral and civic outcomes seriously has the potential to simultaneously strengthen and enrich nearly all other education goals... both moral and civic learning and academic learning more generally are at their most powerful when creatively combined.” (pg. 20). To facilitate this learning in a variety of modalities, I provide students with information about standards of care, include ethical issues in case studies, and discuss ethical professional issues with them. In addition, I am a role model and give students opportunities to discuss professional behavior with enthusiasm in and out of the classroom and online.

AGENDA ITEM: UPDATE
TITLE: Campus Hotel Concept
RECOMMENDATION: None (Information Only)

SUMMARY

Following up on the conversation at the January Board of Trustees meeting, CMU faculty and staff have continued researching the feasibility of an 80-room hotel located on campus. The objectives of the project are to have a hotel that fits with the university's long term vision, cash flows, and provides an opportunity as a teaching lab for the growing Hospitality Management and Culinary Arts Programs.

The proposed hotel would be an independent boutique property with upper midscale amenities, fit and finish, and current technology. It would reflect the university, the surrounding natural area and active lifestyles. The branding would incorporate the "story" of the hotel. This type of hotel would introduce a new segment to the Grand Junction hotel market.

In the past three years two feasibility studies have been completed by Benton & Associates consulting firm showing the potential viability of the project. Benton's proforma statements have been cross checked with internally generated proformas by staff and several proformas generated by potential equity investors. Attached to this item is a draft budget and proforma developed with assumptions from the proforma statements and feedback from hotel developers who have been in contact with the university related to this project. Key assumptions related to marketing, personnel and operating influence the net operating income. These conservative assumptions project an operating loss in the first year while the campus hotel gains its position in the market and settles in to a functional staffing pattern. Naturally, these projections will receive heightened scrutiny once this concept becomes an actual university project.

The staff has researched several comparable boutique and university hotels through site visits, phone conversations and online research. Unfortunately, some hotels are more willing than others to share financial information and staff will continue working to collect relevant comparative information in the near term. Properties being researched include:

- Springhill Suites at Metro State University of Denver
- The Radisson at Johnson and Whales in Providence, Rhode Island
- Hilton Hotel at the University of Houston
- Hotel Kirkwood at Kirkwood Community College in Cedar Rapids, Iowa
- University Inn at Utah State University in Logan, Utah
- Sewanee Inn, Charleston, South Carolina
- Atherton Hotel at Oklahoma State University in Stillwater, Oklahoma
- The Golden Hotel in Golden, Colorado

High level summary information is attached reflecting the information we have received to date.

The consensus is that the campus hotel could be viable in Grand Junction. Preliminary cost estimates for an 80-room hotel as described is approximately \$12,000,000 (\$150,000 per key) for land, building and site, soft costs, FF&E, preopening and working capital. These preliminary cost

estimates have been cross referenced with industry standards and several equity investor construction estimates. At present, two different locations on campus are being considered for the hotel.

The university is continuing conversations with potential equity investors to partner for the construction of the hotel. There have been discussions with several interested parties and staff will continue responding to requests for information with hopes of developing an advantageous partnership for the university.

Hotel Development Costs for Midscale Hotels (with food and beverage) Per Key:

EXHIBIT 6: HOTEL DEVELOPMENT COST SURVEY PER-ROOM RANGE OF COSTS FOR 2015

	Land	Building and Site Improvements	Soft Costs	FF&E	Pre-Opening and Working Capital	Total
2015						
Budget/Economy Hotels	\$2,500 - \$53,600	\$33,600 - \$116,200	\$1,200 - \$17,900	\$1,200 - \$17,900	\$100 - \$4,000	\$41,300 - \$184,900
Midscale Hotels w/o F&B	\$300 - \$299,000	\$20,700 - \$187,400	\$1,300 - \$106,600	\$400 - \$47,100	\$500 - \$10,900	\$54,400 - \$573,300
Extended Stay Hotels	\$1,700 - \$91,400	\$40,200 - \$280,700	\$500 - \$107,700	\$3,100 - \$36,900	\$100 - \$28,000	\$50,900 - \$511,200
Midscale Hotels w/ F&B	\$3,600 - \$242,400	\$21,400 - \$301,100	\$2,700 - \$134,800	\$100 - \$35,000	\$700 - \$106,900	\$71,300 - \$536,100
Full-Service Hotels	\$5,300 - \$201,200	\$7,100 - \$439,800	\$1,100 - \$137,300	\$5,500 - \$53,100	\$200 - \$38,700	\$98,200 - \$694,700
Luxury Hotels and Resorts	\$3,600 - \$398,900	\$164,000 - \$737,000	\$5,300 - \$350,000	\$8,000 - \$112,700	\$4,000 - \$134,300	\$295,200 - \$1,200,000

Source: HVS

EXHIBIT 5: 2015/16 HOTEL DEVELOPMENT COST PER ROOM AMOUNTS

	Land	Building and Site Improvements	Soft Costs	FF&E	Pre-Opening and Working Capital	Total
Budget/Economy Hotels						
Average	\$10,900	\$57,100	\$7,800	\$10,200	\$1,600	\$91,200
% of Total*	12%	70%	8%	11%	2%	
Midscale Hotels w/o F&B						
Average	\$31,000	\$77,000	\$20,200	\$14,800	\$3,500	\$152,900
% of Total*	12%	67%	10%	11%	3%	
Extended-Stay Hotels						
Average	\$20,200	\$83,600	\$17,100	\$15,900	\$3,200	\$147,800
% of Total*	11%	66%	10%	12%	2%	
Midscale Hotels w/ F&B						
Average	\$39,700	\$117,600	\$29,400	\$17,000	\$6,600	\$201,300
% of Total*	15%	62%	13%	10%	3%	
Full-Service Hotels						
Average	\$45,700	\$154,900	\$13,000	\$28,300	\$13,600	\$330,900
% of Total*	11%	64%	12%	11%	3%	
Luxury Hotels and Resorts						
Average	\$116,600	\$294,500	\$85,900	\$51,000	\$22,900	\$633,400
% of Total*	18%	60%	14%	9%	4%	

Source: HVS

*The percentage of total is calculated based on the total sample of all budgets.

The risk is higher for an independent versus branded hotel, but the long-term reward is also greater as Grand Junction market changes.

HOTEL	ROOMS	TYPE	OWNERSHIP/MANAGEMENT	FOOD & BEVERAGE	ADR	OCCUPANCY	PERFORMANCE	COST
Atherton Hotel at Oklahoma State	69	Historic upscale boutique - independent	School/management company	3 meal restaurant and bar	N/A	N/A	Hadn't cash flowed in the past, made \$130,000 GOP 2013	
Hotel Kirkwood at Kirkwood Community College	71	Upscale boutique - independent - 4 diamond	School/school management	3 meal restaurant and bar/uses college conference space	120	67%	Cash flowing enough to pay their original bond, some shared expenses with college	\$1.4mil without land/ approx \$200,000 per key
Radison at Johnson and Wales (RI)	111	Full service business hotel	School/school management	3 meal restaurant, bar, coffee outlet and 15,00 sq ft meeting space	N/A	N/A	Operating profitably at GOP line	
Springhill Suites at Metro University	150	Franchise - upper midscale	School/management company	Complimentary breakfast, 7,500 sq ft meeting space	N/A	N/A	Cash flowing original bond See attached p&l	
University Inn at Utah State University	74	Midscale - independent	School/school management	Complimentary breakfast using university meeting space	N/A	N/A	Operating profitably at GOP line	
Hotel 1	86	Upscale franchise - full service	School/school management	3 meal restaurant and bar, 25,000 sq ft meeting space	N/A	N/A	GOP 20% budget NOI 15% but is not hitting	
Hotel 2	62	Boutique - independent	Independent ownership and management (close to university)	3 meal restaurant and bar, meeting space	181	78%	Very profitable hotel	
Hotel 3	43	Upscale boutique - independent	School/management company	3 meal restaurant and bar, meeting space	N/A	N/A	N/A	

TRUSTEE MAVERICK HOTEL PROFORMA

RATIOS TO SALES	2020	2021	2022	2023	2024	2025
TOTAL ROOMS AVAILABLE (80)	29,200	29,200	29,200	29,200	29,200	29,200
TOTAL OCCUPANCY	62.0%	68.0%	71.0%	71.0%	71.0%	71.0%
AVERAGE SALE OF PROPERTY ROOMS OCCUPIED	18,104	19,856	20,732	20,732	20,732	20,732
AVERAGE DAILY RATE	\$ 138.50	\$ 140.75	\$ 146.00	\$ 150.00	\$ 155.00	\$ 159.65
REVENUE						
ROOMS DEPARTMENT	2,453,092	2,794,732	3,026,872	3,109,800	3,213,460	3,309,864
FOOD & BEVERAGE DEPARTMENT	300,000	315,000	330,750	347,288	364,652	382,884
TELECOMMUNICATIONS	5,568	5,679	5,793	5,909	6,027	6,148
OTHER OPERATED DEPARTMENTS	21,000	24,000	27,000	30,000	33,000	36,000
TOTAL REVENUE	2,779,660	3,139,411	3,390,415	3,492,996	3,617,139	3,734,896
DEPARTMENTAL EXPENSES						
ROOMS DEPARTMENT	784,989	838,420	817,255	839,646	867,634	893,663
FOOD & BEVERAGE DEPARTMENT	135,000	141,750	148,838	156,279	164,093	172,298
TELECOMMUNICATIONS	22,321	22,767	23,223	23,687	24,161	24,644
OTHER OPERATED DEPARTMENTS	10,500	12,000	13,500	15,000	16,500	18,000
TOTAL DEPARTMENTAL EXPENSES	952,810	1,014,937	1,002,816	1,034,613	1,072,389	1,108,605
TOTAL DEPARTMENT PROFIT	1,826,850	2,124,474	2,387,599	2,458,384	2,544,750	2,626,290
UNDISTRIBUTED OPERATING EXPENSES						
ADMINISTRATIVE AND GENERAL	277,966	313,941	339,041	349,300	361,714	373,490
MARKETING/FRANCHISE MARKETING	250,169	282,547	305,137	314,370	325,542	336,141
UTILITY COSTS	84,000	97,322	105,103	108,283	112,131	115,782
PROPERTY OPERATIONS & MAINTENANCE	111,186	125,576	135,617	139,720	144,686	149,396
TOTAL UNDISTRIB OPER EXP	723,322	819,386	884,898	911,672	944,073	974,808
GROSS OPERATING PROFIT	1,103,528	1,305,088	1,502,701	1,546,712	1,600,677	1,651,483
FRANCHISE FEES (ROYALTY)	98,124	111,789	121,075	124,392	128,538	132,395
MANAGEMENT FEES	0	0	0	0	0	0
INCOME BEFORE FIXED CHARGES	1,005,404	1,193,299	1,381,626	1,422,320	1,472,139	1,519,088
SELECTED FIXED CHARGES						
PROPERTY TAXES	102,000	105,000	108,000	111,000	114,000	117,000
INSURANCE	30,200	31,710	33,296	34,960	36,708	38,544
AMOUNT AVAIL FOR OTHER FIXED CHRGS*	873,204	1,056,589	1,240,331	1,276,359	1,321,430	1,363,544
OTHER FIXED CHARGES/LEASES						
RESERVE FOR REPLACEMENT	83,390	94,182	101,712	104,790	108,514	112,047
DEBT SERVICE	675,466	675,466	675,466	675,466	675,466	675,466
DEPRECIATION	138,983	156,971	169,521	174,650	180,857	186,745
SUBTOTAL RESERVE/ DEBT SERVICE/DEPREC	897,839	926,619	946,699	954,906	964,837	974,258
NET INCOME BEFORE TAXES	(24,635)	129,970	293,631	321,454	356,593	389,287

Proforma is based on Robert Benton, consultant's, most recent feasibility update cross referenced to several detailed proformas generated by CMU/Mr. Mathwich.

Rooms expenses include related expenses for upgraded complimentary breakfast and manager social.

Food and beverage is catered events and bar service.

Debt service is based on \$9,600,000 3.5% 20 years with 2.4 million (20%) equity contribution by partners

*Other Fixed Charges include Depreciation and Amortization, Interest, Rent, and Equipment Leases.

Expense ratios to sales for departmental expenses are based on their respective departmental revenues.

All other expenses are based on total revenue.

TRUSTEE MAVERICK HOTEL PROFORMA

RATIOS TO SALES	2026	%	2027	%	2028	%	2029	%
TOTAL ROOMS AVAILABLE (80)	29,200		29,200		29,200		29,200	
TOTAL OCCUPANCY	71.0%		71.0%		71.0%		71.0%	
AVERAGE SALE OF PROPERTY ROOMS OCCUPIED	20,732		20,732		20,732		20,732	
AVERAGE DAILY RATE	\$ 164.44		\$ 169.37		\$ 174.45		\$ 179.69	
REVENUE								
ROOMS DEPARTMENT	3,409,160	81.6%	3,511,435	80.1%	3,616,778	79.3%	3,725,281	78.5%
FOOD & BEVERAGE DEPARTMENT	402,029	9.6%	422,130	9.6%	443,237	9.7%	465,398	9.8%
TELECOMMUNICATIONS	6,270	0.2%	6,396	0.1%	6,716	0.1%	7,051	0.1%
OTHER OPERATED DEPARTMENTS	39,000	0.9%	42,000	1.0%	45,000	1.0%	48,000	1.0%
TOTAL REVENUE	4,176,459	100.0%	4,381,961	100.0%	4,561,730	100.0%	4,745,731	100.0%
DEPARTMENTAL EXPENSES								
ROOMS DEPARTMENT	920,473	27.0%	948,087	27.0%	976,530	27.0%	1,005,826	27.0%
FOOD & BEVERAGE DEPARTMENT	180,913	45.0%	189,959	45.0%	199,456	45.0%	209,429	45.0%
TELECOMMUNICATIONS	25,137	400.9%	25,640	400.9%	26,922	400.9%	28,268	400.9%
OTHER OPERATED DEPARTMENTS	19,500	50.0%	21,000	50.0%	22,500	50.0%	24,000	50.0%
TOTAL DEPARTMENTAL EXPENSES	1,146,023	27.4%	1,184,686	27.0%	1,225,408	26.9%	1,267,523	26.7%
TOTAL DEPARTMENT PROFIT	3,030,436	72.6%	3,197,275	73.0%	3,336,322	73.1%	3,478,208	73.3%
UNDISTRIBUTED OPERATING EXPENSES								
ADMINISTRATIVE AND GENERAL	417,646	10.0%	438,196	10.0%	456,173	10.0%	474,573	10.0%
MARKETING/FRANCHISE MARKETING	375,881	9.0%	394,376	9.0%	410,556	9.0%	427,116	9.0%
UTILITY COSTS	129,470	3.1%	135,841	3.1%	141,414	3.1%	147,118	3.1%
PROPERTY OPERATIONS & MAINTENANCE	167,058	4.0%	175,278	4.0%	182,469	4.0%	189,829	4.0%
TOTAL UNDISTRIBUTED OPER EXP	1,090,056	26.1%	1,143,692	26.1%	1,190,611	26.1%	1,238,636	26.1%
GROSS OPERATING PROFIT	1,940,380	46.5%	2,053,583	46.9%	2,145,710	47.0%	2,239,572	47.2%
FRANCHISE FEES (ROYALTY)	136,366	3.3%	140,457	3.2%	144,671	3.2%	149,011	3.1%
MANAGEMENT FEES	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INCOME BEFORE FIXED CHARGES	1,804,014	43.2%	1,913,126	43.7%	2,001,039	43.9%	2,090,561	44.1%
SELECTED FIXED CHARGES								
PROPERTY TAXES	120,000	2.9%	123,000	2.8%	126,000	2.8%	129,000	2.7%
INSURANCE	40,471	1.0%	42,494	1.0%	44,619	1.0%	46,850	1.0%
AMOUNT AVAIL FOR OTHER FIXED CHRGS*	1,643,543	39.4%	1,747,631	39.9%	1,830,420	40.1%	1,914,711	40.3%
OTHER FIXED CHARGES/LEASES								
RESERVE FOR REPLACEMENT	125,294	3.0%	131,459	3.0%	136,852	3.0%	142,372	3.0%
DEBT SERVICE	675,466	16.2%	675,466	15.4%	675,466	14.8%	675,466	14.2%
DEPRECIATION	208,823	5.0%	219,098	5.0%	228,086	5.0%	237,287	5.0%
SUBTOTAL RESERVE/ DEBT SERVICE/DEPREC	1,009,583	24.2%	1,026,023	23.4%	1,040,404	22.8%	1,055,124	22.2%
NET INCOME BEFORE TAXES	633,960	15.2%	721,608	16.5%	790,015	17.3%	859,586	18.1%

Proforma is based on Robert Benton, consultant's, most r
 Rooms expenses include related expenses for upgraded
 Food and beverage is catered events and bar service.
 Debt service is based on \$9,600,000 3.5% 20 years with :
 *Other Fixed Charges include Depreciation and Amortizat
 Expense ratios to sales for departmental expenses are be
 All other expenses are based on total revenue.

HLC @ METRO, INC.
Statement of Activities
As of June 30,
Unaudited

	Fiscal Year 2013			Fiscal Year 2014		
	HLC@Metro, Inc.	Hotel Operations	Total	HLC@Metro, Inc.	Hotel Operations	Total
1 Income						
2 Departmental Revenue	-	4,398,040	4,398,040	-	6,740,743	6,740,743
3 Rooms	-	597,722	597,722	-	733,809	733,809
4 Food and Beverage (Conference)	-	3,562	3,562	-	1,970	1,970
5 Telephone	-	394,990	394,990	-	595,712	595,712
6 Parking	1,076,407	-	1,076,407	-	-	-
7 Gifts in Kind	1,076,407	-	1,076,407	-	-	-
8 Total Departmental Revenue	1,076,407	5,394,314	-	-	8,072,234	8,072,234
9 Other Revenue						
10 Miscellaneous Revenue	-	111,341	111,341	-	164,422	164,422
12 BABS's Interest Subsidy	1,064,778	-	1,064,778	954,574	-	954,574
13 MSUD Foundation Contribution	892,945	-	892,945	390,787	-	390,787
14 Interest Revenue	41,760	-	41,760	12,846	-	12,846
15 Rental Revenue	28,420	-	28,420	36,936	-	36,936
16 Gain/Loss Investments	(95,993)	-	(95,993)	4,681	-	4,681
17 Total Other Revenue	1,931,910	111,341	2,043,251	1,399,824	164,422	1,564,246
18 Total Income	3,008,317	5,505,655	8,513,972	1,399,824	8,236,656	9,636,480
20 Expense						
21 Business Expenses	2,449,464	566,315	3,015,779	187,633	671,076	858,709
22 General and Administrative	751,506	-	751,506	1,506,447	-	1,506,447
23 Depreciation Expense	-	1,168,421	1,168,421	-	1,600,681	1,600,681
24 Rooms	-	385,663	385,663	-	443,149	443,149
25 Food and Beverage (Conference)	-	40,208	40,208	-	39,943	39,943
26 Telephone	-	314,767	314,767	-	477,156	477,156
27 Parking	-	397,120	397,120	-	515,527	515,527
28 Sales and Marketing	-	244,122	244,122	-	331,261	331,261
29 Franchise Fee	-	167,980	167,980	-	253,314	253,314
30 Property Maintenance	-	136,158	136,158	-	137,255	137,255
31 Utilities	(23,616)	3,420,754	6,598,108	1,694,080	4,469,362	6,163,442
32 Total Business Expenses	3,177,354	2,084,901	1,915,863	(294,256)	3,767,294	3,473,038
33 Gross Profit	(169,038)	-	-	110,311	-	110,311
34 Other Expenses						
35 Land 'Rent' Expense	-	167,350	167,350	-	201,641	201,641
36 Management Fees	-	58	58	-	-	-
37 Legal	-	2,819	2,819	-	6,394	6,394
38 Equipment Leases	-	35,263	35,263	-	38,244	38,244
39 Insurance	-	2,008,882	3,056,838	-	-	-
40 Debt Interest	1,047,956	-	1,047,956	3,209,310	-	3,209,310
41 Bond Issuance Costs	172,381	-	172,381	172,381	-	172,381
42 Fundraising Fees & Expenses	60,713	-	60,713	29,846	-	29,846
43 Transfers Out (In)	-	-	-	(3,174,720)	3,174,720	-
44 Total Other Expenses	1,281,049	2,214,372	3,495,421	347,128	3,420,999	3,768,127
45 Total Expense	4,458,403	5,635,126	10,093,529	2,041,208	7,890,361	9,931,569
46 Net Income	(1,450,086)	(1,294,471)	(1,579,557)	(641,384)	346,295	(295,089)

Rent and other income
 General and administrative costs
 University Hospitality Learning Center materials and service
 Interest and amortization

HLC @ METRO, INC.
Balance Sheet
As of June 30,
Unaudited

	Fiscal Year 2013			Fiscal Year 2014		
	HLC@Metro, Inc.	Hotel Operations	Total	HLC@Metro, Inc.	Hotel Operations	Total
1 ASSETS						
2 Current Assets						
3 Cash and Cash Equivalents						
4 Cash	4,845,818	281,430	5,127,248	6,183,658	380,994	6,564,652
5 Hotel Replacement Reserve	-	-	-	621,307	-	621,307
6 Deposits Held in Custody	1,785	-	1,785	3,654	-	3,654
7 Unrealized Gain/Loss	133	-	133	4,814	-	4,814
8 Accounts Receivable	1,384,848	168,853	1,553,701	344,285	131,659	475,944
9 Allowance for Doubtful Accounts	-	-	-	-	-	-
10 Food and Beverage Inventory	-	8,503	8,503	-	13,812	13,812
11 Other Inventory	-	4,388	4,388	-	2,228	2,228
12 Total Current Assets	6,232,584	463,174	6,695,758	7,157,718	528,693	7,686,411
13 Fixed Assets						
14 Deferred Debt Issuance Costs	1,438,513	-	1,438,513	1,266,132	-	1,266,132
15 Total Fixed Assets	1,438,513	-	1,438,513	1,266,132	-	1,266,132
16 Other Assets						
17 Construction in Progress	-	-	-	-	-	-
18 Use of Land	-	-	-	5,111,086	-	5,111,086
19 Buildings, net	42,225,388	-	42,225,388	41,156,364	-	41,156,364
20 Equipment, net	397,482	-	397,482	355,641	-	355,641
21 Furniture, net	932,207	-	932,207	576,214	-	576,214
22 Software	87,075	-	87,075	67,725	-	67,725
23 Art	33,150	-	33,150	33,150	-	33,150
24 Prepaid Deposits/Expenses	-	51,902	51,902	-	49,057	49,057
25 Prepaid Insurance/Workers Comp	-	28,777	28,777	-	29,019	29,019
26 Total Other Assets	43,675,301	80,679	43,755,980	47,300,180	78,076	47,378,256
27 TOTAL ASSETS	51,346,398	543,853	51,890,251	55,724,030	606,769	56,330,799
28 LIABILITIES & EQUITY						
29 Liabilities						
30 Current Liabilities						
31 Accounts Payable	327,027	146,599	473,626	3,654	181,801	185,455
32 Retainage Payable	150,000	-	150,000	-	-	-
33 Advance Deposits	-	8,949	8,949	-	4,549	4,549
34 Sales and Use Tax	-	28,146	28,146	-	31,231	31,231
35 Lodging and Occupancy Tax	-	62,352	62,352	-	70,041	70,041
36 Accrued Payroll	-	27,034	27,034	-	28,593	28,593
37 Accrued Benefits	-	26,523	26,523	-	32,728	32,728
38 Accrued Management Fee	-	15,122	15,122	-	18,049	18,049
39 Accrued Franchise Fee	-	29,296	29,296	-	16,232	16,232
40 Due to Parking	-	33,896	33,896	-	-	-
41 Other Current Liabilities						
42 Debt Service Accruals	1,075,377	-	1,075,377	1,075,377	-	1,075,377
43 Current Bonds Payable	-	-	-	410,000	-	410,000
44 Other Current Liabilities	-	7,598	7,598	-	6,726	6,726
45 Total Other Current Liabilities	1,075,377	7,598	1,082,975	1,485,377	6,726	1,492,103
46 Total Current Liabilities	1,552,404	385,515	1,937,919	1,489,031	389,950	1,878,981
47 Long Term Liabilities						
48 Long Term Bonds Payable	54,885,000	-	54,885,000	54,475,000	-	54,475,000
49 Bond Discount	(516,685)	-	(516,685)	(499,462)	-	(499,462)
50 Bond Premium	238,314	-	238,314	204,269	-	204,269
51 Total Long Term Liabilities	54,606,629	-	54,606,629	54,179,807	-	54,179,807
52 Total Liabilities	56,159,033	385,515	56,544,548	55,668,838	389,950	56,058,788
53 Equity						
54 Unrestricted Net Assets	(3,362,549)	287,809	(3,074,740)	696,576	(129,476)	567,100
55 Net Income	(1,450,086)	(129,471)	(1,579,557)	(641,384)	346,295	(295,089)
56 Total Equity	(4,812,635)	158,338	(4,654,297)	55,192	216,819	272,011
57 TOTAL LIABILITIES & EQUITY	51,346,398	543,853	51,890,251	55,724,030	606,769	56,330,799

AGENDA ITEM: Information

TITLE: Proposed 2017-2018 Changes to Enhance Affordability for High Need Students

A. What is High Need? *“High need” for this purpose is defined as an on-campus residential student with \$0 expected family contribution (EFC), based on family of four. This translates to an annual income of about \$25,000 or less. While all high need students are PELL eligible not all PELL students are high need. PELL eligible student’s family income would extend up to an annual income of about \$55,000.*

EFC is a “measure of your family’s financial strength and is calculated according to a formula established by law. Your family’s taxed and untaxed income, assets, and benefits (such as unemployment or Social Security) are all considered in the formula. Also considered are your family size and the number of family members who will attend college during the year.”

An **EFC number** is the "**expected family contribution**", or the **amount** a family is expected to pay for their student's college education. The **EFC** is the number one determinant of how much federal grant money a student will be given for college expenses.

B. CMU Profile of all Mesa County Students

- 46% of 2015-16 CMU degree-seeking students from Mesa County received PELL aid.
- Almost 45% of 2015-16 CMU degree-seeking students from Mesa County were first generation.
- Of the 2,200+ students in housing in the Fall 2016, 337 students, which includes Mesa County students, had \$0 EFC and another 405 students, which includes Mesa County students, had an EFC of between \$1-\$5,500, for a total of 742 students with an EFC less than \$5,500 or roughly one-third of all housing students.

C. Goals: *In the winter of 2016, CMU administration sought to make college more affordable for high needs and PELL students, or the students least able to afford college by establishing the following expectations.*

1.) Primary Goals

- Ensure a price point option is available for those “least able to afford”
- Minimize out-of-pocket costs and debt, at least for the first two years of college for those “least able to afford”
- Encourage more on-campus student participation though housing and employment, as it is proven to increase student retention and graduation
- Limit need to work during first one or two semesters until established and demonstrated success

2.) Secondary Goals

- Maximize utilization of all resident halls, to the greatest extent possible
- Price resident halls based on quality of accommodations, amenities offered, location and other factors
- Ensure continued price sensitivity with competitors
- More closely align on-campus to off-campus living costs

D. Recommendations

- 1.) Reconfigure room rates to provide low cost alternatives for housing. This includes reducing Tolman and Rait double room rates by \$400 (9%) and \$500 (10%) respectively, as well as reducing single room rates in Tolman and Rait by \$250 (4%) and \$400 (6%). CMU will also selectively increase rates in other residence halls to create a greater price differential between halls and rooms based on differences in accommodations and demand. From a budgetary perspective we project that these changes will result in a negligible net revenue impact which could very well be slightly positive. based on current occupancy and housing patterns. **Attachment A** provides a detailed list of recommended rates by resident hall. These rate adjustments will be included in the final 17-18 annual budget to be considered by the Board in May 2017.
- 2.) Increase Colorado state grant (CSG) allocation to “high need” residential students from \$3,000 to \$5,000 per year. This increase will be provided to approximately 320 CMU students, based on current enrollment numbers. This will cost approximately \$640,000 and will be funded with the projected 17-18 increase in state CSG funding of \$631,064 (based on Governor’s recommended funding increase of \$20M in total for all of higher ed). In a flat higher ed budget scenario, CMU’s **increased** CSG allocation would only go up by \$450,000, with the balance to support this program made up by the institution.
- 3.) Provide enhanced and earlier advising of high need students/families regarding cost and living and payment options. This effort has already begun, but will be ramped up in the Fall of 2017. **Attachment B** shows information on current student housing choices based on EFC levels.
- 4.) Proactively market CMU’s existing payment plan options. CMU is considering a number of ways to achieve this. See **Attachment C** for more information on CMU payment plans.
- 5.) Make changes to the student bill to identify monthly costs, where appropriate. This is underway, but will require some behind-the-scenes technical changes which may not be possible until Spring 2018.
- 6.) Target marketing to all students, highlighting CMU’s changes and affordability. This will roll out with recruitment efforts for Fall 2017.

E. Resulting Summary Student Budget

Line Item	Estimated Cost per Year
Tuition and fees (assumes tentative 6% increase for 2017-2018), based on 15 credit hours per semester	\$8,898
Room: Tolman (proposed reduced rate)	\$4,300
Board: Meal Plan B (assumes tentative 2017-2018 rate)	\$4,445
Books	\$1,560
TOTAL (1/)	\$19,203
Less: Pell	(\$5,815)
Less: Colorado State Grant, higher on-campus amount	(\$5,000)
Less: Institution Aid (average)	(\$3,905)
Net Remaining After Aid	\$4,483
Less: Subsidized Student Loan Max – 1 st year (2/)	(\$3,500)
Net Remaining after aid and student loan	\$983
Does not include Student Employment: 12 hours per week for the full academic year equals ~\$3,600	
<i>1/ does not include transportation allowance (\$1400) or personal allowance (\$1360)</i>	
<i>2/ Subsidized loan limits: year 1: \$3,500; year 2: \$4500; year 3,4,5: \$5,500</i>	

2017-2018 Resident Hall Room Rates, 04/28/17

Proposed 17-18

Current 16-17

TYPE	Building	No. Of Stdnt Rooms Avail.	Current 16-17		Proposed 17-18	
			Room	Chge to Current	Room	Chge to Current
Traditional Halls	Building					
Traditional Halls	Double Tolman	179	\$ 4,700	\$ (400)	\$ 4,300	-9%
Traditional Halls	Double Rait	184	\$ 4,800	\$ (500)	\$ 4,300	-10%
Traditional Halls	Double Pinon	125	\$ 5,040	\$ 202	\$ 5,242	4%
Traditional Halls	Double Garfield	415	\$ 5,850	\$ 80	\$ 5,930	1%
Traditional Halls	Double Wingate	140	\$ 5,850	\$ 80	\$ 5,930	1%
Traditional Halls	Single Tolman	10	\$ 6,250	\$ (250)	\$ 6,000	-4%
Traditional Halls	Single Rait	11	\$ 6,400	\$ (400)	\$ 6,000	-6%
Traditional Halls	Single Pinon	15	\$ 6,710	\$ 90	\$ 6,800	1%
Semi-Suite						
Semi-Suite	Double Monument	174	\$ 6,225	\$ 75	\$ 6,300	1%
Semi-Suite	Double Bunting	170	\$ 6,630	\$ 140	\$ 6,770	2%
Semi-Suite	D. Loft Bunting	86	\$ 5,770	\$ 230	\$ 6,000	4%
Semi-Suite	Single Bunting	47	\$ 6,950	\$ 250	\$ 7,200	4%
Semi-Suite	S. Single Bunting	8	\$ 7,600	\$ 200	\$ 7,800	3%
Suite						
Suite	Double Grand Mesa	164	\$ 6,530	\$ 150	\$ 6,680	2%
Suite	Double North Ave	128	\$ 6,580	\$ -	\$ 6,580	0%
Suite	Single Grand Mesa	66	\$ 7,120	\$ 155	\$ 7,275	2%
Suite	Single North Ave	52	\$ 7,100	\$ -	\$ 7,100	0%
Suite	S. Single Grand Mesa	47	\$ 7,700	\$ 165	\$ 7,865	2%
Apartment						
Apartment	Double North Ave	80	\$ 7,250	\$ -	\$ 7,250	0%
Apartment	Double Walnut Ridge	72	\$ 6,250	\$ 250	\$ 6,500	4%
Apartment	Double Orchard	118	\$ 7,350	\$ 200	\$ 7,550	3%
Apartment	Single North Ave	36	\$ 7,950	\$ -	\$ 7,950	0%
Apartment	Single Walnut Ridge	43	\$ 7,370	\$ 181	\$ 7,550	2%
Apartment	Single Orchard	63	\$ 8,060	\$ 215	\$ 8,275	3%

Students by EFC as of 3/8/2017

Where students are living	EFC = 0		EFC 1-13,200		EFC 13,201-20,000		EFC 20,201-35,000		EFC 35,001-75,000		EFC >75,000		NO FAFSA		TOTAL
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	
Bunting Hall															
Double	15	4.60%	49	6.75%	12	5.74%	17	6.46%	10	4.74%	7	10.45%	13	3.47%	123
Single	4	1.23%	19	2.62%	2	0.96%	7	2.66%	11	5.21%	0	0.00%	7	1.87%	50
Double Loft	16	4.91%	44	6.06%	16	7.66%	16	6.08%	16	7.58%	4	5.97%	14	3.73%	126
TOTAL	35	10.74%	112	15.43%	30	14.35%	40	15.21%	37	17.54%	11	16.42%	34	9.07%	299
Garfield Hall															
Double	69	21.17%	117	16.12%	32	15.31%	42	15.97%	36	17.06%	12	17.91%	39	10.40%	347
Grand Mesa Hall															
Double	13	3.99%	55	7.59%	15	7.18%	15	5.70%	14	6.64%	4	5.97%	36	9.60%	152
Single	12	3.68%	20	2.75%	3	1.44%	10	3.80%	10	4.74%	1	1.49%	9	2.40%	65
Super Single	7	2.15%	12	1.65%	4	1.91%	4	1.52%	7	3.32%	0	0.00%	13	3.47%	47
TOTAL	32	9.82%	87	11.98%	22	10.53%	29	11.03%	31	14.69%	5	7.46%	58	15.47%	264
Monument Hall															
Double	24	7.36%	44	6.06%	19	9.09%	20	7.60%	19	9.00%	6	8.96%	19	5.07%	151
North Avenue															
Double	16	4.91%	24	3.31%	2	0.96%	11	4.18%	5	2.37%	1	1.49%	26	6.93%	85
Single	12	3.68%	8	1.10%	7	3.35%	6	2.28%	6	2.84%	0	0.00%	9	2.40%	48
Apartment - Double **	12	3.68%	21	2.89%	8	3.83%	13	4.94%	8	3.79%	1	1.49%	16	4.27%	79
Apartment - Single **	7	2.15%	7	0.96%	1	0.48%	6	2.28%	2	0.95%	0	0.00%	13	3.47%	36
TOTAL	47	14.42%	60	8.26%	18	8.61%	38	13.69%	21	9.95%	2	2.99%	64	17.07%	248
Orchard Avenue Apartments **															
Double	6	1.84%	32	4.41%	17	8.13%	13	4.94%	11	5.21%	2	2.99%	37	9.87%	118
Single	4	1.23%	12	1.65%	9	4.31%	6	2.28%	7	3.32%	5	7.46%	13	3.47%	56
TOTAL	10	3.07%	44	6.06%	26	12.44%	19	7.22%	18	8.53%	7	10.45%	50	13.33%	174
Phon Hall															
Double	20	6.13%	49	6.75%	7	3.35%	10	3.80%	12	5.69%	3	4.48%	18	4.80%	119
Single	3	0.92%	6	0.83%	1	0.48%	1	0.38%	2	0.95%	1	1.49%	3	0.80%	17
TOTAL	23	7.06%	55	7.58%	8	3.83%	11	4.18%	14	6.64%	4	5.97%	21	5.60%	136
Rait Hall															
Double	33	10.12%	62	8.54%	13	6.22%	17	6.46%	12	5.69%	3	4.48%	26	6.93%	166
Single	1	0.31%	5	0.69%	1	0.48%	1	0.38%	0	0.00%	0	0.00%	3	0.80%	11
TOTAL	34	10.43%	67	9.23%	14	6.70%	18	6.84%	12	5.69%	3	4.48%	29	7.73%	177
Tolman Hall															
Double	27	8.28%	57	7.85%	15	7.18%	19	7.22%	8	3.79%	8	11.94%	16	4.27%	150
Single			4		2		0		0		0		0		6
TOTAL	27	8.28%	61	8.40%	17	8.13%	19	7.22%	8	3.79%	8	11.94%	16	4.27%	156
Walnut Ridge Apartments **															
Double	6	1.84%	25	2.34%	8	2.39%	9	1.52%	0	1.90%	1	1.49%	16	2.13%	59
Single	6	1.84%	17	5.79%	5	2.39%	4	4.34%	4	1.90%	1	2.99%	8	6.40%	45
TOTAL	12	3.68%	42	5.79%	13	6.22%	13	4.94%	4	1.90%	2	2.99%	24	6.40%	104
Wingate Hall															
Double	19	5.83%	37	5.10%	10	4.78%	16	6.08%	11	5.21%	7	10.45%	21	5.60%	121
Single	19	5.83%	37	5.10%	10	4.78%	16	6.08%	11	5.21%	7	10.45%	21	5.60%	121
TOTAL	38	11.66%	74	10.20%	20	9.56%	32	12.16%	22	10.11%	14	19.90%	42	11.20%	242
Totals	326	100.00%	726	100.00%	209	100.00%	263	100.00%	211	100.00%	67	100.00%	375	100.00%	2177
Percentage of Total	15.0%		33.3%		9.6%		12.1%		9.7%		3.1%		17.2%		

Attachment C: CMU's Current Payment Plan Options

Currently, there is a \$30 non-refundable enrollment fee, but no interest assessment.

1.) Monthly Payment Plan

This payment plan, which covers all CMU charges, allows students to make **five** equal, automatic monthly payments from their checking, savings, debit, or credit card. Fall payment plans begin in August and end in December. Spring payment plans begin in January and end in May. Payments are due on the 9th of each month. There is a \$30 non-refundable enrollment fee. By signing up after a payment due date, the plan will recalculate the payments evenly between the remaining months in the plan. For example, if you enroll after the August payment, the plan will take the remaining balance into the remaining four installments. An option for a down-payment is available during sign-up.

2.) Bi-weekly Payment Plan

This payment plan allows students to make **eight** equal, automatic bi-weekly payments from their checking, savings, debit, or credit card. The plan begins in August and ends in December. Payments are due every other Friday. There is a \$30 non-refundable enrollment fee. By signing up after a payment due date, the plan will recalculate the payments evenly between the remaining payments in the plan. For example, if you enroll after the August payment, the plan will take the remaining balance into the remaining seven installments. An option for a down-payment is available during sign-up.

Payment plan usage has significantly increased over time. The chart below suggests that currently about 10% of students enroll in the monthly payment plan and another 2% enroll in the bi-weekly plan. In response to feedback from students and parents, during Spring 2016 CMU began offering bi-weekly payment plans, whereas previously there was only the monthly option.

Monthly Payment Plan	FALL		SPRING		SUMMER		TOTAL	
	Students	Dollars	Students	Dollars	Students	Dollars	Students	Dollars
Academic 2016-2017	961	\$3,714,098	TBD		TBD		708	\$3,198,917
Academic 2015-2016	944	\$3,824,904	766	\$2,920,501	86	\$143,453	1796	\$6,888,858
Academic 2014-2015	818	\$3,184,811	696	\$2,554,483	100	\$171,790	1614	\$5,911,084
Academic 2013-2014	699	\$2,640,691	583	\$2,173,003	80	\$119,065	1362	\$4,932,759
Academic 2012-2013	528	\$1,842,092	467	\$1,618,910	75	\$99,448	1070	\$3,560,450

Bi-Weekly Payment Plan	FALL		SPRING		SUMMER		TOTAL	
	Students	Dollars	Students	Dollars	Students	Dollars	Students	Dollars
Academic 2016-2017	183	\$509,647	TBD		TBD		122	\$404,031
Academic 2015-2016			119	\$328,122	44	6	163	\$392,147

AGENDA ITEM: Action

TITLE: FY 18 Budget- Women's and Men's Triathlon

Recommendation: CMU Board of Trustees approve the addition of Women's and Men's Triathlon to the NCAA approved competitive sports currently sponsored by CMU for the fall of 2018.

Summary: The addition of Women's and Men's Triathlon will enhance our ability to provide additional life skills opportunities to our recruiting base throughout Colorado and our service area.

We have successfully applied for and have been approved to receive a support grant from USA Triathlon. This grant will provide \$70,000.00 over three years to assist with the startup costs of these programs.

Once approved, we will search for a coach, begin the recruiting process and expect to have twelve to sixteen student athletes enrolled for fall semester 2018. By year three we will have thirty student athletes participating in the program.

In the first year, we will receive \$40,000.00 from the grant. These funds will provide the base of our operational budget and provide funds for student athlete scholarships. (\$32,000.00 operation, \$8,000.00 scholarship).

We will also actively pursue sponsor/fundraising opportunities to assist with the development of the over-all Triathlon program. By adding these programs, we continue to meet the vision of our institution and take advantage of our outdoor resources.

Fiscal Implications

Operational budget: \$42,000.00 = \$32,000.00 Grant + \$10,000.00 fundraised
\$ 8,000.00 = \$ 8,000.00 Grant
Institutional Support for ORG 3302 for Coach salary: \$35,000.00 plus benefits

AGENDA ITEM: ACTION

Title: Proposed Change to the CMU *Board of Trustees Policy Manual*

Issue: Trustee Robinson proposed a change to the Trustees Policy Manual to reflect a stronger statement regarding safety, violence, intimidation, abuse and discrimination. In discussion with Trustee Bechtel addition, it was suggested to revise the Resolution Statement adopted and approved August 17, 2012 to be consistent with the proposed statement.

The statement reflects the intent of the original Resolution but corrects the names of the resources referenced in the statement.

Recommendation: That the Trustees approve the addition of the proposed statement on safety, violence, intimidation, abuse and discrimination to the Introduction of the *Board of Trustees Policy Manual* and the revision of the Resolution Statement as recommended by Trustee Robinson and Bechtel.

INTRODUCTION

The Trustees Policy Manual incorporates the policies adopted by the Board of Trustees pursuant to C.R.S. 23-53-102, and changes thereto adopted by the Board of Trustees from time to time. Nothing in this Policy Manual is intended to create any rights enforceable by any employee of the University, and the Board of Trustees may unilaterally change or delete any provision of this Policy Manual at any time, in its sole discretion.

COLORADO MESA UNIVERSITY BOARD OF TRUSTEES condemns in the strongest terms possible any act of violence, intimidation, verbal or physical abuse or discrimination on each of its campuses and in the communities which we serve. Further, the Board of Trustees calls upon each member of the campus community—students, faculty, and staff—to embrace a culture of respect and inclusiveness and to report immediately, any acts of violence, intimidation, abuse or discrimination, suffered or observed, ~~immediately~~ in accordance with the ~~CMU employee handbook~~ Professional Personnel Employee Handbook, ~~CMU Board of Trustees Policy Manual~~, and the CMU student code of conduct Maverick Guide, ~~and/or applicable local, state, or federal laws.~~

The Policy Manual, by which term this document will hereafter be known, is published on the Colorado Mesa University website.



A Resolution Concerning Expectations Regarding Safety, Violence, Intimidation, Abuse and Discrimination at Colorado Mesa University

WHEREAS Colorado Mesa University values the free exchange of ideas among students, faculty, staff and members of the community on each of its campuses; AND

WHEREAS Colorado Mesa University embraces its role as the cultural hub of western Colorado, bringing together individuals from diverse backgrounds and interests to participate, foster, and promote a balanced exchange of civil dialogue; AND

WHEREAS Colorado Mesa University constantly strives to nurture a respectful, inclusive, physically and emotionally safe campus culture free of violence, physical or verbal abuse, intimidation or discrimination, regardless of age, race, ethnicity, religion, gender, or sexual orientation; AND

WHEREAS victims and witnesses of violence, intimidation, abuse and discrimination may be reluctant to seek assistance or report such instances for fear of retaliation or further discrimination;

WHEREAS students enrolled at Colorado Mesa University share a responsibility with faculty, staff and other members of the campus community to uphold the highest possible standards of civil and ethical conduct, promote a culture of respect and inclusiveness, and model thoughtful approaches to difficult issues by protecting free and open discussion, the right to due process, and an expectation that all members of the campus community will be held accountable for both words and actions; AND

NOW THEREFORE BE IT RESOLVED THAT THE COLORADO MESA UNIVERSITY BOARD OF TRUSTEES condemns in the strongest terms possible any act of violence, intimidation, verbal or physical abuse or discrimination on each of its campuses and in the communities which we serve. Further, the Board of Trustees calls upon each member of the campus community—students, faculty, and staff—to embrace a culture of respect and inclusiveness and to report immediately, ~~through the Crime Stoppers hotline for confidentiality if deemed necessary,~~ any acts of violence, intimidation, abuse or discrimination, suffered or observed, immediately in accordance with the ~~CMU employee handbook~~ Professional Employee Handbook, Trustees Policy Manual and the CMU student code of conduct Maverick Guide. ~~and/or applicable local, state, or federal laws.~~

ADOPTED AND APPROVED on this the 17th day of August, 2012.

AGENDA ITEM: INFORMATION & ACTION

Title: Program Addition Update & Conceptual Approval PA, PT/PTA, OT

Issue: In spring of 2016 the BOT approved moving forward with considerations associated with launching a Physician Assistants (PA) program. This agenda item serves as an update to the status of and timeline associated with the proposed PA program; as well as providing overview information to request conceptual approval to move forward with the addition of Occupational Therapy (OT) and Physical Therapy (PT) program development. Information pertaining to accreditation, personnel, facilities and estimated costs are included.

Overall, launching these programs will involve initial and ongoing accreditation costs (accreditation fees as well as professional development for program leadership and faculty), new full-time 12-month director/coordinator positions (as prescribed by accreditation standards), new full- and part-time faculty members (numbers are delimited by accreditation standards relative to student cohort size), and some new administrative support personnel. Finally, filling these positions typically derives from individuals working in the profession. This, along with the 12-month nature of the appointments and accreditation-related expectations in terms of scholarly engagement and achievement, will necessitate salaries and professional development support significantly greater than typical “academic” faculty position salaries. Comprehensive feasibility studies were conducted over the course of the fall of 2016 relative to each of these programs. CMU has asked and the legislature’s joint budget committee has approved an additional 1% tuition increment increase beginning in 17-18 to underwrite these programs. Assuming very conservative staffing estimates; full class enrollments in the first year of the staggered program plans; higher programmatic tuition; and, offsetting tuition income from a general one percent tuition increase beginning in 17-18, it will take at least three years, (FY18, FY19 and FY20), probably more to breakeven. A CU partnership could delay part of this immediate financial impact, but nonetheless, there is a costly start-up cost associated with each program.

Additionally, CMU will need to examine space options long-term as these programs ramp up to full enrollment.

The feasibility study summaries for each program are appended to this agenda item. **NOTE: In each case HLC review and approval will be required.**

Action: Conceptual Approval Requests (PA, OT, PT)

Program Update/Physician Assistant (PA): The proposed PA program is a Master’s degree program that aims to increase the level of educational attainment in the region and meet expanding regional health care needs. Colorado has a growing need for advanced health care providers, particularly in rural areas. Demand for PAs is expected to grow nationally by 30.4% (e.g., 5000 openings/yr) between 2014 and 2024. Within Colorado growth is expected to be 50.5% (e.g., 150 openings/yr).

Accreditation Update: January 2017 VPAA attended 2-day Provisional Accreditation Pathways Conference re: Accreditation Review Commission for Physician Assistants (ARC-PA) – required attendance for provisional accreditation consideration. The ARC-PA is the accrediting agency that “...protects the interests of the public and physician assistant profession by defining standards for physician assistant education and evaluating physician assistant educational programs...to ensure their

compliance with those standards” (www.arc-pa.org). ARC-PA is nationally recognized by the US Department of Education.

Conceptual Approval Request: Given the accreditation timeline anticipated (see chart that follows), CMU is exploring options to partner with CU School of Medicine to begin offering a PA program in Grand Junction under their accreditation until our program can be fully operational. This option could allow us to begin offering a PA degree program as soon as May/June 2018.

(see: CU School of Medicine PA Program Admissions Timeline info:

http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/PAProgram/prospectivestudent/Pages/AdmissionsTimeline.aspx)

Accreditation Timeline & Fees:

Key Dates	Timeline Events	Accreditation Application Fees
May 2016	CMU ARC-PA Letter of Intent acknowledged and agenda placement confirmed (Sept. 2020)	Agenda placement fee: \$2000.00 (pd)
Spring 2018	Possible CU Medical School/CMU Partnership Satellite Program Launch in Grand Junction	
September 1, 2019	Provisional Accreditation Fee Deposit DUE	\$7,500.00 (half of full fee due as deposit)
	Program Director in Place (in place 12 months prior to date of ARC-PA Sept. 2020 meeting)	
November 18, 2019	Application DUE and Balance of Provisional Accreditation Fee DUE	\$7,500.00 (balance due of \$15,000.00 fee)
August 2020	Medical Director & Faculty Hired	
February 10-11, 2020	Provisional Accreditation site visit	
September 2020	Provisional Accreditation Review at Commission Meeting	
January 2021	CMU program start date – matriculate students if Provisionally Accredited	

Personnel: While some overlap exists between current Kinesiology faculty expertise and interest, the following hiring needs are anticipated (note: hiring requirements are, in large measure, dictated by accreditation standards and associated with student cohort sizes). Note: PA faculty have specific continuing education/professional development and scholarly engagement requirements as well as clinical work requirements.

-Program Director: FT, 12 month – must be hired and functioning in place 1 year prior to September 2020 Provisional Accreditation Commission review.

-Medical Director: FT, 12 month (If full-time would have teaching responsibilities)

-3-4 Principal faculty members (minimum of 2 must be National Commission on Certification of Physician Assistants [NCCPA] certified – requires having graduated from an accredited PA program and passing PANCE - exam): FT, 12 month

-Lab Support Staff/Coordinator: FT 12 month

-1 Admin Support Staff: FT, 12 month

-1 Admissions/Financial aid staff: FT, 12 month

Facilities: Current facilities (e.g., Kinesiology and “old” Health Sciences) are insufficient to meet program needs. Additional needs estimate: 30 student classroom, 4-5 breakout rooms to accommodate 5-6 students each, clinical exam rooms, office space and clinical lab space (some sharing of nursing sim labs may be possible). Clinical education sites will need to be negotiated and secured locally and regionally. This typically involves site and/or preceptor payments (another cost CMU will need to anticipate and budget for)

Estimated Costs & Enrollments: (see **program cost and enrollment projection estimates – VP Glatt**)

Conceptual Approval Request Occupational Therapy (OT): The proposed OT programs would be a Doctoral level program that aims to increase the level of educational attainment in the region and meet expanding regional health care needs. Colorado has a growing need for advanced health care providers, particularly in rural areas. Demand for OTs is expected to grow nationally by 26.5% (e.g., 5,260 openings/yr) between 2014 and 2024. Within Colorado growth associated with OT demand is expected to be 36.5% (e.g., 140 openings/yr).

Accreditation Update: The accrediting body for Occupational Therapy education programs is the American Occupational Therapy Association (AOTA). AOTA is nationally recognized by the US Department of Education. Currently AOTA has a backlog of institutions hoping to add an OT program. There are (as of this writing), two spots remaining for a Spring/Summer 2019 start date and four for a Fall 2019 start date. The Program Director must be identified and proof of a specific hire date provided with the Letter of Intent.

Accreditation Timeline:

Key Dates	Timeline	Accreditation Application Fees
On or before July 1, 2018	Submit Letter of Intent*	\$500.00 (non-refundable deposit)
August 15, 2018	Candidacy application DUE	\$3,890.00
Fall 2018	Program Director Hired (*Hire date must be specified in letter of intent submission)	
December 2018	Accreditation app reviewed and decision made	
January/Spring 2019	Fieldwork Coordinator Hired/Faculty Hires	
April 2019	Pre-accreditation review	
Fall 2019	If pre-accreditation review is positive - can matriculate 1st cohort of students	
Fall 2019	Accreditation site visit evaluation	
November 1, 2019	Initial self-study report due	
December 2019	Accreditation decision rendered	

Personnel: While some overlap exists between current Kinesiology faculty expertise and interest, the following hiring needs are anticipated (note: hiring requirements are, in large measure, dictated by accreditation standards and associated with student cohort sizes). Note: OT faculty have specific continuing education/professional development and scholarly engagement requirements

- OT Program Director (Doctorate required as well as certification/licensure): FT, 12 month –hire date identified when the letter of intent is submitted
- OT Fieldwork Coordinator: FT, 12 month
- OT 2-3 Principal faculty members: FT, 12 month
- Lab Support Staff/Coordinator (can be shared with PT program): FT 12 month

- 1 Admin Support Staff (could be shared with PT program): FT, 12 month
- 1 Admissions/Financial aid Staff (could be shared with PT program needs): FT, 12 month

Facilities: Current facilities (e.g., Kinesiology and “old” Health Sciences) facilities are insufficient to meet program needs. Additional needs estimate: 4-5K sq ft instructional space & labs. Specifically need 2 dedicated classrooms and at least one dedicated instructional lab. Need to update the Cadaver Lab facilities that are part of the Department of Biology. Clinical education sites will need to be negotiated and secured locally and regionally. This may involve site and/or preceptor payments (another cost CMU will need to anticipate and budget for). Clinical sites have specific requirements – local/regional sites are very limited.

Estimated Costs & Enrollments: (see program cost and enrollment projection estimates – VP Glatt)

The feasibility study used \$650 per credit hour for OT (120 credits). These numbers were based on a rough average between resident and non-resident tuition. Actual resident and non-resident tuition numbers would need to be determined.

OT Tuition Model Comparisons

- Northern Arizona University (doctoral) - \$540/credit hour resident (fees included)/\$950/credit hour non-resident (fees included), 138 credits; cohort size: 45
- Midwestern University (masters) - \$38,991/year, 128 credit hours; cohort size: 40
- University of Utah (masters) – approximately \$530/credit hour resident (fees included)/\$724/credit hour non-resident (fees included, residency granted after year 1), 115 credit hours; cohort size: 34
- Colorado State University (masters) – \$535/credit hour resident/\$1310/credit hour non-resident, 78 credit hours; cohort size: 50 (note – these are the numbers I pulled from the feasibility study, but what I calculated from the CSU website looks more like this: resident tuition was \$12,400/year and non-resident \$26,792, which would make resident tuition \$330/credit hour and non-resident \$687/credit hour)

Conceptual Approval Physical Therapy (PT): The proposed PT program aims to increase the level of educational attainment in the region and meet expanding regional health care needs. The PT program is a doctorate level program. Colorado has a growing need for advanced health care providers, particularly in rural areas. Demand for PTs is expected to grow nationally by 34% (e.g., 12,830 openings/yr) between 2014 and 2024. Within Colorado growth associated with PT demand is expected to be 45.9% (e.g., 320 openings/yr).

Accreditation Update: The accrediting body for Physical Therapy education programs is the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE is nationally recognized by the US Department of Education. Currently CAPTE has a backlog of institutions hoping to add PT programs.

Accreditation Timeline:

Key Dates	Timeline	Accreditation Application Fees
December 1, 2017	Notification of Intent to seek accreditation & Program Director Hired	
December 1, 2018	Application for program Candidacy DUE	\$3,500.00

December 18/ Spring 2019	Clinical Director Hired/Faculty Hires	
April 2019	CAPTE Accreditation decision	
Summer 2019	If accredited can matriculate 1st cohort of students	

Personnel: While some overlap exists between current Kinesiology faculty expertise and interest, the following hiring needs are anticipated (note: hiring requirements are, in large measure, dictated by accreditation standards and associated with student cohort sizes). Note: PT faculty have specific continuing education/professional development and scholarly engagement

-PT Program Director (Education doctorate required as well as a doctorate of physical therapy and current certification/licensure): FT, 12 month – must be hired and functioning in place 1 year prior to application for candidacy being submitted.

-PT Medical/Clinical Education Director/Coordinator: FT, 12 month

-PT 3-4 Principal faculty members: FT, 12 month

-Lab Support Staff/Coordinator (can be shared with OT program): FT 12 month

-1 Admin Support Staff (could be shared with OT program): FT, 12 month

-1 Admissions/Financial aid Staff (could be shared with OT program needs): FT, 12 month

Facilities: Current facilities (e.g., Kinesiology and “old” Health Sciences) facilities are insufficient to meet program needs. Additional needs estimate: 8-10K sq ft instructional space & labs. Specifically need 2 dedicated classrooms and 2 dedicated instructional labs (PT and PTA can share facilities). Need to update the Cadaver Lab facilities that are part of the Department of Biology – likely require new lab in new location to be used by biology and health-related disciplines. Clinical education sites will need to be negotiated and secured locally and regionally. This may involve site and/or preceptor payments (another cost CMU will need to anticipate and budget for). Clinical sites have specific requirements – local/regional sites are very limited.

Estimated Costs & Enrollments: (see **program cost and enrollment projection estimates – VP Glatt**)

The feasibility study used \$700 per credit hour for PT (115 credits). These numbers were based on a rough average between resident and non-resident tuition. Actual resident and non-resident tuition numbers would need to be determined.

PT Tuition Model Comparisons

- Regis - \$825/credit hour, 110 credit hours in the program; cohort size: 80
- University of Colorado – \$481/credit hour (resident)/\$1008/credit hour (non-resident), 116 credit hours; cohort size: 68
- Midwestern University - \$37,079/year, 170.5 credit hours (estimate about \$650/credit hour); cohort size: 50
- Northern Arizona University - \$12,495/year (resident)/\$24,133/year (non-resident) + \$7000 annual program fee (estimate about \$600/credit hour for residents), 100 credits; cohort size: 88
- University of Utah – approximately \$570/credit hour resident (fees included)/\$1117/credit hour non-resident (fees included), 120 credit hours; cohort size: 45

Colorado Mesa University

Feasibility Study

Physician Assistant Program

Submitted to the CMU Administration

December 2016

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I. Executive Summary

Colorado Mesa University, through the Department of Kinesiology, is exploring the feasibility of starting a physician assistant (PA) program. The subsequent report was completed to provide further clarification and areas of consideration for the University in examining the desire to move forward with program expansion. Four broad questions were addressed in the program assessment: How does the program align with University goals and strategic plan? Is there a need for additional physician assistants regionally and state-wide? Does Colorado Mesa University have the academic and clinical resources to develop a premier PA educational training? What are the potential barriers to development and implementation of a physician assistant program should the University choose to move forward with program development?

The purpose of this study was to explore the feasibility of Colorado Mesa University offering a master's level physician assistant(PA) program. The study was designed to examine the need for the program, strengths of the University, facilities, and potential barriers to implementation of a new program.

As a part of the University strategic initiatives and planning for student needs and meeting workforce shortages, Colorado Mesa University sought to better understand the feasibility of expanding their healthcare programs. It was determined an analysis of conceivable clinically oriented graduate and professional degree programs needed to be done, together with an assessment of their benefits and costs to the University and an evaluation of the degree to which each potential program is critical to the delivery of high-quality healthcare and meeting the needs for patient care in Western Colorado.

Colorado Mesa University seeks to determine the feasibility of establishing an accredited Master of Science in Physician Assistant Studies program. Whenever a new academic program is being considered there are several common factors necessary to explore to assure both the quality and sustainability of the proposed programs. The feasibility report will cover an assessment of program alignment with overall University mission and goals, an assessment of the market demand and need for a program, including internal student demand, as well as external market demand for graduates. In addition, the reports will cover whether enough qualified faculty, institutional financial resources, and support exist to ensure the quality and sustainability of a program. Lastly, the report will assess competing market demand and comment on the projected availability of clinical sites sufficient for student experiential rotations.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the national accreditation agency for physician assistant education.¹ ARC-PA professional standards guide program development and outline the necessary steps for physician assistant programs to operate and both obtain and retain accreditation. The accreditation standards outline the process for program development, obtaining provisional and continuing accreditation status. The ARC-PA standards were considered during the feasibility assessment process and will be included when directly related to information within the study.¹³

I. Introduction

Colorado Mesa University (CMU), located in the city of Grand Junction, Colorado, is approximately twenty-six miles east of the Colorado-Utah border. Grand Junction, with a Metropolitan Statistical Area population of approximately 150,000 residents, is the only metropolitan area between Salt Lake City and Denver.

CMU is a public four-year institution with the authority to award undergraduate and graduate degrees in addition to technical certificates.² Colorado Mesa University is the regional higher education provider for the following 14 counties in Western Colorado: Delta, Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Miguel, and Summit. This region covers nearly 30,000 square miles and represents 28 percent of Colorado. In addition to delivery of education at the main campus, CMU offers coursework at a Montrose campus, 60 miles southeast of Grand Junction. Instruction is also offered within its two-year division of Western Colorado Community College (WCCC). In addition to the geographical diversity, CMU supports the widest range of credentials for students to pursue of any higher education institution in Colorado. Including a recent degree expansion to include the Doctor of Nursing Practice in 2011. Currently, CMU has an enrollment of more than 10,000 students, granting approximately 1700 academic degrees in the 2014-2015 Academic Year.³

A. Mission and Goals of the Institution

CMU has a strong commitment to innovation and excellence, evidenced by recent curricular changes toward an integrated learning model to better prepare students to be successful problem solvers in the 21st century.² With a continuing commitment to campus growth and investments in facilities and technology, CMU supports enhanced student learning experiences. CMU's strengths in innovative solutions and strategic planning have allowed the University to not only overcome current challenges facing institutions of higher education today, but allowed CMU to thrive. Over the past five years CMU has continued to expand its leadership role in serving as the primary intellectual and cultural center of the Western Slope of Colorado.² In alignment with University goals and objectives, CMU aims to increase the level of educational attainment in the region through quality academic programming.² As the University adapts to its changing world, it continues to support the residents of Western Colorado in achieving higher degree attainment. CMU is committed to both preparing students for future success, and preparing graduates to meet the expanding regional needs of Western Colorado. With a commitment to a personal and integrated educational approach, Colorado Mesa University provides a dynamic learning environment that facilitates student growth intellectually, professionally and personally.

In accordance with University goals and mission, CMU is committed to investing in educational endeavors and degree programs that meet the regional needs of Western Colorado.² With an impending physician shortage, as well as increased coverage and emphasis on disease prevention resulting from the Affordable Care Act (ACA), Colorado has a growing need for advanced practice providers.⁴ A Physician Assistant (PA) is a health care professional who is licensed to practice medicine under the supervision of a doctor of medicine or osteopathy and can exercise delegated autonomy in decision-making. Physician Assistants can make clinical decisions and provide a variety of diagnostic, therapeutic, preventive, and health maintenance services to patients. The clinical role of PAs includes

primary and specialty care in both medical and surgical settings.⁵ Physician Assistants with medical generalist education, commitment to team-based inter-professional practice, and a shorter training program compared to medical school, are ideally positioned to meet both the short and long-term needs both locally and nationally. In addition, demand for PA employment is high with national employment growth of 30.4% over the next 10 years.⁶

B. Program Development Process

Building on CMUs prior success and experience in program expansion in the health sciences, including degree expansion to include the Doctor of Nursing Practice Degree in 2011, the development of the CMU PA program arose from both internal and external student, administrative, and community providers interest in program expansion.

Table 1. Stages of Program Consideration

Stages of Consideration	Date	Comments/Actions
Program Initiation	December 2015	<ol style="list-style-type: none"> 1. Accreditation Standards reviewed¹³ and all provisional sections of the ARC-PA website reviewed 2. Determined Institution meets eligibility requirements
Program Consideration	January 2016	Dr. Joel Bechtel, MD appointed as acting Medical Director
Program Planning/Consideration	January 2016	Meeting Dr. Debra Bailey, Dr. Joel Bechtel, Amy Bronson.
Program Planning/Consideration	February 2016	Meeting: Dr. Debra Bailey, Dr. Carol Futhey, Dr. Joel Bechtel, Dr. Michael Reeder, Dr. Kurt Hass, Timothy Pinnow, Amy Bronson.
Program Approval for continued development	March 2016	<ol style="list-style-type: none"> 1. Dr. Futhey presents action item to BOT -Support for Program Development approved
Entry into Provisional Accreditation Process	May 2016	<ol style="list-style-type: none"> 1. May 20, 2016: Dr. Foster submits letter to ARC-PA regarding entry into the provisional accreditation process 2. ARC-PA communicates the commission will consider the application for accreditation at its September 2020 meeting
Program Planning/Consideration	August 2016	Initiated formal Needs Assessment/ Feasibility Study
Program Planning/ Consideration	October 2016	<ol style="list-style-type: none"> 1. External Advisory Committee Meeting
Program Planning/ Consideration	November 2016	<ol style="list-style-type: none"> 1. Community stakeholder meetings <ol style="list-style-type: none"> a. Community Hospital

		b. St. Mary's Medical Center 2. Formal Workforce/Needs Assessment Survey
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C. Study Participants

Many participants, both from within the institution as well as external stakeholders, were included in the process of program exploration. From within the institution, participants included members of the Board of Trustees, representatives from administration and support services, representatives from other academic programs, graduate school administration, finance office representatives and participants from the office of institutional research. External participants included practicing PAs, officers and administrators of area health systems and physician groups. (For a complete list of participants please see appendix A)

D. Purpose

Colorado Mesa University requests approval to offer a program leading to the Master of Physician Assistant Studies (MPAS). **MPAS degree selected on most common credential type awarded

Table 2. Credentials Awarded by PA Programs

Credential Category	Type	N(programs)	%
Master's Degree	Master of Science	29	13.7%
	Master of Physician Assistant Studies(MPAS)/Master of Science in Physician Assistant Studies (MSPAS)/ Master of Physician Assistant Practice(MPAP)/Master of Physician Assistant(MPA)	93	43.9%
	Master of Health Sciences	12	5.7%
	Master of Medical Science	23	10.8%
Other	Master Degree plus MPH	6	2.8%
	Certificate of Completion	19	9.0%

i. Statement of Program Purpose

The Colorado Mesa University Physician Assistant Program seeks to educate competent and compassionate physician assistant graduates able to provide collaborative, evidenced-based, patient-centered care. With a program emphasis on service to rural and medically underserved populations, the CMU PA program will seek to educate leaders who value intellectual pursuits and ongoing personal and professional growth.

ii. Objectives

An example of specific objectives of the program would be to:

- a) Provide high-quality graduate education to students of the Western Slope of Colorado aspiring to become physician assistants
- b) Increase accessibility to care by increasing the number of physician assistant providers in the region and across the state.

III. Rationale for the Program

In 2015, approximately 108,717 PAs were practicing in the United States with approximately one-third of those practicing in primary care.⁷ Though the number of PAs delivering primary care in the United States is expected to increase to 43,900 in 2025, the increase in providers would account for only 16 percent of the work-force needed to address the projected primary care physician shortage.²⁵ In addition to provider shortage, the distribution, recruitment, and retention of PAs across Colorado continues to influence primary care capacity.⁴

Rural and frontier counties make up to 14 percent of the population in Colorado. “Rural” encompasses all population not included within an urban area. “Frontier” are designated areas with a population density of six or fewer persons per square mile. Lack of primary care providers creates high barriers to access for low-income and geographically isolated Coloradoans.⁴ Existing and current primary care and mental health professional shortage areas (HPSA) designations affirm the need for continued and targeted workforce development to meet these needs on the Western Slope.⁴ The Colorado Department of Public Health and Environment Primary Care Office published the Colorado Health Workforce and Development Strategy in 2014 with the goal of improving the health status of all Coloradoans by developing the health workforce. One of the workforce-development strategies is aimed specifically at recruiting and retaining a health workforce for Colorado’s underserved communities. It was highlighted that as part of drawing health care professionals to an underserved community is supporting their education and clinical trainings in the communities in which they will serve.⁴

In addition, the Colorado Health Institute, a state-based organization, was one of the first to examine the impact of health care expansion under the Affordable Care Act (ACA) in Colorado. When reviewing the impact the ACA would have on the primary care workforce capacity statewide, it was estimated that 510,000 Colorado residents insured under the ACA would result in an increase of over 400,000 annual primary care visits, requiring an increase of over one hundred additional primary care providers in Colorado.⁸

A. Program Justification

i. National

The Economic Development and Employer Planning System projects the demand for Physician Assistants between 2014 and 2024 to grow nationally by 30.4%, or by an average of approximately 5,000 openings annually.⁹

ii. Regional

Several indicators give some preliminary insight for potential program demand. The first comes from the Economic Development and Employer Planning System which projects the demand for Physician Assistants between 2014 and 2024 in Colorado to grow by 50.5%, or an average of approximately 150 openings annually. The growth in Colorado surpasses the national projection for PA growth, highlighting the increased need regionally.⁹

The Colorado department of labor and employment data confirms the favorable long-term occupational projections for physician assistants in Colorado.¹⁰

Table 3. Long-term employment projections for Physician Assistants in Colorado

2015 Estimated Employment	2025 Projected Employment	Total 2015-2025 Employment Change	Annual Average Percent Change	Total Percent Change
2,429	3,621	1,192	4.07%	49.07%

Source: Labor Market Information, Occupational Employment Projections Unit

In addition to continued market demand, physician assistants command a competitive salary. The 2014 median salary for Physician Assistants is \$98,180, with a median wage change of 12.6% between 2011-2015.⁹

iii. Local

Labor market statistics and occupational employment projections list employment of 62 physician assistants in Grand Junction with the predicted employment in 2025 as 104.¹¹ Thus, the long-term employment projections for Physician Assistants in Grand Junction predicts growth of an annual percentage change of 4%. This number is significantly higher than the projected annual percentage change for all occupations of 1.6%. The total percentage change for PAs is estimated at 42.47% between 2015 and 2025.¹¹

To better capture local data on the need for program expansion, a workforce needs assessment was conducted in collaboration with staff from CMU's Office of Institutional Research (IR). An electronic survey was sent in November of 2016 to 206 medical clinics, hospital systems, and providers in Western Colorado. The response rate was 26.2% (n=54).

Participants were asked the perceived demand for new physician assistant graduates in Western Colorado. Of the respondents, 60.8% ranked the need as moderate to high need for new physician assistant graduates. Participants were also asked which areas of physician assistant practice are the most important for Western Colorado. Respondents ranked Family Medicine and Rural/underserved

medicine as highly important for Western Colorado. In a subsequent question, family medicine and rural and underserved medicine had the highest reported demand for new graduates.

Lastly, participants were asked to rank how likely they are to hire a physician assistant in the next five years. Of the respondents, 58.1% reported moderate to high likelihood of hiring a PA in the next five years. (For full survey results, please see appendix H).

iv. Student Demand

Another perspective on program interest was gathered in a student interest inventory conducted in late January 2016 by staff from CMU's Office of Institutional Research (IR). Students majoring in academic programs by faculty members in the Departments of Biological Sciences, Health Sciences, and Kinesiology were asked two questions:

1. If CMU were to begin offering a Master of Science - Physician Assistant Studies program in the next three years, how interested would you be in enrolling in this program on a scale of 1 to 5 with 1 being not at all interested, and 5 being very interested?
2. If you are interested, what is the likelihood of you enrolling in a Master of Science - Physician Assistant Studies program at CMU if one were to be offered in the next three years? Please respond on a scale of 1 to 5 with 1 being not at all likely, and 5 being very likely.

The number of students originally contacted by IR staff totaled 1,478, with a response rate of 16.6% (246 students). A summary of all respondents' choices is shown in Table 4.

Table 4. SUMMARY OF ALL RESPONDING CMU STUDENTS (N=246)

	1 - Not at all Interested	2	3	4	5 - Very Interested	Total
Level of Interest	9 (4%)	14 (6%)	14 (6%)	51 (21%)	158 (64%)	246
	1 - Not at all Likely	2	3	4	5 - Very Likely	
Likelihood of Enrolling	21 (9%)	18 (7%)	42 (17%)	50 (20%)	115 (47%)	246

The responses to both questions show highly positive results. To get a more complete picture of the students who expressed interest in the program, a few academic characteristics were analyzed to gauge if these respondents would qualify for admission to a PA program. The following table is limited to the 995 respondents who currently are juniors or seniors, class levels that have enough of an academic record to analyze as well as students who are closer to finishing their undergraduate coursework and evaluating post-graduation choices.¹²

Table 5. SUMMARY OF RESPONDING CMU JUNIORS AND SENIORS (N=179)

	1 - Not at all Interested	2	3	4	5 - Very Interested	Total
Level of Interest	4 (2%)	11 (6%)	10 (6%)	40 (22%)	113 (63%)	178
	1 - Not at all Likely	2	3	4	5 - Very Likely	
Likelihood of Enrolling	15 (8%)	16 (9%)	31 (17%)	40 (22%)	77 (43%)	179

Although internal undergraduate student demand is important, the average age of a PA students is 25-28.¹³ Many initial PA program matriculants may be medical professionals already working in the healthcare field (surgical techs, medical assistants, medical technicians, athletic trainers, ect) interested in a career as a PA. During external stakeholder meetings, many interested parties commented on past employees leaving the valley for PA training and then not returning to Grand Junction to practice.

B. Relationship to Other Programs

Building on strong undergraduate and graduate health science degree programs at Colorado Mesa University, the physician assistant program will continue to add choices for student professional training. Current graduate health programs at CMU, including a Master of Science in Nursing and Doctor of Nursing Practice, and Family Nurse Practitioner degrees provide opportunities for PA students and Nursing student inter-professional education, emulating the integrated team approach to patient care. In addition to nursing, many healthcare related programs including radiologic technology, emergency medical services, and medical laboratory technology, provide ample opportunities for collaborative inter-professional education.

Careful program coordination will be necessary to ensure integrated coursework and any shared laboratory, clinical exam rooms, simulators and equipment are planned to ensure student success across all programs. In addition, undergraduate programs in biology, kinesiology, and athletic training may see increasing student interest with introduction of a PA program. Also, it may be necessary for CMU to plan for an increased student demand for perquisite coursework needed for admission to the PA program.

C. Impact of Program

i. Impact on Regional PA Programs

Currently, there are two accredited physician assistant programs operating in Colorado, one at Red Rocks Community College in Lakewood, Colorado and one in Denver, at the University of Colorado. One program is currently in development at Rocky Vista University in Parker, Colorado. All current programs offered are greater than 240 miles from Grand Junction, CO.^{14,15}

Table 6. Number of projected annual PA graduates in Colorado

Institution	Class Size
Red Rocks CC	32
University of Colorado	44
Rocky Vista University (Developing)	?
TOTAL	76

Based on projected demand for Physician Assistants between 2014 and 2024 in Colorado, the current rate of graduates is well below the estimated 150 openings annually.

In addition to the Colorado programs, there are two PA programs in Utah. One at the University of Utah in Salt Lake City and one new provisionally accredited program at Rocky Mountain University of Health Professions in Provo, UT.^{16,17} Both programs are greater than 240 miles from the Grand Junction area.

i. Student Clinical Experiences

The challenge of identifying and nurturing clinical experiences for physician assistant students is common to all PA programs, particularly those where medical students and other advanced practice providers compete for the same rotations.¹⁸ With a family practice residency at St. Mary’s Hospital (n=24), and a Doctor of Nursing Practice degree at CMU, competition does exist for student clinical placements. In addition, Community Hospital, St. Mary’s Medical Center, and The VA Hospital, all currently have occasional PA students rotating in their facilities from other programs from both Denver and Utah. A collaborative partnership will need to be established between these varying training programs to ensure that all students share in quality clinical experiences. In addition, current undergraduate shadowing experiences may be impacted by medical provider’s capacity for student rotation experiences. A collaborative partnership between these varying training programs can ensure that all students share in quality clinical experiences. PA program personnel will need to be both strategic and intentional in establishing partnerships with area medical centers to ensure both the quality and quantity of PA student preceptors. With support of St. Mary’s Hospital, the Regional Medical Center, as well as Community Hospital, and smaller surrounding area community hospitals, ample opportunities exist for quality clinical sites. In addition, the PA program will need to spend a significant amount of time in program development both identifying and securing potential preceptors. Program personnel should anticipate a significant amount of travel necessary to secure quality clinical sites for all students. This is addressed in more detail in section VI: Implementation Challenges.

D. Curriculum and Instruction

The physician assistant (PA) program is a cohort model that enrolls students in medical generalist training. Program prerequisite coursework gives students a strong science foundation and the basic knowledge of human anatomy and physiology. The didactic year, or the first 12-months of physician

assistant education, is devoted to pre-clinical studies. Building on the knowledge of basic medical science, first-year students take coursework preparing them to diagnose, treat, and care for the social, psychological, and medical needs of patients across the lifespan. Delivered in a systems-based format, students gain skills in medical diagnostics, procedural skills, medical ethics, professionalism and medical management, concluding the didactic year prepared for clinical rotations. PA course content is delivered in a hybrid model, with the majority of course instruction face-to-face with limited online instruction.¹³

During year two of the program students complete nine clinical experiences in primary care and the medical and surgical subspecialties with trained clinical preceptors. Preceptors are board certified and licensed physicians or advanced practice providers (PA/NP/Midwives) that help guide students' continued growth in medical knowledge and its practical application to clinical care. The clinical experiences include required rotations in; internal medicine, primary care, general surgery, obstetrics and gynecology, emergency medicine, pediatrics, behavioral medicine, and two elective rotations in a medical specialty, including but not limited to; cardiology, dermatology, orthopedics, endocrinology, radiology, infectious disease, gastroenterology or otolaryngology.¹³

If CMU continues in program development, it is recommended that the program's formal mission and vision statement, as well as student and program outcomes, drive curriculum development. For example: The curriculum of the Master of Science of Physician Assistant Studies (MPAS) will be designed to develop competent and compassionate healthcare practitioners trained to meet the diverse needs of patients in the communities they serve. With an emphasis on collaborative, evidenced-based patient-centered care to rural and medically underserved populations, the CMU PA program seeks to educate leaders who value intellectual pursuits and ongoing personal and professional growth. The design of the curriculum will be aligned with the mission and goals of the program (B1.01),¹³ based on the ARC-PA standards and the Competencies for the Physician Assistant Profession [a guiding document developed and adopted by the four major national PA organizations: National Commission on Certification of Physician Assistants(NCCPA), Accreditation Review Commission on Education for the Physician Assistant(ARC-PA), American Academy of Physician Assistant (AAPA), and the Physician Assistant Education Association(PAEA)].¹⁹ Upon completion of the curriculum, graduates will be equipped for the Physician Assistants National Certifying Examination (PANCE) and eligible for state licensure as a Physician Assistant.

Table 7. Sample Curriculum²⁰

Year 1, Term 1	Course	Credits
	Human Gross Anatomy	6
	Medical Physiology	3
	Intro to History and Physical Exam	3
	Foundation to Clinical Medicine	4
	Term Total	16
Year 1, Term 2	Course	Credits
	Principles of Pharmacology I	3
	Medical Pathophysiology I	2
	Patient Assessment and Diagnostics I	3

	Clinical Medicine I	6
	Evidence-based Medicine and Reflective Practice I	2
	Applied Clinical Reasoning I	1
	PA Professionalism I	2
	Term Total	19
Year 1, Term 3	Course	Credits
	Principles of Pharmacology II	4
	Medical Pathophysiology II	2
	Patient Assessment and Diagnostics II	4
	Clinical Medicine II	7
	Evidence-based Medicine and Reflective Practice II	2
	Applied Clinical Reasoning II	1
	PA Professionalism II	2
	Term Total	22
Year 2, Term 1	Course	Credits
	Principles of Pharmacology III	2
	Medical Pathophysiology III	2
	Patient Assessment and Diagnostics III	2
	Clinical Medicine III	5
	Applied Clinical Reasoning II	1
	Applied Medical Ethics	2
	Pre-Clinical Seminar	1
	Term Total	15
Year 2, Term 2	Course	Credits
	Clinical Field Placements	12
	PA Professionalism III	2
	Term Total	14
Year 2, Term 2	Course	Credits
	Clinical Field Placements II	15
	Term Total	15
Year 2, Term 3	Course	Credits
	Clinical Field Placements	12
	PA Professionalism III	2
	Term Total	14
Year 3, Term 1	Course	Credits
	Clinical Field Placements III	9
	PA Professionalism Project/Thesis	1
	Summative Seminar	1
	Term Total	11
	Program Total	112 Credits

Mandatory clinical rotations/clerkships include:

Family Medicine (8 weeks)	General Surgery (4 weeks)	Pediatrics (4 weeks)
Internal Medicine (8 weeks)	Women’s Health (4 weeks)	Elective
Emergency Medicine (4 weeks)	Behavioral Health (4 weeks)	Elective

*Each required rotation has a set of defined learning objectives. General objectives are provided for the preceptors and for all the students in a clinical year student handbook. Specific rotation expectations with minimum diagnosis exposures are spelled out in each rotation syllabus (Instructional Objectives).

E. Unique Opportunities in Western Colorado

Grand Junction has a strong medical community well-suited for the education and future practice of an expanding healthcare team. The valley was featured in a PBS Film, T.R. Reed’s “Us Healthcare: The Good News - The Secret Sauce - how Grand Junction is improving health care and lowering costs.”²¹ The video depicts the collaborative care model employed by medical care teams across Grand Junction. A commitment to collaborative care makes Grand Junction an exceptional place to both learn and practice medicine. St. Mary’s Medical Center, part of SCL Health, is the largest medical center on the Western Slope of Colorado and includes more than 300 physicians representing nearly every specialty and sub-specialty. The medical center serves an area of more than a quarter million square miles. This provides potential PA students in this area exposure to a remarkable depth and breadth of patients not typically seen at other hospitals.²² In addition, Community Hospital has recently opened a new 140,000 square foot, full-service hospital to provide a full range of medical services, including inpatient and outpatient, surgery and emergency care. In addition, Community Hospital offers comprehensive diagnostic capabilities and a partnership with the University of Utah Huntsman Cancer Institute to provide world-class medical and radiation oncology.²³ These services not only add world-class medical treatment in the valley, but ensure patients do not have to travel 250 miles for their care. With additional regional and community hospitals in Fruita, Delta, Rifle, Montrose, Gunnison, Aspen, Telluride, and Durango, ample opportunities exist for student clinical rotations in the surrounding medical community.

i. Health Professional Shortage Areas

Many areas on the Western Slope of Colorado are designated as Health Professional Shortage Areas. A portion of Mesa county and all of Delta, Ouray, San Miguel, and Dolores counties are designated as medically underserved areas (MUA). MUA are defined as geographic areas where residents have a shortage of health services. Montrose county has been designated as a medically underserved population (MUP). A MUP is a population group within a certain geographic area that faces high barriers to health care services. Both MUA and MUP are calculated based on the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty line, and percentage of the population age 65 or over.²⁴

Grand Junction and the surrounding counties need more providers to increase the access to primary care. The national average for rural areas is one PCP to 1471 Americans.²⁵ The table below shows provider to patient ratios in some Western Colorado counties.²⁶

Table 8. Population to one primary care physician

County	Population to one primary care physician	Percentage of Population at or below the 200% federal poverty level
Delta	1984:1	39.23%%
Eagle	4624:1	25.65%
Grand	3138:1	27.97%
Jackson	2440:1	28.21%
Mesa	1793:1	34.08%
Moffat	1672:1	29.06%
Montrose	8099:1	39.85%
Ouray	4447:1	22.37%
Rio Blanco	3202:1	34.02%

As a regional education provider, a PA program at Colorado Mesa University would provide the training to increase the PA work-force in these communities, providing increased access to medical care in Western Colorado.

IV. Resources

A. Assessment of Existing Human Resources

The Department of Kinesiology currently has eleven faculty members teaching across all courses. Eight of these faculty are trained at the doctoral level with one being physician (DO). Five faculty have voiced interest in teaching and contributing content expertise including: Dr. Hawkins, Dr. Reeder, Dr. Greico, Dr. Heumann, and Ms. Lally. In addition, significant interest has been expressed in the medical community for contributions to the educational PA program at CMU. A medical director, Dr. Joel Bechtel, has been identified and has already contributed in the needs assessment by identifying external stakeholders interested in supporting a future program at CMU. (For Program Letters of support, please see Appendix B).

In accordance with ARC-PA standards, CMU anticipates hiring the following faculty and support staff for the PA program to include (A2.02) the program director, medical director, and at least three FTE principal faculty positions. Two FTE positions must be filled by PA faculty who are currently NCCPA certified. Administrative support in accordance with ARC-PA standard (A2.18) must be, at a minimum, 1.0 FTE position, dedicated exclusively to the PA program.¹³ (For complete ARC-PA Standards, please see Appendix C).

B. Assessment of Existing Physical Resources

CMU will be conducting a space utilization study to gather information related to renovations and a permanent home for the planned PA program. The currently-planned expansion of the health sciences into the former Community Hospital site may have the space to provide for the necessary minimum of a 30-student classroom, 4 - 5 breakout rooms to accommodate 5-6 students each, clinical exam rooms, and full and part-time faculty offices needed for program implementation. In addition, space may be available in the Kinesiology department, occupying some of the previously occupied nursing space. Clinical lab space and equipment including high and low fidelity simulators are currently available and can be shared with careful scheduling. However, new equipment specific to the PA program will need to be purchased (For equipment estimates, please see Appendix D). In addition, planned expansion of the nursing program by 25% and additional enrollments in the science programs, CMU will need to identify, design, and build the needed spaces in the Health Sciences or Kinesiology Department to expand capacity for the PA program. In addition, improvements to biology and chemistry departments will need to be made, with improvement in the ventilation of the Cadaver Lab in Biological Sciences; and investments in additional equipment will be needed in time for enrollment of the first PA cohort. It is suggested that administrators involved in program development travel to a current program to understand the facilities needed for a successful program. An initial space planning table is provided (See appendix J) to help the university in this process.

C. Assessment of Additional Resources

1. Admissions, Records, and Financial Aid

Impact on the admission office will be significant. Although PA education offers a centralized application service, CASPA, a significant amount of work is needed for an admissions administrator to interface with CASPA and all potential applicants. Having a program designated admissions support personnel is critical to help with large numbers of applicants to the PA program. Per the CASPA data report, the average PA program in the 2014-2015 cycle had over 800 applicants.⁹ Considering the large number of applicants, CMU will need to consider the options to manage admissions and program inquiries as part of program development. Dr. Pemberton has suggested deciding on either a 1) centralized graduate admissions and graduate "office" or a 2) decentralized graduate admissions, in which general admissions are sent to the department for review. For this study, a part-time enrollment

counselor was included in the budget for program expenditures. It is apparent that increased resources and admission process will be necessary to support graduate admissions for the planned PA program. The initial impact of program development on financial aid is projected as minimal. However, Curt Martin, director of financial aid estimates the longer-term impact to be more significant. Programs that draw many applicants, will mean an increasing burden on the financial aid offices, as all students will need to be awarded aid, regardless if they are selected to enter the program. Also, expansion of medical related programs would create growth in the types of aid offered which have their own set of regulations. The financial aid office estimates with PA, and the possible expansion of PT and OT, an additional (FTE) would be required to administer these programs. Estimated salary would be \$48,000.00.

2. Bookstore

Textbooks, reference materials, and other supplies necessary to support the graduate program will be absorbed into the present operation of the bookstore. Most students will utilize the online book ordering option.

3. Health Services

Irrespective of health insurance status, CMU students may access physical and mental health services through the university Student Wellness Center, operated cooperatively between the university and Community Hospital for a low co-pay of \$15 and \$5, respectively. Graduate students will have equal access to behavioral and health services as undergraduate students. In accordance with ARC-PA standard A 3.09 no faculty member will serve as a healthcare provider for students in the program, unless in emergency situations.

4. Counseling and Career Services

Each student will be assigned a faculty advisor/mentor within the department to assist in program related advising and career planning. Student PA program advisors will not substitute for medical counseling services.

5. Tutoring and Academic Support

Tutoring services are informally offered to graduate students. Support services include, academic writing skills and basic math/science concept tutoring. The Educational Access Services Office has established operations and procedures already in place to provide accommodations for students with physical or cognitive learning needs.

6. Library

A formal library needs assessment has been initiated with the Tomlinson Library. The results will be communicated when the process is completed. The assessment will include areas necessary to support the physician assistant graduate program to include; text bases, periodical literature, government publications and online database support. The CMU library already has some text and databases in place to support the Doctorate of Nursing Practice instruction and some will be able to be shared across programs. In addition, the library has access to extensive interlibrary loan collections.

Additional library resources will be required to add to the MPAS program at CMU. A monetary assessment has been made, but will be updated as results of the assessment become available.

7. Research and Internal Review Board

With the expansion of graduate programs, it was identified that increasing student and faculty research may pose an increased burden on existing research and internal review within CMU. Historical data provided by the office shows human subject proposals submitted to the Institutional Review Board has ranged from 20-23 per the full fiscal year for the entire campus. There has been an increase with the current fiscal year to 21 processed proposals since 7/1/16. The increase indicates an already increasing number of research proposals. The office has already encountered problems with keeping up with the

current demand for proposal review and the number of members on the Institutional Review Board may need to be adjusted to allow for the expansion of 10-15 student/faculty projects per year.

8. Academic Computer Services

The Information Technology Department centrally manages computer services University wide. Students on campus have access to over 1,300 open lab computers, at 71 locations across its campuses, and wireless Internet access to online services. The learning management system, D2L is one such online service that supports student learning and is managed by Distance Education. D2L and technology end user support is offered through Distance Education and the IT Help Desk. In addition, advanced statistical software programs, such as IBM SPSS, are available for faculty and student use in computer labs. Computer and academic online resources as described above will be available to the PA program..

V. Cost Analysis

A. Tuition and Fees for PA Programs

2016-2017 Academic Year

Table 9. Tuition and Fees of Colorado Established PA Programs^{14,15}

School/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
Red Rocks CC/ Physician Assistant Certificate	80 Credits	\$573.35/credit hour	\$469.80/credit hour	Textbooks	\$1500.00
				Medical Equipment	\$1000.00
				MS degree St. Francis University	\$9,500.00
Subtotal		\$45,868.00	\$37,584.00		12,000.00
TOTAL		\$57,868.00	\$49,584.00		

School/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
University of Colorado Child Health Associate(CHA/PA)/Master of Physician Assistant Studies (MPAS)	134 Credits	\$773.00/credit hour	\$469.80/credit hour	Matriculation/ Criminal Background Check	\$205.00
				First Year Fees	\$ 854.00
				Books and Equipment	\$1,170.00
Subtotal	Tuition for students granted residency states after year one \$70,004.00	\$102,036.00	\$47,124.00		\$2,229.00
TOTAL		\$124,036.00	\$48,353.00		

Table 10. National PA Program Tuition Benchmarks^{17,27}

Program/Degree	Semester Credits for Degree Completion	Tuition	Other Fees	
Rocky Mountain University of Health Professions/ Master of Physician Assistant Studies(MPAS)	114 Credits	\$825.00/credit unit	Estimated total fees	\$2, 459.00
Subtotal		\$94,050.00		\$2,459.00
TOTAL		\$96,509.00		

Program/Degree	Tuition	Other Fees	
Duke University/ Physician Assistant Program/ Master of Health Sciences(MHS)		Books and equipment	\$5,500.00
Y1	\$39, 634.00	Technology Fee	\$3,500.00
Y2	\$39,634.00		
Subtotal	\$94,050.00		\$9,000.00
TOTAL	\$79,277.00		

B. CMU Estimated Program Revenue and Expenditures

Table 11. Revenue/Expense Estimate

	Y1(development)	Y2	Y3	Y4
Estimated Total Revenue	N/A	\$561,000.00	\$1,153,000.00	\$1,646,000.00
Estimated Total Expenditures	\$509,800.00	\$928,800.00	\$1,076,275.00	*\$1,076,275.00
TOTAL	-\$509,800.00	-\$367,800.00	+76,725.00	+\$569,725.00

Calculations based on Tuition \$650/credit hour/112 credits/27-months

Student class size Y2=15, Y3=20

*Y4 expenses assumed equal to Y3

(For full estimated revenue/expense estimate, please see appendix D)

i. Process for Estimates

a. Enrollment

Estimates of enrollment were based on 15 students accepted into the program year one (Y1), 20 students year two (Y2), and 25 students year three (Y3). The graduated matriculation rate allows for ensuring student success and excellent quality and quantity of clinical sites. This will be important in establishing the necessary program quality and ensuring long-term program sustainability. The didactic portion of the curriculum is four terms. The last three terms are the clinical phase in which students complete core and elective clinical experiences.

b. Tuition

Revenue and expenditures were based on \$650/credit hour tuition rate (Based on an approximate split of 40% resident and 60% non-resident tuition).

Table 12. CMU estimated tuition

School/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition
Colorado Mesa University: Master of Physician Assistant Studies (MPAS)	112 Credits	\$750.00/credit hour	\$500.00/credit hour

A 112-credit program to be completed in 27-months (average program length is 26.4 months²⁹). In addition, a \$1,000 instructional support fee per year was included in the calculation. No annual tuition increases were included in the estimate.

c. Personnel

In accordance with ARC-PA standard A2.02, the program must include the program director, medical director, and at least three FTE principal faculty positions. Two FTE positions must be filled by PA faculty who currently are NCCPA certified. Addition of faculty beyond the 3.0 FTE minimum is based on standard A2.03 to ensure principal faculty are sufficient in number to meet the academic needs of enrolled students in growing programs. Also, the program director must be a PA or Physician (A2.06) assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities (ARC-PA Standards, 2010). Administrative support in accordance with ARC-PA standard A2.18 must be at a minimum a 1.0 FTE position, dedicated exclusively to the program.¹³ No cost-of living salary annual salary adjustments were included in the estimates. (For National PA program personnel data, please see appendix I)

Cost Analysis Summary

The budget is a basic outline of projected revenues and expenditures. It is important to remember this calculation DOES NOT include any expenditures related to new facilities or modifications to existing facilities. In addition, calculations do not account for expenditures related to recruitment of new faculty/personnel, faculty instructional resources, or instructional technology(computers/equipment). In comparison, the average operating budget for Public PA program’s (enrollment of 20-30 students) is between \$900,000.000-\$1,356,512.00.²⁹

VI. Key Project Milestones

A. Accreditation

CMU has contacted ARC-PA regarding interest in starting a PA program at CMU. In addition, eligibility has been verified. The next steps for provisional accreditation are as follows:

May 2016	Senior Institutional official submits a formal written request to ARC-PA
December 2016	Register for ARC-PA Provisional Pathway Conference
January 2017	Attend Provisional Pathway Conference Phase I: Needs Assessment/Feasibility Study completed
January 2019	Program Director in place (MUST be in place 12 months prior to site-visit) and administrative assistant hired
August 2019	Program Faculty Hired
October 2020	Submit completed application and materials to ARC-PA (3 months before site visit)
Feb 1-June 30 2020	Provisional Accreditation Site Visit
September 2020	Program application considered at September 2020 Commission Meeting
November 2020	Update personnel section of portal (2 months before students begin)
January 2021	Planned program start date pending provisional accreditation status granted

In addition, the program will need approval by the HLC, regional accrediting agency. (For full development timeline, please see appendix E).

VII. Implementation Challenges and Opportunities

If a Physician Assistant program is implemented, the University will need to address several major challenges as well as capitalize on potential unique opportunities.

A. Faculty recruitment and retention.

As is true for several other health-related professions, the higher salaries paid to practicing professionals makes it difficult to attract them to work in higher education. This has been an issue for CMU's nursing program, and it will be the same competition for the PA program. Hiring of a qualified Program Director, at least one year prior to ARC-PA site visit will be imperative to starting a strong program at CMU.¹³

CMU has prioritized its efforts to recruit, support, and retain faculty that are committed to both the University and the community, as well as expanding faculty professional development opportunities that are aligned with institutional priorities. The commitment to recruitment will be important in securing quality faculty for program development and implementation.²

Additionally, it is common for Physician Assistant faculty to continue to practice clinically one day per week, necessitating a different workload than that of another faculty. These hires will be the only CMU faculty members teaching only graduate-level coursework, potentially with 12-month contracts. As such, a series of policies will need to be developed to address a range of issues unnecessary until implementation of this program. Also, the tenure and promotion policy will need to be reviewed as it applies to non-doctoral faculty. (For National PA program personnel data, please see appendix I). Prior to submission of the final study to ARC-PA it is recommended that a preliminary list of faculty and areas of content expertise be included.

B. Clinical education sites

Physician assistant programs are required to provide students with clinical experiences in a variety of settings. The required clinical rotations are internal medicine, family medicine, psychiatry, emergency medicine, pediatrics, general surgery, and women's health. These experiences must take place in

outpatient and inpatient units, long-term care units, and emergency/ trauma centers. Health care partners in Western Colorado have been highly supportive of CMU's programs in the health sciences. That said, the University already finds it increasingly difficult to find clinical placements for Nurse Practitioner students with increasing competition from other institutions from the front-range. As clinical sites become scarce, many programs widen the geographic area for student rotations. In a national study of PA educational programs, 86% of respondents indicated difficulty finding core clinical sites for student rotations in Obstetrics/Gynecology. In addition, 77% reported difficulty with Pediatric rotations and 47% reported difficulty in recruiting Psychiatry preceptors.¹⁸ Dr. Davidson, President of St. Mary's Medical Center specifically addressed this concern and believes, based on providers in the Valley and practices in the surrounding area, ample clinical sites and quality preceptors should be available for all required rotations. In addition, a search of pediatric providers in Grand Junction, Montrose, Delta, Glenwood, Aspen, and Telluride, found 50 current providers. Similarly, 46 providers of obstetric and gynecological services were located across Grand Junction, Montrose, Glenwood Springs, Gunnison, and Durango. Also, with the addition of West Springs Hospital, the only psychiatric hospital between Denver and Salt Lake, as well as the extensive outpatient therapy at Mind Springs Health, there are over 30 providers in the area that provide psychiatric care. Securing and vetting these providers as possible clinical preceptors would provide students ample clinical rotation sites. In addition, it is reasonable to assume that all students will likely travel out of Grand Junction for some of their clinical rotations. A list of potential practice sites is included (See appendix F and G). It is recommended that work on securing clinical sites begin early to ensure adequate and quality sites are available for students.

Preceptors

While the PA education system has historically relied on volunteer sites and preceptors, an emerging trend in competitive markets is paying preceptor sites per student clinical rotation. A recent joint survey by PAEA and the Association of American Medical Colleges found that of program director respondents, 65 percent felt moderate to extremely high pressure to provide financial compensation to clinical sites. PAEA & AAMC joint survey estimated 21% of PA programs are paying for supervised clinical training sites. PAEA strongly recommends considering offering nonfinancial incentives for preceptors before initiating payment. Although not an immediate consideration for the CMU program, it is an emerging trend in PA education to monitor, as its effects on securing student clinical training sites may be a future consideration.²⁸ In addition, CMU will need to consider preceptor perks that will be extended to future preceptors to encourage their partnership. This can include; library access, dinners, continuing medical education credits or free admission to university sponsored events.

To ensure adequate quantity and quality of preceptors, the future program director, clinical coordinator/director of clinical education and PA faculty will need to be committed to ensuring clinical faculty understand the education and scope of practice needs of physician assistant students. In accordance with ARC-PA standards (A2.16) the program will ensure all preceptors hold valid licenses to practice.¹³ Drawing on CMU affiliated agreements already in place, a preliminary list of possible clinical sites is included. (Current Health Sciences Affiliation Agreements, Appendix F). Again, significant time and effort will need to be invested in this effort by program faculty to ensure adequate clinical sites are secured and affiliation agreements are in place, prior to the initial site visit and final submission of the feasibility study to ARC-PA.

C. CMU Undergraduate Preparation

Determination of the physician assistant prerequisite coursework early in program development will be important to ensure undergraduate students are receiving the advising needed to be prepared for PA

program application. It is suggested a pre-physician assistant club be initiated for students to explore interest in the profession and better understand the rigorous course preparation, patient care experience and steps in the application process.

D. Educational Partnerships

Existing programs in the Department of Health Sciences and Department of Kinesiology, as well as possible program expansion of Physical Therapy and Occupational Therapy programs provide many opportunities for future PA students to be involved in coordinated inter-professional education. Common curriculum across these graduate programs offers the potential for shared instruction by already qualified instructors. Potential cross listing or cross-discipline instruction could result in cost savings for the University by reducing duplication in required courses, while also offering the opportunity for inter-professional training across the varying disciplines. However, there is a caveat that must be attended to in attempting to share courses and instructors across multiple disciplines. This includes ensuring physician assistant curricula contains the sufficient depth and breadth to cover all the requisite areas and appropriate instruction to meet the full scope of PA training. In addition, the University of Colorado Family Medicine Residency Program is housed in Grand Junction, Colorado and primarily affiliated with St. Mary's hospital. Avenues for partnership with the family residency program will be explored for possible inter-professional education, lectures, and shared clinical training.

VIII. Summary

Amidst many changes in CMU's 90-year history the University has remained consistent in its service to the region, supporting and contributing to the intellectual, social, cultural, and economic life of Western Colorado. Development of a Master in Physician Assistant Studies program at CMU is an extension of the University's continued commitment to equipping students to meet the regional needs of Western Colorado.

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Colorado Mesa University

Feasibility Study

Physical Therapy and Physical Therapy Assistant Program

Submitted to the CMU Administration

January 2017

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I. Executive Summary

Colorado Mesa University, through the Department of Kinesiology, is exploring the feasibility of starting a doctorate of physical therapy (PT) and associates of physical therapy assistant (PTA) program. The subsequent report was completed to provide further clarification and areas of consideration for the University in examining the desire to move forward with program expansion. Four broad questions were addressed in the program assessment: How does the program align with University goals and strategic plan? Is there a need for additional physical therapists and physical therapy assistants regionally and state-wide? Does Colorado Mesa University have the academic and clinical resources to develop a premier PT/PTA educational training? What are the potential barriers to development and implementation of a physical therapy and physical therapy assistant program should the University choose to move forward with program development?

The purpose of this study was to explore the feasibility of Colorado Mesa University offering a doctorate level physical therapy(PT) and physical therapy assistant(PTA) program. The study was designed to examine the need for the programs, strengths of the University, facilities, and potential barriers to implementation of a new programs.

As a part of the University strategic initiatives and planning for student needs and meeting workforce shortages, Colorado Mesa University sought to better understand the feasibility of expanding their healthcare programs. It was determined an analysis of conceivable clinically oriented graduate and professional degree programs needed to be done, together with an assessment of their benefits and costs to the University and an evaluation of the degree to which each potential program is critical to the delivery of high-quality healthcare and meeting the needs for patient care in Western Colorado.

Colorado Mesa University seeks to determine the feasibility of establishing an accredited Doctorate of Physical Therapy and Associates of Physical Therapy Assistant program. Whenever a new academic program is being considered there are several common factors necessary to explore to assure both the quality and sustainability of the proposed programs. The feasibility report will cover an assessment of program alignment with overall University mission and goals, and an assessment of the market demand and need for a program. In addition, the reports will cover whether enough qualified faculty, institutional financial resources, and support exist to ensure the quality and sustainability of a program. Lastly, the report will assess competing market demand and comment on the projected availability of clinical sites sufficient for student experiential rotations.

The Commission on Accreditation in Physical Therapy Education (CAPTE) is the national accreditation agency for physical therapy education. CAPTE professional standards guide the development of the program and outline the necessary steps for programs to both operate, obtain and retain accreditation, with a set-process for programs to follow from development to accreditation.¹³

I. Introduction

Colorado Mesa University (CMU), located in the city of Grand Junction, Colorado, is approximately twenty-six miles east of the Colorado-Utah border. Grand Junction, with a Metropolitan Statistical Area population of approximately 150,000 residents, is the only metropolitan area between Salt Lake City and Denver.

CMU is a public four-year institution with the authority to award undergraduate and graduate degrees in addition to technical certificates.² Colorado Mesa University is the regional higher education provider for the following 14 counties in Western Colorado: Delta, Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Miguel, and Summit. This region covers nearly 30,000 square miles and represents 28 percent of Colorado. In addition to delivery of education at the main campus, CMU offers coursework at a Montrose campus, 60 miles southeast of Grand Junction. Instruction is also offered within its two-year division of Western Colorado Community College (WCCC). In addition to the geographical diversity, CMU supports the widest range of credentials for students to pursue of any higher education institution in Colorado. Including a recent degree expansion to include the Doctor of Nursing Practice in 2011. Currently, CMU has an enrollment of more than 10,000 students, granting approximately 1700 academic degrees in the 2014-2015 Academic Year.³

A. Mission and Goals of the Institution

CMU has a strong commitment to innovation and excellence, evidenced by recent curricular changes toward an integrated learning model to better prepare students to be successful problem solvers in the 21st century.² With a continuing commitment to campus growth and investments in facilities and technology, CMU supports enhanced student learning experiences. CMU's strengths in innovative solutions and strategic planning have allowed the University to not only overcome current challenges facing institutions of higher education today, but allowed CMU to thrive. Over the past five years CMU has continued to expand its leadership role in serving as the primary intellectual and cultural center of the Western Slope of Colorado.² In alignment with University goals and objectives, CMU aims to increase the level of educational attainment in the region through quality academic programming.² As the University adapts to its changing world, it continues to support the residents of Western Colorado in achieving higher degree attainment. CMU is committed to both preparing students for future success, and preparing graduates to meet the expanding regional needs of Western Colorado. With a commitment to a personal and integrated educational approach, Colorado Mesa University provides a dynamic learning environment that facilitates student growth intellectually, professionally and personally.

In accordance with University goals and mission, CMU is committed to investing in educational endeavors and degree programs that meet the regional needs of Western Colorado.² With an impending nationwide shortage of physical therapists, projections forecast demand for PT services will outpace the supply of PTs within the United states.⁴ A Physical therapist(PT) is a health care professional trained to diagnose and treat individuals of all ages, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. Physical therapist provide care for people in a variety of settings, including hospitals, private

practice, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes.⁵ The demand for PT employment is high with a national employment growth of 34.4% over the next 10 years.⁶ Demand for physical therapy services will come from the aging baby boomers, who are staying active later in life. In addition, more physical therapists will be needed to treat mobility issues stemming from the growing population of patients with chronic conditions such as diabetes and obesity.⁶ To meet this growing need for physical therapy services, many practice settings rely on physical therapy assistants to assure that all patients/clients have access to services. Physical Therapy Assistants (PTAs) work under the direction and supervision of a certified physical therapist. When a patient is examined and an initial plan of care is developed by the physical therapist, many choose to utilize a PTA in the provision of components of the patient/client's treatment.⁷ The PT, PTA and patient then work collaboratively to ensure goals of the plan of care are met.⁷ Like PTs, the demand for PTAs employment is high with national employment growth projected at 40% over the next 10 years.⁸

B. Program Development Process

Building on CMUs prior success and experience in program expansion in the health sciences, including degree expansion to include the Doctor of Nursing Practice Degree in 2011, the development of the CMU PT/PTA program arose from both internal and external student, administrative, and community providers interest in program expansion.

Table 1. Stages of Program Consideration

Stages of Consideration	Date	Comments/Actions
Program Discussion	Summer 2016	Kinesiology recognizing number of graduates having to leave the valley to attend PT school President Foster tasks Dr. Hawkins with initial
Program Planning/Consideration	August 2016	Initiated formal Needs Assessment/ Feasibility Study
Program Planning/ Consideration	October 2016	1. Conversations with external stakeholders and community PTs
Program Planning/ Consideration	November/December 2016	1. Community stakeholder meetings a. Community Hospital b. St. Mary's Medical Center 2. Formal Workforce/Needs Assessment Survey

C. Study Participants

Many participants, both from within the institution as well as external stakeholders, were included in the process of program exploration. From within the institution, participants included members of the Board of Trustees, representatives from administration and support services, representatives from other academic programs, graduate school administration, finance office representatives and participants from the office of institutional research. External participants included practicing PTs, officers and administrators of area health systems and physician groups. (For a complete list of participants please see appendix A)

D. Purpose

Colorado Mesa University requests approval to offer a program leading to the Doctor of Physical Therapy (DPT) degree. Professional entry-level physical therapist education programs in the United States only offer the doctorate degree. The Master of Physical Therapy and Master of Science in Physical Therapy (MSPT) degrees are no longer offered to any new students in the United States.⁵

III. Rationale for the Program

In 2015, approximately 209,690 PTs were practicing in the United States in a wide range of settings, including: hospitals, acute rehabilitation and skilled nursing facilities, ambulatory clinics, sports and fitness facilities, work settings, school systems, home-health, hospice and government agencies.⁷ Recent data from APTA highlights that while an increase in graduates from PT education programs will help lower the projected workforce shortages in the future, demand will likely to continue to outpace the supply.²⁸ New workforce models that assume a 1.5% attrition rate projects a shortage of 18,350 physical therapists by 2025.²⁸

Rural and frontier counties make up to 14 percent of the population in Colorado. “Rural” encompasses all population not included within an urban area. “Frontier” are designated areas with a population density of six or fewer persons per square mile. Lack of physical therapy providers creates high barriers to access for low-income and geographically isolated Coloradoans.⁴ Existing and current primary care and mental health professional shortage areas (HPSA) designations affirm the need for continued and targeted workforce development to meet these needs on the Western Slope.⁴ The Colorado Department of Public Health and Environment Primary Care Office published the Colorado Health Workforce and Development Strategy in 2014 with the goal of improving the health status of all Coloradoans by developing the health workforce.¹ One of the workforce-development strategies is aimed specifically at recruiting and retaining a health workforce for Colorado’s underserved communities. It was highlighted that as part of drawing health care professionals to an underserved community is supporting their education and clinical trainings in the communities in which they will serve.⁴

A. Program Justification

i. National

The Economic Development and Employer Planning System projects the demand for Physical Therapists between 2014 and 2024 to grow nationally by 34.0%, or by an average of approximately 12,830 openings annually.⁹ The United States Bureau of labor and statistics predicts the number of physical therapy jobs

will grow by 34% over the next 10 years. An even greater demand is projected for physical therapy assistants.¹¹ The Economic Development and employer Planning System projects the demand for Physical Therapy Assistants between 2014 and 2024 to grow nationally by 40.6%, or by an average annual total of 5,470 job openings annually.⁹ In addition, shortages exist and are projected to increase in the coming decades for the physical therapy workforce. The American Physical Therapy Association projects workforce shortages of 30,000 physical therapists over the next decade.²⁸ Projected shortages are a result of many factors including: an aging population that is projected to almost double by 2030, and by 2060 will more than double from 43.1 million to 92.0 million individuals.¹⁴ With the shifting national demographics, in an increasing workforce trained in preventative and rehabilitation services will be needed to meet the rising associated disease burden in this population. In addition, analysis done by the Centers for Medicare and Medicaid Services found that approximately 20% of Medicare beneficiaries have 5 or more chronic health conditions, and the most frequent diagnosis often require some form of physical therapy services during the life of the beneficiary.¹⁴ Also, a significant percentage, 34.3 % of the physical therapist workforce is 54 years or older and approaching retirement age.¹² Lastly, because of the passage of the 2010 Patient Protection and Affordable Care Act, rehabilitation services are one of the *Essential Health Benefits* required for all healthcare plans.²⁵ Thus, physical therapy services should be covered by employer’s health care plans and is expected to continue to increase access to rehabilitation services for individuals of all ages.²⁵

ii. Regional

Several indicators give some preliminary insight for potential program demand. The first comes from the Economic Development and Employer Planning System which projects the demand for Physical Therapists Assistants between 2014 and 2024 in Colorado to grow by 45.9%, or an average of approximately 320 openings annually.⁹ The demand for Physical Therapy Assistants between 2014 and 2024 is projected to grow in Colorado by 46.0%, or an average of approximately 70 job openings annually.¹⁰ The growth in Colorado surpasses the national projection for PT growth, highlighting the increased need regionally.⁹

The Colorado department of labor and employment data confirms the favorable long-term occupational projections for physician therapists in Colorado.¹⁰

Table2. Long-term employment projections for Physical Therapists in Colorado

2015 Estimated Employment	2025 Projected Employment	Total 2015-2025 Employment Change	Annual Average Percent Change	Total Percent Change
4,859	7,449	2,590	4.37%	53.30%

Source: Labor Market Information, Occupational Employment Projections Unit

In addition to continued market demand, Physical Therapists command a competitive salary. The 2014 median salary for Physical Therapists is \$84,020. In Colorado, the median salary is \$77,180.¹¹

iii. Local

Labor market statistics and occupational employment projections list employment of 133 physical therapists in Grand Junction with the predicted employment in 2025 of 182.¹¹ Thus, the long-term employment projections for Physical Therapists in Grand Junction predicts growth of an annual percentage change of 3.19%. This number is significantly higher than the projected annual percentage change for all occupations of 1.6%. The total percentage change for PTs is estimated at 36.84% between 2015 and 2025.¹¹

To better capture local data on the need for program expansion, a workforce needs assessment was conducted in collaboration with staff from CMU's Office of Institutional Research (IR). An electronic survey was sent in November of 2016 to 206 medical clinics, hospital systems, and providers in Western Colorado. The response rate was 26.2% (n=54). Participants were asked the perceived demand for new physical therapy and physical therapy assistant graduates in Western Colorado. Of the respondents, 70.7% ranked the need as moderate to high need for new physical therapy graduates and 46.8% moderate to high need for physical therapy assistants. Participants were also asked which areas of physical therapy practice are the most important for Western Colorado. Respondents ranked hospital acute care and orthopedic medicine as highly important for Western Colorado. In a subsequent question, rehabilitation facilities and hospital acute care had the highest reported demand for new graduates. Lastly, participants were asked to rank how likely they are to hire a Physical Therapist in the next five years. Of the respondents, 76.5% reported moderate to high likelihood of hiring a PT in the next five years with a need of approximately 43 more PTs in the next 2 years. And 85 additional PTs needed in the next 5 years. (For full survey results, please see appendix H).

iv. Student Demand

Current Undergraduate student demand for a physical therapy program at Colorado Mesa University can be viewed in two ways. One, interest in three main clubs on campus gives an indication of student interest in graduate level programming. There are three main clubs on campus that students interested in a PT/PTA career would be involved in: exercise physiology club (primarily kinesiology students), Real Medicine (Exercise is Medicine) Club (also primarily kinesiology students) and the Graduate Education and Medical Sciences (GEMS) Club (primarily biology students). Per the Head of the Biology Department, approximately 10% of the 76 students in the GEMS club indicated they are leaning towards PT or OT training in graduate school, while most are heading towards medical, Physician Assistant, or Pharmacy school. According to the Head of the Kinesiology Department, of the 313 Exercise Science majors, 60-75% indicate a high likelihood of pursuing a career in PT. However, it was indicated that a smaller number of this pool would likely qualify for program application. Also, part of the 75% would also indicate OT as a career option as well, with many keeping both options open in case they are not admitted to a PT program. A second indicator of student demand comes from data of the last three years of graduates (380) from Exercise Science, Athletic Training, and Fitness and Health graduates compiled by the Kinesiology Department. Faculty have reported that of these graduates who indicated an interest in careers in PT, OT, or PTA, 56 students are currently attending, or have applied to PT school, or are interested in pursuing graduate studies in PT. In addition, 6 students are attending, have applied to PTA school, or indicated they are interested in pursuing a career as a PTA. (For complete Kinesiology Student Interest in PT/OT/PTA please see Appendix J.)

B. Relationship to Other Programs

Building on strong undergraduate and graduate health science degree programs at Colorado Mesa University, the Physical Therapy and Physical Therapy Assistant programs will continue to add choices for student professional training. With a strong undergraduate program in Exercise Science, a graduate degree program in PT offers students a continuing professional career ladder, while continuing to strengthen the department level expertise with the addition of more faculty. A DPT program will retain graduates of CMU undergraduate programs who wish to continue their graduate training in physical therapy. In addition, development of PT and PTA will add to the health profession training offerings at CMU, positioning the university as a leader in Western Colorado for health care training. Current graduate health programs at CMU, including a Master of Science in Nursing and Doctor of Nursing Practice, and Family Nurse Practitioner degrees provide opportunities for PT students and Nursing student inter-professional education, emulating the integrated team approach to patient care. In addition to nursing, many healthcare related programs including radiologic technology, emergency medical services, and medical laboratory technology, provide ample opportunities for collaborative inter-professional education. Building on strong healthcare related programming is important as PT programs will be required to provide inter-professional education as of January 1, 2018.²⁹ Lastly, development of a PT program at CMU provides the opportunity for future programmatic additions and extensions of clinical resident training programs and advanced training for students and physical therapists in the community, such as specific training in therapy subspecialties (eg. pelvic health).

Careful program coordination will be necessary to ensure integrated coursework and any shared laboratory and equipment are planned to ensure student success across all programs. In addition, undergraduate programs in Kinesiology and Athletic Training may see increasing student interest with introduction of a PT program. Introduction of a degree in PTA may provide an opportunity for students that may not have the qualifications necessary to apply to PT school or are not interested in graduate school.

C. Impact of Program

i. Impact on Regional PT Programs

Currently, there are two accredited PT programs operating in Colorado: one at Regis University in Denver, and one at the University of Colorado in Boulder. Per the CAPTE website, there are no other programs in Colorado currently in program development. All current programs offered are greater than 240 miles from Grand Junction, CO.^{15,16}

Table 3. Number of projected annual PT graduates in Colorado

Institution	Class Size
Regis University	80
University of Colorado	68
TOTAL	148

Based on projected demand for Physical Therapists between 2014 and 2024 in Colorado, the current rate of graduates is well below the estimated 320 openings annually.¹⁰

The Following table highlights the distribution of accredited and developing PT programs by geographical region. The Mountain region currently has the fewest established or developing programs.²⁴

Table 4. PT programs by geographical region²⁴

	States	2016
South Atlantic	DE, DC, FL, GA, MD, NC, SC, VA, WV	53
Middle Atlantic	NJ, NY, PA	46
East North Central	IL, IN, MI, OH, WI	37
West North Central	IA, KS, MN, MO, NE, ND, SD	26
West South Central	AR, LA, OK, TX	25
New England	CT, ME, MA, NH, RI, VT	17
Pacific	AK, CA, HI, OR, WA	22
East South Central	AL, KY, MS, TN	15
Mountain	AZ, CO, ID, MT, NV, UT, WY	14
Total		355

PTA

Four PTA programs are currently accredited in Colorado. In addition, Morgan Community College, in Fort Morgan, Colorado is currently developing a program and has submitted an Application for Candidacy to the Commission on Accreditation in Physical Therapy Education.¹³ Arapahoe Community College, in Littleton Colorado, offers a two-year associate of applied science physical therapy assistant degree. The program matriculates 20 students each year into its program.¹⁷ Concord Career Colleges in Aurora, Colorado offers an applied science of physical therapy assistant degree and matriculates approximately 20 students in each cohort.²⁷ Pima Medical Institute in Denver, Colorado offers an associate of Occupational science degree.³⁰ Pueblo Community College, in Pueblo Colorado, has an average class size of 20 students in the two-year program leading to an Associates in Applied Science.³¹

Table 5. Colorado PTA Programs and Class Size

Institution	Class Size
Arapahoe Community College	20
Concord Career Colleges	20
Pima Medical Institute	20

Pueblo Community College	20
Morgan Community College	??
TOTAL	80 (possibly 100 with new program)

Based on projected demand for Physical Therapy Assistants between 2014 and 2024 in Colorado, the current rate of graduates will exceed the estimated 70 openings in Colorado annually.¹⁰

i. Student Clinical Experiences

The challenge of identifying and nurturing clinical experience sites for PT and PTA students is common to all PT and PTA programs.¹⁸ Currently, Community Hospital, St. Mary’s Medical Center, the VA Hospital and most privately run outpatient clinics all currently have occasional PT students rotating in their facilities from other programs across the country. A collaborative partnership will need to be established between these varying training programs to ensure that all students share in quality clinical experiences. In addition, current undergraduate shadowing experiences may be impacted by medical providers’ capacity for student rotation experiences. A collaborative partnership between these varying training programs can ensure that all students share in quality clinical experiences. PT program personnel will need to be both strategic and intentional in establishing partnerships with area medical centers to ensure both the quality and quantity of PT or PTA students. In addition, the PT program will need to spend a significant amount of time in program development both identifying and securing potential clinical instructors. Program personnel should anticipate a significant amount of travel necessary to secure quality clinical sites for all students. This is addressed in more detail in Section VI: Implementation Challenges.

D. Curriculum and Instruction

i. Physical Therapy

PT professional education encompasses both the didactic and clinical education that prepares graduates for entry into practice of physical therapy. Post professional training focuses on the skills to prepare knowledgeable, service-oriented, self-assured, adaptable, and reflective practitioners that are both critical and integrative thinkers.¹⁹ Educational goals are to graduate life-long learners with the ethical principles to make independent clinical decisions that support the health of all patients. Professional DPT programs are typically 3 years. Per the American Physical Therapy Association (APTA), primary content areas in the curriculum often include, but are not limited to: anatomy, cellular histology, physiology, exercise physiology, biomechanics, kinesiology, neuroscience, pharmacology, pathology, behavioral sciences, communication, ethics/values, management sciences, finance, sociology, clinical reasoning, evidence-based practice, cardiovascular and pulmonary, endocrine and metabolic, and

musculoskeletal.¹⁹ Approximately 80% of the curriculum is dedicated to classroom or the didactic portion of the education. The remaining 20% is dedicated to clinical education, where PT students spend an average 27.5 weeks in their final clinical experience.¹⁹ (For an example, Doctor of Physical Therapy Curriculum, please see Appendix E1). Upon completion of the program curriculum, graduates will be equipped to take the state licensure exam and after passing are eligible for state licensure as a Physical Therapist.

Table 6. Average length of professional curriculum²⁴

	2015-2016
Number of weeks in didactic portion (mean)	86.4
Number of weeks in full-time Clinical Education (mean)	36.01
Total number of weeks in program	122.4

Table 8. Average semester credits required for accredited programs²⁴

	2015-2016
Professional-didactic (mean)	102
Clinical Education (mean)	25
Total number of weeks in program	122.4

Table 9. Percentage of Programs by curricular model²⁴

		2015-2016
Hybrid	curriculum is designed as a combination of two or more of the following models	76 %
Traditional	The curriculum begins with basic science, followed by clinical science and then by physical therapy science	10.3%
Systems-based	the curriculum is built around physiological systems (musculoskeletal, neuromuscular, cardiopulmonary, etc.	7.5%
Modified Problem-based	the curriculum uses the problem-based model in the later stages, but the early courses (primarily basic sciences) are presented in the more traditional format of lecture and laboratory	3.5%
Guide-based	the curriculum is built around the disability model, the patient management model, and	0.40%

	the preferred practice patterns included in the Guide to Physical Therapist Practice	
Case-based	curriculum utilizes patient cases as unifying themes throughout the curriculum	0%
Problem-based	the entire curriculum (including basic and clinical science content) is built around patient problems that are the focus for student-centered learning through the tutorial process and independent activities	1.59%
Lifespan-based	the curriculum is built around the physical therapy needs of individuals throughout the lifespan (e.g., the basic and clinical sciences and patient management skills, etc., related to the neonate are presented together, followed by those of childhood, adolescence, early adulthood, middle age and old age)	0.40%

Specialty Certification

Physical therapists can become board-certified clinical specialists through the American Board of Physical Therapy Specialties (ABPTS). Specialty certification is a voluntary process in which therapists develop a greater depth of knowledge and skills related to a specific area of practice. This includes specialization in cardiovascular and pulmonary, clinical electrophysiology, geriatrics, neurology, orthopedics, pediatrics, or women’s health.¹⁹

ii. Physical Therapy Assistant

PTA education is a two-year associate degree program that prepares graduates for taking the national licensure examination and entering the field of physical therapy with the knowledge and skills to work as a PTA. PTAs perform selected components of the intervention and data collection to assess patients’ safety and response to interventions provided under the direction of a supervising physical therapist. PTA curriculum includes general education courses and primary physical therapy content in areas of anatomy and physiology, exercise physiology, biomechanics, kinesiology, neuroscience, communication, and ethics/values. Approximately 75% of the PTA curriculum comprises classroom or didactic content and the remaining 25% is dedicated to clinical education. Per the APTA, PTA students spend on average 16 weeks in full-time clinical education experiences.²⁰

E. Unique Opportunities in Western Colorado

Grand Junction has a strong medical community well-suited for the education and future practice of an expanding healthcare team. The valley was featured in a PBS film, T.R. Reed's "Us Healthcare: The Good News - The Secret Sauce - how Grand Junction is improving health care and lowering costs."²¹ The video depicts the collaborative care model employed by medical care teams across Grand Junction. A commitment to collaborative care makes Grand Junction an exceptional place to both learn and deliver patient care. St. Mary's Medical Center, part of SCL Health, is the largest medical center on the Western Slope of Colorado. The medical center serves an area of more than a quarter million square miles. This provides potential PT students in this area exposure to excellent inpatient patient care.²² In addition, Community Hospital has recently opened a new 140,000 square foot, full-service hospital to provide a full range of medical services, including inpatient and outpatient, surgery and emergency care. In addition, Community Hospital offers comprehensive diagnostic capabilities and a partnership with the University of Utah Huntsman Cancer Institute to provide world-class medical and radiation oncology.²³ These services not only add world-class medical treatment in the valley, but ensure patients do not have to travel 250 miles for their care.

In addition, the VA hospital in Grand Junction is supportive of expansion of therapy related programs and could offer the potential for a future affiliation agreement with CMU to offer students a unique educational experience in prosthetics. With additional regional and community hospitals in Fruita, Delta, Rifle, Montrose, Gunnison, Aspen, Telluride, and Durango, opportunities exist for student clinical rotations in the surrounding medical community. According to Jason Mullaney, a practicing PT at the VA, many of the rural areas of western Colorado, eastern Utah, Wyoming, and northern New Mexico have a difficult time recruiting and retaining providers. A program in Western Colorado focusing on rural needs could provide a greater workforce to meet these area shortages. In addition, there are no programs offered in an approximate 250 mile radius of Grand Junction, Colorado, with no current programs in Western Colorado or Eastern Utah. History has demonstrated that professional degree holders typically practice within 100 miles of where they earn their graduate degree. This highlights a need to provide training programs on the Western Slope to encourage graduates to stay in this area. In addition, National data from the Association of Schools and Allied Health Professions indicates that only 33% of qualified applicants are accepted into PT programs because of limited capacity at PT schools across the nation.²⁰

IV. Resources

A. Assessment of Existing Human Resources

The Kinesiology Department currently has eleven faculty members teaching across all courses. Eight of these faculty are trained at the doctoral level with one being a physician (DO). Five faculty have voiced interest in teaching and contributing content expertise including: Dr. Hawkins, Dr. Reeder, Dr. Greico, Dr. Heumann, and Ms. Lally. In addition, significant interest has been expressed in the medical community for contributions to the educational PT/PTA program at CMU. Many area providers expressed interest in teaching in the didactic portion, serving as a clinical instructor or providing specialty training/lectures in areas of content expertise.

i. Physical Therapy

In accordance with CAPTE standards, CMU anticipates hiring the following faculty and support staff for the PT program to include the program director, director of clinical education, and at least three FTE principal faculty positions. Administrative support (1 FTE) would support overall department functions and the clinical education program.¹³ Current national averages for students/faculty ratios are 12 students per one core faculty member.¹³

- a. Program Director – must be hired at the Associate Professor level or above
 - i. Associate Professor
 1. Mean: \$125,207
 2. Range: \$79,684 – 280,000 (STDEV \$28,881)
 - ii. Professor
 1. Mean: \$152,116
 2. Range: \$97,790 – 334,500 (STDEV \$55,756)
- b. Clinical Education Coordinator
 - i. Instructor
 1. Mean: \$87,884
 2. Range: \$68,244 – 102,611 (STDEV \$13,101)
 - ii. Assistant Professor
 1. Mean: \$87,529
 2. Range: \$60,600 – 109,875 (STDEV \$11,214)
 - iii. Associate Professor
 1. Mean: \$98,730
 2. Range: \$60,000 – 125,695 (STDEV \$19,493)
- c. Full time other faculty (approximately 3)
 - i. Assistant Professor
 1. Mean: \$92,991
 2. Range: \$60,621 – 163,864 (STDEV \$16,019)
 - ii. Associated Professor
 1. Mean: \$106,825
 2. Range: \$76,801 – 169,150 (STDEV \$18,882)
 - iii. Professor
 1. Mean: \$118,219

2. Range: \$65,837 – 164,455 (STDEV \$18,897)

iii. Physical Therapy Assistant

Program Director

The program director, per the CAPTE standards (4G) is a physical therapist or physical therapy assistant who demonstrates an understanding of education and clinical practice that is appropriate for leadership in physical therapist assistant education.¹³ These qualifications include: a minimum of a master's degree, current licensure as a PT or PTA, minimum of 5-years, full-time post licensure experience that includes a minimum of three years of full-time clinical experience, didactic or clinical teaching experience, administration/management experience, and experience in educational theory and methodology, instructional design and coursework in educational foundations.¹³

Clinical Education Coordinator

Per the CAPTE standards(4I), the clinical education coordinator must be a licensed PT or PTA with minimum three years of full-time post licensure clinical practice and a minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching curriculum development and administration in a PT or PTA program.¹³

Academic Faculty

Per CAPTE standards (4K), the core and associated faculty must include a “blend of individuals who possess the appropriate educational preparation and clinical and/or professional experience” to ensure program goals and expected student outcomes are met.¹³

**If development of concurrent programs(PT & PTA) each program would need a FTE program director, but some of the clinical education coordinator role may be shared, as well as, academic faculty teaching responsibilities.

B. Assessment of Existing Physical Resources

CMU will be conducting a space utilization study to gather information related to renovations and a permanent home for the planned PT/PTA programs. Space may be available in the Kinesiology Department, occupying some of the previously occupied nursing space. Clinical lab space and equipment may be shared with the kinesiology undergraduates and some new equipment specific to the PT program will need to be purchased (for equipment estimates, please see Appendix L/L1). CMU will need to identify, design, and build the needed spaces in Kinesiology Department to expand capacity for the PT/PTA programs. In addition, improvements to biology and chemistry departments will need to be made, with improvement in the ventilation of the Cadaver Lab in Biological Sciences; and investments in additional equipment will be needed in time for enrollment of the first PT cohort.

C. Assessment of Additional Resources

1. Admissions, Records, and Financial Aid

Impact on the admission office will be significant. Per the most recent CAPTE data report, the average PT program in the 2014-2015 cycle had over 500 applicants.²⁴ Considering the large number of applicants, CMU will need to consider the options to manage admissions and program inquiries as part of program development. Dr. Pemberton has suggested deciding on either: 1. a centralized graduate

admissions and graduate “office” or; 2. a decentralized graduate admissions process, in which general admission applications are sent to each department for review. It is apparent that increased resources and admission process will be necessary to support graduate admissions for the planned PA program. The initial impact of program development on financial aid is projected as minimal. However, Curt Martin, director of financial aid estimates the longer-term impact to be more significant. Programs that draw many applicants, will mean an increasing burden on the financial aid offices, as all students will need to be awarded aid, regardless if they are selected to enter the program. Also, expansion of medical related programs would create growth in the types of aid offered which have their own set of regulations. The financial aid office estimates with PT, and the possible expansion of PA and OT, an additional FTE would be required to administer these programs. Estimated salary would be \$48,000.00.

2. Bookstore

Textbooks, reference materials, and other supplies necessary to support the graduate program will be absorbed into the present operation of the bookstore. Most students will utilize the online book ordering option.

3. Health Services

Irrespective of health insurance status, CMU students may access physical and mental health services through the university Student Wellness Center, operated cooperatively between the university and Community Hospital for a low co-pay of \$15 and \$5, respectively. Graduate students will have equal access to behavioral and health services as undergraduate students.

4. Counseling and Career Services

Each student will be assigned a faculty advisor/mentor within the department to assist in program related advising and career planning.

5. Tutoring and Academic Support

Tutoring services are informally offered to graduate students. Support services include, academic writing skills and basic math/science concept tutoring. The Educational Access Services Office has established operations and procedures already in place to provide accommodations for students with physical or cognitive learning needs.

6. Library

A formal library needs assessment has been initiated with the Tomlinson Library. The results will be communicated when the process is completed. The assessment includes; text bases, periodical literature, government publications and online database support. The CMU library already has some text and databases in place to support the undergraduate Kinesiology department, as well as, other health related degrees, some of these resources will be able to be shared across programs. In addition, the library has access to extensive interlibrary loan collections. A narrative and chart with collection and the budgets for Health Science and Athletic training have been included. Many of the current collection will also support the planned PT/PTA programs. (For the full library assessment please see Appendix B). In addition, the PT/PTA program textbooks from the survey of the Federation of the State boards of Physical Therapy was compared with the CMU library collection. The library currently has 13 of the 33 titles or 39% of the titles in the current collection. Some additional library resources will need to be added for the PT/PTA programs at CMU.

7. Research and Internal Review Board

With the expansion of graduate programs, it was identified that increasing student and faculty research may pose an increased burden on existing research and internal review within CMU. Historical data provided by the office shows human subject proposals submitted to the Institutional Review Board has ranged from 20-23 per the full fiscal year for the entire campus. There has been an increase with the

current fiscal year to 21 processed proposals since 7/1/16. The increase indicates an already increasing number of research proposals. The office has already encountered problems with keeping up with the current demand for proposal review and the number of members on the Institutional Review Board may need to be adjusted to allow for the expansion of 10-15 student/faculty projects per year.

8. Academic Computer Services

The Information Technology Department centrally manages computer services University wide. Students on campus have access to over 1,300 open lab computers, at 71 locations across its campuses, and wireless Internet access to online services. The learning management system, D2L is one such online service that supports student learning and is managed by Distance Education. D2L and technology end user support is offered through Distance Education and the IT Help Desk. In addition, advanced statistical software programs, such as IBM SPSS, are available for faculty and student use in computer labs. Computer and academic online resources as described above will be available to the PT program.

V. Cost Analysis

A. Tuition and Fees for PT Programs

2016-2017 Academic Year

Table 10. Tuition and Fees of Colorado Established PT Programs^{15,16}

School/Degree	Semester Credits for Degree Completion	Tuition	Other Fees	
Regis/DPT Program	110 Credits	\$825.00/credit hour	Lab Fee(400,00/yr) Y1 & Y2	\$800.00
			Student Activity	\$150.00
			Books	\$2500.00
Subtotal		\$90,750.00		\$950.00
TOTAL		\$91,700.00		

School/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
University of Colorado-Anschutz Medical Campus/DPT Program	116 Credits	\$1008.00/credit hour	\$481.00/credit hour	Matriculation/ Criminal Background Check	\$205.00
				First Year Fees	\$ 150.00
				Books and Equipment	\$2,800.00
Subtotal		\$116,928.00	\$55,796.00		\$3,155.00
TOTAL		\$120,083.00	\$58,951.00		

Table 11. Tuition and Fees of Colorado Established PTA Programs^{17,27,31,31}

Program/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
Arapahoe Community College/Associate of Applied Science	75 Credits	\$591.00/credit hour	\$166.34/credit hour	Estimated total fees	\$400.00
					\$400.00
TOTAL		\$44,725.00	\$12,875.50		

Program/Degree	Tuition	Other Fees	
Concordia Career College/Associate of Applied Science		Books and equipment	\$2,562.00
Y1	\$9,260.00	Other Fees	\$750.00
Y2	\$9,260.00		
Subtotal	\$18,520.00		\$750.00
TOTAL	\$19,270.00		

Program/Degree	Tuition	Other Fees	
Pima Medical Institute/ Associates of Occupational Studies (66.5 credits)		Books/equipment and fees	\$1,500.00
Y1	\$11,734.00		
Y2	\$11,734.00		
Subtotal			\$1,500.00
TOTAL	\$13,234.00		

Program/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
Pueblo Community College/Associate in Applied Science	75 Credits	\$522.81/credit hour	\$157.41/credit hour	Estimated total fees	\$1215.00
		\$39,210.00	\$11,805.75		
Subtotal					\$1,215.00
TOTAL		\$40,425.00	\$13,020.75		

B. CMU Estimated PT Program Revenue and Expenditures

Table 12. PT Program Revenue/Expense Estimate

	Y1(development)	Y2	Y3	Y4
Estimated Total Revenue	N/A	\$975,000.00	\$1,740,000.00	\$2,505,000.00
Estimated Total Expenditures	\$641,550.00	\$1,115,650.00	\$1,080,625.00	\$1,113,043.75
TOTAL	-\$641,550.00	-\$140,000.00	+659,375.00	+1,391,957..00

*Y4 expenses assumed 3% increase from Y3
 (For full estimated revenue/expense estimate, please see appendix L)

i. Resource Requirements

a. Equipment

Teaching and laboratory equipment for a DPT program can be extensive (supplies can include, but may not be limited to: treatment plinths, mat tables, curtains, modalities, hoier lifts, parallel bars, ect). Some equipment is already available with current undergraduate offerings at CMU in exercise science and athletic training. Jason Mullaney, Physical Therapist and adjunct instructor at CMU, suggested exploring affiliation agreements with local medical facilities to utilize durable medical equipment that is not being utilized in current medical facilities. Alternate utilization of existing equipment could limit the initial capital investment in equipment while establishing clinical partnerships. Also, exploring purchasing massage tables as an alternate to clinical treatment tables makes lab space easily turned into instructional space. It is reasonable to budget approximately \$200,000.00 over the first two years of the program for teaching and laboratory equipment. Any purchased laboratory equipment could also be shared with a PTA program.

b. Space

In accordance with accreditation standards, it is estimated approximately 8,000-10,000 square feet would be required to support the instruction, laboratory and research activities for a PT/PTA program. Suggested space includes; instructional space, anatomy lab, a locker or changing room, equipment storage space, research space and faculty and administrative offices. Adequate space would be needed to support instructional space for the first two academic years with 2 dedicated classrooms and at least one, if not two, instructional laboratory space for 40 students. The teaching lab space is commonly utilized for practicing the “hands on” skills of patient care. Many DPT programs have labs dedicated to musculoskeletal practice and another lab emphasizing neuromuscular/cardiopulmonary and mobility practice. The approximate square footage would depend on cohort/class size, but for 40 students would roughly require approximately 1500-2000 square feet of lab space. In the third year, instructional space is minimal as students will be in full-time clinical education. In addition, accreditation criteria stipulate space available for students to study outside of classroom space. Lastly storage space is estimated at approximately 150 sq feet per laboratory.

c. Budget Model Assumptions

Estimates of enrollment were based on 30 students accepted into the program each year. The cohort size was recommended by area therapists with PT education knowledge, to ensure student and program excellent quality and quantity of clinical sites during program development.

d. Personnel

Based on accreditation standards, a program director and director of clinical education will need to be hired. In addition, national student to faculty rations are approximately 10:1 and 13:1 in laboratory classes. Budget model assumptions were made with a student to core faculty ratio of 15:1 based on an increased adjunct and faculty course content that may be covered from current exercise science faculty. If current faculty cannot cover additional teaching-load, an additional core faculty line item may need to be added to future budget models.

e. Tuition

Revenue and expenditures were based on \$700/credit hour tuition rate based on national and regional averages. A 115-credit program to be completed in 36-months. In addition, a \$1,000 instructional support fee per year was included in the calculation. No annual tuition increases were included in the estimate.

Cost Analysis Summary

The budget is a basic outline of projected revenues and expenditures. It is important to remember this calculation DOES NOT include any expenditures related to new facilities or modifications to existing facilities. In addition, calculations do not account for expenditures related to recruitment of new faculty/personnel, faculty instructional resources, or instructional technology(computers/equipment). In comparison, please see the table below of average expenses for PT FY 2015-2016.

Table 13. Average Program Expenses FY 2015-2016²⁴

Total Operating Expenses (excluding salary & benefits)	Range	\$14,858-7,943,707
	Mean	\$420,504
Total Salary Expenses	Range	\$172,792-4,757,446
	Mean	\$1,209,985

C. CMU Estimated PTA Program Revenue and Expenditures

Table 14. PTA Program Revenue/Expense Estimate

	Y1(development)	Y2	Y3	Y4
Estimated Total Revenue	N/A	\$170,000.00	\$320,000.00	\$320,000.00
Estimated Total Expenditures	\$168,000.00	\$249,250.00	\$252,250.00	\$252,250.00
TOTAL	-\$168,000.00	-\$79,250.00	+67,750.00	+67,750.00

(For full estimated revenue/expense estimate, please see appendix L1)

VI. Key Project Milestones

A. Accreditation

CAPTE traditionally accepts and reviews a maximum of six Candidate for Accreditation decisions three times per year (18 total accreditation decisions per year) but beginning in 2018, candidacy review cycles will be reduced to two per year (12 accreditation decisions per year). According to CAPTE, there are no remaining slots available for upcoming candidacy cycles in 2017. Therefore, Cycle A in 2018 (5 remaining slots available) would be the first date for CMU’s potential candidacy.¹³ The next steps for provisional accreditation based on the 2018 Cycle A are outlined below:

- | | |
|---------------------|--|
| June 1, 2017 | Notification of intent to seek accreditation must be completed 12 months prior to application. Items associated with Notification of Intent: <ol style="list-style-type: none"> 1. Documentation from HLC granting permission to develop a program 2. Documentation from state regulatory body granting permission to develop a program 3. Program Director hired and working-requirements CAPTE standards (4G) |
| June 1, 2018 | Application for Candidacy Due |
| Early November 2018 | CAPTE Decision Timeline |
| Winter 2018 | Program Allowed to Matriculate Students |

VII. Implementation Challenges and Opportunities

If a PT or PTA program is implemented, the University will need to address several major challenges as well as capitalize on potential unique opportunities.

A. Faculty recruitment and retention.

As is true for several other health-related professions, the higher salaries paid to practicing professionals makes it difficult to attract them to work in higher education. This has been an issue for CMU's nursing program, and the PT program will face the same competition. CMU has prioritized its efforts to recruit, support, and retain faculty that are committed to both the University and the community, as well as expanding faculty professional development opportunities that are aligned with institutional priorities. The commitment to recruitment will be important in securing quality faculty for program development and implementation.² Per the Physical Therapist Education Programs aggregate data, in 2015-16, there were 168 current vacancies in allocated positions with 66 new positions to be filled. Recruiting and retaining qualified core faculty will be paramount to building a strong educational program.¹³ CAPTE highlights the shortage of qualified faculty and the importance of early recruitment, as utilizing local therapists without experience in academia does not comply with educational standards.¹⁸

Program Director

The requirements for a Program Director, as outlined by CAPTE, are that the position is to be filled by a professional with clinical experience and academic qualifications in higher education that ensure the individual can provide effective leadership for program development and implementation. The requirements specify that the "individual possess an earned advanced academic doctorate (PhD, EdD, DSc), physical therapy licensure in the US (preferably in the State the program is housed in), has contemporary understanding of higher education (six plus years of academic experience), and a thorough understanding of clinical practice". In addition, it is critical to mission success that a qualified Program Director must be hired at least one year prior to application submission.¹³ CAPTE highlights that the hiring of a qualified director is typically a difficult task due to a shortage in the supply of directors for both PT and PTA programs.¹⁸ Historically, it has taken institutions up to one year to hire a qualified director, so this may need to be considered in the proposed timeline for program development.¹⁸

Director of Clinical Education

For CMU to ensure a strong clinical training component of the PT program, it is recommended to hire a Director of Clinical Education (DCE) early in the development process to provide sufficient time to develop affiliation contracts and ensure quality training sites.¹³ In addition to the minimum number of clinical sites required to accommodate the inaugural cohort, CAPTE requires new PT programs to secure an additional 25% of the number of clinical sites. It may prove beneficial to the program to recruit a DCE that is familiar with and has clinical ties with both the regional and state clinical education community. Networking with current providers and administrators to ensure quality and quantity of clinical instructors will be essential to program success.¹⁸

B. Clinical education sites

The current model of clinical education in physical therapy is typically described as volunteerism. Clinical Instructors (CI) currently practicing in the community volunteer to serve as instructors for PT students during part and full time rotations. CAPTE requires professional programs to support the professional development of clinical instructors. However, few programs provide enough benefits to

retain an adequate number of clinical instructors. CMU will need to consider clinical instructor perks that will be extended to future therapists to encourage their partnership. Such perks may include; library access, dinners, continuing education units (CU) and free admission to university sponsored events, or more.

To ensure adequate quantity and quality of preceptors, the future program director, clinical coordinator/director of clinical education and PT core faculty will need to be committed to ensuring clinical instructors understand the education and scope of practice needs of PT/PTA students. Drawing on CMU affiliated agreements already in place, a preliminary list of possible clinical affiliations is included (Current Health Sciences Affiliation Agreements, Appendix F). In addition, it is reasonable to assume that all students will likely travel out of Grand Junction for some of their clinical rotations. It is recommended that work on securing clinical sites begin early to ensure adequate and quality sites are available for students. Again, significant time and effort will need to be invested in this effort by program faculty to ensure adequate clinical sites are secured and affiliation agreements are in place. To ensure support for future physical therapy and physical therapy assistant programming, established partnerships with the clinical community will be needed to provide the support for adequate quantity and quality of clinical instructors in both inpatient and outpatient settings, skilled-nursing facilities, and rehabilitation centers.

A common theme emerged from conducting interviews of varying therapists and medical practice/hospital administrators. Many administrators were enthusiastic about program expansion and optimistic about the ability to provide clinical training sites for students. However, many individual contributors and area therapists were less optimistic about the availability and options for clinical instruction. External advisory therapists, both PT and PTA's, voiced concerns of the lack of administrative support for taking students and the time constraints associated with taking students while still trying to meet their productivity goals. Therapist at St. Mary's Medical center commented that many years ago they received a stipend based on the number of CU hours accrued by having a student.

However, the program no longer exists and therapists expressed that is it challenging to balance an already large workload while trying to provide adequate student instruction. Mutually beneficial programs that support clinical instructors, as well as the participating hospital/clinic and university programming, will need to be explored to ensure a new program can secure ample full-time clinical education sites for students. One therapist commented that in his experience as a clinical instructor for Regis University, due to limited clinical sites, they are moving to a 2-3 student per provider model to ensure ample education sites for students. Also, therapists commented that students are usually not ready for clinical rotations in rural sites early on in their training. Thus, many rural site rotations will only be appropriate for students in advanced training. So although sites in and around Grand Junction will provide great clinical training many, other sites will be needed to ensure appropriate training for students' clinical development.

Lastly, the university may need to consider the competing nature of concurrent PT and PTA programs and the increased competition for clinical sites. To ensure ample sites for student rotations, a careful analysis will need to be conducted on local and regional providers' ability to support clinical education sites for all students. CAPTE highlights that "local clinical facilities that are expressing a manpower shortage and supporting program development most likely will not be able to provide quality clinical education experiences."¹⁸

C. Anatomy Space

With a proposed PT program and possible expansion of PA and OT programs, to comply with standards in PT education and the predominant model of PT cadaver based anatomy, expansion of the current cadaver lab will be necessary.¹⁸ National averages/recommendations are 6 students per cadaver, which would necessitate lab expansion and careful coordination of course work and instructional time for all students across the varying disciplines.

D. CMU Undergraduate Preparation

Determination of the PT and PTA prerequisite and admission criteria will be important to determine early on in program development to ensure undergraduate students are receiving the advising needed to be prepared for PT/PTA program application.

E. Educational Partnerships

Existing programs in the Health Sciences and Kinesiology Departments, as well as possible program expansion of PA and OT programs provide many opportunities for future PT/PTA students to be involved in coordinated inter-professional education. Common curriculum across these graduate programs offers the potential for shared instruction by already qualified instructors. Potential cross listing or cross-discipline instruction could result in cost savings for the University by reducing duplication in required courses, while also offering the opportunity for inter-professional training across the varying disciplines.

VIII. Summary

Amidst many changes in CMU's 90-year history, the University has remained consistent in its service to the region, supporting and contributing to the intellectual, social, cultural, and economic life of Western Colorado. Development of a Doctorate in Physical Therapy and/or Associates in Physical Therapy Assistant programs at CMU are an extension of the University's continued commitment to equipping students to meet the regional needs of Western Colorado.

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Colorado Mesa University

Feasibility Study

Occupational Therapy Program

Submitted to the CMU Administration

January 2017

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I. Executive Summary

Colorado Mesa University, through the Department of Kinesiology, is exploring the feasibility of starting a doctorate or master's degree of Occupational Therapy (OT). The subsequent report was completed to provide further clarification and areas of consideration for the University in examining the desire to move forward with program expansion. Four broad questions were addressed in the program assessment: How does the program align with University goals and strategic plan? Is there a need for additional occupational therapists regionally and state-wide? Does Colorado Mesa University have the academic and clinical resources to develop a premier OT educational training program? What are the potential barriers to development and implementation of an occupational therapy program should the University choose to move forward with program development?

The purpose of this study was to explore the feasibility of Colorado Mesa University offering a doctorate or master level occupational therapy(OT) program. The study was designed to examine the need for the programs, strengths of the University, facilities, and potential barriers to implementation of a new program.

As a part of the University strategic initiatives and planning for student needs and meeting workforce shortages, Colorado Mesa University sought to better understand the feasibility of expanding their healthcare programs. It was determined an analysis of conceivable clinically oriented graduate and professional degree programs needed to be done, together with an assessment of their benefits and costs to the University and an evaluation of the degree to which each potential program is critical to the delivery of high-quality healthcare and meeting the needs for patient care in Western Colorado.

Colorado Mesa University seeks to determine the feasibility of establishing an accredited occupational therapy program. Whenever a new academic program is being considered there are several common factors necessary to explore to assure both the quality and sustainability of the proposed programs. The feasibility report will cover an assessment of program alignment with overall University mission and goals, and an assessment of the market demand and need for a program. In addition, the reports will cover whether enough qualified faculty, institutional financial resources, and support exist to ensure the quality and sustainability of a program. Lastly, the report will assess competing market demand and comment on the projected availability of clinical sites sufficient for student experiential rotations.

The Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA) is accredited by the U.S. Office of Education as the only accrediting agency for educational programs in occupational therapy. ACOTE professional standards guide the development of the program and outline the necessary steps for programs to both operate, obtain and retain accreditation, with a set-process for programs to follow from development to accreditation.¹³

I. Introduction

Colorado Mesa University (CMU), located in the city of Grand Junction, Colorado, is approximately twenty-six miles east of the Colorado-Utah border. Grand Junction, with a Metropolitan Statistical Area population of approximately 150,000 residents, is the only metropolitan area between Salt Lake City and Denver.

CMU is a public four-year institution with the authority to award undergraduate and graduate degrees in addition to technical certificates.² Colorado Mesa University is the regional higher education provider for the following 14 counties in Western Colorado: Delta, Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Miguel, and Summit. This region covers nearly 30,000 square miles and represents 28 percent of Colorado. In addition to delivery of education at the main campus, CMU offers coursework at a Montrose campus, 60 miles southeast of Grand Junction. Instruction is also offered within its two-year division of Western Colorado Community College (WCCC). In addition to the geographical diversity, CMU supports the widest range of credentials for students to pursue of any higher education institution in Colorado. Including a recent degree expansion to include the Doctor of Nursing Practice in 2011. Currently, CMU has an enrollment of more than 10,000 students, granting approximately 1700 academic degrees in the 2014-2015 Academic Year.³

A. Mission and Goals of the Institution

CMU has a strong commitment to innovation and excellence, evidenced by recent curricular changes toward an integrated learning model to better prepare students to be successful problem solvers in the 21st century.² With a continuing commitment to campus growth and investments in facilities and technology, CMU supports enhanced student learning experiences. CMU's strengths in innovative solutions and strategic planning have allowed the University to not only overcome current challenges facing institutions of higher education today, but allowed CMU to thrive. Over the past five years CMU has continued to expand its leadership role in serving as the primary intellectual and cultural center of the Western Slope of Colorado.² In alignment with University goals and objectives, CMU aims to increase the level of educational attainment in the region through quality academic programming.² As the University adapts to its changing world, it continues to support the residents of Western Colorado in achieving higher degree attainment. CMU is committed to both preparing students for future success, and preparing graduates to meet the expanding regional needs of Western Colorado. With a commitment to a personal and integrated educational approach, Colorado Mesa University provides a dynamic learning environment that facilitates student growth intellectually, professionally and personally.

In accordance with University goals and mission, CMU is committed to investing in educational endeavors and degree programs that meet the regional needs of Western Colorado.² With an impending nationwide shortage of occupational therapists, projections forecast demand for OT services will outpace the supply of OTs within the United states.⁴ An occupational therapist (OT) is a health care professional trained to help people of all ages with a wide range of health conditions or disabilities engage successfully in "occupations."⁵ Helping patients reenter into daily life activities, routines, and roles is the successful outcome of occupational therapy. Occupational therapists treat individuals of all ages who have medical problems or other health-related conditions that limit their abilities to move and

perform functional activities in their daily lives.⁵ Occupational therapists “help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities.”⁵ Occupational therapists provide care for people in a variety of settings, including hospitals, private practice, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes.⁵ Increasing demand for occupational therapy services is a result of an aging baby boomer population who are staying active later in life, and the growing population of patients with chronic medical conditions. In addition, more occupational therapists will be an important part of treatment for people with various medical conditions, illnesses, and disabilities such as Alzheimer’s disease, mobility issues, and stroke patients.⁶

B. Program Development Process

Building on CMUs prior success and experience in program expansion in the health sciences, including degree expansion to include the Doctor of Nursing Practice Degree in 2011, the development of the CMU OT program arose from both internal and external student, administrative, and community providers’ interest in program expansion.

Table 1. Stages of Program Consideration

Stages of Consideration	Date	Comments/Actions
Program Discussion	Summer 2016	Kinesiology recognizing number of graduates having to leave the valley to attend PT/OT school President Foster tasks Dr. Debra Bailey with initial OT inquiry
Program Planning/Consideration	August 2016	Initiated formal Needs Assessment/ Feasibility Study
Program Planning/ Consideration	October 2016	1. Conversations with external stakeholders and community OTs
Program Planning/ Consideration	November/December 2016	1. Community stakeholder meetings a. Community Hospital b. St. Mary’s Medical Center 2. Formal Workforce/Needs Assessment Survey

C. Study Participants

Many participants, both from within the institution as well as external stakeholders, were included in the process of program exploration. From within the institution, participants included representatives from administration and academic support services, representatives from other academic programs, graduate school administration, finance office representatives, and participants from the office of institutional research. External participants included practicing therapists, officers and administrators of area health systems, and physician groups. (For a complete list of participants, please see appendix A)

D. Purpose

Colorado Mesa University is exploring the feasibility of offering an Occupational Training program leading to the Doctor of Occupational Therapy (DOT) degree or a Master of Occupational Therapy (MSOT) degree.⁵ The table below shows the current number of OT/OTA programs:

Table 2. Number of accredited programs⁷

	OT Doctoral	OT Master's	OTA
Accredited	7	159	213
Candidate	11	11	21
Applicant	9	13	26
Total	27	183	260

III. Rationale for the Program

In 2015, approximately 114,660 OTs were practicing in the United States in a wide range of settings, including: hospitals, elementary and secondary schools, skilled nursing facilities, ambulatory clinics, work settings, scientific research, and home-health.⁵ Recent data from the American Academy of Physical Medicine and Rehabilitation highlights that a workforce shortage exists in the field of occupational therapy (OT).⁴ In a recent study, forecast models were developed to evaluate for workforce shortages in occupational therapy until 2030. Researchers found that based on current trends, demand for occupational therapists will continue to outpace the supply of OTs in the United States. In addition, study results predict therapist shortages will increase across all 50 states, with states in the south and west projected to have the largest shortage.⁴

Rural and frontier counties make up to 14 percent of the population in Colorado. "Rural" encompasses all population not included within an urban area. "Frontier" are designated areas with a population density of six or fewer persons per square mile. Lack of occupational therapy providers creates high barriers to access for low-income and geographically isolated Coloradoans.⁶ Existing and current primary care and Mental Health Professional Shortage Area (HPSA) designations affirm the need for continued and targeted workforce development to meet these needs on the Western Slope.¹ The Colorado Department of Public Health and Environment Primary Care Office published the Colorado Health Workforce and Development Strategy in 2014 with the goal of improving the health status of all Coloradoans by developing the health workforce.¹ One of the workforce-development strategies is aimed specifically at recruiting and retaining a health workforce for Colorado's underserved

communities. It was highlighted that part of drawing health care professionals to an underserved community is supporting their education and clinical training in the communities in which they will serve.⁴

A. Program Justification

i. National

The Economic Development and Employer Planning System projects the demand for occupational therapists between 2014 and 2024 to grow nationally by 26.5%, or by an average of approximately 5,260 openings annually.⁹ The United States Bureau of Labor and Statistics predicts the number of occupational therapy jobs will grow by 30.4% over the next 10 years. An even greater demand is projected for occupational therapy assistants.¹¹ The Economic Development and Employer Planning System projects the demand for occupational therapy assistants between 2014 and 2024 to grow nationally by 42.7%, or by an average annual total of 2,360 job openings annually.⁹ In addition, shortages exist and are projected to increase in the coming decades for the occupational therapy workforce. Per the United States Bureau of Labor and Statistic, occupational therapy assistants are projected as the second fastest growing occupation between 2014 and 2024.¹² Due to the increasing size of the elderly population and individuals with disabilities, economists project a growth in the demand for occupational therapy services over the next 10-15 years.¹⁸

ii. Regional

Several indicators give some preliminary insight for potential program demand. The first comes from the Economic Development and Employer Planning System which projects the demand for occupational therapists between 2014 and 2024 in Colorado to grow by 36.6%, or an average of approximately 140 openings annually.⁹ The demand for occupational therapy assistants between 2014 and 2024 is projected to grow in Colorado by 37.6%, or an average of approximately 40 job openings annually.¹⁰

The Colorado Department of Labor and employment data confirms the favorable long-term occupational projections for occupational therapists in Colorado.¹⁰

Table 3. Long-term employment projections for Occupational Therapists in Colorado¹⁰

2015 Estimated Employment	2025 Projected Employment	Total 2015-2025 Employment Change	Annual Average Percent Change	Total Percent Change
2,776	3,948	1,172	3.58%	42.22%

Source: Labor Market Information, Occupational Employment Projections Unit

Table 4. Long-term employment projections for Occupational Therapy Assistants in Colorado¹⁰

2015 Estimated Employment	2025 Projected Employment	Total 2015-2025 Employment Change	Annual Average Percent Change	Total Percent Change
576	808	232	3.44%	40.28%

Source: Labor Market Information, Occupational Employment Projections Unit

iii. Local

Labor market statistics and occupational employment projections list employment of 103 occupational therapists in Grand Junction with the predicted employment in 2025 of 133.¹¹ Thus, the long-term employment projections for occupational therapists in Grand Junction predicts growth of an annual percentage change of 2.59%. This number is significantly higher than the projected annual percentage change for all occupations of 1.6%. The total percentage change for OTs is estimated at 36.84% between 2015 and 2025.¹¹ As of August 2016, 21 occupational therapy job openings were being advertised online in Grand Junction, Colorado.

To better capture local data on the need for program expansion, a workforce needs assessment was conducted in collaboration with staff from CMU's Office of Institutional Research (IR). An electronic survey was sent in November of 2016 to 206 medical clinics, hospital systems, and therapists in Western Colorado. The response rate was 26.2% (n=54).

Participants were asked the perceived demand for new occupational therapy graduates in Western Colorado. Of the respondents, 61.9% ranked the need as moderate to high for new occupational therapy graduates and 31.6% moderate to high need for occupational therapy assistants. Participants were also asked which areas of occupational therapy practice are the most important for Western Colorado. Respondents ranked rehabilitation facilities and hospital acute care as highly important for Western Colorado. In a subsequent question, 50.8% of respondents indicated that it is difficult to very difficult to recruit or retain occupational therapists for their organization. Lastly, participants were asked to rank how likely they are to hire an occupational therapist in the next five years. Of the respondents, 59.1% reported moderate to high likelihood of hiring an OT in the next five years, indicating a need of approximately 29 more OTs in the next 5 years (For full survey results, please see appendix H).

iv. Student Demand

Current undergraduate student demand for an occupational therapy program at Colorado Mesa University can be viewed in two ways. One, interest in three main clubs on campus gives an indication of student interest in graduate level programming. There are three main clubs on campus that students interested in a OT/PT/PTA careers are likely to be involved in: exercise physiology club (primarily kinesiology students), Real Medicine (Exercise is Medicine) Club (primarily kinesiology students) and the Graduate Education and Medicals Sciences (GEMS) Club (primarily biology students). Per the Head of the Biology Department approximately 10% of the 76 students in the GEMS club indicated they are leaning towards PT or OT training in graduate school, while most are heading towards medical, Physician Assistant, or Pharmacy school. According to the Head of the Kinesiology Department, of the 313 Exercise science majors, 60-75% would indicate a high likelihood of pursuing a career in PT. However, it was indicated that a smaller number of this pool would likely qualify for program application. Also, part of the 75% also indicated OT as a career option as well, with many keeping both options open. A second indicator of student demand comes from data of the last three years of graduates from Exercise Science and Athletic training, compiled by the Kinesiology Department. Of these graduates, faculty have indicated how many students went on to PT, OT or PTA training. Of the 380 students, 6 students are either currently enrolled in a program, applied to, or are interested in pursuing graduate studies in OT. (For complete Kinesiology Student Interest in PT/OT/PTA please see Appendix J.)

B. Relationship to Other Programs

Building on strong undergraduate and graduate health science degree programs at Colorado Mesa University, the OT program will continue to add choices for student professional training. With a strong undergraduate program in Exercise Science, a graduate degree program in OT offers students a continuing professional career ladder, while strengthening the department with the addition of more faculty with content expertise. An OT program will retain graduates of CMU undergraduate programs who wish to continue their graduate training in occupational therapy. In addition, development of occupational therapy will add to the health profession training offerings at CMU, positioning the university as a leader in Western Colorado for health care training. Current graduate health programs at CMU, including a Master of Science in Nursing, Doctor of Nursing Practice, and Family Nurse Practitioner degree, provide opportunities for OT students and Nursing student inter-professional education, emulating the integrated team approach to patient care. In addition to nursing, many healthcare related programs including radiologic technology, emergency medical services, and medical laboratory technology, provide ample opportunities for collaborative inter-professional education.

Careful program coordination will be necessary to ensure integrated coursework and any shared laboratory and equipment are planned to ensure student success across all programs. In addition, undergraduate programs in kinesiology and athletic training may see increasing student interest with introduction of an OT program.

C. Impact of Program

i. Impact on Regional OT Programs

Table 2. Number of accredited programs⁷

	OT Doctoral	OT Master's	OTA
Accredited	7159	56%	213
Candidate	11	11	21
Applicant	9	13	26

According to the 2014-2015 Occupational Therapy Annual Data report, 27 total OT Doctoral programs, with 7 accredited, 11 candidates and 9 applicant programs, are distributed throughout the United States.⁷ Currently, 183 Master's programs offer OT training in the United States. In addition, there are currently 260 OTA developing or established programs. Regional distribution of accredited OT programs shows the West region has the least number of programs with only 22 OT programs and 26 OTA programs, compared to over 40 OT programs in each of the other regions; Midwest, Northeast, and South. There also are significantly fewer OTA programs in the West (26) compared to 88 programs in the south, 35 in the Northeast, and 64 in the Midwest.⁷ In addition, all the current programs offered are greater than 240 miles from Grand Junction, CO.⁷

Only one other Occupational Therapy program is currently offered in Colorado at Colorado State University in Fort Collins. The professional entry level master's program admits approximately 50 students per year.¹⁵ Per the CSU OT program website, for Fall 2016 over 670 applications were received

for the 50 positions in the program. In addition, the program reports that students are typically employed within three months of completing their Level II fieldwork, with many students receiving job offers before they finish their fieldwork.¹⁵

In addition, only one program is currently offered in Utah, at the University of Utah in Salt Lake City. The professional program leads to a Master of Occupational Therapy. The program admits up to 34 students yearly. In addition, Rocky Mountain University of Health Professions (RMUoHP), in Provo, Utah has applied for applicant status for an entry-level doctorate program. The RMUoHP program is seeking accreditation and cannot admit students into the program until Candidacy Status has been granted by ACOTE.¹⁷

In conclusion, there are no programs offered in a 250 mile radius of Western Colorado. History has demonstrated that professional degree holders typically practice within 100 miles of where they earn their graduate degree. Geographic isolation further supports the need to provide a training program on the Western Slope to encourage graduates to stay in the area.²⁶ In addition, national data from 2014, reported 40, 839 applications were submitted to master-degree-level programs for OT and only 6,945 students were admitted.⁷ The 2014 doctoral-degree-level program data reported 1481 applicants with 248 admitted.⁷ It is evident that a program in Western Colorado would likely have sufficient applicants for a program and could help increase the capacity to train more occupational therapists in this region.

Table 5. Number of projected annual OT graduates in Colorado¹⁵

Institution	Class Size
Colorado State University	50
TOTAL	50

Based on projected demand for Occupational Therapists between 2014 and 2024 in Colorado, the current rate of graduates is well below the estimated 140 job openings annually.¹⁰

The Following table highlights the distribution of accredited and developing OT programs by geographical region. The West region currently has the fewest established programs.⁷

Table 6. Established OT programs by geographical region⁷

	Doctoral	Master's	OTA
Midwest	3	40	64
Northeast	1	49	35
South	2	49	88
West	1	21	26

i. Student Fieldwork Sites

The challenge of identifying and nurturing fieldwork sites for OT students is common to all OT programs.⁵ Currently, Community Hospital, St. Mary’s Medical Center, the VA Hospital, and most outpatient privately run clinics all currently have occasional OT students rotating in their facilities from other programs. A collaborative partnership will need to be established between these varying training programs to ensure that all students share in quality fieldwork experiences. In addition, current undergraduate shadowing experiences may be impacted by therapists’ capacity for student rotation experiences. A collaborative partnership between these varying training programs can ensure that all students share in quality clinical experiences. OT program personnel will need to be both strategic and intentional in establishing partnerships with area medical centers to ensure both the quality and quantity of OT student clinical experiences. The OT program will need to spend a significant amount of time in program development both identifying and securing potential clinical educators. Program personnel should anticipate a significant amount of travel necessary to secure quality clinical sites for all students. This is addressed in more detail in Section VI: Implementation Challenges.

D. Curriculum and Instruction

i. Occupational Therapy

On April 30, 2014, The American Occupational Therapy Association (AOTA) Board of Directors issued a position statement regarding the entry-level degree for the OT. The Board’s position was that the profession should transition to a doctoral-level entry degree for all occupational therapists by 2025.¹⁹ However, the Accreditation Council for Occupational Therapy Education (ACOTE) determined, as of August 2015, that the entry-level-degree requirement for the Occupational Therapist will remain at both the master’s and doctoral degree.²⁰ In addition, it was determined that the entry-level-degree for the Occupational Therapy Assistant will be offered at both the associate and bachelor’s degree.²⁰ Per ACOTA, both degree levels, master’s and doctoral level professional education programs prepare graduates to be entry-level practitioners. Both require Level I and Level II fieldwork experiences. However, the doctoral degree requires additional semesters of study focusing on clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.²⁰ In addition, doctoral trained students must complete a 16-week experiential component to their fieldwork with a culminating project. Some programs, such as the Boston University Occupational Therapy program, are transitioning the Master of Science Program (MSOT) to an Entry-level Doctoral Program in Occupational Therapy(OTD).²⁷

The following tables highlight the various curricular formats, degrees conferred and primary forms of program delivery.

Table 7. Number of students currently enrolled in OT programs ⁷

Occupational Therapist Students	2015-2016	
Master’s	17,837	96%
Doctorate	713	4%
Total	18,550	100%

Table 8. Primary Format for OT Program Delivery⁷

Doctorate-degree level program	Number of Programs	Percent
Weekday	6	56%
Other Formats: weekend, evenings, blended	25	14%
Total	7	100%
Master's-degree level program	Number of Programs	Percent
Weekday	140	94%
Other Formats: weekend, evenings, blended	9	6%
Total	149	100%

Table 9. Percentage of Program offered by distance education⁷

Doctorate-degree level program	Frequency	Percent
Zero%	2	29%
1-24%	3	42%
25-49%	2	29%
Total	7	100%
Master's-degree level program	Frequency	Percent
Zero%	54	36%
1-24%	77	52%
50-74%	5	3%
75-100%	3	2%
Total	149	100%

Table 9. Degrees Granted⁷

		2015-2016
Degrees Granted: Doctoral Programs		
Occupational Therapy Doctorate(OTD)	5	50%
Doctor of Occupational Therapy(DrOT)	5	50%
Degree Granted: Master's Programs		
Master of Occupational Therapy (MOT)	60	42%
Master of Science in OT (MSOT)	77	53%
Other	7	5%
Degree Granted: OTA Programs		
Associate in Applied Science (AAS)	145	68%
Associate in Science (AS)	49	23%
Other	19	9%

ii. Fieldwork

The structure and content of the academic and professional field-work experiences reflect the core tenets of the AOTA Occupational Therapy Practice Framework.²⁴ Thus, many programs build the curriculum around a fixed-sequence of coursework that provides the appropriate developmental sequence to train professionals committed to client-centered practice that is based and guided on scientific and clinical evidence. Professional coursework is integrated with clinical fieldwork to provide early exposure and clinical experiences in a wide variety of settings and roles. Field work sites can include: Public Schools, nursing homes, hand clinics, rehabilitation units, and early intervention centers. Beginning with Level I Fieldwork, students are introduced to many areas of practice to find areas of professional interest. Experiences progress from shadowing to actively providing occupational therapy services to individuals and groups in various community settings.²⁴ For Level I fieldwork, AOTA standards do not specify a minimum number of hours, but each program determines the minimum requirements for student experiences. After completing the academic course work, students complete Level II Fieldwork, which is a minimum of 24 weeks of an occupational therapy internship. Level II Fieldwork provides an in-depth supervised experience for students to synthesize and apply knowledge, improve clinical skills, and promote continuing professional growth.²⁴ Programs are designed to prepare students for the National Certification Examination (NBCOT). Students that pass the exam are certified to enter clinical practice.

Table 11. Sample Entry-level Doctoral Curriculum²⁷

Year 1, Term 1	Course	Credits
On-campus	Integrative Seminar I and LIFW	
	Analysis and Adaptation of Occupation	
	Evidence-Based OT Practice I	
	Functional Movement: Analysis and Assessment	
	Occupation Across the Life Course	
	Orientation to Practice	
	Term Total	
Year 1, Term 2	Course	Credits
On-Campus	Integrative Seminar II and LIFW	
	Introduction to the OT Process	
	Assistive Technology	
	Neuroscience for OT	
	Learning and Behavior Change	
	Evidence-Based OT Practice II	
	Term Total	
Year 1, Term 3	Course	Credits
On-line	Social Economic and Political Factors of OT Practice	4
	Health and Wellness Promotion	2
	Term Total	8
Year 2, Term 1	Course	Credits

On-campus	Integrative Seminar III and LIFW	
	Skills for Occupational Practice I	
	Evidence Based OT Practice III	
	Contexts that Influence OT Practice	
	Occupation-Based Practice for Individuals	
	Term Total	18
Year 2, Term 2	Course	Credits
On-Campus	Occupation Based Practice with Groups	
	Skills for Occupation Based Practice II	
	Professional Service Management	
	Fieldwork Seminar/Professional Development	
	Term Total	16
Year 2, Term 3	Course	Credits
On-line	Needs Assessment and Program Development	
	Clinical Theory Development and Analysis	
	Term Total	8
Year 3, Term 1	Course	Credits
	Level II Fieldwork I	
	OT clinical affiliation fee	Fee equivalent to 2 credits
	Term Total	2
Year 3, Term 2	Course	Credits
On-line	Level II Fieldwork II	
	Preparation for Doctoral Experiential Component	
	Term Total	2
Year 3, Term 3	Course	Credits
On-line	Doctoral Experiential Component	
	Mentored Studies Doctoral Experiential Dissemination	
	Mentored Studies in Doctoral Experiential Component	
	Term Total	6
	Degree Total	94

Table 12. Sample Entry-level Master's level Curriculum³⁰

Year 1, Term 1	Course	Credits
	Contemporary Issues in OT Practice I	1
	Theory and Foundations for OT Practice	3
	Fundamentals of Health Care and Professional Practice	3
	Fundamentals of Professional Communication	3
	Toolbox to Support Professional Practice	3
	Fundamentals of Evidence-Based Practice	3
	Term Total	16
Year 1, Term 2	Course	Credits
	Contemporary Issues in OT Practice II	1
	Neuroscience Principles of Performance I	3
	Body Structures Supporting Daily Function I	3
	Fundamentals of Assessment I	3
	Environmental Factors Facilitating Performance and Participation I	2
	Applied Research/Clinical Practice I	3
	Fieldwork I	3
	Term Total	18
Year 1, Term 3	Course	Credits
	Contemporary Issues in OT	1
	Neuroscience Principles of Performance II	1
	Applied Research/Clinical Practice II	2
	Practice III Body Structures Supporting Daily Function II	1
	Fundamentals of Assessment II	2
	Environmental Factors Facilitating Performance and Participation II	1
	Term Total	8
Year 2, Term 1	Course	Credits
	Interventions Supporting Recovery and Participation of individuals with Sensorimotor Challenges	3
	Interventions Supporting Recovery and Participation of Individuals with Cognitive and Learning Challenges	3

	Health Promotion, Participation and Wellness for Persons with Chronic Disease	3
	Case Based Learning 1	2
	Applied Research/Clinical Practice III	3
	Fieldwork I	1
	Term Total	15
Year 2, Term 2	Course	Credits
On-Campus	Supporting Participation with Technology and Environmental Interventions	3
	Interventions Supporting Recovery and Participation of Individuals with Psychosocial Challenges	3
	Promotion Population Health through Community Partnerships	2
	Management in a Changing Practice Environment	3
	Case-Based Learning II	2
	Applied Research/Clinical Practice IV	2
	Preparation for Professional Practice	1
	Term Total	16
Year 2, Term 3	Course	Credits
On-line	Field Work II A	
	Term Total	6
Year 3, Term 1	Course	Credits
	Fieldwork II B	
	Term Total	6
	Degree Total	85

E. Unique Opportunities in Western Colorado

Grand Junction has a strong medical community well-suited for the education and future practice of an expanding healthcare team. The valley was featured in a PBS Film, T.R. Reed's "Us Healthcare: The Good News - The Secret Sauce - how Grand Junction is improving health care and lowering costs."²¹ The video depicts the collaborative care model employed by medical care teams across Grand Junction. A commitment to collaborative care makes Grand Junction an exceptional place to both learn and deliver patient care. St. Mary's Medical Center, part of SCL Health, is the largest medical center on the Western Slope of Colorado. The medical center serves an area of more than a quarter million square miles. This provides potential OT students in this area exposure to excellent inpatient patient care.²² In addition, Community Hospital has recently opened a new 140,000 square foot, full-service hospital to provide a full range of medical services, including inpatient and outpatient, surgery and emergency care.

In addition, the VA hospital in Grand Junction is supportive of expansion of therapy related programs and could offer the potential for a future affiliation agreement with CMU, offering students a unique educational experience caring for community veterans. With additional regional and community hospitals in Fruita, Delta, Rifle, Montrose, Gunnison, Aspen, Telluride, and Durango, opportunities exist for student clinical rotations in the surrounding medical community. Per Grand Junction area therapists that also contract with clinics and hospitals in the surrounding counties, many rural communities have a difficult time recruiting and retaining therapists. Many smaller hospitals, school districts, and skilled nursing facilities all currently use temporary traveler therapists to meet the staffing needs due to difficulty hiring and recruiting a full-time therapist. A program in Western Colorado, focusing on rural needs, could provide a greater workforce to meet these area shortages. In addition, there are no programs offered in a radius of approximately 250 miles around Grand Junction, Colorado, with no programs in Western Colorado or Eastern Utah. In addition, history has demonstrated that professional degree holders typically practice within 100 miles of where they earn their graduate degree. This highlights a need to provide training programs on the western slope to encourage graduates to stay in this area. Also, national data from the Association of Schools and Allied Health Professions indicates that only 17% of those that applied were accepted into occupational therapy programs because of limited enrollment capacity at occupational therapy schools across the nation.⁷

IV. Resources

A. Assessment of Existing Human Resources

The Kinesiology Department currently has eleven faculty members teaching across all courses. Eight of these faculty are trained at the doctoral level with one being a physician (DO). Five faculty have voiced interest in teaching and contributing content expertise including: Dr. Hawkins, Dr. Reeder, Dr. Greico, Dr. Heumann, and Ms. Lally. In addition, interest has been expressed from local therapist with interest in contributing to the educational OT program at CMU. Many area providers expressed interest in teaching courses, serving as fieldwork instructors or providing specialty training/lectures in areas of content expertise.

In accordance with ACOTE standards, CMU would need to anticipate hiring the following faculty and support staff for the OT program to include: the program director, Fieldwork Coordinator, and at least two FTE principal faculty positions. An administrative personnel (1 FTE) would support overall department functions and the clinical education program.¹³

Table 13. OT Program Faculty Full-Time Salaries⁷

	N	Mean	Median	Minimum	Maximum
Total	550	74,030	70,000	33,000	190,000
9 month contract	139	64,873	60,690	33,000	135,000
12 month contract	300	79,005	74,607	45,000	190,000
Other	111	86,193	80,000	53,000	147,000

**2010 data-most recent data available for no charge

B. Assessment of Existing Physical Resources

CMU will be conducting a space utilization study to gather information related to renovations and a permanent home for the planned OT program. Space may be available in the Kinesiology Department, occupying some space preciously being used by the nursing program. Clinical lab space and equipment may be shared with the kinesiology undergraduates and some new equipment specific to the OT program will need to be purchased (for equipment estimates, please see Appendix L). CMU will need to identify, design, and build the needed spaces in Kinesiology Department to expand capacity for the OT program. In addition, investments in OT specific equipment will be needed in time for enrollment of the first OT cohort.

C. Assessment of Additional Resources

1. Admissions, Records, and Financial Aid

Impact on the admission office will be significant. Per the most recent AOTA data report, Master's degree level programs for occupational therapy in the 2014-2015 cycle had 40,839 applications submitted for 7,070 slots. In Doctoral degree programs 1481 applications were submitted for 255 slots.⁷ Considering the large number of applicants, CMU will need to consider the options to manage admissions and program inquiries as part of program development. Dr. Pemberton has suggested deciding on either a 1) centralized graduate admissions and graduate "office" or a 2) decentralized graduate admissions strategy, in which general admissions are sent to each department for review. It is apparent that increased resources and admission processes will be necessary to support graduate admissions if the university moves forward with program expansion. The initial impact of program development on financial aid is projected as minimal. However, Curt Martin, director of financial aid estimates the longer-term impact to be more significant. Programs that draw many applicants, will

mean an increasing burden on the financial aid offices, as all students will need to be awarded aid, regardless if they are selected to enter the program. Also, expansion of medical related programs would create growth in the types of aid offered which have their own set of regulations. The financial aid office estimates with OT, and the possible expansion of PA and PT/PTA, an additional (FTE) would be required to administer these programs. Estimated salary would be \$48,000.00.

2. Bookstore

Textbooks, reference materials, and other supplies necessary to support the graduate program will be absorbed into the present operation of the bookstore. Most students will utilize the online book ordering option.

3. Health Services

Irrespective of health insurance status, CMU students may access physical and mental health services through the university Student Wellness Center, operated cooperatively between the university and Community Hospital for a low co-pay of \$15 and \$5, respectively. Graduate students will have equal access to behavioral and health services as undergraduate students.

4. Counseling and Career Services

Each student will be assigned a faculty advisor/mentor within the department to assist in program related advising and career planning.

5. Tutoring and Academic Support

Tutoring services are informally offered to graduate students. Support services include academic writing skills and basic math/science concept tutoring. The Educational Access Services Office has established operations and procedures already in place to provide accommodations for students with physical or cognitive learning needs.

6. Library

A formal library needs assessment has been initiated with the Tomlinson Library. The assessment includes; text bases, periodical literature, government publications and online database support. The CMU library already has some text and databases in place to support the undergraduate Kinesiology Department, as well as other health related degrees. Some of these resources can be shared across programs. In addition, the library has access to extensive inter-library loan collections. A narrative and chart with the collection and the budgets for Health Science and Athletic Training have been included. Many of the current collection will also support the planned OT program. (For the full library assessment please see Appendix B). In addition to the existing text and databases, some additional library resources will need to be added if an OT program is developed at CMU.

7. Research and Internal Review Board

With the expansion of graduate programs, it was identified that increasing student and faculty research may pose an increased burden on existing research and internal review within CMU. Historical data provided by the office shows human subject proposals submitted to the Institutional Review Board has ranged from 20-23 per the full fiscal year for the entire campus. There has been an increase with the current fiscal year to 21 processed proposals since 7/1/16. The increase indicates an already increasing number of research proposals. The office has already encountered problems with keeping up with the current demand for proposal review and the number of members on the Institutional Review Board may need to be adjusted to allow for the expansion of 10-15 student/faculty projects per year.

8. Academic Computer Services

The Information Technology Department centrally manages computer services University wide. Students on campus have access to over 1,300 open lab computers, at 71 locations across its campuses, and

wireless Internet access to online services. The learning management system, D2L is one such online service that supports student learning and is managed by Distance Education. D2L and technology end user support is offered through Distance Education and the IT Help Desk. In addition, advanced statistical software programs, such as IBM SPSS, are available for faculty and student use in computer labs. Computer and academic online resources as described above will be available to the OT program.

V. Cost Analysis

A. Tuition and Fees for PT Programs

2016-2017 Academic Year

Table 14. Tuition and Fees of Colorado Established OT Program³¹

School/Degree	Semester Credits for Degree Completion	Non-resident Tuition	Resident Tuition	Other Fees	
Colorado State University MOT/MS Program	81 Credits	\$1311.30/credit hour	\$534.90/credit hour	Differentiated Tuition	\$2000.00/semester
Subtotal		\$106,215.30	\$43,326.00		\$12,000.00
TOTAL		\$118,215.30	\$55,326.90		

Table 15. Tuition and Fees of National Established OT Programs^{27,30,16}

School/Degree	Semester Credits for Degree Completion	Tuition	Other Fees	Degree	Credits	Tuition
Washington University School of Medicine in St. Louis (MSOT) Program	83 Credit hours	Same in-state and out-of-state	No additional Fees	OTD program	114 Credit hours	
Fall 2016 TOTAL		\$91,350.00				\$130,900.00

Program/Degree	Tuition	Other Fees	
Boston University OTD		Graduate Student Fees	\$355.00/Semester
		Books/Supplies	\$500.00/semester
2016 TOTAL	\$138,314.00		

Program/Degree	Resident Tuition	Non-resident Tuition	
University of Utah Master of Occupational Therapy			
		\$125,139.10	
2015/2016 Total	\$60,934.65	**83,231.99	

***If residency granted after the first year in the program*

Program/Degree	Y1	Y2	Y3	Total
Northern Arizona University(ODT)				
Resident Tuition	\$15,188	15,632	\$8,972	\$39,792
Student Fees	\$11,612	\$11,612	\$11,408	\$34,632
Total	\$26,800	\$27,244	\$20,380	\$74,424
Non-Resident Tuition	\$37,254	\$38,418	\$20,958	\$96,630
Student Fees	\$11,612	\$11,612	\$11,408	\$34,632
TOTAL	\$48,866	\$50,030	\$32,366	\$131,262

B. CMU Estimated OT Program Revenue and Expenditures

Table 16. OT Program Revenue/Expense Estimate

	Y1(development)	Y2	Y3	Y4
Estimated Total Revenue	N/A	\$625,000.00	\$1,250,000.00	\$1,680,000.00
Estimated Total Expenditures	\$635,765.00	\$871,490.00	\$871,490.00	\$972,740.00
TOTAL	-\$635,765.00	-\$246,490.00	+378,510.00	+707,260.00

(For full estimated revenue/expense estimate, please see appendix L)

i. Resource Requirements

a. Equipment

Teaching and laboratory equipment for an OT program is not as extensive the initial investment for a PT or PTA program (supplies can include: mat tables and hand strengthening tables). Some equipment is already available with current undergraduate offerings at CMU and additional affiliation agreements with local medical facilities to utilize existing durable medical equipment that is not being utilized in current medical facilities may be another option to off-set equipment costs. Alternate utilization of existing equipment could limit the initial capital investment while establishing clinical partnerships. Also, exploring purchasing foldable tables makes lab space easily turned into instructional space, limiting the square footage needed for program delivery. It is reasonable to budget approximately \$30,000.00 over the first three years of the program for teaching and laboratory equipment.

b. Space

In accordance with accreditation standards, it is estimated approximately 4,000-5,000 square feet would be required to support the instruction, laboratory and research activities for an OT program. Suggested space includes; instructional space, equipment storage space, research space, and faculty and administrative offices. Adequate space would be needed to support instructional space for the first two academic years with 2 dedicated classrooms and at least one, laboratory space for 20 students. The teaching lab space is commonly utilized for practicing the “hands on” skills of patient care. The approximate square footage would depend on cohort/class size, but for 20 students would roughly require approximately 1000 square feet of lab space.

c. Budget Model Assumptions

Estimates of enrollment were based on 20 students accepted into the program each year. The cohort size was recommended by area therapists with OT education knowledge, to ensure student and program excellent quality and quantity of fieldwork sites during program development.

d. Personnel

Table 17. OT Program Faculty to Student Ratio⁷

Doctoral Degree-level program	Minimum	Maximum	Median
Lecture	1:20	1:59	1:31
Lab	1:7	1:16	1:15

Master's-degree-level	Minimum	Maximum	Median
Lecture (n=145)	1.9	1:60	1:30
Lab (n=145)	1.8	1:30	1:15

Based on accreditation standards, a program director and fieldwork coordinator will need to be hired. In addition, national student to faculty ratios are approximately 1:30 in lecture and 1:15 in laboratory classes.⁷ Budget model assumptions were made with a student to core faculty ratio of 1:10-15. If current faculty can cover core courses or increase current teaching-loads, the additional faculty line item to start Y3 could be deleted or moved to a part-time position.

e. Tuition

Revenue and expenditures were based on \$650/credit hour tuition rate based on national and regional averages. A 120-credit program to be completed in 36-months. In addition, a \$2,000 instructional support fee per year was included in the calculation. No annual tuition increases were included in the estimate.

Cost Analysis Summary

The budget is a basic outline of projected revenues and expenditures. It is important to remember this calculation DOES NOT include any expenditures related to new facilities or modifications to existing facilities. In addition, calculations do not account for expenditures related to recruitment of new faculty/personnel, faculty instructional resources, or instructional technology(computers/equipment).

VI. Key Project Milestones

A. Accreditation

The accreditation process for developing an OT Program is a three-step process:

Step 1: Application review- The process begins with submission of a Letter of Intent and Eligibility Data. Once eligibility is confirmed and a program director is hired, the program may submit a “Candidacy Application”. Per ACOTE policy III. A.1 “Applicant Review” states that ACOTE will accept and review a maximum of six candidacy applications during any given cycle. The acceptance of Candidacy Applications is “based on the receipt date of the Letter of Intent (if signed by the program director) or date of notification that a program director has been hired.”³² Upon review of the application ACOTE may defer, grant or deny candidacy status. Candidacy Status must be granted prior to admitting students. The ACOTE timeline for program development is detailed in the table below.

Table 13. remaining slots for Fall, Winter, and Spring/Summer start dates in 2017-2019³³

Planned Start Date for First Class of Students	Letter of Intent Deadline	Candidacy Application Due	Remaining Slots (out of 6)
Winter 2018 (January)	March 1, 2017	April 17, 2017	0 slots remaining (2 programs on waiting list)
Spring/Summer 2018 (May/June)	July 1, 2017	August 15, 2017	0 slots remaining (2 programs on waiting list)
Fall 2018 (August/September)	November 1, 2017	December 15, 2017	0 slots remaining (3 programs on waiting list)
Winter 2019 (January)	March 1, 2018	April 16, 2018	0 slots remaining
Spring/Summer 2019 (May/June)	July 1, 2018	August 15, 2018	6 slots remaining
Fall 2019 (August/September)	November 1, 2018	December 17, 2018	5 slots remaining

Step 2: Pre-accreditation Review-program submits initial Self-Study report and upon review ACOTE grants, defers action on, or denies Preaccreditation status.³²

Step 3: Initial On-site Evaluation- two-member team prepares a report of the on-site visit and either grants or withholds accreditation.³²

All three steps should be completed prior to graduation of the first class as the National Board for Certification in Occupational Therapy and licensure requirements stipulate students are only eligible for certification if they have graduated from an accredited academic program.³²

A sample timeline has been provided below based on the first available slots for CMU program review:
On or Before **July 1, 2018** Submit letter of intent and check for non-refundable deposit of \$500 to the Director of AOTA accreditation department:

1. Letter must be signed by the CEO of the sponsoring institution and the program director.
2. The Letter of Intent: a) declares intentions of the institution to develop a program b) type and timeline of the program c) entry into the accreditation process c) acknowledges institution will not admit students until Candidacy status is obtained

Prior to **August 15 2008** If not already identified in the Letter of Intent, institutions must submit the program director's contact information. Accreditation staff will then confirm the initial accreditation timeline.

By August 15	Candidacy Application and check for the balance of the application fee is due
December 2018	ACOTE Meeting: Application reviewed and decision is made on candidacy status
December 2018	Students may be notified of acceptance into program
May/June 2019	Frist class may be Enrolled
November 1 2019	Initial Report of Self-Study Due
April 2019	Preaccreditation Review (ACOTE Meeting)
Fall 2019	On-Site Evaluation
December 2019	ACOTE Meeting: Accreditation Decision

VII. Implementation Challenges and Opportunities

If an OT program is implemented, the University will need to address several major challenges as well as capitalize on potential unique opportunities.

A. Faculty recruitment and retention.

As is true for several other health-related professions, the higher salaries paid to practicing professionals makes it difficult to attract them to work in higher education. Faculty recruitment and retention has been an issue for CMU's nursing program, and it will be the same competition for the OT program. CMU has prioritized its efforts to recruit, support, and retain faculty that are committed to both the University and the community, as well as expanding faculty professional development opportunities that are aligned with institutional priorities. The commitment to recruitment will be important in securing quality faculty for program development and implementation.² Per the AOTA 2014-2015 annual data report faculty vacancies are highlighted in the tables below.⁷ AOTA highlights the shortage of qualified faculty and the importance of early recruitment because utilizing local therapist without experience in academia will not comply with educational standards.¹³

Table 18: Faculty Demographics⁷

Doctoral Degree-level program	Positions	% of total FTEs	Vacant	% of Total Vacant FTEs
FTE-Full Time	74	79%	3	4%
FTE-Part Time	9.2	10%	0.5	5%
FTE-Adjunct	10.9	11%	0	0%

Master's Degree-level program	Positions	% of total FTEs	Vacant	% of Total Vacant FTEs
FTE-Full Time	1190	56%	107	9%
FTE-Part Time	118	6%	5.5	5%
FTE-Adjunct	810	38%	23.5	3%

Program Director

As outlined by AOTA, the Program Director must be a professional with clinical experience and academic qualifications in higher education that ensures the individual can provide effective leadership for program development and implementation. The requirements specify that the Program Director be a certified and licensed (in the state the program is located) Occupational Therapist that holds a doctorate degree (not limited to a doctorate of occupational therapy). The program director must have clinical practice experience, administrative experience, evidence of scholarship, and at least 3 years of experience in a full-time academic appointment with “teaching responsibilities at the post-baccalaureate level.”¹³ Historically, it has taken institutions up to a year to hire a qualified Program Director. Difficulty with hiring qualified personnel will need to be considered in the proposed timeline for program development.¹⁸

Fieldwork Coordinator

For CMU to ensure a strong field work component for the proposed OT program, it is recommended that an academic fieldwork coordinator be hired who is specifically responsible for the program's compliance with the fieldwork requirements of the ACOTE standards. The academic fieldwork coordinator must be a licensed occupational therapist that holds a doctoral degree and be a full-time faculty member. It may prove beneficial to the program to recruit a fieldwork coordinator that is familiar with and has clinical ties with both the regional and state clinical education community. Networking with current providers and administrators to ensure quality and quantity of fieldwork educators will be essential to program success.¹³

Core Faculty

Accreditation standards for a Doctoral-degree-level educational program (A2.10) require "all full-time faculty teaching in the program hold a doctoral degree."¹³ For master's-degree-level education, all full-time faculty must hold a minimum of a master's degree, while at least half of the full-time faculty must hold doctorate degrees.¹³ CMU needs to consider that the majority of therapists interviewed locally during the feasibility study did not hold a doctoral degree and many did not hold a master's degree. Many faculty will need to be recruited for the full-time faculty positions.

B. Fieldwork Education sites

The current model of clinical education in OT is described as volunteerism. Fieldwork Educators currently practicing in the community volunteer to serve as instructors for occupational therapy students during part and full time fieldwork experiences. AOTA offers an OT Fieldwork Educators Certificate Program (FWECP) designed to deepen the understanding of the role of the fieldwork educator while enhancing the skills of providers to ensure high-quality educational opportunities. Ensuring that fieldwork educators can provide the knowledge, supervision, and direction for students in their fieldwork experiences will be essential to overall program success. CMU will need to consider fieldwork educator perks that will be extended to future therapists to encourage their partnership. This can include; library access, dinners, continuing education credits(CEUs) toward licensure renewal and/or free admission to university sponsored events.³⁶

Unique to occupational therapy, during Level I fieldwork, students can be supervised by qualified personnel that are not limited to only OTs. Practitioners with national certification as psychologists, nurses, physical therapists, teachers, social workers and physician assistants are all qualified to supervise Level I fieldwork students. However, for Level II Fieldwork, only an occupational therapist that meets state regulations and has a minimum of one-year clinical practice experience can serve as a clinical site supervisor.¹³

To ensure adequate quantity and quality of fieldwork educators, the future program director, fieldwork coordinator, and OT core faculty will need to be committed to ensuring fieldwork educators understand the education and scope of practice needs of OT students. Drawing on CMU affiliation agreements already in place, a preliminary list of possible clinical affiliations is included (Current Health Sciences Affiliation Agreements, Appendix F). In addition, it is reasonable to assume that all students will likely travel out of Grand Junction for some of their fieldwork. It is recommended that securing fieldwork sites begin early to ensure adequate and quality sites are available for students. To ensure support for future occupational therapy programming, established partnerships with the clinical community will be needed to provide the support for adequate quantity and quality of clinical instructors in schools, skilled-nursing facilities, and rehabilitation centers.

A common theme emerged from conducting interviews of varying therapists and medical practice/hospital administrators. Many administrators were enthusiastic about program expansion and optimistic about the ability to provide fieldwork sites for students. However, many individual contributors and area therapists were less optimistic about the availability and options for fieldwork instruction. External advisory therapists voiced concerns of the lack of administrative support for taking students and the time constraints associated with taking students while still trying to meet their productivity goals. Mutually beneficial programs that support fieldwork educators, as well as the participating hospital/clinic and university programming will need to be explored to ensure a new program can secure ample full-time education sites for students. In addition, a couple area therapists commented on the age of many area OTs with majority in their mid-forties to mid-to late fifties. The aging demographic, highlights the projected workforce needs on the Western Slope as many current therapists over the next 5-10 years will be near retirement age.

C. Anatomy Space

With a proposed OT program and possible expansion of PA and PT programs, expansion of the current cadaver lab will be necessary to offer cadaver-based gross anatomy.¹⁸ Many OT programs offer cadaver anatomy with gross dissection of upper and lower extremities. More students requiring a gross anatomy course would necessitate careful coordination for all students across the varying healthcare disciplines to ensure equal access to cadaver anatomy.

D. CMU Undergraduate Preparation

Determination of the OT program prerequisite and admission criteria will be important to determine early in program development to ensure undergraduate students are receiving the advising needed to be prepared for OT program application.

E. Educational Partnerships

Existing programs in the Health Sciences and Kinesiology Departments, as well as possible program expansion of Physician Assistant and Physical Therapy programs, provide many opportunities for future OT students to be involved in coordinated inter-professional education. Common curriculum across these graduate programs offers the potential for shared instruction by already qualified instructors. Potential cross listing or cross-discipline instruction could result in cost savings for the University by reducing duplication in required courses, while also offering the opportunity for inter-professional training across the varying disciplines.

VIII. Summary

Amidst many changes in CMU's 90-year history, the University has remained consistent in its service to the region, supporting and contributing to the intellectual, social, cultural, and economic life of Western Colorado. Development of an Occupational Therapy training program at CMU is an extension of the University's continued commitment to equipping students to meet the regional needs of Western Colorado.

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APPENDICES

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B. Collection Assessment for Proposed OT Programs

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- J. Kinesiology Student Graduates Interest in PT/PTA/OT