

STUDENT HEALTH AND WELLNESS

# **Being Well at UConn**

#### Presented by Student Health and Wellness (SHaW)









Be well. Feel well. Do well.

# **Our Values**

- Diversity, Health Equity, and Inclusion
- Patient's Rights and Responsibilities
- Exceptional Services
- Student-centered Approach
- Community Engagement
  and Social Justice



# **Our Team**

- Licensed Mental Health Clinicians
- Registered Nurse Navigators
- Health Promotion Specialists
- Wellness Educators
- Administrative Professionals

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# Student Health and Wellness (SHaW) Services

- Free and confidential appointments
- Individual mental health assessments
- Nurse navigator consultations
- Immediate support resources
- 24/7 Be Well Mental Health Support Line
- 24/7 Advice Nurse
- Brief mental health treatment

- Wellness Workshops
- Health education and screenings
- Clinical Case Management
- Outreach
- Advocacy
- Telehealth option
- Referrals to community providers and services

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# Outreach









# Workshops and Events



FEBRUARY 25TH 12:30-1:30PM \* WREC 203 PLEASE RSVP AT CLAUDIA.PINA@UCONN.EDU



# 24 Hour Services

#### These services are available to students on all UConn campuses:



Advice Nurse 860-486-4700

#### Mental Health Support

Within the U.S., Canada and the Caribbean: 833-308-3040

All other international locations: +1-984-268-2016 Togetherall Peer to Peer Support

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# Immunizations & Health History Form

### UCONN IMMUNIZATION REQUIREMENTS: DUE JULY 1st

How to submit your **Required** Immunizations

on your Student Health Portal Log in to <u>myhealth.uconn.edu</u>

Go to "My Forms" Complete & Submit Form

Go to "Document Upload" Upload Immunization Record from your physician's office

FOR MORE INFORMATION VISIT STUDENTHEALTH.UCONN.EDU/IMMUNIZATIONS

#### **Submitting Health Requirements**



# **Required Vaccinations and Screenings**

#### Measles, Mumps, and Rubella (MMR)

- Two vaccinations
- One after 1<sup>st</sup> birthday, and one 28 days later **OR** documentation of positive measles titer (blood test)

#### Varicella (Chicken Pox)

- Two vaccinations
- One after 1<sup>st</sup> birthday, and one 28 days later **OR** documentation of positive varicella titer (blood test)

#### **Tuberculosis Screening**

- Complete "Tuberculosis (TB) Risk Assessment" in Student Health Portal.
- If you answer "yes" to any question you will need a TB screening test.
- Tuberculosis testing must be done within 6 months of your matriculation date.

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### **Required Vaccine for Living On-Campus**

# The Meningococcal requirement applies to students living in university owned housing

Meningococcal (MCV4) – Students living in university owned housing must provide proof of receipt of at least one dose of meningococcal conjugate vaccine within five years of enrollment.

#### **Accepted strains:**

- Menactra
- MenQuadfi
- Menveo
- Nimenrix

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# AlcoholEdu



All communication regarding the AlcoholEdu program Will come from alcoholedu@uconn.edu AlcoholEdu is mandatory for all incoming students

Important Dates

Opens: August 7<sup>th</sup>

Part 1 Deadline: August 21st

Part 2 Deadline: October 16th

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# **Avery Point Team**



#### **Regional Nurse Navigator**

Beth LaFleche, RN





#### Mental Health Clinical Case Manager

Jessica Musgrove, LMFT



#### **Wellness Programming**

Joleen Nevers, MAEd

<u>Make an Appointment Online</u> studenthealth.uconn.edu

By phone 860.486.4705 x1



# Hartford Team





Naa Opoku Gyamfi, LPC

#### **Wellness Programming**

Joleen Nevers, MAEd

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# **Stamford Team**



#### **Regional Nurse Navigator**

Karina Giangos, RN





#### Mental Health Clinical Case Managers





Gicel Corado, LPC

Mary Ellen Benalcazar, LCSW



#### **Wellness Program**

Joleen Nevers, MAEd

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# Waterbury Team



#### **Regional Nurse Navigators**

Elena Tamayo Heitz, RN





#### Mental Health Clinical Case Manager

Claudia Pina, LCSW



#### **Wellness Program**

Joleen Nevers, MAEd

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# Health Insurance Requirement

#### Two Options:

- 1. Enroll in the UConn Student Health Insurance Plan (SHIP)
- Waive the Student Health Insurance Plan, because your student is covered by:
  - A plan carried by a parent/guardian
  - A plan provided by an employer
  - An individual plan that the student has purchased/enrolled in independently

EFFECTIVE DATE: XX-XX-XXXX
PRESCRIPTION GROUP #: XXXX
PRESCRIPTION CO-PAY
\$15 GENERIC \$20 NAME BRAND

#### Waiver Deadline: September 15<sup>th</sup>

Access the waiver form at <u>studentadmin.uconn.edu</u> under Financials section

# For more information, visit:

## studenthealth.uconn.edu/newstudents





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