

# Santa Rosa Junior College

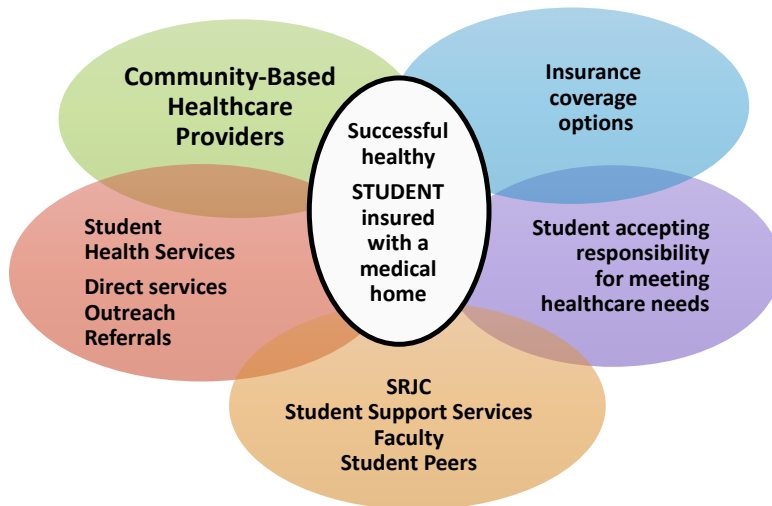
## Program Resource Planning Process

### *Student Health Services 2018*

#### 1.1a Mission

The Student Health Services Vision is:

To have healthy, academically successful students, learning in a healthy college community, with access to health support resources.



The mission of Student Health Services is to maintain and improve the physical, mental and social health of students at Santa Rosa Junior College, and to strengthen and inspire the well-being of the entire college community, towards supporting student success and life-long learning.

Values:

Health, Learning, Academic Excellence, Sustainability, Diversity, Community, Beauty,

Compassion, Innovation

## 1.1b Mission Alignment

*SRJC passionately cultivates learning through the creative, intellectual, physical, social, emotional, aesthetic and ethical development of our diverse community.*

***The mission of Student Health Services is to maintain and improve the physical, mental and social health of students at Santa Rosa Junior College, and to strengthen and inspire the well-being of the entire college community, towards supporting student success and life-long learning.***

*Student Health Services (SHS) is strongly aligned with the District's mission statement. Both describe a developmental model (improve, strengthen, learn, inspire, cultivate) and are multi-dimensional towards addressing the whole. A healthy community is articulated in both mission statements.*

Our mission explicitly uses the terms "physical, social and mental" health, as this is the World Health Organization's definition of health. In aligning the two mission statements, this is a fairly simple translation. For example, mental health, used in our mission statement, includes intellectual and emotional health, as stated in the District statement; social health is related to ethical development, etc. When students have contact with SHS, they learn something about themselves (physical/mental/social) and how to improve their health. Improved health enhances their learning capacity, and contributes to their success in college and in life.

See section 3 for more information on SHS's work and alignment with Strategic Plan Goals

## 1.1c Description

SHS is primarily funded by a mandated Health Fee, and the use of collected funds is regulated by both Education Code Section 76355 and Title 5.

[Board Policy 8.4P \(hyperlink\)](#)

The college community and individuals are served by a variety of activities to maintain and improve health. Through a combination of District hired staff, contracted professional services, and collaboration with community agencies, programs include Clinical Services, Mental Health Services, Health Promotion Services (individuals, classrooms, and college-wide events), and

District Support Services (health and safety, risk management, policy advising and staff consultation services).

The Student Health Services vision is a healthy, successful student, and programs and services provided are focused on student retention and success.

### **Student Health Services Alignment with SRJC's Student Success Goal**

#### **A. SUPPORT STUDENT SUCCESS - Support development of the whole student from early college awareness through successful completion of educational and career goals:**

- **Expand and sustain access by eliminating barriers, expanding strategic outreach efforts, and delivering services effectively through current technologies.**

By providing free access to healthcare services on two campuses, many health barriers to student success are addressed early, and effectively. The health promotion and outreach functions of the department (expanded since 2010 with Prevention and Early Intervention grant funding) provide health-related information to students in classrooms and on campus, and also educate students about the various health services available for them at the college. The "Health and Student Success" classroom presentation has been provided in all Counseling 10 courses, and an increasing number of faculty from other courses are requesting this presentation.

Student Health also leads the Crisis Intervention Resource Team (CIRT), which provides support to faculty in addressing distressed, disruptive and dangerous behaviors in students so they may get back on track with their academic performance and success. CIRT has been promoting faculty engagement with students, and early intervention and referrals for support services at SRJC for 26 years now.

- **Increase retention and academic progress through student engagement with academic and student services, faculty and staff, and campus and community activities.**

SHS has organized and sponsored many college events in collaboration with various academic and student service departments, such as student clubs and the Student Senate, in order to increase student engagement campus-based activities, provide educational forums with student panels, and bring visibility to health related issues as connected to student success. Students, staff, faculty and community members have come together for events such as the Mental Health Networking Event, Foster Youth Independent City, free Flu vaccination clinics, and the Wellness Fair. Sexual Assault Prevention activities also are provided via SHS sponsorship. Through a Human Services Advocacy internship, sponsorship of the Students for Recovery club has had numerous staff involved.

- **Increase the number of students who complete their educational plans and goals.**

As demonstrated in SRJC's student access and success reports, students who access SHS's individual professional services in the health centers are retained at higher levels, and have higher completion rates than students who do not access SHS services.

- **Enhance cultural responsiveness to better serve all student populations with a focus on first generation college students and the increasing Latino/a population.**

SHS strongly emphasizes services for diverse students - particularly increasing numbers of Latinos. This is accomplished via provision of services in Spanish, as well as sponsoring

prevention and professional development activities for faculty, staff and students, focusing on enhancing cultural responsiveness. Kognito faculty trainings are provided (online – for Flex credit) that focus on responding to the specific needs of LGBTQ, Veterans and students that demonstrate distressed behavior in classrooms to support their success as students. Peer based student health support workshops have focused on increasing cultural diversity awareness and communication.

## 1.1d Hours of Office Operation and Service by Location

Prevention and health promotion services, outreach events, staff consultations (CIRT and other), classroom presentations and other District support services are throughout the District Monday through Friday, with variable scheduling by professional staff, including evenings.

Student Health Services maintains three office locations. On the Santa Rosa Campus, clinical services are located in the Race Building. Mental health and health promotion services are located in Plover Hall. On the Petaluma Campus, clinical, mental health, and health promotion services are all housed collectively in the Richard W. Call Building.

**These hours of operation are under review for 2018-2019 due to decreased revenue. *Petaluma 3 days per week Fall/Spring, Santa Rosa facilities 8-5 Mon-Thurs 8-12:30 Friday.***

### Fall 2017/Spring 2018 Hours of Operation:

#### SANTA ROSA CAMPUS

##### Race Building Office Hours:

Mon., Tues., Thurs., 8:00 AM – 5:00 PM  
Wed., 8:00 AM – 7:00 PM  
Fri. 8:00 AM - 3:00 PM  
(Closed Fridays during June/July)

##### Services for Individual Students:

Nurse Practitioner	Monday through Friday
Physician	Tuesdays and Fridays
* <i>Santa Rosa Community Clinics</i> ( <i>FAM-PACT reproductive health services</i> )	<i>Wednesdays and Thursdays</i>
* <i>Redwood Community Health Coalition</i> ( <i>Medi-Cal/ACA and Cal-Fresh enrollment</i> )	<i>variable</i>

##### Plover Hall Office Hours:

Mon., Tues., Thurs., 8:00 AM – 5:00 PM  
Wed., 8:00 AM – 7:00 PM  
Fri. 8:00 AM - 3:00 PM  
(Closed Fridays during June/July)

**Services for Individual Students:**

Mental Health Counselors	Monday through Friday
Spanish speaking therapy appts.	TBD

**PETALUMA CAMPUS****Richard W. Call Building Office Hours:**

Mon., Tues., Wed., Thurs. 8:00 AM to 5:00 PM  
 (Closed Fridays all year long)

**Services for individual students:**

Nurse Practitioner	Monday through Thursday
Mental Health Counselors	TBD
* <i>Petaluma Health Center</i> (FAM-PACT reproductive health services)	<i>Variable</i>
* <i>Redwood Community Health Coalition</i> (Medi-Cal/ACA enrollment)	<i>Variable</i>

\* *Italicized services are provided by community agency partners at no-cost to the students or SRJC.*

**1.2 Program/Unit Context and Environmental Scan**

- 1) *Fiscal Environment*
- 2) *SRJC Community Environment*
- 3) *Federal, State, County Funded Healthcare Environment*

**FISCAL Context and Scan**

- 1) **The declining student enrollment at SRJC** continues to create significant fiscal challenges at SRJC. Peaking at 37,146 students in Spring 2001, and dropping to 26,735 in Spring 2013, SRJC has experienced a 28% loss in enrollment numbers, which drives State funding formulas for SRJC.
- 2) **Health Fee Revenue:** Closer to home, enrollment drops represent a corresponding loss of base revenue for Student Health Services (credit student headcount x Health Fee). The current sustainable staffing/budget/program plan relies upon about \$1,300,000 per year now, and Health Fee revenue is capturing around \$1,000,000 per year. A “structural deficit” exists.
- 3) **As to the “why” of enrollment drops**, the prevailing theories
  - \* excellent employment opportunities available in Sonoma County / strong economy.
  - \* high cost of living in Sonoma County (housing, transportation, food, healthcare without insurance costs) requiring multiple jobs to survive, and difficult to juggle with college attendance.

- \* acute housing crisis related to local wildfires/loss of housing
  - \* the pipeline of high school students is shrinking.
- 4) **The college's status with the Accreditation Commission** is precarious, flagged as being at risk financially, with less than a 5% reserve balance anticipated. Temporary relief for disaster/post fire stabilization funding (2-3 years)
  - 5) **Additional course section cuts** to address the District's fiscal infrastructure problem, may result in additional drops in enrollment.
  - 6) **Employee paid retirement benefits** are increasing dramatically, as they are being phased in over the next 5 years. This has a significant impact on the budget – District, Health Fee, categorical/grant programs, everyone... STRS was 8.5% in 2013, and is in the process of being phased up to 20% by 2020. PERS is similar.
  - 7) **New CCC funding formulas emerging** - dramatic shifts, based on combinations of students with financial aid, graduation/completion rates, with set % for student services with greater local flexibility. Start up 20180-2019
  - 8) **BOND money** is now available for new buildings, facility planning, and technology at the college, in significant amounts, which is badly needed. Yet, a recurring paradox is playing out again at SRJC: If you don't have enough money to have support staff and people to work in the buildings, or maintain them, or to integrate technology projects, how can you plan appropriately?
  - 9) **Other SHS Department Fiscal:** MAA funding has dropped due to a change in Federal and State reimbursement policies/procedures. Two grants utilizing Mental Health Services Act state funds are now in place, building infrastructure for mental health treatment outreach and stigma reduction, not for direct SPS services, increasing with the additional outreach and focus. Clinical services and health issue outreach has been diminishing, and finding funding sources to support the whole department in a balanced fiscal manner is ideal. Other funding sources are relatively small, yet some Equity Funds have been received helping desired student support project work within SHS. See Section 2 for more information.
  - 10) **Seems a critical question for the college, and SHS is this:** Are we leveled out with enrollment numbers now longitudinally? If so, we should count on this for a sustainable baseline budget plan, and how do we get there from here?

## SRJC COMMUNITY – Context and Scan

- 1) **Access Issues as related to SRJC Enrollment Trends** - shifts in location of student coursework, impact SHS's program planning in regards to an appropriate level of access to the scope of our services, inclusive of health center based professional services, health education, health support information and an online presence.
  - a) **The online student population** has been growing so significantly, that it is now the second largest "location" of students at the college with 6,420 students Spring 2016, a 16.4% jump from 2015.
  - b) **Petaluma Campus enrollments** have shown rapid drops over the last five years, from 6,322 students in Spring 2009, to 4,873 students in Spring 2015, a 23% loss. Originally built to accommodate over 10,000 students, the re-purposing – re-visioning of the Petaluma Campus's role at SRJC is being given considerable energy.
  - c) **Classes in the Evenings** - all locations are showing a surge in these numbers over the last two years, after a big drop about a decade ago, with over 8,000 students on the Santa Rosa Campus in Spring 2016, as an example.

- d) **Aggressive outreach to increase international student enrollments** has been funded with measurable success, with 180 students in Spring 2016 (up from about 60 student two years ago). SHS engages with these students frequently, and policies and strategies regarding health and healthcare are being addressed around the expansion of this population. The Federal ban on citizens of some countries is projected to have a negative impact on this program's growth.
- e) **Non-credit student enrollment** has grown, particularly the Older Adults courses in senior living settings, and at the Southwest Center. Whereas non-credit students currently do not pay the Health Fee, this is an emerging population of interest as Health Fee policy changes are being considered. Expanding on-site services to Windsor, Shone Farm, Southwest Center, and other clusters of student presence is a challenge for SHS to consider, as our resources are struggling to maintain our current presence on the Santa Rosa and Petaluma Campuses.

## 2) **Student Success and Equity and Basic Skills Initiatives**

- a) The community college initiative at the Federal level, combined with the Student Success and Equity initiatives at the State level with significant new funding streams, are transforming the California Community College system. This is a fundamental shift into a "matriculated" population of students, focused on an educational goal, to be accomplished within a given amount of time, regardless of whether it is transfer, a degree, or certificate. Targeted efforts of assuring equitable access to disadvantaged groups is an integrated part of the State's (and SRJC's) commitment to support our students. More recently, these activities are being merged to some extent towards better integration of services (and increased efficiencies). This shift is challenging, and SRJC is in a state of change, adjusting to the new conditions of funding, based on the outcomes of students succeeding in their goals. There is an element of chaos present as this change occurs, particularly as the college does not have a technology infrastructure to support some of the work required for an integrative model.
- b) Health (physical, mental and social) was not an identified factor in the above initiatives, and linking access and success to health has been, and will continue to be an uphill battle to utilize funds streaming from these sources. SHS is actively engaged in articulating how our work aligns with the broader goals of the institution and also working with HSACCC on communicating this on the statewide level.

## 3) **Emergence of Student Learning Communities** over the last several years, through a combination of variables, a burst of diverse learning communities have been born, and robust student engagement and activism has occurred.

- a) Equity funding, SSSP funding and HSI grant funding have given economic support to spaces, materials, staff, and events for particular student groups.
- b) Certain courses are infusing service, engagement, and advocacy in a way that results in visibly impactful activities on campus.
- c) A particular consciousness around income inequality, immigration, discrimination and other significant social justice issues are apparent in the current student population, and activism has been modeled, supported and present as a "norm" among our student population (i.e. homelessness and housing costs, food insecurity issues, transportation barriers, and other various social justice issues). Refreshing! And hard to keep up with all the group's activities, and facilitate them working together collaboratively and not in more narrowly defined silos.

- d) For SHS this is a particular challenge for the PEERS Coalition. The concept of the student led efforts to “coalesce” various student groups periodically to join in learning, discussion, and networking around HEALTH is a pretty exciting challenge, and a tough one given the many diverse student groups working on issues so closely aligned with elements of health. How to expand into appropriate student roles to strengthen a health/mental health coalition?
- e) (note 18-19) New SMHP grant obtained to address (d) above.

## **FEDERAL, STATE, COUNTY FUNDED HEALTHCARE – context and scan**

As the Affordable Care Act (ACA) is expanding implementation across the nation, the healthcare system is in a significant state of flux. Central to the intention of this legislation is to increase the number of individuals that have health insurance or coverage under the Medi-Cal program, and to increase access to coordinated primary care through a "medical home". California has been a leader in ACA implementation, and has enrolled millions of individuals that previously did not have access to basic services into coverage plans. This is an excellent outcome, and the impact is clearly being seen in the student population accessing Student Health Services; the chances a student will actually take the steps to seek needed healthcare beyond our scope have improved significantly, with the financial barrier removed.

The Federal climate changed significantly in 2017 with the new president, and the "repeal and replace" Obamacare initiative has been anxiety provoking, and at least temporarily delayed in March 2017. California is still discussing various healthcare system options on the State level, and as healthcare funding is restructured, the CCC system needs to be at the table.

### **Situation Updates:**

- 1) Within Sonoma County, the necessary expansion in the number of providers and services has not kept up with the demands for access by the newly insured.
- 2) Establishing a primary care provider (PCP) in the community clinics has long appointment waits, i.e. 1-3 months to stabilize an individual’s medical home.
- 3) A significant change recently is the addition of many mental health providers to the MediCal network in Sonoma County, so students clearly have improved access to ongoing mental health services in the community.
- 4) Sonoma County also has opened up the long awaited new mental health crisis stabilization unit, a much improved option for students in a significant mental health crisis requiring hospitalization and/or close monitoring.
- 5) As International Students have demonstrated a particular challenge in being able to access needed healthcare services in the US (uninsured, do not qualify for any government subsidized care) a policy change requiring them to have health insurance, to the minimum ACA standards for policy coverage, starts with the Fall 2016 semester. This will address a huge access gap within our student population, and will definitely support their success here at SRJC. Recent statistics show that during 16-17, International Students visiting SHS increased dramatically, representing a very disproportionate amount of service relative to their numbers at SRJC. Note 18-19: Post fire and demographic changes resulted in pulling back on additional IS outreach... housing crisis difficult to address locally.
- 6) Undocumented students, in Sonoma County, will have access to expanded coverage through the community clinic system, and legislatively, efforts to expand to all California undocumented citizens are being made.



## **Role of SHS in This Environment**

- 1) SHS's role in researching and knowing what is available, changed, and new in our local healthcare system, in real time, is central to assuring students have their health supported holistically, efficiently, at the lowest cost, through our referral process. This takes time and staff labor.
- 2) SHS will need to continue provision of bridge safety net services for many students in the "waiting period" limbo, many of whom have high health risk conditions needing ongoing care and follow up.
- 3) SHS continues to be a significant provider of educational interventions on healthcare system navigation. A significant gap in the knowledge and skills on HOW to navigate the healthcare system is apparent in those that have not had the lived experience of having health insurance AND being an adult that is responsible for meeting their own individual health needs (rather than parent initiative).
- 4) SHS's ongoing relationships with the local healthcare system are critical, particularly towards improving access to services for our students.

## **2.1a Budget Needs**

Student Health Services has been cutting supplies and services significantly over the last several years, in response to revenue limitations linked to declining enrollment and associated Health Fees collected from students. Chart below shows the longitudinal trend, and we have been using reserve funds to address the department needs. (We also have been cutting FTE in staff). With the reserve funds depleted now the 2018-2019 fiscal year is when the District will need to support our costs.

We have cut supplies again this year by 17% (medical supplies for students as part of the provision of health services). This does result in pulling back on the clinical scope of services somewhat, in terms of providing some prescription medicines for students free of charge related to their illness. We have analyzed drug costs in the community and selected a reduction in-house that should have the least financial impact on students needing prescription drugs. Office supplies cover three facilities, so there is some redundancy in both materials and graphics charges. Consolidated facilities would help some, and it would be useful to have some supply funds increased eventually, as these cuts directly impact students.

**In our 5000's our software maintenance agreement, at \$21,000 per year, needs to be carried through some form of District support.**

\* We have scrambled getting this annual cost paid through creative financing, and the money just is not in the Health Fee budget to cover this year and moving into the future.

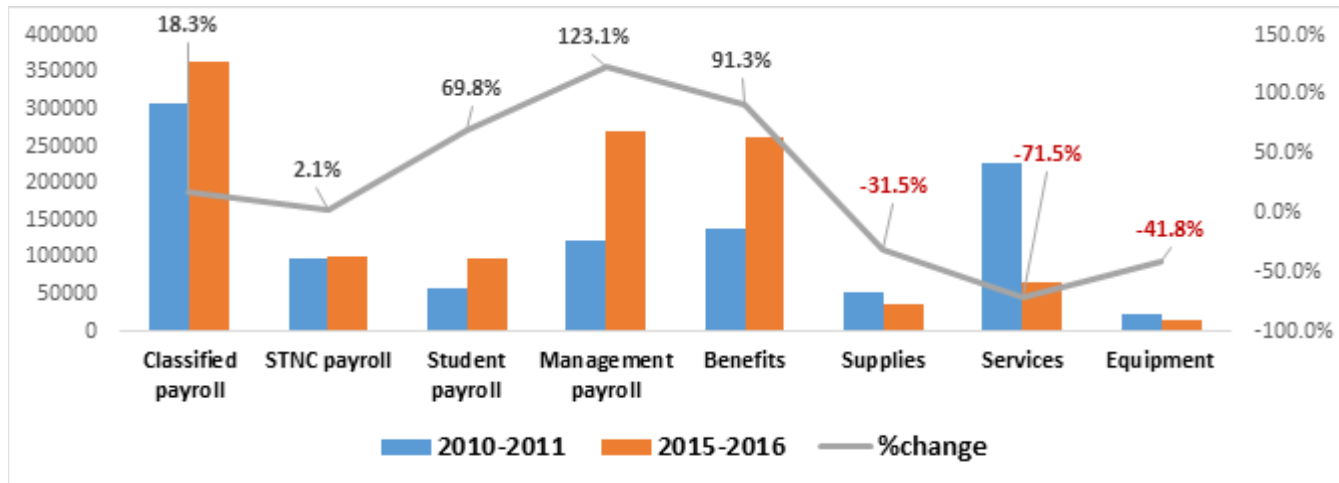
\* We moved to the cloud in 2017 to provide savings to the District, as they no longer need to maintain a server, manually upload data or provide local support.

\* The product is only slightly more expensive than the other systems used in CCC health centers, and switching is not practical in terms of the work it would take to build a new database system, given our human resources

\* The scope of the software is excellent, and we are trying to fully utilize the technology available to us to increase efficiencies in our workflow. The company's service also is excellent.

\* An incoming grant this year funds some equipment and labor to develop the technology more, but not the ongoing contract agreement. Any additional cuts from the 5000s are not possible, i.e. this is where the physician contracts are, required for the practice as well as equipment maintenance, phone bills and other contracts. We are skipping a year of calibrating our audiometers, for example, as an indication of how deep we are cutting.

**Last 5 year trend analysis from CORE data demonstrating cuts to 4000s and 5000s:**



## 2.1b Budget Requests

Rank	Location	SP	M	Amount	Brief Rationale
0001	ALL	07	02	\$130,591.00	Maintenance of Effort (MOE) Estimated gap in 18-19 Health Fee expenditures exceeding Health Fee, MAA, and other revenue sources. . Includes software maintenance agreement of \$22,000 per year, which is also listed under Non-Instructional Technology Request.
0001	ALL	07	02	\$184,208.00	MAA back casting due to Federal government

## 2.2a Current Classified Positions

Position	Hr/Wk	Mo/Yr	Job Duties
Health Promotion Specialist	30.00	12.00	Coordinate PEI Grant activities, classroom presentations, community liaison work, suicide prevention trainings, CIRT member, health awareness and outreach activities. Plan, implement and evaluate health promotion programs. Certified trainer for many MH curriculums.
College Nurse Practitioner	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
Medical Assistant	40.00	12.00	Clinical and administrative support functions, front office reception in Race Building, intake, direct care, medical records support, subpoenas, Faxes, etc. supervises 5-6 student employees.
College Nurse Practitioner	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
College Nurse Practitioner	27.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
Medical Assistant	40.00	12.00	Clinical and administrative support functions, direct care, medical records and technology support, medical supplies maintenance and ordering, front office reception, intake, supervises student employees. CPR-1st Aid trainer.
Health Services Specialist	40.00	12.00	Administrative support functions, purchasing, accounting/fiscal, payroll, SAI claims, Incident Reports, front office reception, intake, student employee supervision.
Health Promotion Specialist	19.00	12.00	Coordinate PEI PEERS, classroom presentations, suicide prevention trainings, health awareness and outreach activities, community liaison work
Medical Assistant	40.00	12.00	VACANCY Petaluma MA Clinical and Administrative support functions, intake, direct services, student supervision and projects as assigned. Safety Leader.
Health Services Assistant	40.00	12.00	VACANCY admin support for department and Director, grant invoicing, budget tracking and development, SAI, Incident Report, Athletics and more

## 2.2b Current Management/Confidential Positions

Position	Hr/Wk	Mo/Yr	Job Duties
Director, Student Health Services	40.00	12.00	Administrative oversight of SHS budgets and programs, personnel supervision, CIRT and MAA Coordinator, college-community-state liaison, disaster planning, District policy and procedure development, contract supervision and clinical and program quality assurance. District communicable disease control.
Manager, SHS-Mental Health Programs	40.00	12.00	Administer mental health programs, MHSA grant oversight, supervise mental health internship site, SPS and PEI (Prevention and Early Intervention-MHSA) personnel supervision, CIRT, college-community-state liaison, District policy and procedure development, program quality improvement.

## 2.2c Current STNC/Student Worker Positions

Position	Hr/Wk	Mo/Yr	Job Duties
PEI FUNDED Student Health Aide - PEERS	60.00	12.00	Peer student mental health support activities; health promotion
a HF FUNDED PE Licensed MH Provider	45.00	11.00	Provide individual and group supervision for mental health interns, training, SPS program support.
a HF FUNDED PAF for mental health interns	20.00	10.00	Provide direct mental health services, (crisis intervention, individual, couples, group therapy), presentations on mental health topics.
a HF FUNDED College Nurse Practitioner	3.60	11.00	CNP backfill hours for Sick, Vacation, Admin time, Jury Duty, etc.
HF FUNDED Student Health Aide	125.00	12.00	Reception and intake for 3 facilities, support administrative and outreach functions.
EQUITY FUNDED Student Health Aide	32.00	11.00	Student peer community health work, support outreach, events, presentations targeting Equity groups.
Sports Medicine College Nurse Practitioner	6.25	4.00	Direct individual services to support Athletic screenings and exams, providing medical clearance for SRJC athletes to participate in sports competitions. Episodic work..
EQUITY FUNDED College Nurse Practitioner	10.00	11.00	Direct services acute illnesses and injuries, CNP backfill to perform case management work.
a HF FUNDED Medical Assistant	20.00	11.00	Backfill vacant Medical Assistant position
a HF FUNDED Health Services Assistant	20.00	12.00	Backfill to assist Director due to vacancy

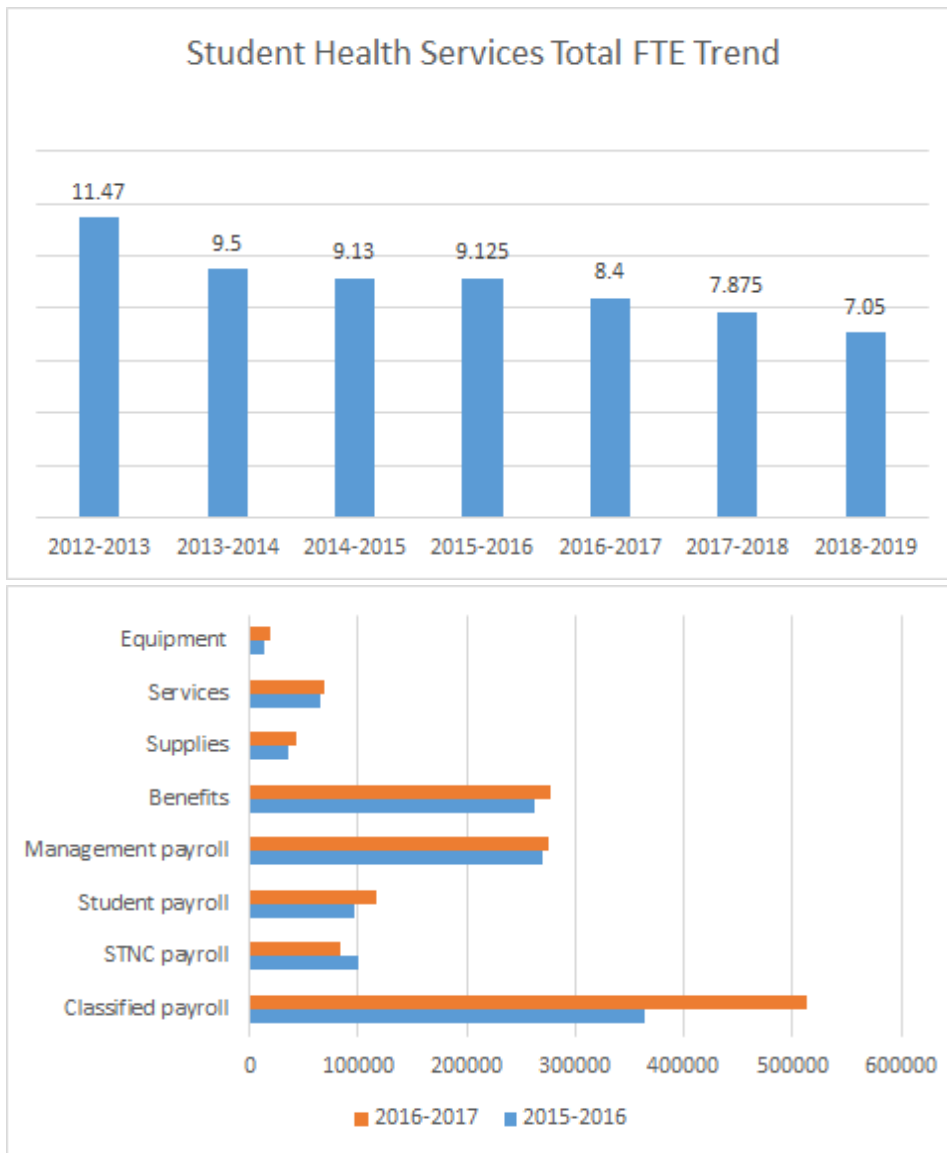
## 2.2d Adequacy and Effectiveness of Staffing

In this section:

- **CORE data on staffing levels, trend, and Maintenance of Effort implications.**
- **Short Term fiscal solvency.**
- **Background on Staffing Requests**
- **Long Term fiscal solvency**

**CORE data on staffing levels, trend, and Maintenance of Effort implications.**

Staffing is not adequate to support the needs of providing health services supports for students.



- There are 2.0 FTE positions vacant in the department currently. Other time bases have been decreased through reductions when rolling over, or via temporary voluntary reductions. All reductions have occurred in our clinical services area.

- Student Health Services dedicates more of its available revenue to personnel than the District averages, with higher use of STNC and student employees. Despite that, the current salary of the College Nurse Practitioner resulted in a delay filling a position, lower than current local salaries. (9 months to fill, only one final applicant)
- The Average Classified and Management payroll is higher than District average due to the higher education, licenses and technical skills of our employees.
- The reclassification of classified staff increased our classified payroll costs. Conversion of Ongoing STNC to permanent position accomplished.
- Having three facilities to maintain standard District office hours on has put a strain on all of our staff.
- Cost efficiencies are deeply embedded in our department structure and function:
  - Mental health services are provided by a combination of essentially unpaid practicum students and modestly paid psychology interns. The internship model's costs are primarily for the licensed clinical psychologists that supervise them.
  - Our student development program, employing up to 16 students/year, is a combination of work experience in a healthcare setting, student peer health advocacy training, and student success coaching.
  - Developing relationships with outside agencies has leveraged a healthy scope of our services for students, combined with grants and this places a much higher need for administrative support in the department to manage the diversity of these functions.
- The department has been self-sufficient for 25 years, leveraging reserve funds each year . At the end of 17-18 this fund most likely will be depleted going into 18-19, despite significant cuts in FTE and supplies/contracts.

Category	13-14	14-15	15-16	Change notes	District Total	% of District Total
<b>Total Expenditures</b>	<b>\$1,338,427</b>	<b>\$1,390,860</b>	<b>\$1,447,342</b>	<b>4% increase</b>	---	<b>1.01%</b>
FTE-C - Classified	<b>8.85</b>	<b>7.5</b>	<b>7.125</b>	<b>Decreased</b>	<b>450.78</b>	<b>1.58%</b>
FTE-ST - STNC	<b>2.537</b>	<b>2.57</b>	<b>2.57</b>	<b>Steady</b>	<b>89.97</b>	<b>2.86%</b>
FTE-SS - Support Staff	<b>18.0</b>	<b>18.7</b>	<b>18.9</b>	<b>Increase/High</b>	<b>714.93</b>	<b>2.65%</b>
FTE-SW - Student Workers	<b>6.0498</b>	<b>8.67</b>	<b>9.24</b>	<b>Increase/High</b>	<b>174.18</b>	<b>5.31%</b>
Average Classified Salary per FTE-C	<b>\$48,714</b>	<b>\$61,086</b>	<b>\$68,902</b>	<b>Steps, COLAs, Reclassification</b>	<b>\$48,825</b>	<b>141.12%</b>
Average Management Salary per FTE-M	<b>\$115,901</b>	<b>\$127,780</b>	<b>\$134,901</b>	<b>Longevity and Doctorate stipend</b>	<b>\$75,781</b>	<b>178.01%</b>

Salary/Benefit costs as a % of total budget	84.49%	86.93%	87.99%	Increase/High	72.02 %	122.17%
Non-Personnel \$ as a % of total budget	9.02%	9.39%	8.39%	Decrease/Low	11.43 %	73.35%
Restricted Funds as a % of total budget	97.89%	99.75%	99.84%	District funding free for 25 years	16.55 %	833.33%

**Applicable Education Code Law: 76533, 2(e)**

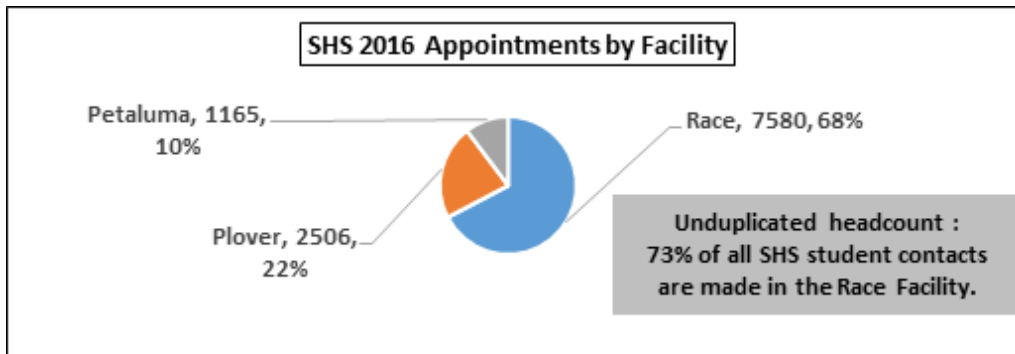
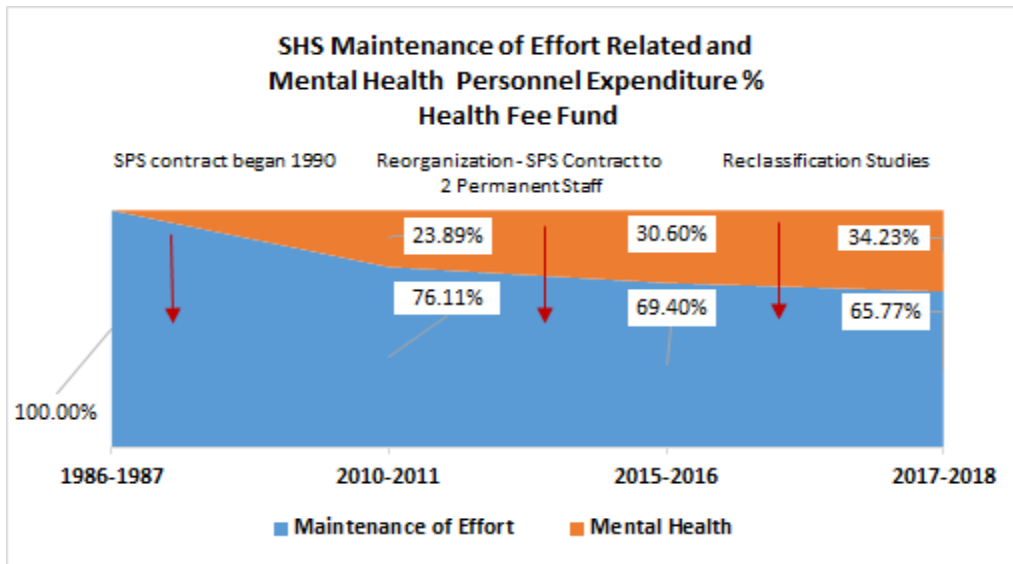
*(e) Any community college district that provided health services in the 1986–87 fiscal year shall maintain health services, at the level provided during the 1986–87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.*

Based on the documented level of services at SRJC in 1986-1987, the following SHS organization chart was created indicating what positions and functions fall under the MOE mandate, with the MOE areas highlighted

<p><b>DIRECTOR</b> – Susan Quinn Budget Development/Fiscal Management, Quality Assurance, Regulations, Contracts, Presentations, Program Review &amp; Development, Personnel Supervision, MAA Coordinator, CIRT Chair, Grant oversight, Communicable Disease Control, Health Education</p>		<p><b>MANAGER, MH PROGRAMS</b> – Bert Epstein, Psy.D. Grant Management, Contracts, MOUs, Quality Assurance, Director of Internship Program, Personnel and Intern Supervision, Program Review, CIRT member</p>		
<p><b>CLINICAL SERVICES</b> 1.75 FTE 0.3 STNC</p>	<p><b>SUPPORT SERVICES</b> 2.8 FTE .45 STNC</p>	<p><b>HEALTH PROMOTION AND OUTREACH</b> PEI 1.2 FTE</p>	<p><b>STUDENT PSYCHOLOGICAL SERVICES</b> Health Fee funded</p>	
<p><b>CONSULTING PHYSICIANS</b> Ty Affleck, Steve Wolf MD Clinics / Consultations (Ty = SRJC Sports Medicine Director and AED Physician)</p> <p><b>CNP SR</b> – 0.75 FTE <b>Katie Borges, MSN, PNP</b> Clinical Services, Outreach, Projects</p> <p><b>CNP SR</b> – 0.675FTE <b>Mary Wyman, MSN, FNP</b> Clinical Services, Outreach, Projects</p> <p><b>CNP Pet</b> – 0.75 FTE <b>Cindy Dickinson, FNP</b> Clinical Services, Outreach, Petaluma Coordination</p> <p><b>STNC CNPs</b> (6 individuals - ~0.3FTE) Clinical Services</p> <p><b>COMMUNITY PARTNERS WITH ADMIN OVERSIGHT</b></p> <p>ACA, Medical and Cal-Fresh enrollment counselors RCHC, Reproductive Health Services SRCHC and BHC CAPE County Crisis Services (Redwood Empire Food Bank Petaluma)</p> <p><b>AmeriCorps SHWA til Dec 2018</b></p>	<p><b>MEDICAL ASST.</b> – 0.8 FTE Martha Cole Intake, front office coordination Race, medical records requests/subpoenas, SHA hiring, training, supervision, Payroll, Ordering, Scheduling, and Clinical services</p> <p><b>MEDICAL ASST.</b> 1.0 FTE Chad DeLaca Clinical services, Records System support, Outreach support, medical and drug supply ordering, Athletics support SHA hiring, training, supervision, CPR, Safety Leader, MAA program support,</p> <p><b>Medical Assistant Vacancy</b> <b>STNC Medical Assistant</b> <b>Petaluma .45 FTE</b> Intake, Petaluma coordination</p> <p><b>Health Services Assistant Vacancy 1.0 FTE</b> SAI, Incident Reports, Safety Leader, Athletics coordination and more</p> <p>Leader</p>	<p><b>PEI -MHSA funded</b></p> <p><b>HEALTH PROMOTION SPECIALIST</b> 0.75 FTE Jeane Erlenborn, MPH PEI Program Coordinator, CIRT, classroom presentations, suicide prevention, college and community networking, hiring and supervising PEI staff</p> <p><b>HEALTH PROMOTION SPECIALIST</b> 0.47 FTE Stephanie Sanchez, MSW SHA-PEERS Coordinator</p> <p><b>Student Health Aides - PEERS</b></p> <p>Classroom Presentations Events, Workshops On campus outreach Bear Facts Bulletin Boards Social Media SH101 Web Page</p> <p><b>Student Health Aides – 10 FTE</b> Office Reception, administrative and direct services support, health promotion support, projects,</p>	<p><b>PROFESSIONAL EXPERTS</b> Rafael Flores, MFT Spanish speaking therapist/outreach <i>Intern Supervision</i> Trudy Vandell, Psy.D. Sandra Seligson, Ph.D.</p> <p><b>STNC-Mental Health Interns (7 individuals – 4.0 FTE)</b> Drop-In services (Crisis Intervention, Individual, Couples, Group therapy, Outreach</p> <p><b>HEALTH SERVICES SPECIALIST</b> 1.0 FTE Brian Chetcuti – Plover intake/reception with students, <b>SAI, Incident Reports</b>, Purchase orders, Payroll, admin support, Scheduling, SHA, hiring, training, and supervision, QPR, Safety</p> <p><b>Health/Clinical Psychology Post-Doctorate Intern</b></p>	<p>Vacancies/Gaps</p> <p><b>MEDICAL ASST 1.0 FTE</b> <b>Petaluma</b></p> <p><i>Front reception and intake for clinical and mental health services, student supervision, medical supplies, Safety Leader, Teach CPR/First Aid</i></p> <p><b>HEALTH SERVICES ASST. – 1.0 FTE</b> <b>March 2018</b> Assistant to Director with budget, contracts, grants and fiscal monitoring, purchase SAI claims, Incident Report, FAKs, Outreach, and Intake back up Webpage, Coordinate Athletic Screenings, Facilities, Safety Leader, Grant Invoicing AmeriCorps (MAA invoices) Health Promotion</p>

Adjustments have been made in all discretionary areas within the budget. With human resources being dedicated to SPS, and maintaining a separate mental health program facility, this has been achieved only by reducing the level of SHS's clinical staffing in the Race facility, which falls under the MOE. Other CORE data and SHS utilization statistics demonstrating this trend:





### Short Term Fiscal Solvency

- Carrying classified vacancies as they occur, and cutting FTEs when positions roll over has been the default strategy. It hasn't been strategic in that working conditions in the clinical services is such that staff prefer fewer hours or seek employment elsewhere.
- A reorganization into one facility on the Santa Rosa Campus is needed. This will achieve greater staffing efficiencies. Race is not large enough to house our current mental health workers in addition to the clinical.
- Discussion with VP Student Services and VP Business Services over the past couple of years landed upon an agreement to have the District carry the SHS deficit as needed for 2-3 years. In light of the Maintenance of Effort trigger, and the consequential burden of having all program cutbacks necessarily landing on mental health services, this was an unacceptable scenario. The fires compounded this... increasing demand and perception of need for mental health services is apparent. Attached to this understanding is that SHS will continue chasing new revenue, and an accompanying SHS organization plan with reduced personnel expenditures would accompany a transition to a "One-Stop" health center in Santa Rosa, or as appropriately adjusted to base revenue within 2 years.

- Two new grant sources this past year: AmeriCorps and Student Mental Health Program grant for \$250,000 over two years is in processing.

## **BACKGROUND ON STAFFING REQUESTS**

**Health Services Assistant VACANCY** This position is central to the administrative functioning of the department, as an assistant to the Director, and working on several District Support functions outlined in Maintenance of Effort. Highest priority.

**Medical Assistant VACANCY** Due to SHS's funding problems, a full time Medical Assistant vacancy has been carried for several years; staffing levels have dropped significantly in the Race service location, partly by default (retiring employee locations), combined with the addition of MH positions that evolved beyond our revenue capacity, putting this position on freeze. This has produced increased workloads on others, some out of class work by the CNPs, and some things just aren't being done, as related to clinical quality assurance activities. Shifting Petaluma Campus Medical Assistant o Santa Rosa is being requested wit STNC backfill until a reorganization is accomplished, with a probably reduction in FTE.

**IMPACT:** The Petaluma office will have a reduction in hours of operation starting Summer 2018, as will the Santa Rosa offices.

## **Long Term Fiscal Solvency**

### **California legislation initiatives**

The new funding model, moving towards block grants for Student Services makes it possible for the District to have more flexibility and apply funds to student Health Support Services locally. The funding system in the CCCs for these services is what is dysfunctional. CCC students do not have equitable access to these services at each college, and no state dollars are designated to support health services in CCCs. Instead, student health fee dollars are spent on people chasing money to procure services, either maintenance of current services, or to increase access to services needed. This needs a legislative solution. Currently several bills have emerged, all focusing on mental health needs of students, not the fundamental infrastructure problems. Ratios of therapist to students is being proposed without a corresponding ratio of nurses, nurse practitioners and physicians to students. Basic needs initiatives are being funded to some extent, and those colleges with health centers are providing greater access for students than those without health centers. HSACCC is actively working on solutions with various partners.

### **External Funding Sources**

In the early 2000's, Health Fee revenue accounted for 98% of total revenue. Through consistent work towards diversifying the department's revenue, the Health Fee now represents 72% of total revenue.

#### Successes:

County and State MHSA funds

Redwood Community Health Centers (RCHC) – ACA grant and partnerships.

Aligning SHS work with the Equity Program.

Linking the athletic course fee with SHS work with athletes.

State MAA program participation (partial success)

### **Applicable MediCal billing as an educational agency**

MAA revenue had been a fairly reliable revenue source for 10 years: 2003 - 2013. An audit of the State by the Federal branch in 2013 paused payments, and new regulations were applied retroactively to the last three years of MAA participating. In March 2017, the first invoices dating back to 2013 with new methodology were prepared for SRJC, and were drastically cut, as the % of reimbursement is now averaged over the K-12 Consortium spread out over almost all of Northern California. A back casting bill of \$180,000 to SRJC was part of the agreement made at the State level. This is being challenged, without State cooperation in the Dept. of Health Services, and Prop. 98 funds are now being pursued to cover these costs.

- **Create a MAA Consortium of just CCC Health Services**, and incorporate the reimbursement averages of active college health centers, which are much higher, as opposed to very part time school nurse work in the K-12 setting. Would probably need CCCCCO office or CCC Foundation oversight. Would increase revenue through this program.
- **Direct LEA MediCal billing** is promising, worth it if the reimbursement rates for nurses is increased beyond \$8 an hour. A plutonic relationship with a 3<sup>rd</sup> party vendor, MBT, has been started, and they are very active at the State level advocating for community colleges, as is the HSACCCs. Saddleback College and LA Pierce piloted this 17-18 and a (small) revenue stream was created within a 6 month time period.

### **Ask larger local healthcare provider organizations to provide funding to SRJC's SHS Department**

Based on internal data and reports on the degree of prevention, education and direct care services provided to students with insurance coverage under outside providers (Kaiser, Sutter, etc.), a case statement could be developed outlining how we are helping with their financial bottom line. Explore any relationships of interest with them, i.e. health promotion initiatives, screenings, etc. as attached to funds.

The California community colleges participating in the MAA program all experienced this drop in revenue, and leaders of HSACCC have met with State Department of Health Services officials to discuss the problem, and possible solutions. DHS has been very open to exploring ways to better represent, and reimburse the work being done at community college health centers. Several concepts are on the table:

Applying for this program, and having the Director participate in the statewide discussions advocating for higher CCC reimbursement rates is part of SHS's strategy to increase revenue. This could result in revenue as soon as during the 17-18 fiscal year.

### **Local Health Fee Policy**

Additional Health Fee waivers granted at SRJC beyond those outlined in the Education Code was identified by the SHS Advisory Committee as an important contributor to SHS's fiscal health, and was examined rigorously in 15-16, exploring the possibility of removing the non-credit student waiver in particular. Most CCC's charge non-credit students the health fee.

This was stopped at the Cabinet level, due to perceptions expressed by Academic Affairs and enrollment management administrators that this would negatively impact SRJC enrollment. Survey data collected

from non-credit students indicated that those attending classes at the Southwest Center and on the Santa Rosa Campus were agreeable to paying a Health Fee, but the seniors programs located at facilities throughout the County were not.

Since then, an additional group of students have been waived the fee: Dual Enrollment students in high schools.

## 2.2e Classified, STNC, Management Staffing Requests

Rank	Location	SP	M	Current Title	Proposed Title	Type
0001	ALL	01	02	Health Services Assistant	same	Classified
0001	ALL	01	02	Student Health Aide	Requests for non-District funded work	Classified
0002	Petaluma	01	02	Medical Assistant	same	Classified
0003	ALL	01	02	Assorted	STNC and PE requests for non-District funded work	STNC

## 2.3a Current Contract Faculty Positions

Position	Description
	NOT APPLICABLE

**2.3b Full-Time and Part-Time Ratios**

<b>Discipline</b>	<b>FTEF Reg</b>	<b>% Reg Load</b>	<b>FTEF Adj</b>	<b>% Adj Load</b>	<b>Description</b>
	0.0000	0.0000	0.0000	0.0000	NOT APPLICABLE

### **2.3c Faculty Within Retirement Range**

### **2.3d Analysis of Faculty Staffing Needs and Rationale to Support Requests**

## 2.3e Faculty Staffing Requests

Rank	Location	SP	M	Discipline	SLO Assessment Rationale
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## 2.4b Rationale for Instructional and Non-Instructional Equipment, Technology, and Software

### Student Health Services Tech Plan

#### Current Environment:

In addition to standard network connections to the College's Outlook, Escape and Student Information (SIS) systems, the Student Health Services department also utilizes a secured intranet and software system (Medicat) specific for healthcare information processing, including a secure electronic medical records system. A dedicated server for Medicat is housed in Information Technology (IT). In 2016-2017, this is being migrated to a web-hosted environment, which offers greater HIPAA security practices, and database maintenance exclusively by the software contractor. Additional software functions are included as part of this migration, including confidential communication between students and providers, self-check-in capacity in the health centers, online student health with appointment access 24 hours/ 7 days a week, and more.

All permanent employees, contractors, student workers and psychology interns utilize the system for appointment management, to document student visits and services rendered, tracking for clinical case management purposes, engage in continuous clinical quality improvement activities, and to access internal reporting, analysis and program evaluation functions. The software system interfaces with the College's student database, and via a regular schedule of uploads, demographic student information populates selected fields.

Up to 45 separate users shared the department's 34 desktop computers and 6 laptops, located in three different facilities on two campuses, and used during outreach events. The current District policy is to replace hardware every 7 years.

Moving our database to the cloud as hosted by Mediat has provided SHS with greatly enhanced software capacities, with online access for students at the forefront. As resources permit, SHS is implementing newer functions of the software as developed internally. The cloud migration, and confidential email communications between students and providers have been implemented in 2017-2018, with the next project self check in stations in each of the facilities, to improve confidentiality, enhance universal screening questions for identifying at risk students, and reduce on human labor required for front reception intake processes. It also reduces paper use. Other functions are to be implemented after this one in 2018 -2019 as resources allow.

### **Goals**

Evaluate and adjust appropriately technology solutions in the health centers on the Petaluma and Santa Rosa campuses to best support providers/staff, students and the clinical practice towards:

- a) Quality improvement in the clinical practice.
- b) Achieving the highest standard of medical confidentiality for students.
- c) Secured confidential communications between providers and students to support case management follow up.
- d) Increase health support services for on-line students.
- e) Ergonomic integrity for all.
- f) Most effective and efficient charting/documentation methods.
- g) Optimum communicable disease control (early alerts).
- h) Optimum technology support for student learning in the SHS department.
- i) Other enhancements as new technologies emerge to meet healthcare and educational industry standards.

### **INSTRUCTIONAL EQUIPMENT REQUESTS NONE**

#### **Furniture Requests**

##### **REPLACE RACE LOBBY SEATING SYSTEM**

This furniture is 16 years old, and has had heavy use over the years, as it serves as a waiting area for both SHS student-patients, and community members waiting for Dental Programs appointments. The furniture has bolts that loosen often, and there are no seats that are wide to accommodate larger individuals. This represents both a safety issue, and an ADA compliance issue. The District has pursued exploration and quotes of possible furniture replacement.

#### **Other identified needs/plans:**



## **ONLINE STUDENT HEALTH RESOURCES**

- Identify best methodologies to support increased online health educational engagement by SRJC students through Student Health Services' access points, and Canvas modules, including a broader selection of video materials/products and learning resources.

### **Strategies and Resources**

- Work with Mediat software consultants, Information Technology, and ITG to purchase and implement software upgrades, including computerized intake workstations in each SHS facility.
- Assure appropriately trained personnel are on each site to maintain and develop an increasingly complex database within Student Health Services software system (staff development, SHS workgroups, training support, hire vacant MA position when funding available).
- Maintain ongoing access to necessary, effective technology resources for all department workers to provide ongoing student work experience training, health education, staff development activities and support effective meeting spaces, (hardware, software, media equipment).
- Continue software maintenance agreement with web-hosted services, funding by the District as part of the Maintenance of Effort mandate in the current Health Fee environment.

### **Budget/Financial Strategies**

- Bond Revenue: District/Bond support is critical. Whereas the facility is priority, any needed tech/hardware items will be requested via this route.
- Instructional Equipment Funding: Requests linked to the various student learning activities provided by the department.
- Health Fee revenue – Resources as available - triggering the "Maintenance of Effort" mandate by the District, to maintain the level of services provided in 1986-1987. Medical Records were included in this.
- Research and scan for external funding sources for IT hardware, software, training, and personnel support to offset expenses to the vulnerable Health Fee fund.

## 2.4c Instructional Equipment Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact
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## 2.4d Non-Instructional Equipment and Technology Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact
0001	ALL	04	02	MEDICAT annual hosted server contract	1	\$21,000.00	\$21,000.00	Susan Quinn	SHS	Susan Quinn
0003	Santa Rosa	04	02	Replace Lobby seating system, safety and ADA issue	1	\$25,000.00	\$25,000.00	Susan Quinn	SHS Race Building 1st Flr Lobby	Juanita Dreiling

## 2.5a Minor Facilities Requests

Rank	Location	SP	M	Time Frame	Building	Room Number	Est. Cost	Description
0001	Santa Rosa	04	07	Urgent	Race Building - 1st Floor SHS	Lobby	\$10,000.00	Adjust front reception area / lobby in Race to install 3-4 confidential computer self check-in stations OR IT come up with an alternative secured wireless network solution and secured iPads.
0001	Petaluma	04	07	Urgent	Call Building 610 Lobby	Lobby	\$1,000.00	Adjust/install 2 confidential computer self check -in stations for students accessing SHS services.
0001	Santa Rosa	04	07	Urgent	Plover Hall - SHS	Lobby	\$1,000.00	

## 2.5b Analysis of Existing Facilities

**IMPROVE FACILITIES AND TECHNOLOGY** - Provide, enhance, integrate, and continuously improve facilities and technology to support learning and innovation.

### **Strategic Goal Alignment: Improve Facilities**

**The greatest need for Student Health Services is to have one facility on the Santa Rosa Campus that houses the clinical, mental health, and health promotion programs that operate in our department, to achieve effectiveness, efficiency and an improved, integrated student service experience.**

**BACKGROUND:** Currently SHS operates three facilities. Whereas each facility meets the needs of a sector of our program, the split between Plover and Race on the Santa Rosa campus compromises the program's efficiency in regards to human resources, as well as quality of care for students receiving services in an integrated program model. Students report being very confused when trying to navigate "where to go for what service", and this layout communicates to the students a disjointed, split of service-focus depending on what body part they perceive their health problem linked to. This is a "worst practice" in providing health services for students.

The Race facility housed both clinical and mental health services when it first opened in 2000, providing a geographic/environmental space that strongly supported the communication, consultations, and collegiality between multidisciplinary providers, but more importantly, provided a clearly identified location for students to have any health care issue addressed. The program has grown significantly with the addition of permanent SPS employees and a Mental Health Services grant. A significant amount of time is spent working on closing communication gaps and coordinating care for students between facilities. A facility that can house all of SHS functions on the SR Campus will not only increase efficiencies in use of resources, but provide a much more effective health support experience for students. Strengths, shortcomings and needs of the three facilities are outlined below, with many issues potentially being addressed with a newly designed one-stop shop for the Santa Rosa Campus' SHS, including a lobby designed with computerized intake stations built in.

### **Santa Rosa Campus**

**Race:** This facility is used to maximum capacity, supporting clinical services on the Santa Rosa campus, as well as offices for centralized, District-wide administrative support functions. Several areas are designated as "swing" spaces, with the Health Resource Room currently being utilized for department, college and community agency meetings, confidential SPS group space, confidential 1:1 services by outside agency providers, and some health promotion support space. Confidential space could be enhanced in Race with revisions. A space for students needing to lie down when sick or waiting for transportation isn't currently available.

The Race facility needs capacity building for a **computerized appointment intake process for students** in the reception area/lobby to provide improved confidentiality for students and a more efficient intake process. **A new grant (MH) has money built in for mobile devices (iPads) for use with a HIPAA compliant secured wireless network which IT has agreed to do.** This facility has the largest amount of utilization traffic in SHS. The front reception area is not currently conducive for several fixed stations, so

either an "attached" iPad system and/or a check out system for the iPads (ID card?) is being contemplated. A minor remodeling is needed to implement.

The lobby furniture in Race also is aged, with some instability to the units, and without larger seating options for ADA compliance. This could be addressed as part of a remodeling project.

**Plover:** The facility is used at maximum capacity, with the current "break room" multitasking as the MHS PEERS home base, SHS meetings, Intern trainings, and staff break room. A remodel of the current area behind the front desk, incorporating several workstations would be a more efficient use of the area, i.e. PEERS workers not in break room and reserve that room for meetings when needed, having a dedicated workroom for SHS Health Promotion and PEERS outreach projects with materials spread out and stored regularly would be an improvement.

The Plover facility has good capacity for a **computerized appointment intake process for students**, needing only the addition of two confidential intake workstations in the current lobby, which has computer ports already.

**Petaluma:** This facility meets the utilization and safety needs for SHS operations adequately, and all of the space is not fully utilized at all times. The design of the front reception area, with a window and locked door between the public and staff supports lower staffing levels for safety. The lobby has been converted into a temporary Basic Needs Resource Center, and Conference Room 609 serves the department well for meetings, including tech connection for videoconferencing. As the Petaluma Student Services facility plan is being developed, it is clear that SHS will remain peripheralized in its location, which may be contributing to the lower utilization rates by students on the campus. Trying to partner with an appropriate student service in the adjacent Student Affairs space hopefully will optimize a volume of traffic into the area to increase SHS visibility and support student needs efficiently. The lobby is conducive to computer workstation or fixed iPads for check in areas for SHS.

### **3.1 Develop Financial Resources**

**SEE UPDATE TO BUDGET CHALLENGES IN SECTION 2.2.D WRITTEN SPRING 2017 regarding strategies to develop financial resources.**

*From SPRING 2016.*

**Strategic Plan: DEVELOP FINANCIAL RESOURCES - Pursue resource development and diversification while maintaining responsible fiscal practices and financial stability:**

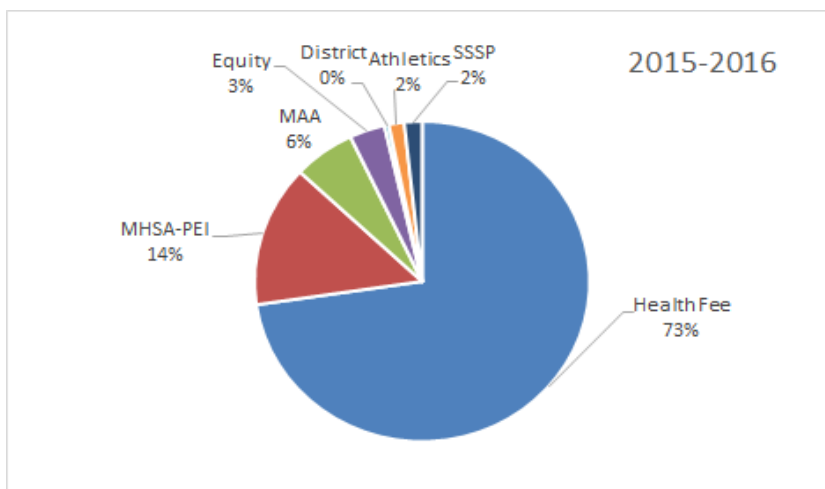
- **Pursue alternative funding sources including grants, partnerships, and scholarships to support our diverse communities and students.**

SHS engages in significant efforts to diversify its financial resources beyond base student Health Fee revenue, and has successfully leveraged access to Mental Health Services

Act funds, receives Federal reimbursement for Medi-Cal Administrative Activities engaged in by SHS staff, and secured Equity funding to provide services for at-risk students. Other small grants have been successfully obtained in the past.

Student Health Services has not needed to obtain District money to backfill operations since 1991. Health Fee revenue has thus far sustained the program, though it is currently experiencing fiscal hardships due to SRJC enrollment drops. **SEE SECTION 2.1A FOR CURRENT STATUS AND MORE EXTENSIVE OUTLINE OF STRATEGIES TO DEVELOP FINANCIAL RESOURCES (and briefly outlined below)**

In 2002, almost 100% of funding was from the Health Fee only. This year, 73% of revenue is from Health Fee revenue, with the remaining 27% from diverse sources. This diversification of funding is healthy. **SEE BELOW FOR OUTLINE FOR STRATEGIES TO FURTHER DIVERSIFY REVENUE SOURCES**



SHS Grant Funding 15-16

NAME	SOURCE	LEAD	TARGET POP	AMOUNT	MATCH?	RENEW?	CYCLE?	DATE FUNDED	PARTNERS
PEI-MHSA	Sonoma County Behavioral Health Division	Jeane Erlenborn	SRJC students Transitional Aged Youth (TAY)	\$200,000	None required, though in-kind support provided	Annual renewal through 2016-2017, with option to extend longer	One year, with renewal for a minimum of three years.	July 1, 2015 – June 30, 2016	Sonoma County Behavioral Health Division
Equity	SRJC Student Equity Funds	Susan Quinn	Under-represented SRJC student populations	\$47,500	None required	No	Ends June 2016	January 2015-June 2016	None
SSSP	SRJC	Susan Quinn	SRJC students	\$24,000	None required	No	Ends June 2016	2016	CIRT Team

**STRATEGIES FOR FUNDING STABILIZATION/DIVERSIFICATION (also see Section 2.1a for additional detail)**

- **Work with SRJC constituent groups to consider Fee Policy change to remove non-credit students from the Health Fee waiver. Also consider further increases to Athletics course fees to pay for SHS work done with athletes.**

- **Continue appropriate requests from Student Health Services for Equity Funds and/or Student Success funds to support case management of at risk students seeking services in SHS, and supporting financial risk reduction for low income students with ACA and MediCal outreach.**
- **Pursue fundraising activities from private donors, working with Foundation staff. Identify targeted student population and/or student health support need as linked to requests.**
- **Watch MHA funding closely - statewide higher education direct funding is included in emerging legislation and SRJC is well qualified for grant applications, with the exception of identifying college dollar for dollar match for any granted funds.**
- **Explore, pilot as appropriate, direct LEA billing for provider MediCal covered services in the SRJC health centers. Identify infrastructure support needs, logistics, and evaluate sustainability.**
- **Explore and request District funding as appropriate to support SHS, and leverage as matching funds for other grants.**
- Work with the Health Services Association of CCCs on statewide advocacy efforts to identify and support funding streams from the State to CCC health centers. Discussions currently on mandated health services at all CCCs with State funding stream, and legislation specifically for mental health services at CCCs through MHA funds.
- Continue to access any Technical Assistance MHA / CCC funding for local trainings, access to products such as Kognito, or other tools for prevention work which may be available.
- Watch closely for Sexual Assault Prevention grants, probably Federal, that could come down through either the State, or the Dept. of Education. This would assist the college in meeting Campus SAVE Act mandates. Online educational products are available for purchasing, to meet orientation education mandate. Advocate for State support funding for CCCs to achieve mandates.
- Monitor and either apply for funding or partner with County Health Services, Prevention and/or Public Health divisions, for projects linked to disaster planning, communicable disease control/vaccines, alcohol and other drug prevention activities, etc.
- Apply for technology development funds under Measure H or any other appropriate funding sources to address the long-standing need in SHS to provide online health services, and purchase software modules that improves efficiencies and quality of care in the established health centers.

- ACA, MediCal and CalFresh benefits for students: MOU and/or grant to assure enrollment access on campus. Redwood Health Coalition lead agency.
- Maintain connection with the Center for Well Being, which has had nutritional counseling grants associated with the prevention of obesity and diabetes, and smoking cessation support services.
- Scan for Tobacco grants to provide diverse smoking cessation services (nicotine replacements, mental health counseling support in the form of staff hours?)
- Consider research based mini-grants available through the American College Health Association and Pacific Coast Health Association, which SRJC are members in.
- Consider SAMHSA, Garrett Lee Smith and Jed Foundation grants (Federal) for mental health and substance abuse related grants.

SHS also develops working relationships with numerous community agencies, which bring services to students on our campuses through grants by these agencies, such as FAMPACT funding for reproductive health services, and Affordable Care Act enrollment services.

### **3.2 Serve our Diverse Communities**

- **Identify the educational needs of our changing demographics and develop appropriate and innovative programs and services with a focus on the increasing Latino/a population:**

National College Health Assessment data has been analyzed regularly, with ethnicity breakouts, to better identify the specific health needs of our non-traditional students to support learning. This data has been shared with our internal healthcare providers, and with various constituent groups.

- Dialogue has occurred in the Student Health Services Advisory Committee as we consider policy change on the Health Fee and non-credit students accessing healthcare in our established health centers. The fee at this time is not preferred by the administration as it may impact noncredit enrollment. Noncredit students receive benefits of the Health Fee, such as communicable disease control, online learning activities, extensive community resources, and may access the ACA enrollment and reproductive health services provided on campus via MOUs with outside agencies.
- Specific NCHA questions that outline health education topics of interest, knowledge deficits on health insurance and immunizations, and other health



indicators are being examined with demographic breakouts, to inform educational program planning targeting diverse populations.

- Information has been provided to a number of community health planning coalitions with ethnicity breakouts, including Sonoma County's Prevention Partnership, Sonoma County's Affordable Care Act Strategic Planning Committee, Santa Rosa Community Health Centers, and Sonoma County's Health Action Council.

SHS has sponsored a number of college-wide events and educational forums on issues of diversity and cultural responsiveness, and has provided in-house trainings, such as "Safe-Zone" training addressing the needs of the LGBTQ student populations. SHS sponsors the Kognito trainings for all staff and students (online) on welcoming Veteran and LGBTQ students.

SHS provides services for individual students in Spanish, provides staff development opportunities for employees on multi-cultural issues, and has in-house quality improvement review systems that include culturally sensitive interventions as a criteria. Recently, staff have reviewed ACHA guidelines for healthcare services that are sensitive to transgender students, have incorporated preferred pronouns into our electronic records system, and provides significant support to International Students struggling with acculturation issues.

- **Meet the lifelong educational and career needs of our communities (e.g. seniors, emerging populations, veterans, re-entry students):**

SHS excels at meeting lifelong educational needs of communities, as it pertains to improving physical, mental and social health, and developing knowledge and skills in navigating the healthcare system. Examples:

- Work is being done with at-risk students without health insurance. This is a predictor of poor academic retention, traumatic financial distress with unplanned health events, and is associated with health conditions worsening without treatment, such as depression and anxiety. A major educational initiative on the Affordable Care Act was launched by SHS during 13-14 when the federal mandate began, and has continued to develop. Students, staff, adjunct faculty and community members have accessed enrollment counseling services provided in the health centers. Educational outreach is done. The information and skills shared with this work contributes to the lifelong skills of learning how to navigate the rather complicated healthcare system in this country.
- Working with students around their health related behavioral choices contribute to lifelong learning, including communication and relationship skills, substance use, contraception, nutrition, exercise, and recognizing signs of acute and chronic health conditions needing intervention.

- **Provide relevant career and technical education that meets the needs of the region and sustains economic vitality:**

SHS provides substantial student employment opportunities, with up to 16 student employees working in the department at times. Our student workers (Student Health Aides and Student Health

Aide Peer Support workers) are typically pursuing some aspect of the health care field as their educational goal. These employees are provided with structured trainings, including core workplace skills, professionalism, and health education, as well as focused work experience. SHS also has a mental health internship program (Masters, Doctorate and Post-Doctorate students from graduate programs throughout the Bay Area) on site, training psychologists.

***A note on Staff diversity:***

- SHS actively recruits diverse staff with demonstrated skills in multicultural responsiveness. As two thirds of our workforce is in the form of STNCs, PEs and student employees, and our process for hiring into these positions each year takes particular care in assuring we achieve a diverse group of employees. With the awareness that front desk staff literally are the “face” of SHS, we seek to hire Student Health Aides that represent a broad range of diversity (and have been very successful in doing so). Mental health interns, selected annually, also are considered in terms of their ability to contribute to the diversity of SHS’s staff. The ability to hire bilingual-Spanish licensed/certified healthcare workers is increasingly challenging, as the broader healthcare community is expanding rapidly due to the demand for services with the coverage expansions under the Affordable Care Act, and every health care agency is targeting bilingual-Spanish workers, making it very competitive in an environment when there clearly are not enough bilingual licensed health care workers to begin with. It is a crisis within the local healthcare community.

### **3.3 Cultivate a Healthy Organization**

**CULTIVATE A HEALTHY ORGANIZATION - Cultivate an inclusive and diverse organizational culture that promotes employee engagement, growth, and collegiality:**

- **Foster an environment focused on collegiality and mutual respect in regards to cultural and individual perspectives.**

Student Health Services has dedicated considerable time over the past several years towards developing an internal multi-disciplinary team that is strong, communicates well, shares a vision of our work together, works collaboratively, is collegial, culturally responsive, engaged and respectful. As many new permanent employees have arrived recently (called CORE staff in SHS, 10 staff currently), an integrated program, both conceptually and operationally is critical - where we all have a good understanding of each other as individuals, as professionals, and as collaborative colleagues.

**Challenges identified:**

- Staff work in three different facilities, spread over two campuses; the geographical divide is a constant challenge to overcome to avoid silo-ing of perspectives, program activities and isolation from each other.

- Staff work in different professional disciplines (clinical, mental health, health promotion, administrative support) and integrating these all into a well-coordinated service, serving the whole student is important.
- With 35+ temporary workers adding to our permanent workforce each year, the CORE staff are responsible for the hiring, training, supervision and providing support to these employees, which is a significant amount of work in addition to operational demands in the health centers.

**Department Responses:**

- **Department workgroups (initiated in 14-15) are formed each year** that have members from each geographic/discipline area participating, focusing on concrete program functions and activities. These have included:
  - ✓ **Medicat Software/Technology Workgroup** – Addresses software issues, database management, and supporting technology related activities.
  - ✓ **Student Development Workgroup** – Planning and support workgroup of all SHS student employee supervisors, sharing information, considering overlapping training needs and integration of Student Health Aides and Student Health Aide - Peers
  - ✓ **Quality Improvement Workgroup** - Pulls together the many quality improvement processes in SHS into a more cohesive plan, identifies benchmarks and goals, and initiates and/or maintains evaluation processes. Student satisfaction survey, SLO assessment projects incorporated learning on health conditions during visits, and evaluation of the effectiveness of our referrals have been focus areas recently.
  - ✓ **Outreach/Health Promotion Workgroup** – This group organizes the many health education and promotion activities, events, presentations and SHS marketing projects, with many accomplishments. The goal for this workgroup is to be more inclusive of all disciplines/health topics in department outreach activities, with CORE support and input, and application of resources in the most effective activities and reaching targeted populations with prioritized health information.
  - ✓ **Annual Adjustments** - Adjustments to SHS workgroups are made based on the upcoming year's Annual Goals.
- **All-Staff Meetings Once a Month** - Most employees are able to attend, though SPS staff, and STNC nurses are not well represented. Department-wide informational updates, trainings, and fun interactions are becoming more frequent.
- **Facilitated Meeting Model** – Applied to most department meetings, this engages all staff in some role related to the meeting topics, structured agendas, running the meetings and committing to a shared understanding of ground rules.
- **Clinical and Mental Health Providers Meetings** – Nurse practitioners and mental health staff have been meeting more frequently, with dialogue on best practices for referring and communicating with each other; case reviews to highlight challenges and stimulate conversations. A weekly block of time has been set aside when these providers can meet for quick case consults, on an as needed/desired basis.
- **Department Planning Meeting/February** – This meeting typically has included all of the CORE staff plus all other professional staff, i.e. licensed mental health providers,

psychiatrist, physicians, STNC PEI staff, for program planning purposes (once per year). There have been some challenges in maintaining this timing, as it is held on PDA day, but alternative times for this particular layer of professionals meeting has not been forthcoming.

- **Student Employee Meetings** – Held weekly, several objectives are met: assuring a strong student employee cohort and learning community, integrating our different classes of student employees; dedicated training and supervision time, and increase effectiveness in department communications. These meetings are evolving nicely. (Also see professional development notes on this below.)

In addition to the work being done internally in SHS, department staff have participated in, and sponsored activities supporting the healthy organization goal for all District employees. Workshops on communication skills, cultural responsiveness, sexual assault prevention, crisis intervention skills, and many other topics have been provided that are open to students and staff, as well as in classroom settings.

SHS purchases an online health magazine called Student Health 101 that is available to all College students and employees. This is a rich interactive resource that provides tips on exercise, nutrition, sleep, common health problems, as well as a variety of activities for stress reduction

#### **RECRUIT AND HIRE OUTSTANDING FACULTY AND STAFF AND IMPLEMENT AN EXEMPLARY PROFESSIONAL DEVELOPMENT PROGRAM FOR ALL EMPLOYEES:**

SHS places great emphasis on its hiring practices and has successfully recruited outstanding permanent staff, with a majority of the permanent positions turning over in the last 4 years. Each year, an additional 15+ employees are recruited for student worker positions, SPS mental health internships, and other assorted STNC positions. SPS also has been very successful in hiring exceptional individuals to work with us, and achieving a well-rounded and diverse workforce.

A significant amount of department time is spent in professional development activities to assure orientation and integration of the staff into the college health field and setting, and assure all providers are kept current in clinical practice standards.

#### **SHS - ONGOING STAFF DEVELOPMENT RESOURCES/ACTIVITIES:**

1. **Student Health Services regularly provides staff development opportunities for the rest of the college community** - For example, CIRT, QPR suicide prevention training, Health Promotion events and classroom presentations, PDA day seminars, etc., are hosted by SHS. Many are approved for Flex Credit. Engaging SHS staff in presenting these programs is a staff development opportunity for them, as well.
2. **All Staff:**
  - a. **Mandated Trainings** - Confidentiality and Safety Training (review emergency handbook, evacuations, reporting emergencies, workplace safety) are done at an all-department meeting at the beginning of every Fall semester when new student workers, mental health interns and STNCs begin work for the academic year.

- b. **Monthly All Department Meetings** - have provided staff development activities and opportunities to learn more about assessment data, quality improvement processes, cultural diversity, presentations from other departments and student learning communities and other topics.
- c. **The District's Staff Development Program** - Staff attend seminars during PDA days and online resources are also utilized.
- d. **Web-based Continuing Education** - These offerings, mostly free, have been made available to staff for clinical, mental health, health promotion, software training, administrative, and college health issues, via the numerous professional organizations, memberships and contractual agreements we have, as well as free offerings via the Chancellor's Office and other grant funded initiatives.
- e. **Conferences, Community Events** -
  - i. **Continuing education events**, such as CPR/1st Aid Trainer certification courses, public health trainings, diversity trainings, etc. are encouraged with use of release time and registration fee support, as staffing and funding permits. CEUs for licensure often offered.
  - ii. **Attend and/or sponsor community healthcare agency events** to support current and accurate information about services and increase understanding of expert content, provide networking opportunities to support student access and referrals, and encourage engagement in local health planning processes.
  - iii. **Periodic attendance at college health and clinical conferences** are approved as staffing and funding permits, providing release time and/or travel funds.

### 3. Clinical Providers

- a. **Mandated trainings for all clinical providers** occur each year in July, including needle stick safety, blood borne pathogens, mandated reporting, as well as a review of clinical guidelines, documentation requirements and procedures, changes in Standardized Procedures, referring to other healthcare services and updates in providing health insurance coverage support. Additional meetings with all nurse practitioners have been added in this year, with plans to continue perhaps quarterly meetings for policy and procedure updates.
- b. **MD consultation meetings** (eight per year with pre-determined clinical topics) include an educational component into the process (all CNPs/MAs). Whereas the primary objective of these meetings is linked to continuous quality improvement, didactic elements contribute to the staff development of our clinicians. (See Section 5.)
- c. **Online clinical references (“Up-To-Date”)** have been purchased for each permanently employed nurse practitioner, with access shared for STNCs. This tool provides immediate access to evidence-based clinical treatment protocols, medications, resources, health education handouts, and research on hundreds of clinical conditions. Each time a provider accesses this reference online (which is available in the exam

rooms with patients, as well as NP offices), the provider earns CEU learning activity credits that support license renewal requirements.

4. **Mental Health Interns** - Weekly trainings are part of the internship training program, offering 1-2 hours of didactic training on assorted mental health topics and skills, with 36 sessions each academic year. These are conducted by either the SPS staff, including Professional Experts, or by invited guest speakers from the community.
5. **Student Employees** - Weekly meetings with training topics, including operational issues and basic skills, (Medicat, office procedures, etc.) as well as health related topics such as emergency response, cross cultural communication, conflict resolution, women's health, sexual assault prevention, and stress reduction.

#### **STAFF DEVELOPMENT highlights 15-16**

#### **(SEE SECTION 5 FOR 16-17 EDUCATIONAL OPPORTUNITIES PROVIDED)**

- Sponsored Northern California BACCHUS training, attended by SHS staff. Many other community college staff, students and community members attended as well.
- Sponsored/attended Mental Health First Aid training.
- Sponsored QPR Train the Trainer session at SRJC, open to SHS staff, SRJC and community members.
- HSACCC's annual statewide conference attended annually by Director, providing conference presentations on statewide research projects re: student health. (HSACCC Research Chair)
- All CORE staff attended the ACHA in 2016, the best possible staff development activity for SHS staff that only comes around every 7-10 years. Thanks to Equity funds.
- All mental health staff and clinical staff/MD attended a workshop on the effects of marijuana on the developing brain, to incorporate into practice, as daily marijuana use in SRJC students is significant.
- Staff took numerous students to the Active Minds conference in Sacramento, and this national mental health stigma reduction organization has a local chapter now, as integrated into the Student Leadership course at SRJC.

#### **STAFF DEVELOPMENT PLAN**

- **Continue with ongoing internal staff development activities for our learning communities, which** take a significant amount of resources and time, but consistent with our student development model, our workplace training programs, and quality assurance objectives.
- **Informational meetings on Sonoma County Healthcare Resources** - This represents a body of knowledge and information that is critical for the effective functioning of SHS programs, and to support the referral process staff provide to link students to needed healthcare resources. Efforts to have community agencies come to SHS to educate our staff on the

current reality, and support for staff to attend resource information events will be strongly supported and encouraged.

- **MH and NP shared training and case discussion time - Planning** for overlapping trainings, case consultations involving specific students. Practice motivational interviewing techniques with each other. Continue weekly consult times.
- **Continue integrated student employee trainings** - All student employees are expected to be an informed "first contact" for students seeking health services. A strong training program with "CORE" concepts of working in a health services setting is critical, along with content on a broad spectrum of health related issues. CPR, QPR, First Aid, Mental Health First Aid, Title IX Sexual Assault Prevention, Confidentiality, Bystander Interventions, Cultural Sensitivity and more.
- **Developing and presenting educational seminars for students and staff** - Engaging a broader circle of SRJC staff and faculty in learning activities, will provide SHS staff with the opportunity to develop knowledge and skills associated with the college's student success mission, in addition to working on greater dissemination of health information across the college.
- **Training on social media integration into student health programming** - Current information on methodology, ethical/health/confidentiality issues, and skills with the various social media options, is needed within our CORE staff.

#### **ESTABLISH ROBUST PROGRAMS TO IMPROVE THE HEALTH AND WELLNESS OF STUDENTS AND EMPLOYEES:**

The mission of SHS is to improve the health and wellness of students and the college community. Student Health Services provides a robust student health program, including direct healthcare services addressing the physical, mental and social health of students, health promotion outreach and a variety of District support activities to support a healthy and safe college community. (See the rest of this PRPP.)

### **3.4 Safety and Emergency Preparedness**

#### **Student Health Services and Crisis Intervention Resource Team information included:**

##### **Illness and Injury Prevention Program (IIPP)**

An annual department-wide Student Health Services meeting in August, aligned with the SPS intern orientations, provides all staff the basic information on facility evacuation procedures, fire extinguisher sites, Area Safety Coordinators for each facility, emergency procedures, when and how to notify District Police, the Department Safety Plan, SHS's role in disasters, the SHS emergency phone tree, hazard recognition, and reporting injuries and incidents. These topics are also covered in more depth

during various department meetings throughout the course of the year, including additional mandated training topics for specific employees.

Review of these topics in a group setting allows for a shared understanding of the Illness and Injury Prevention Program, supports a culture of safety awareness, and the capacity to evaluate employee compliance with the program. Additional or refresher training needed can then be addressed and pursued with the various employee groups.

### **Safety Trainings**

In addition to reviewing the Illness and Injury Prevention Program, Student Health Services employees are also required to be familiar with the SRJC Emergency Preparedness Handbook (red booklet).

Job specific safety training for SHS staff may include, but is not limited, to:

- CPR, AED and First Aid.
- Blood borne pathogens training (including the use of PPE).
- Needle-stick safety training.
- Mandated reporting requirements for communicable diseases, child abuse, elder abuse, suicidal and homicidal threats, sexual misconduct, etc.
- QPR (Question, Persuade, Refer) suicide prevention training.
- District's Sexual Assault Response procedures (Title IX mandates) and Clery Act reporting requirements.
- District's incident reporting process and response flowchart.
- Building and Area Safety Coordinator training.
- Disaster response training.
- Standardized Emergency Management System training (SEMS).
- Crisis intervention, and response to distressed, disruptive and dangerous individuals.
- Assorted disaster/emergency tabletop exercises.
- FEMA training.

SHS also has a well-developed pandemic disaster procedure manual, as a result of the H1N1 pandemic in 2009-2010. Medical staff are required to familiarize themselves with this manual, as needed. STNC College Nurse Practitioners familiarized themselves with the document, as we responded to healthcare provider trainings for Zika virus, Tuberculosis and Viral Meningitis, and other communicable disease issues that emerge.. Clinicians and Medical Assistants are fit-tested for respirators (PPE) in alignment with pandemic response preparation.



Initial training of new SHS staff on basic medical operations during disasters needs to be renewed, starting with SEMS/NIMS/ICS training, and adding advanced healthcare response disaster training. The triage training module, called START, also can be applied to all levels of medical training, and our student employees and some STNC could benefit from resurrecting this from SHS’s past practices.

As Student Health Services receives all of the District's Incident Reports, staff training and knowledge of the District-wide incident reporting policy and procedure is critical. The SHS department plays an important role in triaging these reports for situations requiring an immediate response to address safety issues related to injuries, and risk management situations for the District. A summary of these reports is provided to the Safety Committee monthly, and concerning situations are communicated to the VP of Finance & Administration in a timely manner.

Staff are permitted to attend departmental and job specific required trainings. A record of each training is maintained in the department.

**Building and Area Safety Coordinators**

<b>Name</b>	<b>Building</b>	<b>BSC Area</b>	<b>ASC Area</b>	<b>Department</b>	<b>Area of responsibility</b>	<b>Management Support</b>
Juanita Dreiling	Race Bldg. – SR		X	SHS	Race 1st Floor - West Wing	Susan Quinn
Chad DeLaca	Call Bldg. – Pet	X		SHS	Call Building (Back up BSC)	Susan Quinn
Brian Chetcuti	Plover Bldg. – SR		X	SHS	Plover– NW Wing	Bert Epstein

**CRISIS INTERVENTION RESOURCE TEAM**

SHS staff participate in this District multi-disciplinary team, which organizationally lands under the Student Health Services department. The Director, SHS is the co-chair of the group with the Dean of Student Conduct. Whereas budget authority also lies in SHS, there really isn’t much money dedicated to the work of this District-wide workgroup. The team is composed of 11 members, by position, from District Police, DRD, Academic Counseling, SHS and includes a County employee working for the Behavioral Health Division’s mobile crisis assessment team.

The team provides trainings for staff and faculty, which includes identification and response to students exhibiting concerning behaviors. The “distressed student” training provides expanded information on providing mental health referrals, the “disruptive student” training provides expanded information on de-escalation techniques, and referring to the student conduct process. The “dangerous student” training provides expanded information on mobilizing District Police for immediate intervention. All of these address emergency response procedures for the District, and contribute to safer working environments for our staff and students.

The case management work CIRT provides for students referred to them has the goal of intervening with the student early to prevent escalation, and to support the student to get back on track academically and succeed in college. It is hard to measure how this preventive work contributes to the safety of the college overall, but anecdotally, we know it.

### **3.5 Establish a Culture of Sustainability**

**ESTABLISH A STRONG CULTURE OF SUSTAINABILITY - Establish a culture of sustainability that promotes environmental stewardship, economic vitality, and social equity.**

#### **Infuse Sustainability Across the Curriculum and Promote Awareness Throughout District Operations:**

SHS staff have participated in sustainability committee work, and internally, staff are actively engaged in efforts to improve operational processes that will assist in accomplishing environmental goals. SHS has made great strides in recent years in regards to sustainability.

- At staff meetings all agendas and other documents are projected electronically instead of printing support documents.
- The conversion to a centralized Faxing system, allowing email connection to our department FAX machines, has contributed towards the use of less paper.
- All medical and mental health records are now done electronically, eliminating paper records.
- Intake paperwork in the department remains, which could be reduced with software enhancements requested (self-check-in).
- A staff member drives an electric car, and has been actively advocating for electrical charging stations on the Petaluma Campus, with progress being made.
- We use rechargeable batteries in some of our devices.
- Video discs used by mental health interns to record sessions may be recorded over, such that we keep using the same discs.
- We recycle paper for printing needs, using both sides, assuring confidential student information is not on paper utilized in this fashion.
- Health information handouts are reduced through more “on the spot” printing for students as desired, not printing as many copies of outreach flyers, offering email to students as an option for receiving information, and referring students to our web page where some of the handouts are also available for viewing.
- Outreach for department events have reduced paper based methods tremendously in the last several years, and increased use of our web page, Facebook, Twitter and our online health magazine contribute to sustainability efforts.
- The department extends its recycling practices internally to include plastic and cans generated by staff, and handled through staff volunteerism.
- SHS orders recycled toner cartridges to save money and to be more environmentally responsible.

### **Promote Social and Economic Equity in the Communities We Serve:**

SHS places a substantial focus on social and economic equity. The foundation of our model, providing access to health services for many students that have not had access to health services due to economic barriers, infuses the values of social and economic justice into the work of every employee in our area. We have staff that are passionate about equity issues, and work very hard to address issues through educational and referral interventions. Recently, the Affordable Care Act has been SHS's main focus, yet the day to day work constantly is addressing social and economic issues with individuals being served. Examples include pregnancy prevention, which for many young women, early parenting can result in not completing college and subsequent poverty. Food and nutrition issues are being addressed by leadership for Food Bank services on the Petaluma Campus, and efforts to reduce stigma around health issues support equitable access to care. Prevention work is very gratifying for our staff.

### **Ensure Economic Sustainability By Leveraging Resources, Partnering with Our Communities, and Contributing to the Economic Growth of the Region:**

(See developing financial resources section for more dialogue on this issue.)

Due to the unique funding formula for SHS, via the health fee, our economic sustainability requires a balancing act on how to best serve the many health needs of students. Leveraging community healthcare resources towards service provision on campus (free of charge) and having strong relationships with community partners to enhance low cost referral systems is absolutely required, and central to our strategy. SHS's connections with the community are strong, but as healthcare is a rapidly transforming system, this will take effort on our part to navigate our way through these changes and assure connections remain strong, as well as developing relationships with newly emerging partners.

## **4.1a Course Student Learning Outcomes Assessment**

## **4.1b Program Student Learning Outcomes Assessment**

### **Student Learning Outcome (SLO) Statements**

As a result of Student Health Services interventions:

- 1) Students will maintain and improve their health.
- 2) Students will demonstrate an understanding of individual health conditions, what prevention approaches can be taken and appropriate treatment when needed.
- 3) Students will demonstrate personal responsibility by taking actions to improve their health, and the health of others.
- 4) Students will demonstrate skills in accessing and utilizing healthcare resources on campus and in the community.
- 5) Students will demonstrate increased self-awareness, confidence and communication skills.

### Department Plan for Regular Cycle of Assessment

Statement	Year 1 (‘16-‘17)	Year 2 (‘17-‘18)	Year 3 (‘18-19)	Year 4 (‘19-20)	Year 5 (‘20-‘21)	Year 6 (‘21-‘22)
1			X			x
2		x			x	
3		x			x	
4	x			x		
5						x
<i>National College Health Assessment Survey</i>			x			x

2017-2018

#### **SLO Statement #2**

**Students will demonstrate an understanding of individual health conditions, what prevention approaches can be taken and appropriate treatment when needed**

#### **Goal:**

Students will improve knowledge by 20% on the impact of Sleep and Stress on their individual health.

#### **Method:**

Pre and Post Tests to be administered to all students engaging in the 20 minute educational intervention at the PEERS workshop on 12/7/2017 called “Wellness Wisdom for Winter: Sleep, Stress and Student Success”. Pre test vs post test scores for the Stress and Sleep sessions are to be compared for results.

**Results:**

110 students attended the event

65 students completed pre-tests for the Stress and Sleep - Baseline 47% correct knowledge related to stress and sleep.

39 students completed post-tests – Increased to 63% correct knowledge related to stress and sleep.

- Increase= 16%
- % increase learning on stress 1.5%
- % increase learning on sleep 15.1%

**Analysis:**

- If we look at the responses of each question, and eliminate question 6, we see a 30% improvement in knowledge related to stress and a 22.5% overall increase in knowledge in the two areas combined. The question wasn't written well, impacting our collective outcome.
- Sleep is an area of greater knowledge deficits for students, they are very interested in the material, and responded well to the information presented.
- The environment in an open "event" with several educational intervention stations was not particularly conducive for focus and attention. This is perhaps better applied in a quieter group setting with more time to give the neuroscience portion of the intervention due credit, and to allow for meaningful dialogue on the topics.

**SLO Statement #3**

Students will demonstrate personal responsibility by taking actions to improve their health, and the health of others

**Focus on taking actions to improve the health of others through bystander interventions**

**Goal:** As a result of the Question, Persuade and Refer (QPR) Suicide Prevention trainings, students will report a 25% increase in **the likeliness that they would always ask a person if they are thinking of suicide**, given the signs.

**Method:**

Students receiving QPR trainings by Student Health Services staff in the 2017-2018 year will be Administered standardized pre and posttests, including the question: "Do you feel likely to ask someone if they are thinking of suicide."

**Results:**

265 students completed the QPR training and pre-tests and post-tests.

Pre-Test: 84% Never/Some and 16% Always

Post-Test: 34% Never/Some and 63% Always

**Increased 47%**, from 16% to 63% exceeding goal.

**Analysis:** QPR trainings are an excellent, standardized educational intervention that increased the skills and confidence in talking with others about suicide, with many of them more likely to intervene as a bystander with a person thinking about suicide.

Continue with trainings, increase train the trainers as possible.

### **Follow up on SLO 2016-2017**

#### **4) Students will demonstrate skills in accessing and utilizing healthcare resources on campus and in the community.**

Embedded SLO Project In Case Management Model 16-17, Equity Funded

**Objective:** 70% of students accessing SHS services and are identified as “at risk” (clinical, thought, intent, safety, academic) will successfully develop and implement a plan to access and utilize additional resources towards addressing their needs.

#### **Program Responses:**

The expanded structure of the SLO protocol appears to have contributed to the increase in successful outcomes. Ongoing protocols have expanded to include some of the elements of the SLO process

Additional screening questions being asked of students

Fire Relief Effort: New resource listings developing in a timely manner and web page developed  
Secured provider-student messaging through our electronic records system was implemented in 2017-2018 to reduce the number of “unknown” outcomes.

Procedures for “closing” a case defined more clearly

### **SLO assessments for 2018-2019**

As a result of Student Health Services interventions:

#### **1) Students will maintain and improve their health.**

#### **5) Students will demonstrate increased self-awareness, confidence and communication skills.**

We are entering the year when our NCHA survey is to be administered again, in its three year cycle, scheduled for Spring 2019. We will be working on what supplemental questions we may want to include this round, in collaboration with other CCC Health Centers administering the instrument at the same time. Funding for the project has been obtained through a new grant.

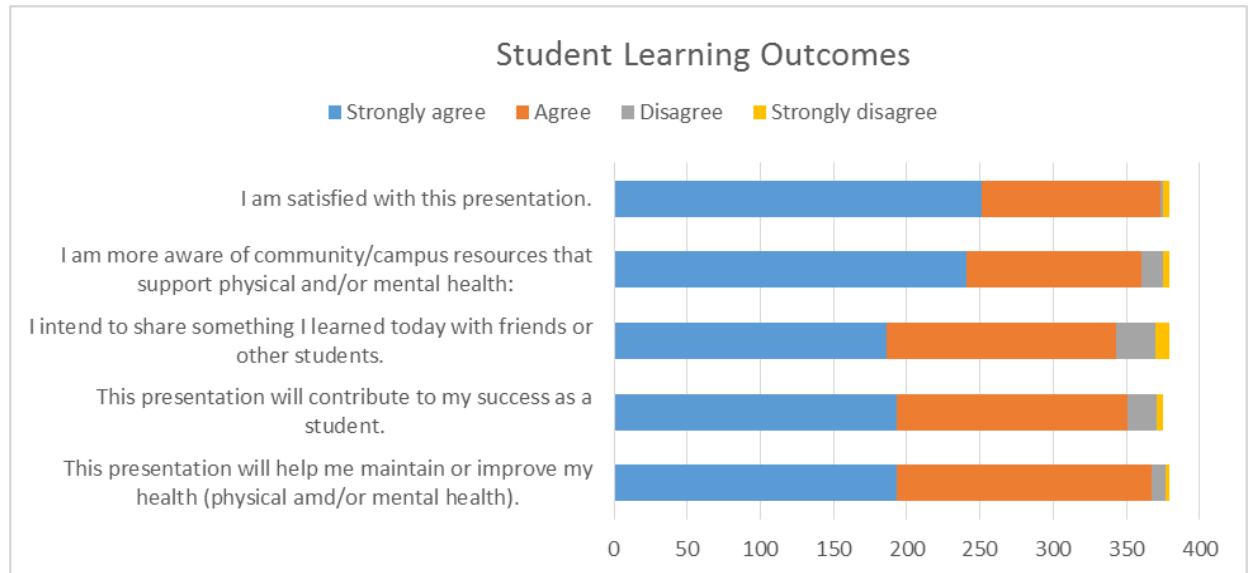
Staff will meet over the summer also to define the assessment project for SLO #5.

### **Other Learning Assessment Outcomes 2016-2017**

#### **Classroom Presentations and Workshop Evaluations**

A standardized evaluation tool is provided at the end of most SHS workshops and classroom presentations, to collect information on specific learning outcomes related to the material, an evaluation of the presentation itself, the effectiveness of the presenter, and other health topics that they would like to learn more about.

During Fall 2016 – Spring 2017, 55 classroom presentations and workshops were offered by SHS staff. The outcomes reported by students in these classes are as follows:



Students shared behavioral change goals on the evaluations, as a result of what they learned from the presentation, and included a broad range of health changes, such as learning how to get better and more sleep, strategies for coping with stress, changing diet and exercise habits, and ways to improve social health.

***QPR Suicide Prevention Trainings***

The PEI Program selected the evidence based QPR Suicide Prevention Gatekeeper Training as a key suicide prevention component, beginning in 2010. During Fall & Spring semesters 2016 - 2017, 19 presentations were done in classroom settings, with 452 students and staff trained. Some courses are now requesting this training each semester/year, such as the A.D.N. students, Vet Tech, and the Human Services Counseling courses. Pre and post surveys are collected from all training participants, and learning outcomes are measured. These outcomes are tracked with new methodology as required by the County Grant funding these trainings, so a new kind of chart demonstrating this is forthcoming.

## 4.1c Student Learning Outcomes Reporting

Type	Name	Student Assessment Implemented	Assessment Results Analyzed	Change Implemented
Service/Program	SHS - NCHA Assessment	Spring 2007	Fall 2007	Fall 2007
Service/Program	SHS - SPS	Summer 2008	Summer 2008	Fall 2008
Service/Program	SHS - Clinical Services-TB PLO	Fall 2008	Spring 2009	Fall 2009
Service/Program	SHS - Clinical Services-TB SLO	Spring 2009	Spring 2009	Spring 2009
Service/Program	SHS - Classroom Hlth Ed	Fall 2009	Spring 2010	Fall 2010
Service/Program	SHS - SHA Skills-SLO	Spring 2009	Spring 2009	Summer 2009
Service/Program	SHS - NCHA Assessment	Spring 2010	Summer 2010	Fall 2010
Service/Program	SHS - Clinical HPV SLO	Fall 2010	Spring 2011	Summer 2011
Service/Program	SHS - Classroom Hlth Ed	Fall 2010	Spring 2011	Spring 2010
Service/Program	SHS - SPS	Spring 2011	Summer 2011	Fall 2010
Service/Program	SHS - Classroom Hlth Ed	Spring 2012	Fall 2012	Fall 2012
Service/Program	SHS - NCHA Assessment	Spring 2013	Fall 2013	Fall 2014
Service/Program	SHS- Affordable Care Act	Fall 2013	Spring 2014	Fall 2015
Service/Program	SHS -Clinical and SPS visits	Spring 2015	Spring 2015	Spring 2015
Service/Program	SHS- SPS visits	Fall 2015	Spring 2016	Fall 2016
Service/Program	SHS - NCHA Assessment	Spring 2016	Summer 2016	Fall 2016

## 4.2a Key Courses or Services that address Institutional Outcomes



Course/Service	1a	1b	1c	2a	2b	2c	2d	3a	3b	4a	4b	5	6a	6b	6c	7
Affordable Care Act Education/Enrollment				X	X	X	X			X	X					X
Classroom Health Education		X		X	X	X	X	X	X	X	X		X	X		X
Clinical Services		X		X	X	X	X	X	X	X	X					X
Hlthcare Referral Srvces.		X		X	X	X		X	X	X	X					X
Mental Health Crisis Drop In				X	X	X			X	X	X					X
Mental Health Services				X	X	X	X	X	X	X	X	X	X	X		X
On-Line Mental Health Screenings		X		X	X	X				X	X					X
Prevention and Early Intervention PEI		X		X	X	X	X	X	X	X	X	X	X	X	X	X
Reproductive Health Services				X	X	X	X	X	X	X	X					X

## 4.2b Narrative (Optional)

SHS has done a regular cycle of assessment of its Student Learning Outcome statements for many years, resulting in program changes derived from analysis, dialogue and prioritized quality improvement initiatives.

In Spring 2016, the NCHA survey was completed again, meeting both department and institutional learning outcomes assessment. This significant undertaking provides a rich collection of data on the health challenges of SRJC students, and analysis and dialogue will occur over the course of the entire three year period between assessments, depending on the particular program component addressing prioritized student needs. A re-assessment due Spring 2019.

The 16-17 Assessment Project was very exciting for SHS staff, as a combination of quantitative and qualitative data was collected as part of case management system development for high risk students coming into our health centers. The impact this is having on students personally, as collected in the follow up survey is significant, as well as what students are needing to learn about healthcare system navigation as adults/students/citizens. These results will be incorporated into program planning and quality assurance for the continued development of this program, as funded by Equity.

## 5.0 Performance Measures

### 5.0 Performance Measures

IN THIS SECTION:

- 1) *Mapping Student Health Services to the Strategic Plan: Institutional Effectiveness*
- 2) *Continuous Quality Improvement Processes*
- 3) ***Student Access, Success and Completion Data UPDATE 2018***
- 4) *Utilization Data, Trends and Program Update*
  - a. *Clinical Services*
  - b. *Student Psychological Services*
  - c. *Health Promotion Services*
  - d. *Petaluma Campus*
  - e. *District Support Services*
- 5) *National College Health Assessment (NCHA), survey data (No changes 2018)*
- 6) *Other Program development accomplishments, grant outcomes, future plans*
  - a. *SHS's Student Development Program*
  - b. *VP Student Health role emergence*
  - c. *Mental Health Services Act Grants*
  - d. *Equity Programming within SHS*
  - e. *Crisis Intervention Resource Team*
  - f. *Title IX compliance/activities*
  - g. *ACA/Health Coverage for Students*
  - h. *International Students Program Support*

#### 1) **MAPPING STUDENT HEALTH SERVICES TO THE STRATEGIC PLAN: INSTITUTIONAL EFFECTIVENESS**

**Fully implement continuous quality improvement strategies to achieve greater transparency, effectiveness, efficiency, and participation**

- Student Health Services is a centralized District-wide program with health centers physically on the Santa Rosa and Petaluma campuses. The budget, medical records, standardized procedures, contracts, and SLO assessment projects all are centralized, which contributes to program and institutional effectiveness.
- A number of internal quality improvement processes are in place (see Section 5.2). This encompasses accountability for the clinical practices in the health centers, health promotion evaluation, SLOs, and more.

- The Student Health Services Advisory Committee participates in program review, with oversight of Health Fee and MAA revenue allocation for identified program priorities. This committee also reviews compliance with Title V regulations.
  - A major student health needs assessment (National College Health Assessment - NCHA) is completed every three years, and the data is used on a District-wide basis; some variables monitor trends reflecting the effectiveness of the SHS program. Other assessments are implemented periodically for service improvement and planning purposes.
- **Enhance internal and external communication systems to ensure effectiveness**

INTERNAL:

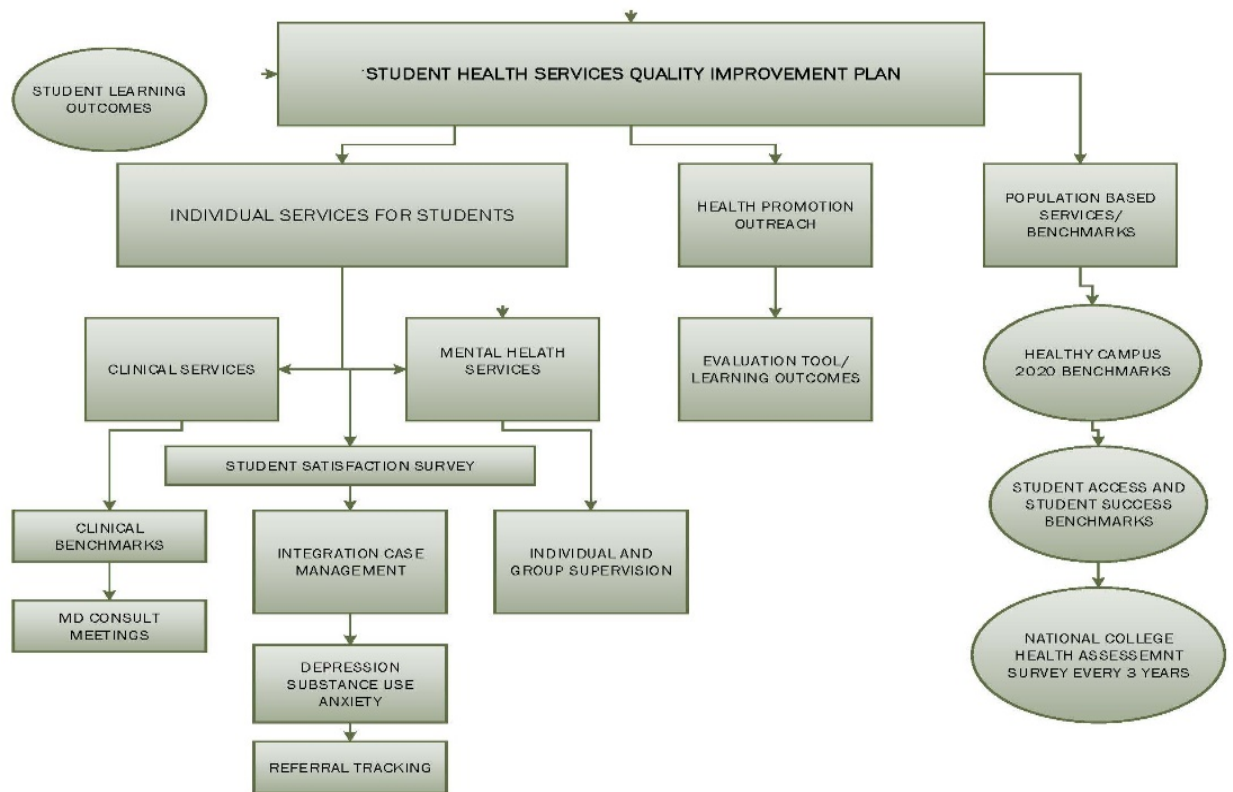
- SHS has a variety of internal meetings contributing to program effectiveness. Department meetings utilize a facilitated meeting model, with permanent employees ("CORE" staff) meeting twice monthly, and staff are involved in leadership roles for workgroups and meetings organized around the department's goals. Technology is used as needed to improve connection between the two campuses for program integration and transparency.
- Work is being pursued on leveraging functions within our medical records software to increase effective communication among interdisciplinary providers for case management and referral purposes, including communication with the Athletic training room staff around sports related injuries, such as concussions.
- Having SHS staff work periodically on both campuses contributes to a District-wide perspective and a multi-site experience for department workers. These strategies support fiscal efficiencies, flexibility in staffing, clearer communication, and adherence to quality assurance processes. Mindfulness of dual reporting needs for Petaluma-assigned staff is promoted actively.

EXTERNAL:

- Efforts have been made to expand online and social media venues to improve SHS's outreach activities and communications to both students and faculty in the last few years. These efforts contribute to District efforts to achieve equitable access to student services by all students, including online students.

## **CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES**

Here is a visual representation of the various activities of continuous quality improvement that are ongoing within the SHS



**SHS's Quality Improvement (QI) Workgroup** was established several years ago, with multi-disciplinary representation, and meets regularly to touch upon each area of SHS's QI plan through the course of each year. Each established SHS workgroup implements some element of the department's QI plan, as well as imbedded institutional activities engaging all clinical and mental health staff in structured case reviews.

Current focus areas for the QI workgroup:

- **Integration of services** in SHS to mitigate negative impact of geographic separations
- **Improve effectiveness of referral processes** (provider and student learning, strengthen referral networks, improve reporting and tracking )
- **Continue development and implementation of QI processes**, including SHS Training and Supervision activities, and a systematic review of all SHS QI activities.

#### **INTEGRATION OF SERVICES (2018 see update on Mental Health Services Grant objectives)**

The biggest challenge towards achieving best practices of care for our students, continues to be the lack of physical colocation for all SHS providers, where regular/ongoing consultation is easier, warm handoffs to mental health services may be more successful, and referrals tracked better. Establishing department workgroups linked to annual goals, with multidisciplinary crossovers, has enhanced increased understanding by staff of their colleague's perspectives, challenges and work.

SHS does use software-based student Alerts, in-common front office intake procedures, inclusive communications, and cross training of staff and student employees to support consistency of services, particularly in lean staffing situations.

Consultation meetings between clinical and mental health staff have been strengthened; NP/SPS staff consult times are available each Tuesday for case reviews.

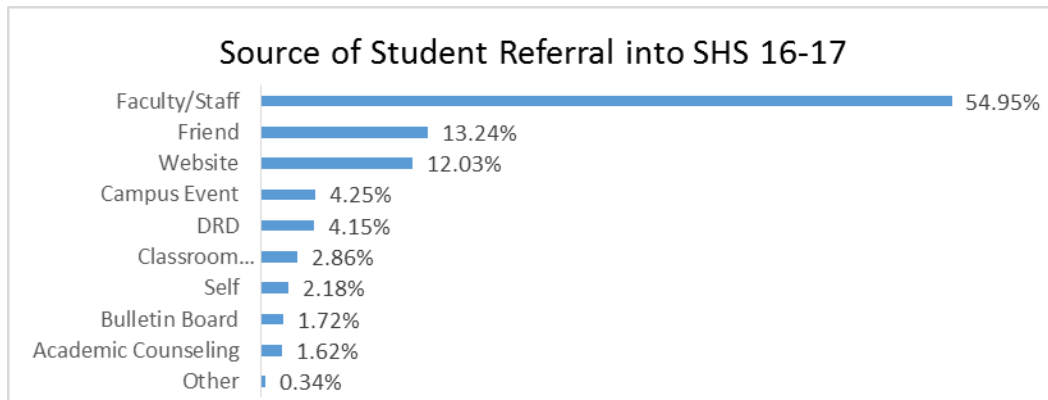
### **IMPROVE EFFECTIVENESS OF REFERRAL PROCESSES**

This has been a focus area in SHS as related to the Equity-funded case management model. This project is allowing SHS to explore the viability/sustainability of applying the best practice of universal and/or targeted screening for selected health risk factors, with a standardized intervention based on screening results. As the referrals being made for these students is integral in the SBIRT model, capturing outcomes around these has been central. See full Equity report below in Section 5.6 d of this document.

Several forms of referrals are evaluated and tracked now, each with their own implications in terms of identifying barriers to success.

- Sources of Student Referrals Into SHS
- SHS Internal Referral Success Rates
- SHS Referrals to Community Agencies, Resources and Outside Healthcare Providers
- SHS Referrals to College Resources
- Focus Areas

System improvement was accomplished in 16-17 by including an intake procedure where students reported what the source of information was that most affected their decision to come to SHS.



This will continue, and is discussed more at length as to the implications for the SHS outreach efforts in Health Promotion/Outreach program section 4.c below.

### **SHS Internal Referral Success Rates**

**Internal Referrals:** A goal has been to monitor and improve upon, as possible, the internal referral processes within SHS. This includes cross referrals among the different disciplines, i.e. NPs, MDs, Mental Health Providers, as well as the Reproductive Health clinic and the ACA and Cal Fresh Enrollment clinic. The geographical separations between Plover, Race and Call (Petaluma) is one known barrier to effective internal referrals. In 16-17 a focus was on

improving the rate of success of NP clinic to SPS referrals, as the screening process in the NP clinics yielded new positive screens for a variety of mental health issues, flushing out students that may not be getting any treatment for them. The case management model increased the rate of success from 33% to 60% over the past year. Efforts will be made to increase this even more moving forward.

*53% success rate of **Repro clinic** referrals*

*63% success rate of **NP to SPS clinic** referrals*

*66% success rate of **MD clinic** referrals.*

### **SHS Referrals to Community Agencies, Resources and Outside Healthcare Providers**

SHS staff have researched and distributed information to internal providers and students about resources and access times in primary care and mental health settings in Sonoma County. Knowing that the community healthcare system is in a significant state of flux due to ACA, MediCal and access changes, staff need to know the true state of conditions “out there” when communicating referrals to SRJC students regarding outside resources. Providing accurate information in the referral process maintains a trustworthy relationship between our providers and students, provides students with a realistic expectation as to what their journey to new healthcare providers might look like (time, space, process), enhances the success of the referral, and the student getting their healthcare needs adequately met. Through the incremental process of developing the case management program, it will become clearer which barriers to effective referrals can be overcome, and how SHS can adjust its procedures to support students through the process to achieve higher rates of success.

The national, state, and local changes in recent years to the healthcare landscape due to the Affordable Care Act has required increased training time and informational updates for all SHS staff, to broaden our knowledge of current referral options, and of the process of procuring health coverage under MediCal, as well as other health insurance. SHS began to provide on-site MediCal enrollment, combined with ACA insurance market enrollment, as well as the Cal-Fresh food subsidy program in 16-17. Another significant change in the healthcare community environment was the addition of many private mental health providers that could bill MediCal clients, expanding the accessibility of longer term, and more specific mental health treatment services for students in the community. (See more re: SPS below).

This environmental shift, combined with SHS’s Equity-funded case management program, which tracks all types of referrals for high risk students, has resulted in the clinical, mental health and medical providers in SHS learning much this past year about the new healthcare system. Gathering information with feedback from students regarding their successes and challenges via our Student Learning Outcome project also keeps SHS informed on current conditions, access processes, and what the more student friendly options are in the Sonoma County healthcare community.

With federal legislation pending, it is unclear how many of these resources will remain in the next few years. Whereas SHS adjusted rapidly to define an evolving role as healthcare system educators and navigators, and providing enhanced referral services and safety net care for student needs with the ACA, it stands ready to adjust again as needed should significant changes in the healthcare environment emerge again. Sad if it does, as this has been by far the best environment for SRJC students yet, but the State of California and Sonoma County will most

likely preserve as much access to healthcare as possible for adults should any major shifts in Federal law occur.

### Meeting the mental healthcare needs of students

The SPS program has perhaps experienced the most change over the last few years. More students are being referred from SPS to available mental health services in the community, and subsequently is able to actually see more students for assessment and crisis intervention in the course of the year (increased unduplicated headcount). The SPS staff review weekly the highest risk students on their referral and services wait list to assure these students are followed with a safety net until they “land”. In the last 5 years, SPS increased community mental health referrals from 75 to 195 per year. In 2016-2107 this included 85 referrals to community mental health clinics and 65 referrals to private mental health providers. This increase shows the impact of being able to refer a greater number of students with Medi-Cal coverage to private practice therapists who now can accept this insurance.

In 16-17, the enhanced screening processes in the nurse practitioner clinics have resulted in the identification of a significant number of students with mental health issues that are not receiving mental health support services. As more students are being identified in this way for appropriate referrals to SPS, data has shown that about a third of **high risk students referred from SHS’s Nurse Practitioners to the SPS services for mental health assessment and support** never go. Whereas the access gates are open, students are not choosing this path, and we have pursued a greater understanding of this choice to adjust our interventions accordingly.

The “why” of this phenomenon was assessed as part of the SRJC Spring 16 NCHA survey, as a supplemental question, which informs our program quality improvement initiative moving forward. Finding ways to increase SPS referral success rates, and/ or assure these students are followed and have their acute mental health needs met, via Equity case management activities, remain a significant focus for 17-18. Results from over a thousand students asked the question, “If you needed help with a significant personal problem, what would most likely get in the way of you seeking help from a professional mental health provider?” indicated:

Prefer to work things out on my own	31%
No insurance/costs too much	31%
Not enough time	24%
Embarrassment or fear*	19.4%
Concerns about confidentiality	10%

*\*Hispanic/Latino students are more likely to report embarrassment or fear as a barrier.*

Additional analysis:

- 1) Stigma around mental health disorders is a known factor in this dynamic,
- 2) Many students seek help from a medical provider for physical symptoms associated with mental health disorders.

- 3) A student is more likely to share a problem with friends and peers than seeking professional help. This is the basis of developing a strong community preventive health program with training faculty, staff and student peers in bystander intervention skills when they see a struggling student.
- 4) Having an integrated health center with all forms of healthcare assistance at one location would support direct and immediate warm hand-offs to a mental health provider in these circumstances.
- 5) Some other SHS-SPS system barriers have been identified through internal review, specifically regarding access
  - a) Can't set up an SPS appointment at the time of referral.
  - b) Initial appointments are either first come first serve at a specified time of the day, or by special arrangement, which may not be compatible with packed calendars for students
  - c) Intake process, amount of paperwork is a lot, especially for those in crisis.

### **Meeting the social healthcare needs of students**

Student Health Services is well aware of the impact of unmet basic needs on health status. Staff have referred students to a variety of social support services for many years as part of its healthcare services, as an element of social health. As Equity Programs emerged statewide, the impact of unmet social health needs became much more visible, identifiable, and included in the mission of the CCC's as being integral to academic and student success. If a student is homeless or couch surfing, lacks accessible transportation, has no health insurance, is experiencing food insecurity, cannot afford books due to high rents, and so on, they are much less likely to succeed in colleges.

At SRJC these types of support services have been noted as a priority for Equity program funding, and recently several paid positions for Classified Staff have been approved to lead and manage Student Resource Centers, with information, referrals and access to resources supporting the basic needs of students.

SHS has been actively engaged in defining and developing the scope of these new student support resources centers, attending planning meetings, initiating an informational/resource center in the lobby of the Petaluma SHS health center, participate in hiring committees for Resource Center staffing, and sharing SHS's researched resource/referral network for all staff and students at the college. It is refreshing to see such an active commitment by the college (and State) to address the underlying issues of poverty and income inequality with staffing resources. SHS is exploring the emerging role for itself in this social movement and may be in the form of consultations, a significant source of student referrals TO the resource centers, community health prevention program development and marketing, and supporting efficient bystander intervention training programs.

One issue the college may need to address as case management models expand through the District, where multiple "case managers" could be working with the same student and may not be communicating adequately among themselves, the student may become confused as to who can help them, and what is most important (not a one person go-to resource). The college's CIRT team offers a college wide model of communication, with



case management “assignments” depending on the student issues, and ideas on how to integrate the basic need and social health need supports for students effectively, for a broader range of “distressed students” are needed District wide.

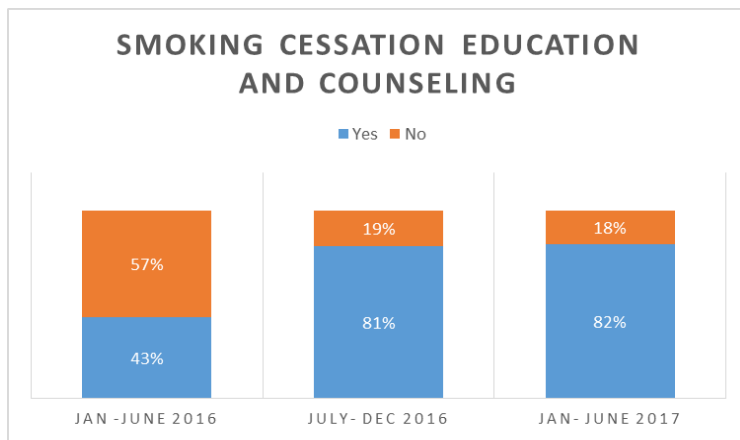
### **SHS Referrals to College Resources – High Academic Risk**

In 16-17 SHS added to their screening questions with health center intake procedures, if students felt they were likely to fail or drop a course at this moment in time, on a Likert scale. This question yields a “yes” response representing about 50% of our high risk students, and the providers in SHS have learned much about how to assist students navigating the SRJC system when they are struggling academically. Several referral options are identified and tracked in our documentation system, and included in any “Risk Plan” developed with the student as appropriate, including Tutorial Center, Academic Counseling, Student Success coaches, SPS and DRD. A template for longitudinal tracking of academic success, completion, persistence and such was created 16-17 by the Office of Institutional Research, and the potential for a significant longitudinal research project exploring best practices and best outcomes with the various kind of referrals over time, has had groundwork laid. Credits less or more than originally enrolled in is also included to reflect same semester student responses.

### **CONTINUE DEVELOPMENT AND IMPLEMENTATION OF QI PROCESSES, INCLUDING SHS TRAINING AND SUPERVISION ACTIVITIES, AND A SYSTEMATIC REVIEW OF ALL SHS QI ACTIVITIES.**

#### **Clinical Practice Training/Supervision**

- Monthly MD consult meetings reviewed the clinical practice for Urinary Tract Infections, Evaluation of an Acute Abdomen, Headaches and Other Neurological Symptoms, Allergies, Dermatological Conditions, Dizziness, Concussions and Substance Abuse/Dependence. Each meeting includes a review of literature for current practices, review and updates of SHS Standardized Procedures (pharmaceuticals, lab work, tests, etc.), SHS health education handouts, referral resources, and chart reviews. Clinical guidelines were developed/revised for UTI, sinusitis, bronchitis, TB screening, gastroenteritis, skin infection, and ear infections.
- Clinical summary of physician student visits (all students are referred by NPs to the MD clinic) is distributed to all NPs for review, to be aware of clinical outcomes, next steps, and to identify students needing specific follow up (case management).
- Training Room and DRD staff met with SHS staff to review concussion management protocols for both athletes and non-athletes, refining referral processes to activate student supports in a timely manner.
- In September 2016, clinical staff attended a workshop sponsored by Sonoma County Public Health on clinical aspects of cannabis use and chronic use with Dr. Cermak. Staff subsequently reviewed policies related to substance abuse, alcohol, opioids and marijuana. Future opportunities for education with Sonoma County Public Health funding/underwriting are considered high priority.
- Smoking cessation quality improvement project: staff responded to positive smoking screening questions by documenting education and counseling offered to students. Trending shows a significant, maintained increase. Staff will continue to monitor progress in this area.



Monthly clinical review topics are planned each year (example)

September	Acute Abdomen
October	Urinary Tract Infections/ Other GU
November	Respiratory Illness/Antibiotic Criteria
December	Dermatological Conditions
February	Allergies/Ear Problems
March	Musculoskeletal Topics: Muscle Strain, Dislocations
April	Headaches/Other Neuro
May	Standardized Procedures: Meds & Labs

In addition to annual mandated education, the clinical staff will schedule specific training on PREP, concussion, cannabis, and suicidality and other topics as relevant to environmental scans.

Mental Health topics- NPs attended several didactic trainings with the SPS interns throughout the year for shared learning; NPs engaged in weekly case consultation times with the mental health providers weekly as needed. These practices will continue.

#### **SPS Intern Training/Outcomes**

Student Psychological Services provides 1.5 hours of group training each week for the Mental Health Interns, with a wide variety of training topics. The interns also obtain experience in presenting topics to their peers. The didactic trainings offered are aligned with common mental health issues and treatment methods for SHS's short term therapy model. Combined with individual supervision sessions each week, and access to the diverse SRJC student population to work with, the interns provide quality mental health services for the students.

SPS Intern Trainings:

- CAPE Team (County Crisis Team)
- Suicide Assessment/Documentation

- Cognitive Behavioral Brief Therapy
- CCAPS (Outcome Instrument)
- Psychodynamic Theory & Practices in Brief Therapy
- Psychological First Aid
- Separation & Unification in Latin@ Families
- Latino Service Providers
- Acceptance and Commitment Therapy
- Utilizing DBT skills in brief therapy
- Psychotropic Medication
- Working with Transgender Clients
- Sexuality Spectrum
- Concussions
- Biofeedback
- Emotionally-Focused Therapy for Couples
- Motivational Interviewing
- Biofeedback
- Evidence-Based Treatment
- Bipolar Disorder
- Bereavement/Grief
- Creating a Private Practice
- Filipino American Clients
- Chinese Culture/Immigrant Families
- Trauma-Informed Treatment of Sexual Assault
- Immigration-Related Trauma
- Time-Limited Dynamic Psychotherapy

Each of these trainings are evaluated by the interns on a 1-5 Likert Scale, with 1 defined as “significantly below expected competency” and 5 defined as “significantly above expected competency. The average of the rankings for this year averaged a 4, showing that interns rated the trainings highly.

### **Student Employee Training/ Outcomes**

Structured training, teambuilding activities, and shared group supervision were provided by SHS staff, as coordinated by SHS’s “Student Development Workgroup”.

- 100% of student employees with 200 hour evaluations were recommended for a raise based on job knowledge, quality of work, dependability, cooperation, productivity, judgment, initiative and attendance. Skills based checklists for job duties are incorporated into administrative and reception roles in SHS are part of the process.
- Weekly student employee meetings were held and infused with structured learning activities. Topics have included: The 7 Realms of Wellness, Dealing with

Difficult People, Emergency Preparedness, Domestic Violence, Common Chronic Conditions, Stress Management, Dating Violence, Sexual Health, Sleep Hygiene, Cultural Competency, Gender Diversity, Effective Outreach Methods, Adverse Childhood Experiences, and more. Educational activities were led by a variety of SHS professional staff, with occasional outside educators.

- All SHS student employees were provided/offered BACCHUS Certified Peer Educator, Mental Health First Aid, and QPR Suicide Prevention trainings. These are now all offered through a 3- credit course at SRJC, and discussion of this as a “pre-requisite” for employment could reduce costs borne by SHS staff. The advantages of this model is that it generates FTES for the college, provides the students with a record on their transcript of their specialized training, and if offered in the evening during the summer, would not interfere with SHS operations, guarantee 12-16 students in the class, and assure enough enrolled credits for each student employee to work in the summer (with no other classes if desired). Will explore.
- Student employees participate in Work Experience Classes which broadened their skill base and work proficiency with the focus this course offers by goal-setting. Projects have included combining and purging duplicate electronic health records, deepening understanding of the Family Pact Program and how it serves our students with reproductive health needs, delivering effective SHS services marketing presentations; maintaining staff informational packets for distribution, supporting payroll processing, accurately booking reproductive health appointments, increased understanding of the Affordable Care Act and Medi-Cal requirements and process, and maintaining legal records of outgoing faxes.

### **SHS STUDENT ACCESS AND COMPLETION DATA**

\* Students that access healthcare in the health centers continue to be more successful in persistence, degree and certificate completion, and course success than the average District student, some significantly so.

\* The demographics of students accessing health services show much larger percentages receiving financial aid, higher numbers of students with disabilities, and more students of color than in the overall SRJC student population.

\* Men continue to be significantly underserved by SHS, as do students enrolled in online courses only. Petaluma only students also have dropped in proportionate utilization.

Total Students	2778		3101
English Primary Language	SHS 16-17	District 16-17	SHS 15-16
Yes	95.14%	95.33%	93.2%
No	4.86%	4.67%	6.8%

<b>Enrollment Location</b>			
1 Online ONLY	0.11%	5.53%	0.35%
2 Santa Rosa ONLY	54.68%	47.00%	56.21%
3 Petaluma ONLY	2.59%	5.37%	2.64%
4 Other ONLY	0.18%	6.49%	0.35%
5 Santa Rosa & Petaluma	30.89%	24.38%	30.12%
6 Santa Rosa & Other	11.27%	10.22%	9.77%
7 Santa Rosa, Petaluma, Other	0.29%	1.00%	0.39%
<b>Total Units Breakdown</b>	<b>SHS 16-17</b>	<b>District 16-17</b>	<b>SHS 15-16</b>
3.0 OR LESS	2.77%	25.16%	4.1%
3.5 - 6.0	5.18%	16.59%	5.16%
6.5 - 9.0	6.55%	11.35%	5.48%
9.5 - 12.0	7.34%	8.49%	8.22%
12.5 - 15.0	7.81%	7.10%	8.35%
15.5 - 18.0	7.45%	5.52%	8.16%
18.5 - 21.0	7.74%	4.94%	8.06%
21.5 - 24.0	11.41%	4.97%	10.19%
24.5 - 27.0	12.35%	6.04%	12.22%
27.5 - 30.0	11.52%	4.39%	11.0%
30.0+	19.87%	5.46%	18.83%
12.0 - 21.0 Units	24.44%	19.22%	26.83%
21.5+	57.09%	22.19%	54.01%
<b>Gender</b>	<b>SHS 16-17</b>	<b>District 16-17</b>	<b>SHS 15-16</b>
Male	37.83%	44.59%	37.41%
Female	60.62%	53.27%	61.56%
Unknown	1.55%	2.14%	1.03%
<b>Age Group</b>			
< 20	26.71%	26.54%	26.02%
20-24	39.67%	31.31%	36.76%
25-29	15.23%	14.33%	16.16%
30-34	6.62%	8.36%	6.67%
35-39	3.89%	5.37%	4.16%
40-50	4.39%	6.88%	5.13%
50+	3.49%	7.20%	4.9%
<b>Ethnicity</b>	<b>SHS 16-17</b>	<b>District 16-17</b>	<b>SHS 15-16</b>
White	41.68%	50.07%	46.53%
Asian	5.62%	3.90%	5.48%
Black	4.54%	2.53%	4.68%
Hispanic	34.92%	32.10%	33.09%
Am.Indian /Alaskan	0.36%	0.66%	0.45%
Pacific Islander	0.65%	0.38%	0.64%
Filipino	1.12%	0.99%	1.58%
Multi-Ethnicity	6.52%	5.20%	5.9%
Unknown	4.61%	4.18%	1.64%
<b>Disability</b>			
Primary Disability	16.77%	6.23%	13.12%

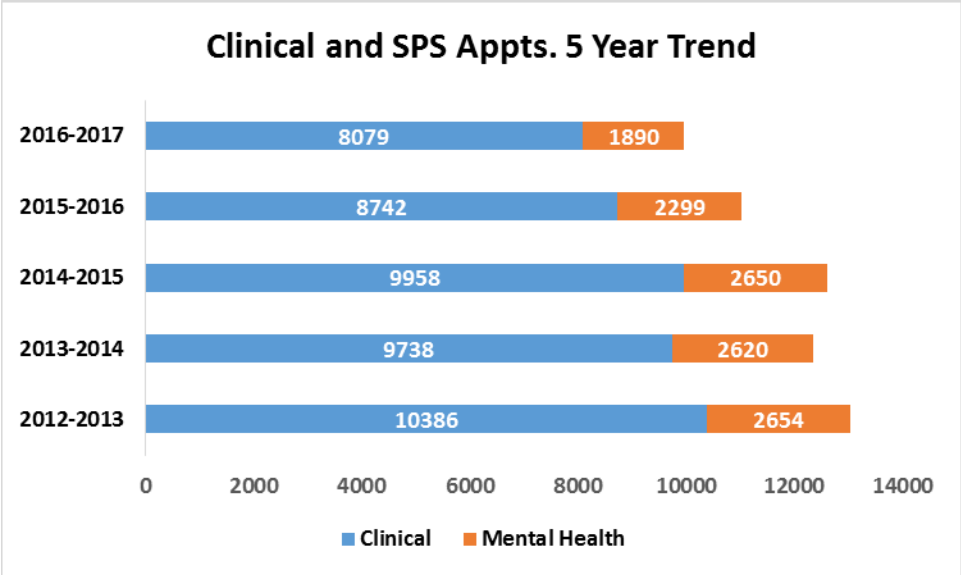
Secondary Disability	2.56%	1.13%	1.87%
Dept. of Rehabilitation	0.29%	12.00%	0.32%
<b>Financial Aid</b>			
Not Received	56.12%	80.87%	37.5%
Received	43.88%	19.13%	62.5%
BOG Waiver	6.34%	2.48%	58.95%
PELL Grant	27.79%	11.72%	26.54%
Other	28.94%	11.41%	
<b>STUDENT SUCCESS</b>	<b>SHS 16-17</b>	<b>District</b>	<b>SHS 15-16</b>
Persistence			
Persisted to Spring	88.16%	68.21%	87.34%
Course Completion			
Degree Applicable			
Successful	80.13%	74.05%	79.56%
Basic Skills			
ESL			
Successful	89.93%	85.14%	81.54%
English			
Successful	56.46%	60.68%	63.37%
Math			
Successful	60.14%	58.88%	60.76%
Degree/Cert granted			
Degree	12.53%	5.08%	11.42%
Certificate	2.02%	1.65%	3.03%

***Utilization Data, Trends and Program Update***

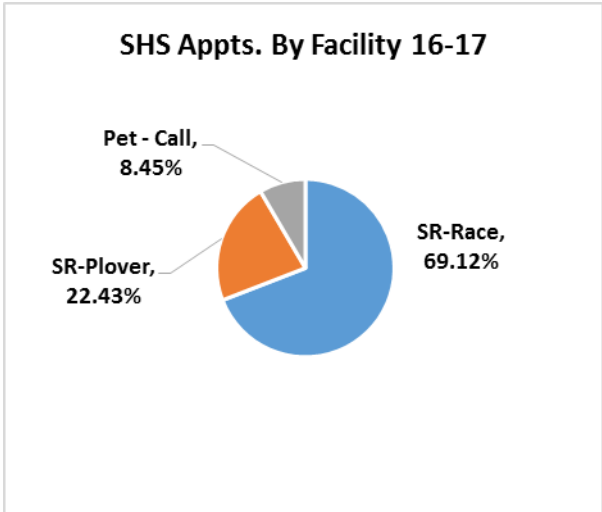
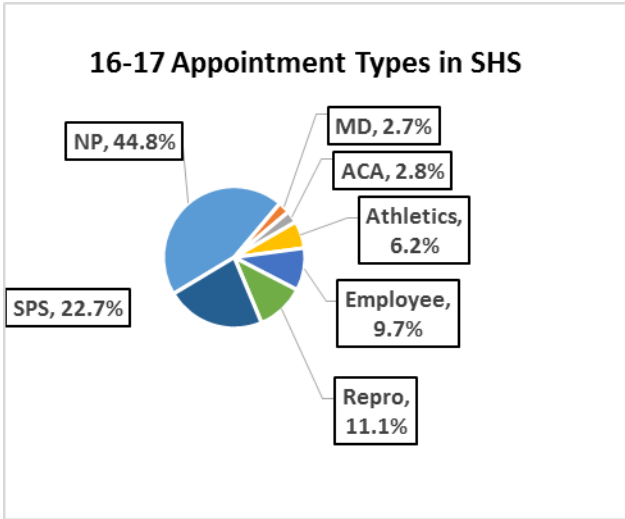
- a. Clinical Services***
- b. Student Psychological Services***
- c. Health Promotion Services***
- d. Petaluma Campus***
- e. District Support Services***

Each year, utilization statistics on services provided by SHS as a whole are submitted to **SRJC's FACT Book**, and they are reviewed by the SHS staff and the Student Health Services Advisory Committee as part of program review and budget development.

**Fact Book statistics over a five-year time span** indicate a reduction in total individual professional service visits, varying by cluster of appointment types. About 10,000 service visits are provided each year currently.

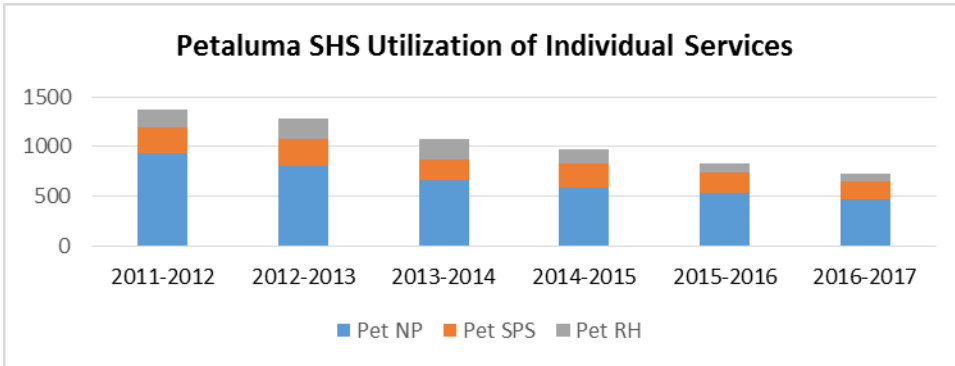


Methods of collecting data shifted somewhat beginning with the 2015-2016 academic year also, but clearly the declining enrollment is being reflected in the amount of health fee paid services being delivered.

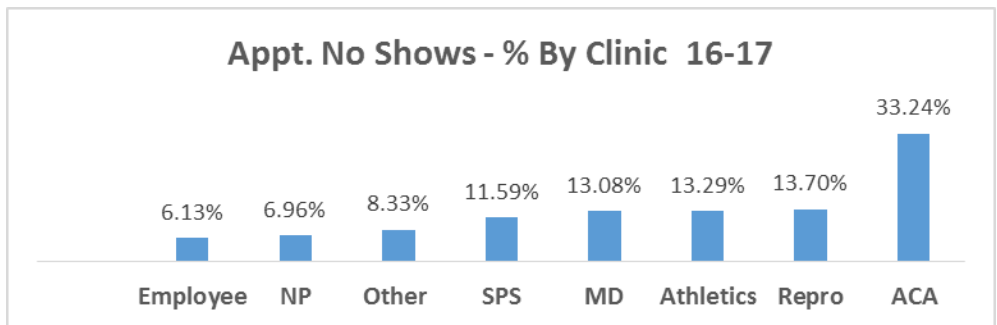


The above demonstrates the types of services students received in SHS during 16-17, by clinic type, and access point.

The Petaluma Campus utilization figures demonstrate a significant drop in utilization statistics, linked with the significant drops in enrollments at that campus.



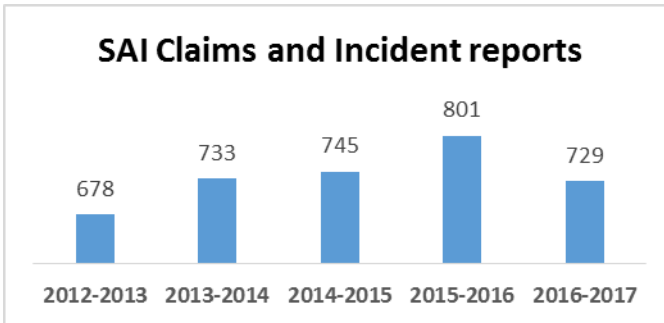
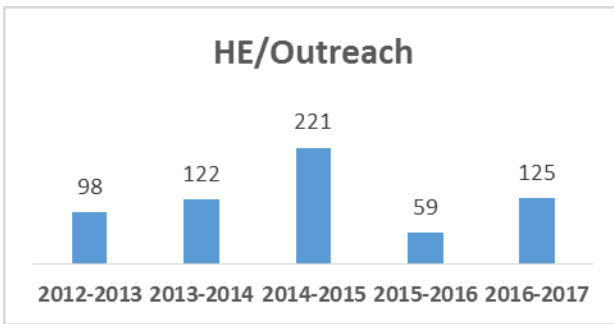
No show appointments are an important consideration in terms of resource allocations, and this data, by SHS clinic, shows the 16-17 rates on this.



What cannot be reflected in these graphs though is the significant changes that have occurred within each visit a student makes, with a broadened scope towards meeting the needs of the whole student in the context of achieving academic success (see more below).

The FACT BOOK submissions also track “number of health presentations/events and workshops sponsored by SHS”, as a separate line item, as well as the numbers of “District Support Services” provided, which are reported as the Incident Reports and SAI claims facilitated by SHS. The five-year trend demonstrated here represents the increased pace of both of these functions. Documentation systems were adjusted in 15-16 to differentiate more the types of educational outreach being done, and the drop also reflects an intentional lowering of SHS sponsored events for more efficient use of resources. Participation in other college events and social media activities have continued at a high level, though, and not reflected in the Fact Book numbers. More discussion of this data is in the Health Promotion and District Support sections below.





## CLINICAL SERVICES

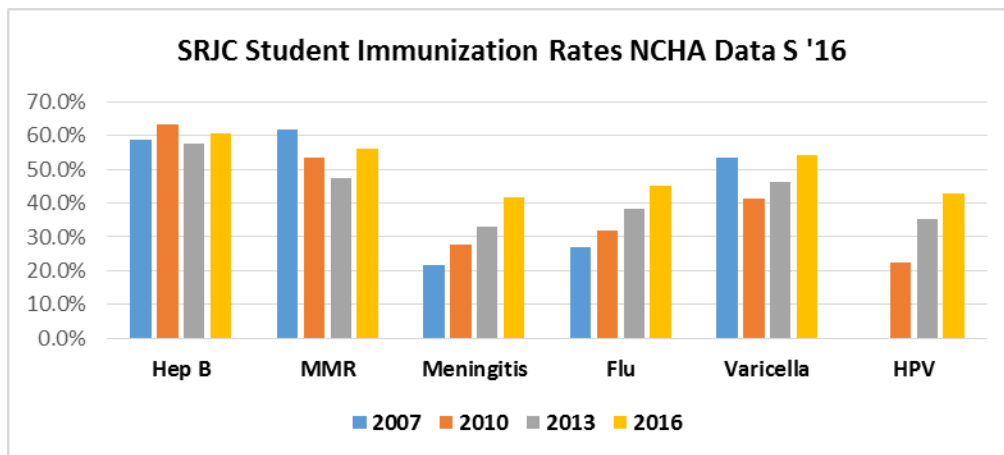
The biggest shift in clinical services provided in 16-17 has to do with the full implementation of universal screening in the health centers for mental health issues, safety, health insurance status, smoking and student-perceived academic risk of failure. This is discussed more in the Continuous Quality Improvement Activities above, and the Equity section below.

### Communicable Disease Control:

#### Immunizations/TB

48% of SHS clinic visits are specifically for TB screening and Immunizations, consistently about half of the visits over the last 5 years. During 2016-2017, 569 immunizations and 556 Tuberculosis skin tests were administered; 743 individuals received tuberculosis clearances.

The number of immunizations being provided by SHS has dropped slightly over the last 5 years, presumably due to SRJC enrollment drops with a smaller service population, and the Affordable Care Act increasing access to free vaccines. NCHA data from 2016 has shown the SRJC students remain under immunized overall, but progress has been made in several areas. .



**Influenza** - In the Fall of 2016, SHS partnered with the Sonoma County Public Health Department and held two open, free flu clinics on the Santa Rosa Campus, a new event. 436 SRJC students received a flu shot in 2016, between the PH and SHS services, a dramatic increase from previous years. This emerging alliance with SCPHD is powerful, and requires that the open clinics offer the services to anyone: students, staff and public. SHS worked with Health Sciences to have their students gain injection experience at these clinics.

**Tuberculosis**- A policy change was made at SRJC regarding tuberculosis clearances for staff, starting January 2017, which SHS provides as an option to employees. Shifting to a screening method with PPDs administered more selectively, and based on new Education Code language, SHS staff worked with Human Resources to develop protocols, new forms, and communications to staff. Internally, clinicians reviewed the various different pathways to TB clearance by different groups seeking this service: Employees of SRJC requirements, Health Sciences students' requirements, and others falling into regular CDC and clinical practice recommendations.

**Prevention and response to communicable diseases of particular concern** -SHS regularly examines and modifies its internal rigor on Measles, Mumps, Zika Virus, and other communicable disease outbreaks. The SHS web page has locally specific information, as well as a link to the local Public Health Department alerts. Office staff are trained on infection control procedures, protective equipment, and communications in a potential crisis.

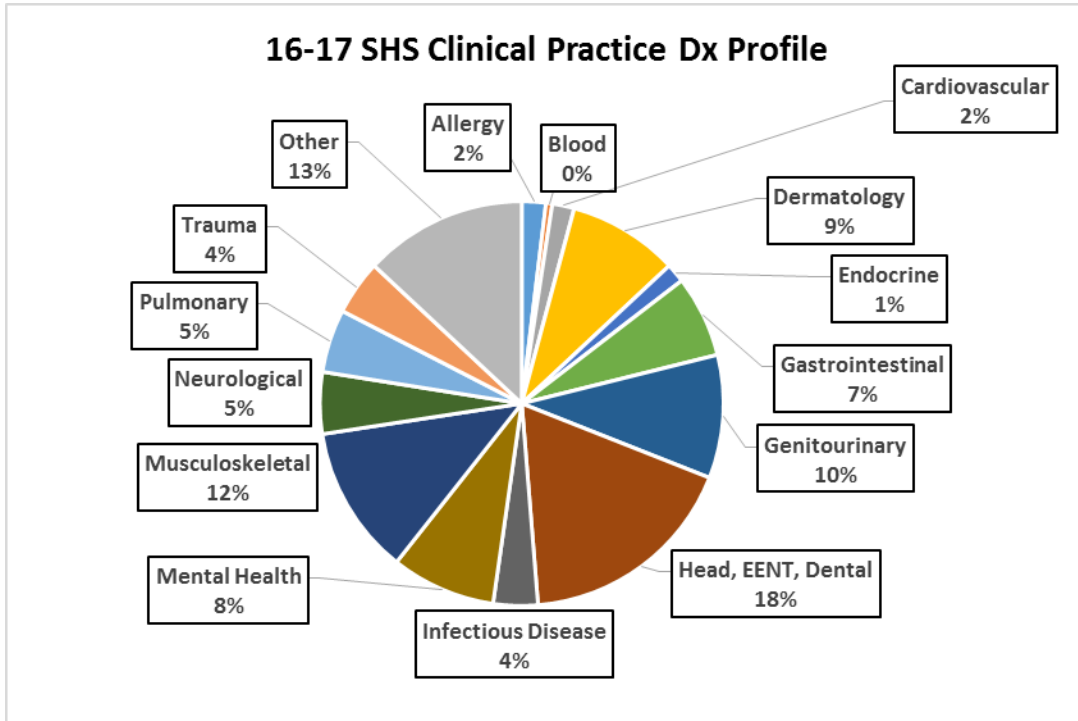
**Immunization requirements for all SHS staff**- A policy application of consistent SHS immunity proof as a condition of employment has been phased in, with all new job announcements now outlining these full immunization requirements. Difficulty getting full compliance in 16-17, with a goal of 100% in 17-18.

### Acute Illnesses and Injuries

Clinical visits typically are for conditions such as UTIs, muscle sprains/strains (occasionally fractures), pregnancy testing/emergency contraception, headaches and other neurological complaints, back pain, skin conditions and upper and lower respiratory infections, often a manifestation of communicable diseases. The number of students with psychosocial distress, with or without medical complaints, continues to be high in the nurse practitioner clinics.

An increase in concussion diagnosis is notable – 20% over the last year. Clinicians coordinated with the athletic training room staff and the DRD department to update protocols and referral systems for student care, ensuring students lose as little classroom time as possible, while getting assistance in healing from the trauma.

47 medical emergencies requiring an ambulance transport were assessed and referred to emergency rooms by SHS during the year.



Other utilization data collected annually, most included in the statewide benchmark survey for CCC health centers, include for 16-17:

- Treatments 219
- Tests 67
- Prescription medications only: 863 dispensed 46 call ins, 909 total
- Emergency contraception 95
- Medications (Prescription and OTC) 1973
- Laboratory 928
- X-Rays 111
- TB screenings
  - PPD skin tests 731 (1.9% positive)
  - TB Assessment Screening 163 (28% positive)
- Immunizations 680
- Referrals 1721

#### MD Clinics

MDs provided off site consultation as well as in-house clinical visits and evaluations. 195 student visits were provided in 16-17. With the volunteer psychologist leaving SRJC this year, it is anticipated that the MD clinic may absorb more visits as referrals from SPS

to evaluate, start and/or bridge psychotropic medications with uncomplicated cases of mental health disorders responsive to pharmaceuticals.

### **Athletics Services**

499 athletic screenings were provided in the 16-17 year. For those athletes requiring a physical exam (first year and recent injuries) the MDs provided 150 physical exams for student-athletes in contact sports, and the college nurse practitioners provided 108 physical exams for athletes on the non-contact sports teams. The training room does baseline concussion screenings on contact sport athletes also. Screening for suicide, homicide, domestic violence, and academic risk also was added to SHS's screening instrument in 16-17, along with vigorous health insurance coverage screening, referral and follow up. As this activity cannot be paid for by Health Fee dollars, staff are paid from an account where Athletic course fees are collected.

### **Reproductive Health – FamPACT Services – Provided by Outside Agencies**

Combining visits in Santa Rosa and Petaluma, 1,479 visits were provided in 16-17. The number of students coming into the health centers for this service are slowly going down over time. Service population demographics clearly is heavy with low income (79%), Hispanic (44%) women (79%). This clinic also shows the highest retention result in persistence success. Non-credit students also access this service.

National, State and local data all indicated a sharp rise in sexually transmitted infections (STI), and indeed, the NCHA 2016 survey data of SRJC students indicated that the use of protection against STIs had decreased.

As the SHS partnership with Petaluma Health Center and Southwest Health Center is central to providing access to this service by SRJC students, communication with these agencies to assure we can help meet their utilization expectations is critical. Southwest has adjusted some hours down, and moved them to different slots recently. Decreases are probably due to multifaceted variables: Integration of RH into primary care model, increased medical homes from ACA, and FamPACT decreases noted on a statewide level (particularly white adolescents). SHS may need to prioritize more reproductive health outreach to assure an adequate stream of students come in to use this service.

SHS staff collaborated with co-located reproductive services staff from Santa Rosa Community Health Centers to add rapid HIV testing services in the SRJC health center. Staff were trained in Pre Exposure Prophylaxis, and who and how to refer those at risk for HIV infections for preventative maintenance medications. Male participation in the reproductive services increased from 13.8% to 20% in the Spring Semester. SHS made a focused effort to increase screening for sexually transmitted infections.

### **Community Health Work**

A significant expansion of SHS clinical provider engagement in community health work at SRJC has occurred, strengthening the department's visibility throughout the college. This work also has increased connections between Sonoma County resources and SRJC. Outcome measurement is not specifically benchmarked on this imbedded function for SHS clinicians as Public Health nurses and educators, though some of it is captured in the Health Promotion data provided below, such as the classrooms presentations that have been done. Presence at SHS/SRJC outreach events and activities by licensed providers has increased – Annual Wellness Fair, multiple activities done, PEERS workshop presenters, facilitator at “Escalation” workshops, presence at the Wheels of Wellness out on campus, tabling for college wide events, Foster Youth “Independent City Event”, “Community Healthcare Worker” Event,

LumaFest, and leadership for the Day Under the Oaks' "Creating Healthy Community" theme and village in 2017. These types of activities for licensed providers may need more significant rationing to assure steady coverage in the health centers during 17-18, which expectedly would reduce the amount of health promotion and outreach next year.

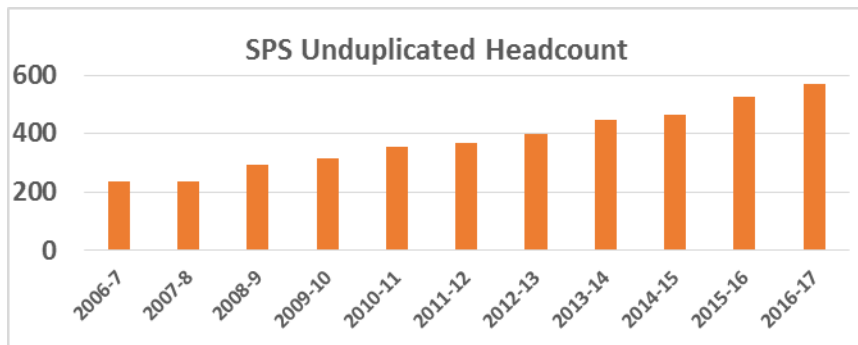
Staff in the NP clinics worked one-on-one with faculty during staff TB testing visits. This Faculty outreach activity not only allowed face to face and personalized connection, especially with new faculty, but provided an up to date packet outlining services, SHS referral procedures, faculty staff development opportunities linked to student health, and how to request classrooms presentations from SHS.

**International Students Program** - Strong liaison relationship has been established between the providers, the ISP staff and the students. **See program accomplishments on this below.**

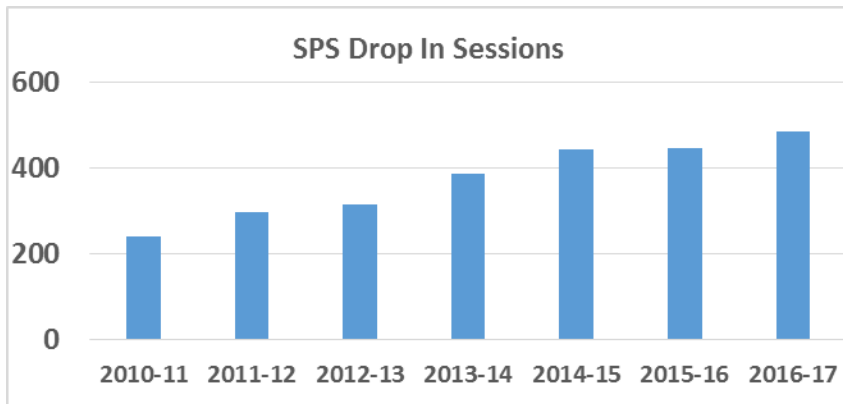
**SHS Student Development Program** – Has benefitted from strong clinician engagement in weekly trainings, supporting work experience credit/goals, teaching many topics through the course of the year. **See program accomplishments on this below.**

## STUDENT PSYCHOLOGICAL SERVICES

The number of students seen at SPS increases every year. Since 2011, SPS saw a 55% increase. This is particularly remarkable considering that SRJC enrollment has declined over most of this time period. Over a longer time frame the increase is even more dramatic. Eleven years ago in 2006-07 SPS saw 236 students. This past year SPS saw 568 students, representing growth of more than 140% in just over a decade.



Students who are in crisis and come to SPS are seen in a "drop-in" session. While some non-crisis students may also be seen during "drop-in," this category is a good indicator of the urgency level of students who come to SPS. Since 2010 drops-ins/urgency has increased, more than doubling in this 7-year period. These increases are reflected in the overall SRJC population via the NCHA surveys showing more anxiety and other mental health concerns. It also reflects a procedure change where students seeking therapy come to the drop in sessions, whereas before an appointment by phone was made or by "dropping off" an intake packet. This change in procedure addressed the risk that students in acute distress were not seen the same day, essentially eliminating any wait time before being seen.

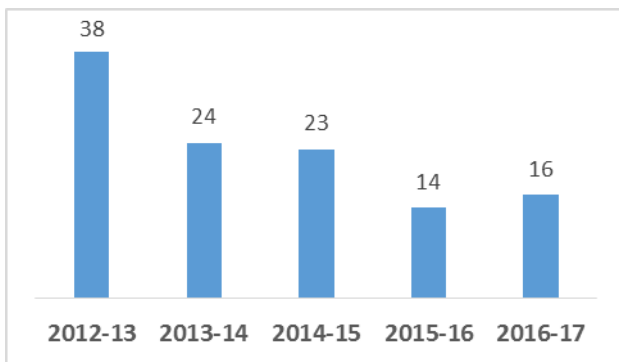


**Access to Services: the “Wait List”**

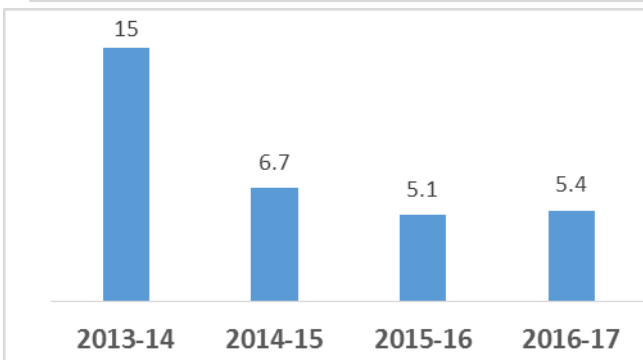
The ability to accommodate the demand is a reflection upon the ability to deliver service to more students through greater internal efficiencies and external referrals. SPS uses a prioritization system for those students on the wait list. Thus, students with more urgent concerns are seen in ongoing therapy sooner.

In the last several years, refinements in the SPS triage system reduced both the number of students and the time spent on the “wait list.” Fall semester figures include:

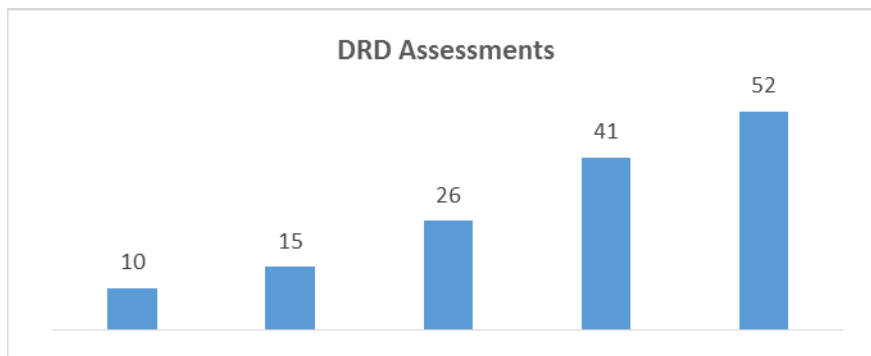
**Maximum students on Wait List**



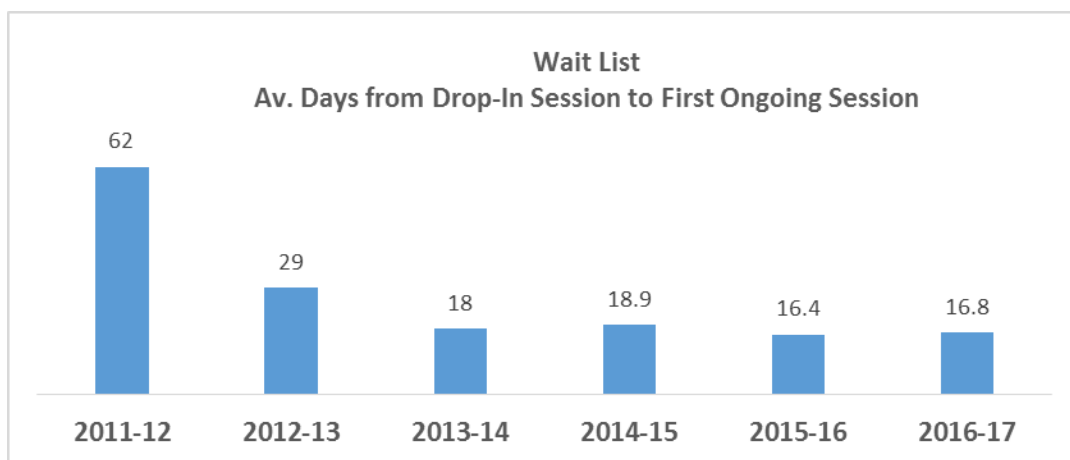
**Average students on Wait List**



The number of students placed on the waitlist for therapy has been fairly constant over the last few years. There has been a dramatic increase in students placed on the wait list for assessments requested by DRD:



The average number of calendar days from first contact (drop-in) to ongoing services (for those student who were placed on the wait list) fell considerably since 2011 and levelled off the last several years.



The chart above shows the average days. A key note is that the median number of days for students to remain on the wait for the last two years is 14 calendar days. These are only students who are not referred or who did not need just the one drop-in session – but those that were appropriate to be on a wait list and interested in our brief model.

After being placed on the wait list, the staff meets once a week to determine the highest priority needs, then places calls to students to schedule an appointment, typically within the week. Thus, the number of days from their drop-in session and being put on the list until the day they are actually seen for ongoing therapy will often be close to two weeks, and this is why the figure has remained fairly constant the last four years in our efficient model. Further, students with very urgent needs most commonly are seen sooner than two weeks.

### SPS Visits - Diagnostic Profile

The main diagnostic profile of students receiving SPS services has not shown significant change, although environmental issues contributing to mental health problems appear to have increased.

The most prevalent main diagnostic issue, far and away, is anxiety (including generalized anxiety, social phobia, panic), followed by mood disorders (depression, dysthymia). This year there was a much larger incidence of PTSD.

The top social environmental problems, as in past years, were relational problems, followed by academic problems, family issues, problems related to abuse, and economic/housing issues. Family and abuse issues were higher this year than in the past.

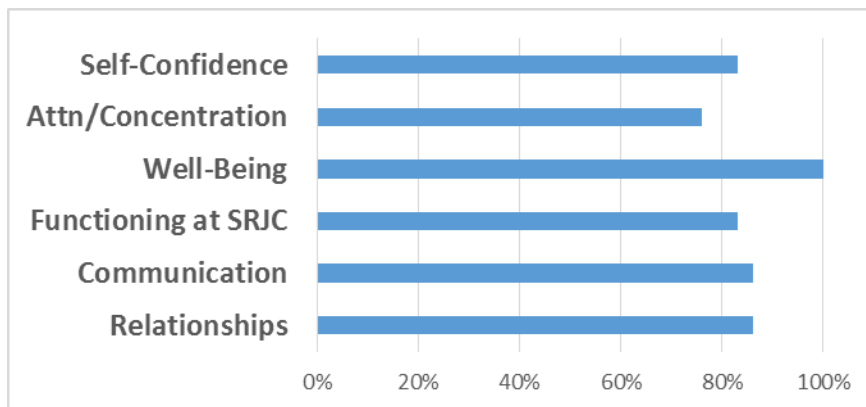
### Therapy Results

Students who complete a course of therapy are provided a satisfaction/outcome survey. While a small percentage chose to complete the survey, those who did overwhelmingly spoke favorably of the service received.

Virtually all twenty-nine respondents indicated agreement that:

- Therapy was helpful
- Therapy helped change negative thoughts and self-defeating attitudes and behaviors
- The therapy work achieved the goals sought
- The student would seek out therapy again if needed.
- The student would recommend SPS.

Respondents also indicated substantial agreement that since they had started therapy, many areas of their life had improved greatly:



Of note, agreement on functioning at school/work (SRJC) was similar to most other areas. This is in line with much research showing that a brief course of therapy increases academic success and persistence.

A narrative portion of the survey provides qualitative data that reflects similar ideas:

*"I learned a lot of new methods to process and view things in a different way so that I don't get as overwhelmed."*

*"I was able to seek out the appropriate resources for academic support, I feel a lot more academically motivated. I have goals and aspirations I feel I can achieve."*

*"I can focus much better and I'm much less stressed!"*

*"I have more confidence that I will be able to handle pressures that school puts on me."*

*"Seeing a therapist dramatically decreased my stress levels making it that much easier to succeed academically."*



## HEALTH PROMOTION SERVICES

During 2016-2017, a Health Promotion and Outreach Workgroup continued with members from both campuses and all disciplines, with a focus on improving the effectiveness of health information dissemination across the college. This requires a multifaceted approach, and evaluation of this workgroup at years' end indicated the multidisciplinary nature of the workgroup made it maximally effective.

Previously, the only benchmark consistently monitored for health promotion was the number of classroom presentations and workshops, and included in SRJC's Fact Book. As the SHS program and technology has evolved over the years, and the diversity of health promotion and outreach methods have "burst" into many activities, a system to track and evaluate the effectiveness of these methods clearly was needed. In 2014-2015, a "matrix" of data collection was initiated, that has been refined each year, tracking both department outreach and health promotion activities. (See below)

In 2016-2017 information was collected from each student coming into the health centers regarding what source of referral they reported as resulting in them coming in. By far, the faculty and staff of SRJC are the main source of information about and referrals into SHS. This partially assists in evaluating the effectiveness of outreach marketing, and identifying the target populations and most effective methods resulting in student access to SHS's individual services.

### Data collected from June 1, 2016 – May 31, 2017

#### Classroom presentations:

SHS Marketing	Number delivered	# students
Classroom Presentations: SHS marketing Brief SHS (<15 ") includes class tours to site, orientations, etc.	70	1766
Health Information Dissemination		
Classroom Presentations: Health and Student Success	23	562
Classroom Presentations: QPR	19	455
Classroom Presentations: other	13	251
Totals	125	3,034

#### All methods of health promotion and department outreach/marketing:

Activity Type	# Activities	# Individuals
Classroom Presentations:	Total: 125	Total: 3,034
Educational/Service Events: <i>SHS sponsored</i> Bacchus Training = 11 Mental Health 1 <sup>st</sup> Aid = 12 Wellness Fair = 360 Mental health networking event = 28 Flu shot clinics x2 = 436 Escalation for Athletes = 400 Healthy bear cub kickoff x2 = 300 Pet. Food Bank 32 wks. = 3,040 PEERS x5 = 691	Total: 18	Total:

Students for Recovery 11/16/16 = 45		
<b>Educational/Service Events: <i>District-and Other Sponsored</i></b> Athletics Orientation (participants) = 225 Day Under the Oaks = 250 Lumafest=200 Walk a Mile 4/26/17= 200 Take back the Night Support Super Saturdays Santa Rosa = 35 Welcome Week: SR 200 , Pet 150 = 350 Healthcare Forum Town Hall Meeting Project Truth Class Tours coming to SHS	pending	
<b>Faculty and Staff</b> – Information about SHS, Health and Student Success Faculty Folders = SR /PET = 82 Pet. Faculty forum Faculty and Classified staff orientations 3 DCIM and AAC meetings Department meetings All staff emails 5 Insider articles 1	Total:	Total:
<b>WOW Tabling</b> WOW = 253; Tabling= 353	Total: 7	Total: 1,191
<b>Bulletin board health educational themes</b> Total themes: 5 (Summer Safety, Suicide, Wellness Fair, Sexual Assault Prevention, Mental Health Matters Month ) # boards posted: about 10	Total: 5	N/A
<b>Oak Leaf articles SHS facilitated on health topics:</b>	Total: 7	N/A
<b>Other news media (PD x1)</b>	Total: 1	Unknown
<b>Social Media, Online Outreach and Educational Services</b>		
<b>SHS website hits: June 2016 – May 2017</b>	Total:15,929	Total: 11,227
<b>Student Health 101 Visits</b>	Total: 3090	Total: 4378
<b>Kognito Training Visits (6 modules)</b> Vet; PEER to PEER= 16, STAFF =21 At Risk; Students = 24, STAFF = 36 LBGTQ; Students = 19. STAFF = 33	Total :	Total: 149
<b>Online MH screening visits: (7 modules)</b> anxiety = 129 , depression = 156 ; bi-polar = 47 , eating disorder = , PTSD = 35 , Alcohol = 16 , Substance = 7 (duplicated headcount)	Total:	Total: 452
<b>Facebook postings and likes</b> SRJC SH 101: Likes only: 275 PEERS = Engage: 2629; Likes: 342; Posts: 225 SHS = Likes: 255; Posts: 111	Total: 335 postings to SHS and PEERS	Total likes: 872
<b>Bear Facts submissions (SHS related)</b> 36 submissions	Total: 36	28% open rate
<b>Media Screen submissions:</b> (6 locations in Bertolini, Plover, Doyle Library, Petaluma) 5 standard + 1or 2 for upcoming events/promotional. Fall semester: 8 promotional slides.	Total: 13	N/A
<b>SHS video views</b>	3 videos produced	SHS: 2,228 It's On Us: 2,869 Asking For Help: 1,952
<b>SHS Wellness Wednesday offerings</b>		

## Effectiveness of the health promotion and outreach efforts in SHS

Organizing labor effectively around the broad range of outreach and educational activities continues to be a challenge for SHS, as it takes a lot of time to engage in the diversity of these activities. The number of activities has continued to expand in number. In 16-17 providing in-classroom presentations was the intended focus, with a reduction in the number of SHS sponsored events, which targeted our most known referral source: faculty. This also reaches more students directly.

Efforts to inform our faculty and staff about our services, encouraging them to talk about health related topics in the classroom, and/or making individual student referrals to SHS have been the strategies taken, apparently with some effectiveness. This currently is done in a number of ways, and these efforts should be a continued priority as activities as resources become more limited.

- Almost all faculty and staff members typically come to SHS to get their tuberculosis clearances for work. New faculty and staff are identified, and during their visit(s), a folder with materials informing them about our services, our faculty consult services, CIRT, Incident Reports, First Aid Kits, Online Student Activities, and classroom presentation requests/topics are provided for them.
- SHS presents at new Faculty and Classified Staff orientations, and periodically at Dept. Chair meetings. All staff emails are sent out several times per year.
- As SRJC has had a huge rollover of staff in recent years, there are many new staff and adjunct faculty in particular that know nothing about us, and this has been discussed and identified as a priority outreach activity for department time.
- The attention given to our website in the last couple of years has paid off, being the second most cited source of awareness of our services. Over 12% of students coming in found us through the web, and this may be enhanced through messaging via our 2 Facebook accounts, and incorporating health messaging with the college's home Facebook account. Wellness Wednesday messages were started Spring 17, in which SHS students and staff have often been featured in brief videos.
- Campus events are the third most common means of letting students we are here. The department has sponsored many events, yet the college environment has changed, and there is a plethora of student initiated, and student led events popping up with greater frequency, as well as college wide forums, conferences, speakers and lectures on various issues related to health. Discussions in SHS suggest that not sponsoring so many events, and having a flexible and easily mobilized outreach function, with student health aides, peers and staff as available, is a more efficient use of our resources. Show up at everything we can reasonably accommodate, but we will need to get a little better at saying no, and/or strategizing ahead of time what's most important. Collaboration across the college is much greater as well, and courses have taken the lead in organizing educational forums as well.
- Personnel resources may not be forthcoming to continue with classroom presentations at the same level, though these are effective in the dissemination of health information on critical health issues, such as suicide, sexual assault, substance abuse, contraception, sleep and more. Students want more of this (per NCHA study) and is identified as one of SHS's benchmarks on system work towards growing embedded health education in the college community.
- **Fall outreach to new and returning students** in 16-17 was stellar, and greatly enhanced by student presence and planning in Summer leading up to the Fall semester launch. Two "Healthy Bear Cub Events" organized by SHS successfully reached many incoming student athletes and International Students that were on campus before classes started. Community agency networking was strengthened going into the year as they gathered for informational tabling at these events. Whereas a return of these events is not planned for the coming year, very active engagement with students in August and September continues to be important for SHS to plan for, as first contacts and impressions stick with the students as they become socialized into the college

culture. For 17-18, coordinated college efforts are landing on a large “Welcome Day” the week before classes, and some Super Saturday events. Heavy outreach at our Athletics screenings needs to continue, as we learned last year that the incoming athletes have a tremendous need to learn about housing options, free/subsidized food options, high risk health choices and mental health supports available on and off campus. The connection with the International Students will also continue in our liaison work with their staff.

- **Online Health Promotion and Outreach:**

The department embracing on line and social media modalities for health promotion has resulted in diversity of health promotion activities SHS has taken on. It is where students typically seek information, and based on the number of visits to our web page, SHS 101 online magazine, Facebook pages, and all of our online activities, this seems to be increasing our reach to students. We’ve stepped into video productions, with 3 produced now, and feature our staff and student employee’s in short social media videos the SRJC Facebook page puts out, related to “Wellness Wednesdays”. The addition and expansion of these outreach activities has added to the amount and scope of health promotion, but none of the other more standard methods have been cut back much from a resource perspective.

**Other community health outreach and support services by SHS**

“Basic Needs” have emerged at SRJC, related to the social health/social work needs our students have. SHS has been engaged in meeting these needs in an ongoing fashion historically yet the college community is embracing this now as part of the SSSP and Student Equity mission. This movement has potentiated a stronger community health model at SRJC. SHS continues as a collaborator/leader, and promotes a conceptual framework with specific goals in mind, based on student need.

- **Free Food Distribution Services** have evolved further at SRJC in 16-17, with the Vice President of Student Health leading the coordination of food distribution on the SR Campus 3 days per week now, through a collaborative model with clubs and student activities. Saria pursued a change in the defined role of the VP of Student Health as being responsible for working on this function as part of their job moving forward. Surveys were distributed at the SR Campus food distribution site on Wednesdays during the Fall semester, and much data was obtained confirming significant food insecurity among our students. On the Petaluma Campus, weekly distributions from the Redwood Empire Food Bank continues, as initiated by SHS staff several years ago, and is getting expanded faculty and student support. As these systems are now being firmly established at the college, and resources are being mobilized for system infrastructure (including Resource Center staff), the role we continue with can be adjusted accordingly, with an emphasis on advocating for embedded nutritional and financial education at these sites, thinking ahead towards establishing a sustainable system at SRJC, better targeting of services towards students with food insecurity, increasing access to food in

some way more frequently on campus, and providing a steady stream of student referrals from SHS as this need is identified in our service population.

- **SHS has promoted “Bystander Intervention” initiatives at SRJC as a conceptual framework for social activism.** Linked to SHS’s Student Learning Outcome of students taking responsibility for improving the health of self AND OTHERS, what has emerged is the concept of a broad “umbrella” bystander intervention message that can be inclusive of specific trainings for diverse situations. (Substance abuse, sexual assault, suicide, violence, bullying, harassment, early signs of major mental health disorder, mental health first aid, CPR, First Aid). The passionate environment at SRJC emerging for social activism is ripe for ways students can become engaged in their community, and contribute to social justice.
  - **Online reporting system for student behaviors of concern.** Initial development of this, expanding the CIRT model to “students reporting students of concern” has been launched with the Maxient software system as the online link to use. Utilization is growing, and there are procedural adjustments needed to assure a smooth process channeling reports to the appropriate CIRT members.
  - **Title IX and Campus Save Act mandates for bystander intervention training.** A new education and investigation manager was hired in the Human Resources department, and has contributed to the college’s infrastructure tremendously this past year! An online training module has been purchased and implemented for students (a soft mandate), the Title IX web page is rich and developed, many trainings have been provided face to face, and a remarkable month of Sexual Assault awareness activities were planned for April, with films, and a collaborative Walk a Mile event with SSU and SRJC athletes.
  - **Suicide prevention (QPR)** continues as an important priority for SRJC, due to increased rates of suicidal ideation in the SRJC student population. QPR training, firmly established at SRJC, has a core curriculum which includes communication skills development, motivational interviewing and referral techniques, which is in common with most face to face bystander interventions.
  - **Harassment and Violence prevention** in a broad sense has gotten a lot of attention this year, partially in reaction to the political changes in the U.S. related to the 2016 election. As fears and anxieties increase for all, with an increase in uncivil speech in the media and behaviors experientially, proactive efforts have been necessary at SRJC. Many educational activities have been generated across the District to assure that as a college we can maintain free speech rights and a safe environment for all. Of particular concern are the undocumented students at SRJC, fearing deportation. An underlying culture of violence impacts this kind of political environment negatively and learning skills to recognize and respond to harassment and the various forms of potential violence is an increasing need for bystander intervention training. The college has embraced this with good cause.
    - A course is now established at SRJC for learning peer to peer mental health support skills. Developed with an SMHP grant SHS had from 2012-2014,

the course is now being offered as part of the Community Health Worker program, and taught by SHS's Health Promotion Specialist as an adjunct faculty. This includes QPR, Bacchus training, mental health first aid, and more. Integrating this into course curriculums and imbedding this in the educational system of the college is a significant accomplishment.

- The college established a well-attended educational Social Justice conference on the Petaluma Campus this year with many health related topics, and a student led educational conference on social justice topics was established on the SR Campus through a joint project of two academic courses. (Student Leadership and Advocacy, and Peer to Peer Preventive Mental Health.

## **PETALUMA CAMPUS**

For the 2017-2018 academic year, Petaluma Student Health Services reduced general office hours on Wednesdays and Thursdays to a half day, from Monday through Thursday 8 AM – 5 PM. Services have included having a College Nurse Practitioner available, mental health services 2 days per week and Petaluma Health Center's reproductive health clinic on Tuesdays.

Continuing challenges exist in having Petaluma students use available health services; theories as to why utilization is so low include 1) location of health center is away from other student support services and from student activity centers. 2) The student population may represent higher rates of health insurance 3) students are getting good access to the Petaluma Health Center for healthcare services 4) Petaluma students spend less time on campus in general, i.e. more of a commuter student population and 5) the number of Petaluma students has dropped even more than other areas of the college.

The slower paced setting has allowed for assigning Petaluma staff a variety of administrative support tasks for the SHS department overall, along with campus and community engagement activities.

The Petaluma Campus setting allows for greater expression of Student Health Services as a community health agency, engaging deeply with the community to support health. SHS staff engage in diverse activities outside direct service delivery, immersing in many facets of the Petaluma Campus culture. Given resources these same types of activities would be pursued at the Santa Rosa Campus as robustly, and Petaluma represents a manifestation of a comprehensive college community health program.

- Working in conjunction with Student Affairs, SHS has helped launch a new Student Resource Center. The college is planning to coordinate the effort to reach those students at greatest need in the areas of housing, transportation, food and other social environmental health issues. The waiting room of the Student Health Services was re-designed to include wall-mounted shelving with supplies – shampoo, conditioner, other hygiene supplies, as well as socks and warm leggings.
- SHS staff participated in planning and implementation of the Social Justice Conference in April 2018. This conference brought together community organizations to empower students to take the next steps in creating the world they want to live in. Representatives from the health community spoke on health as the underlying determinant of social equity and justice. With them this year on food, the AmeriCorps held a presentation on SRJC Food Support Programs. The Student Success

and Equity program includes the “student success coaches” providing direct peer support for new college freshman. Student Health Services has supported these student workers with education, consultations, and has also referred students to them identified as being at academic risk.

- Mental health and clinical staff worked with the Gateway program staff to strengthen the SHS referral relationship with counselors and faculty in this program, serving students that had dropped out from high school, and face educational challenges.
- **Health Promotion and Outreach activities have** included:
  - Petaluma’s Intercultural Center is a natural partner with Student Health Services related to sexual assault prevention education, discussion of domestic violence resources, and linking SHS to ESL students and Puente.
  - Mindfulness programming weekly on campus has been facilitated with SHS support for stress relief, and to improve well-being.
  - The co-location of food distribution through Redwood Empire Food Bank has continued and increased to 2 days per week.
  - Cal Fresh Outreach Grant will assist in enrollment over the next 2-3 years.
  - Studying means has been put into addressing housing challenges.
  - Petaluma has initiated a phone app, which has reached 500 students. Staff posts information about Student Health Services’ activities and events in Petaluma on this. Weekly posting of Reproductive Health Services hours serves as an effective reminder of the program availability.
  - The “Wheels of Wellness” cart is available for more regular outreach and health information sharing with students on the Quad, and at various campus events
- **Petaluma Campus program planning and development activities** were supported by SHS staff, including
  - Regular participation in the monthly Student Services meetings to link with Administration, Admissions and Records, Work Experience, Academic Counseling and the Disability Resources programs
  - Staff participated and assisted LGBTQ activities aimed at diversity, including a successful identification of gender neutral rest rooms for transgender individuals
  - Bond Measure H – planning of a student center – The SRJC District plans to build a student center in Petaluma that would co-locate student services in a more accessible way. Student Health Services is communicating in the process related to student health needs, though the health center will remain in its current location. Staff are participating in the planning process, recognizing that services adjacent to SHS in the future will be a critical choice for the campus, and that efforts to keep the visibility of SHS strong, despite its geographic marginalization, is critical for students.
  - SHS resumed meetings with the Dean of Student Services to engage in dialogue around SHS program review topics and to assure good communication.
    - ✓ Continue to strengthen SHS relations with Gateway and faculty for immersion in classrooms and student success activities.

- ✓ Activate regular use of the WOW with student peer support to market SHS services and disseminate health information on priority health issues.
- ✓ Continue ACA enrollment co-location, collaborate with intercultural center groups to reach uninsured and undocumented students and their families, per AB75.
- ✓ Expand food distribution toward a more student-based model through student leadership association. Add Cal Fresh application on site, cooking demonstrations, and additional food donated from the community that can be distributed same day.
- ✓ Assure adequate utilization of Petaluma Health Center FamPACT services on campus to sustain this service agreement.

#### Community engagement

- The Petaluma nurse practitioner has actively participated with “Covered Sonoma”, a steering committee to increase health insurance coverage and healthcare access in Sonoma County. This NP facilitates ACA certified enrollment services at SRJC, and serves as a strong advocate and educator for the college community and department staff.
- The Petaluma nurse practitioner has attended a meeting in Sacramento on MediCal LEA billing in CCCs, as a representative of both SRJC and its’ interests, and those of the statewide association (HSACCC).
- ***Due to the SHS fiscal crisis and the loss of staff in the SR Race facility over the last several years, the hours of NP/MH services assigned to the Petaluma Campus health center may be reviewed for optimum utilization of SHS’s limited resources District-wide. A shift of clinical resources may be indicated, beginning as soon as Summer 2018 and will result in fewer office hours/access to clinical services.***

## DISTRICT SUPPORT SERVICES

### District Incident Reports

SHS provides administration and support services related to District Incident Reports. These services include:

- Participation in the review and development of incident-related forms and training materials.
- Receiving and reviewing all District-wide Incident Reports:
  - Notifying Facilities Operations and EH&S of any hazards needing immediate mitigation.
  - Referring injured parties to appropriate department for health care and health care coverage information (HR, SHS, Finance and Admin., etc.).
  - Determining whether Student Accident Insurance is applicable to a report involving injury.
  - Screening for risk management related issues and notifying Finance and Administration in instances where the college may be exposed to potential liability.



- Maintain records of Incident Reports on behalf of the District.
- Providing a monthly Incident Reporting Summary update to the District's Safety Committee.
- Analyzing accident trends and making recommendations to mitigate potential or actual hazardous conditions.

From June 1, 2016 to May 31, 2017, **668 Incident Reports** were received and processed by Student Health Services on behalf of the District.

The number of incidents being reported has gone up, with a continued general pattern of the majority coming from KAD, Public Safety, Health Sciences and Culinary programs. Several focused safety training sessions have been provided by EH&S as a result of Safety Committee analysis of the reports.

### **Student Accident Insurance and Claims**

SHS also provides various support services related to administering the District's Student Accident Insurance Policy. These services include:

- Providing input and feedback to the VP of Finance and Administration regarding the college's Student Accident Insurance policy needs, service provided by the insurance adjusters during claims administration, accident trends, and primary health coverage coordination information.
- Notifying students of their right to file a claim and related filing deadlines.
- Providing claim forms, informational brochures and treatment referral cards to students.
- Receiving and forwarding claims-related paperwork (forms, bills, and letters) to Student Accident Insurance adjusters.
- Corresponding with students, athletic trainers, providers and insurance adjusters regarding claims on an as needed basis.
- Maintain records of Student Accident Insurance Claims and related correspondence on behalf of the District.
- Providing monthly report to the District's Safety Committee on the number of claims filed.

From June 1, 2016 to May 31, 2017, **61 Student Accident Insurance claims** were received and processed by Student Health Services on behalf of the District.

The number of SAI claims has gone down. This is most likely a manifestation of the increased primary insurance coverage that SRJC students are now carrying due to the Affordable Care Act. As the SAI policy is always secondary to other health insurance coverage, claims are not being filed as much.

### **Future plans**

The software product Maxient was purchased for the District just over a year ago, to support a clear documentation method and tracking process for several other types of District wide reporting: Student Conduct, Title IX complaints, Academic Integrity violations, and Students of Concern. The software has the capacity to collect online Incident Reports for the District involving injuries and hazards. This may be a technology project that could simplify, improve quality and streamline work flow for Incident Reports in the future.

Other District Support Services:

- Disaster planning and drills/tabletops
- First Aid Kits inventory, supplies support
- Employee TB (see clinical above)

Shared governance activities: Safety Committee, Classified Senate, EEOC Committee, CIRT (see below) Project Learn, PASS, Hiring committees, Basic Needs Resource Committee,

### **NATIONAL COLLEGE HEALTH ASSESSMENT (NCHA) SURVEY DATA (SEE ALSO SECTION 4.1B.)**

During Year 1, after this rich assessment data was collected, then received in June 2016, an ongoing process of analysis, program discussion, sharing, and re-analysis has been initiated. Initial findings were incorporated into health promotion planning internally as possible for 16-17, clinicians and mental health providers were informed of health trends, conditions and emerging behavioral choices, SHS student employees were oriented to the results as applicable to their role as peer health support employees, and the SHS Advisory Committee was informed on select data points at their first meeting in October 2016. The Executive Summary is posted on the SHS web page under research. In 2017, data has been broken out into ethnicity, age and gender, to identify health issues specifically as they pertain to Equity support student groups. This has been shared with the Student Services Council, select data points forwarded to the Board, and incorporated into health promotion events and presentations given over the last year. There are additional questions and presentation targets/content for further program review, especially with the Basic Needs Resource Center initiatives and Equity identified student populations, to support community health work by SHS. A PDA presentation of the NCHA data has been approved for the Fall session in August 2017.

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### **OTHER PROGRAM DEVELOPMENT ACCOMPLISHMENTS, GRANT OUTCOMES, FUTURE PLANS**

- Student Development Program
- VP Student Health
- Mental Health Services Act Grant
- Equity Programming
- Crisis Intervention Resource Team
- Title IX
- ACA/Health Coverage
- International Students

### **STUDENT DEVELOPMENT PROGRAM IN SHS**

## **Student Development Program- Accomplishments and Direction**

In 2016-2017, the “Student Development Workgroup” has been working to improve the training, supervision and learning outcomes of the 16+ student employees that are working in SHS. The staff resources dedicated to the personal, academic and professional development of these chosen student employees is significant, and a highly structured program of training and support is provided for them to support their success. During the year, efforts were focused on strengthening the student worker supervisor’s cohort and refining the training curriculum, hiring processes, and managing supervisory time effectively to maximize department resources towards this effort.

### **Student Development Accomplishments in 2016-2017**

- The workgroup met consistently, strengthening the supervision component of the program.
- Shared understandings regarding optimum hiring criteria and supervision process has contributed to employment retention, with the majority of the Student Health Aides’ reaching or exceeding the one year mark.
- The students working in SHS continue to demonstrate exceptional skills, leadership, learning capacity and professionalism as workers in a healthcare environment.
- Integrated student meetings throughout the year, with rotating group supervision at these meetings contributed to an improved sense of “cohort” among the student employees, i.e. SHAs, and SHA-PEERS.
- Student development training resulted in increased outreach event participation in 16-17. The outcome created a greater understanding of the college community’s needs for overall health according to the seven realms of wellness.
- The Student Development Workgroup continued to support students under the Work Experience Program through focused attention and direction to various Student Health Services projects.
- The new SHA/SHA-PEERS orientation and training curriculum was extensively reviewed and condensed for efficiency.
- Accomplished a fully synchronized hiring timeline, with an integrated training manual and implementation plan prior to the end of the Spring semester.
- The workgroup implemented an evaluation tool for SHA/SHA-PEERS meetings to ensure quality improvement and measure outcomes.
- The workgroup collaborated with other key SRJC departments to bring guest speakers that would present information about various topics and programs related to serving the SRJC student population. This provided a broader perspective of the overall college community and the student employee role within that community.

### **Student Development Challenges 2016-2017:**

- When student employees leave prior to their year commitment, this has a significant impact on the student supervisors to go through another hiring and training cycle while the department’s operations are in high gear, and needing fully operational student work support and supervisor presence.

- Some students have experienced triggering events for their own previous trauma while working in the department, as the work exposes them to students seeking care for trauma. Necessary trainings on sensitive topics, such as sexual assault prevention, substance abuse, unintended pregnancies, relationship violence, etc. were provided. This can take a lot of personal counseling time between supervisor and employee, which is not always available given our resources and operational demands. Some discussion has occurred how to best deal with this from an accommodation perspective, hiring practices, and clear identification of boundaries re: work and personal issues, to assure an appropriate and effective response with concern for an affected student's well-being.
- Budgetary limitations and limited resources make it difficult for clinical SHAs to attend outreach events that would enable them to further utilize their peer health education skills to reach a broader segment of the college community (beyond clinical patient encounters).

#### **Future Goals and Direction:**

- The Student Development Workgroup remains effective, inroads have been made in meeting 2016-17 goals, and continuation of the workgroup is recommended for 17-18.
- Continue strong integrated training and supervision of all student employees, including department orientation and procedures, various bystander interventions: CPR, QPR, and Mental Health First Aid, First Aid, and Sexual Assault prevention by the end of the Summer 2017 training season.
- Assure student didactic content and informational updates on changes relating to “navigating the healthcare system” by all SHS student employees to support access goals and ease concerns.
- After receiving input from the students about lack of attendance of SHAs and staff at PEERS workshops, one goal that the workgroup developed is using PEER workshops as a SHA training opportunity in lieu of the regular weekly meeting, where similar training would typically be provided. This will support the event, increase efficiency and consistency of understanding.
- To have a SHA attend Health Promotion Workgroup meetings regularly to further develop and pass on information related to outreach in the college community, and leveraging Equity funds to expand targeted outreach to educational disparities at SRJC.
- To broaden the SHA operational scope and function with regard to Equity issues in community health work, so that SHAs are also doing PEER outreach to expand their interaction with underrepresented student populations.

### **VP STUDENT HEALTH – DEVELOPMENT OF ROLE AT SRJC AND RELATIONSHIP WITH SHS**

This new Student Government position has been filled for two full years now, and has been firmly established at the college as a key student leadership role moving forward the mission of improving SRJC student health. The VP of Student Health is mentored by SHS staff, is an assigned member of the Student Health Services Advisory Committee by position, and attends select SHS meetings. This last year was an incredibly productive year, led by Sarai. Her leadership resulted in infrastructure support and development for the SR campus's food distribution activities. Donation drives for winter clothing were held, support for nutrition education activities, the return of Condom Awareness days, pursuing free condom dispensing and feminine hygiene products in rest rooms has made some progress, and many other events and connections with faculty, staff, clubs and other students were made.

For 17-18 the incoming VP Student Health is Ryan Sansome, who has been working in SHS as a Human Services intern for the last year focusing on recovery support services for SRJC students. He is familiar with the scope and operations of SHS, is well connected in the student engagement community, has developed strong relationships with many SHS staff, and is an individual with incredible focus, energy and vision.

**Goals for the 17-18 year as the VP of Student Health include:**

Supporting development of efforts at SRJC to provide students with basic needs resources, i.e. meeting their physical, mental and social health needs, through:

Collaborative efforts w the Basic Needs work group

Continue infrastructure development for the food drive and food bank functions on both campuses.

Continue efforts for systemic free condom and feminine hygiene products dispensing outside the health centers.

**Health Focus Areas of Interest:**

**RECOVERY**

Continue educating/ cultural awareness support around the Recovery Community on campus. Spoke about establishing liaison/ mentoring w Voices. Helping to usher these transitional youth into the SRJC community

**TECHNOLOGY ABUSE/ADDICTION**

Start the conversation about how to address overuse of smart phone/ computer/ social media etc. Interested in campus multi-department task force.

**CULTURE OF FITNESS AND NUTRITION**

Good nutrition and regular exercise/ body strength and flexibility be front and center- during Wednesdays on the Quad, etc. Ryan has many ideas around this; including discount memberships at GYM, getting trainers and other athletic educators on the Quad mixing w students, nutrition club events/ mini educations, etc. Promoting the idea that if you are eating well and exercising you feel better, sleep better, and do better in school.

**MINDFULNESS-** Increasing awareness and regular practice of mindfulness trainings. Ryan is passionate about mindfulness. Space/ teachers/ outreach around this. Supports stress reduction, increasing self-awareness, feeling better, sleeping better, academic improvement. This also ties into awareness for others around bystander intervention practices.

**MHSA GRANT FUNDING- COUNTY**

The County funded MHSA Prevention and Early Intervention (PEI) Program's funding continued at \$200,000 for the 16-17 fiscal year.

**Accomplishments and PEI grant deliverables for 2016 - 2017 included:**

- Continued Crisis Intervention Resource Team participation and program development
- Recruit and train Student Health Aide: PEERS
- The health promotion/outreach information provided earlier, integrates the activities and students reached related to MHSA grant activities, as summarized here.
  - a. Provide QPR and Kognito At-Risk online training to SRJC students and staff
  - b. Promote on-line mental health screenings to SRJC students

- c. Adding customized content to and promoting Student Health 101 on-line magazine
- d. Psycho educational interventions in classrooms
- e. Develop and present PEERS Coalition Workshops
- f. Sponsor a Wellness Fair during Fall semester to reach students early in the academic year, had 360 students attending which was an increase from the past Wellness Fairs.
- g. Sponsor a MH Collaboration Event, hosting a breakfast on the Santa Rosa Campus for Sonoma County mental health providers.
- h. Additional outreach activities at the College

**Accomplishments beyond grant deliverables:** We had our first ever Recovery Support Intern working within the PEI Program this year. Ryan Sansome partnered with PEI and SHS staff last Spring, and approached us about completing a year-long internship. Ryan brought an additional expertise on recovery which was shared during the year.

- PEI staff, PEERS and SHS staff led an “Escalation” movie screening and discussion on dating violence for approximately 400 athletes in the fall. Partnering with the Athletic Director to plan an educational event for athletes together has greatly increased our ability to reach this large group of transitional aged youth on campus. In past years we scheduled relevant events and then invited athletes with minimal attendance. When the AD directs coaches to get their teams there we have much more success and are pleased with this new partnership.
- Via Equity funding, assisted in the production of the video “Asking for Help” which profiles 3 SRJC students and how asking for help put them on a path to success. This video has been used in classroom presentations and is posted on our website. It has been very well received by students and staff. There have been at least 1,952 views of this video – with actual numbers higher as some of those views were to an entire class.
- PEI staff and PEERS students attended the Active Minds National Conference in November, in Sacramento. Received additional funding from CCC Foundation to send staff & Recovery Support Intern to the Active Minds Policy Day. Ryan spoke at the event which was the first of its kind to bring together CCC, CSU & UC students together to be trained in policy advocacy around student mental health. Attendance at this conference inspired a reigniting of an Active Minds club on campus. The club began as part of Robert Ethington’s Leadership course in the spring, and will be continued through the Mental Health Promotion CHW course in the fall.

#### **MHSA – PEI Challenges and Questions**

- The PEI program relies heavily upon temporary, hourly staff to meet the goals of the grant, with the PEI Coordinator the only permanent staff at a 0.75FTE time base. The District’s decision to dramatically reduce hourly temporary personnel will have a serious impact on the PEI Program, and functions and duties will need a form of reorganization. This may result in fewer classroom presentations in particular.

- Having SHA-PEERS working during Summer 16 increased their ability to do outreach in the fall, and connect better with the other SHS student employees, but led to PEERS having less hours per week throughout the year especially during Spring semester. Utilizing their hours efficiently and effectively through the year is needed.

#### **PEI Future Plans and Direction:**

- Watching closely mental health bill which may impact PEI and Mental Health funding at SRJC.
- PEERS may spend some hours in the Student Resource Center
- May be an addition of a PEER Assembly Member which will bring stronger ties and collaboration potential with SGA
- Likely pending loss of STNC Health Services Assistant will result on less ability to reach students in classrooms, outreach events unless other methods developed.
- As a result of work done by SHS with an SMHP grant 2012-2014, the “Peer to Peer Mental Health Promotion” course was approved by the Curriculum Committee as part of the Community Health Worker program, and was first offered in Fall 2017. It provides 3 units for students, and they learn about a range of bystander interventions and leadership skills to promote mental health. Mental Health 1<sup>st</sup> Aid, QPR suicide prevention, BACCHUS training and sexual assault prevention are topics covered.
- As this course duplicates trainings offered to the SHS student employees each year with SHS resources, discussion is moving forward on how to incorporate this course as a prerequisite, or required course as part of the student employee experience in SHS. This would assist in diverting resources from SHS funding to a revenue generating course for the District.

## **EQUITY CASE MANAGEMENT MODEL IN SHS**

Incorporating two “Best Practices” in healthcare delivery, this project implements:

- 1) ***Integrated healthcare services delivery*** program, i.e. physical, mental and social health needs are assessed and addressed within one program/department
- 2) ***Universal screening*** for selected population-based health risk factors applied to individuals seeking healthcare services. Brief interventions, referrals, treatment and case management follow up is provided for those with positive screening outcomes. (SBIRT services)

With health-related issues as the “window into our students’ complex lives” *this program’s goals are to:*

- Increase students’ skills and ability to advocate and negotiate themselves in clinical, behavioral health and academic systems to address their needs.
- Improve the success of students to perform academically, complete courses and complete academic goals.

- Improve the accuracy and increase the scope of information SRJC SHS providers have regarding internal and external student support systems.
- Identify and address barriers to student success with individualized plans.

Linking how this work contributes to student academic success indicators is challenging, though OIR data started this year supports that SHS’s case management work is reaching Equity targeted students, and groundwork has been laid to track longitudinal student retention, completion and performance with this cohort. The depth of this case management work previously wasn’t possible in SHS, given the level of resources available and the corresponding narrower scope of service, but with the Equity funds, the opportunity to develop a sustainable infrastructure has been supported, that can capture these high risk students for interventions, who may not be identified by other methods or staff at SRJC.

**2015-2016 Academic Year – 1<sup>st</sup> Year, Pilot, Program and System Development**

Types of Risk Screened for and Identified at SHS All Intake Points

**2016 Calendar Year 768 instances (duplicated headcount)**

Academic 47.53%

Thoughts of Harm to Self or Others 26.82%

Significant Clinical Condition 19.66%

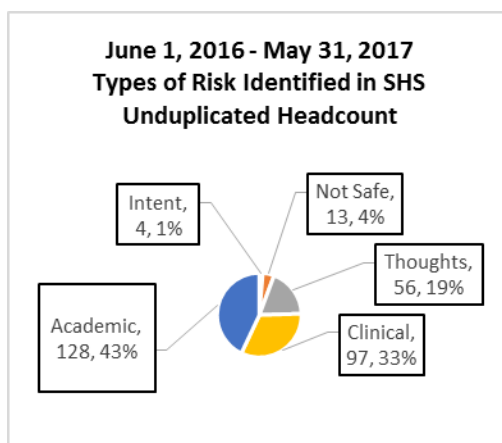
Unsafe Environment 4.43%

Intent to Harm Self or Others 1.56%

**2016 – 2017 Academic Year– 2<sup>nd</sup> Year of case management:**

Data collection methods on outcomes of SHS’s case management was refined, and was combined with the department’s Student Learning Outcome assessment project for 16-17 (see Section 4). Whereas in the first year a large number of students were lost to follow up due to insufficient means to communicate confidential information via email (phone calls not always effective), this was improved significantly in 16-17, with over 80% of the students reached for follow up. An upgrade to SHS’s software system has been implemented (June 2017) that will allow confidential messaging now between providers and students and hopefully will close the gap even more for these high risk students.

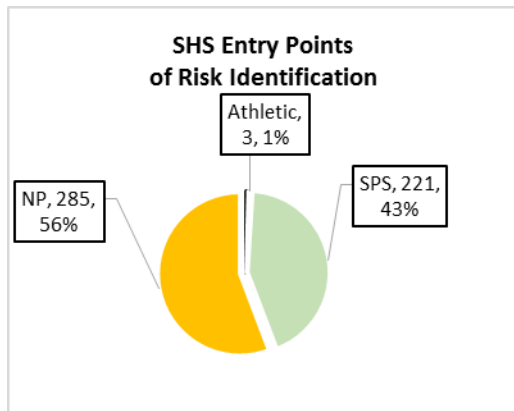
279 distinct students were provided case management follow up services by healthcare providers seen in SHS during the 2016-2017 year. Many of these students had multiple risk factors, with Academic Risk being the most frequently identified risk. This makes sense in that suicidal ideation, or a concussion, or an unsafe living environment would affect a student’s ability to function well academically.



Students were screened at the intake process for self-reported risks on a Likert scale, and if a significant condition was confirmed and/or identified during the visit, standardized responses included an



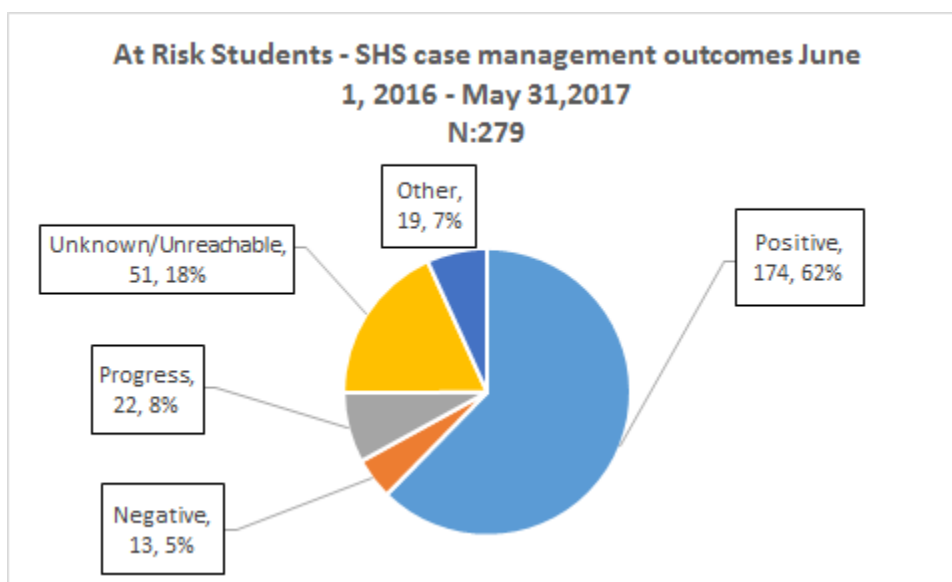
individualized plan for each student as discussed at this visit. Providers made contact with these students, through follow up visits and or phone calls to check in with their students on how they were doing with the various steps identified in the plan, and how they were doing generally related to their risk factors.



Of note is that 56% of the students at high risk were identified in the Nurse Practitioner clinics. It makes sense in that these clinics have a very high traffic rate, seeing 75% of students coming to SHS for services, and it supports the fact that many students with mental health issues will not seek mental health services, but will see a medical provider for symptoms associated with the problem. Many of the students screening positive for thoughts of suicide or homicide ultimately did receive an assessment, referral and/or treatment with mental health services, but an uncomfortable number of students did not. The nurse practitioners worked with them and learned what the internal and external barriers were for them to follow up, and some were lost to follow up.

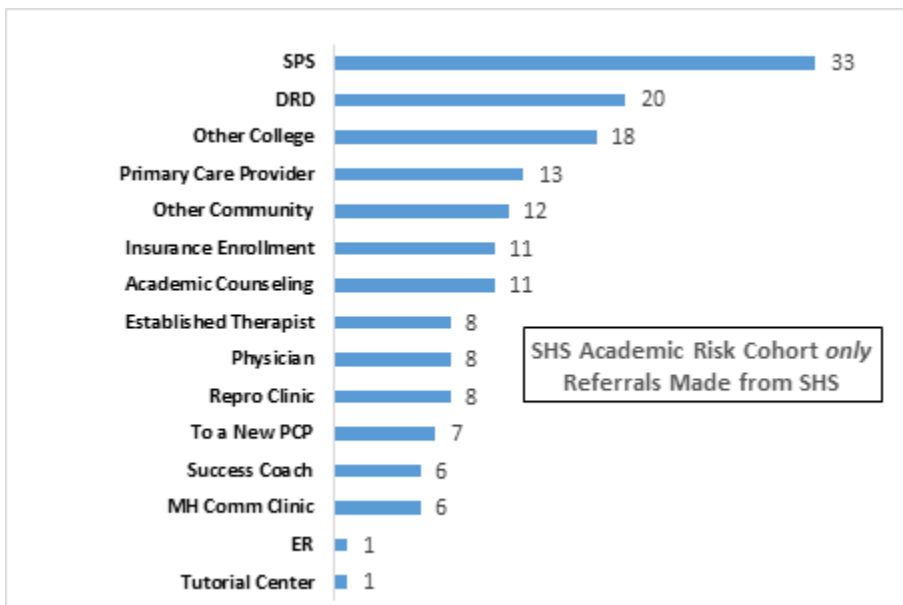
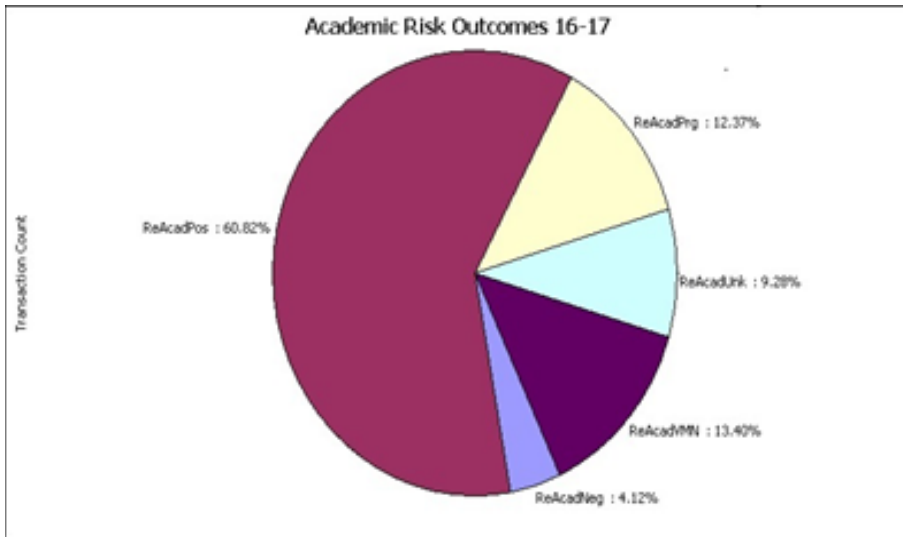
### OUTCOMES 2016-2017

With all risk types analyzed as a whole, 70% of students at high risk as identified in SHS showed positive outcomes or progress being made on their individualized plans to address their risks.



With Academic Risk being the most frequent type of risk being addressed by SHS, response plans oftentimes are combined with assisting an underlying health problem as well. SHS staff were challenged

to determine what a “positive outcome” is on this. Oftentimes the student’s plan included a referral to an on-campus resource, and if the student did that, it was considered a successful follow up. It may have been, though, that the student, through academic and psychological counseling decided to drop a course or two to avoid a failing grade. 72% of these students had positive or progress made outcomes to their plan. A chart representing the specific referrals made for these students is included.



Other Risk-Specific Outcomes:

- Clinical Risk: 73.19% of Positive or Progress Made outcomes.
- Thoughts of Harm Risk: 76.75% of Positive or Progress Made outcomes.
- Intent to Harm Risk: 60% of Positive or Progress Made outcomes.
- Unsafe Environment: 83.3% of Positive or Progress Made outcomes.

Qualitative data was collected from select case management students as part of the SLO project, and students reported many positive things about their experience with SHS. Brief excerpts:

**What was most helpful?**

*Helping me go step by step getting into DRD and the Doctor was really helpful. Getting phone calls to check in made me stay on track.*

*Being there and caring was very helpful, as well as helping me call the pharmacy to track down medications. Having a place to go when having a panic attack also is very helpful.*

*Learning how my MediCal coverage works.*

*I followed up on asking assistance from an academic counselor. I really needed to step back and re-frame my goals.*

*I had a variety of different issues- wouldn't have known how to deal with them without Student Health. The Nurse Practitioner guided me to the right primary care provider and dentist AND also helped with notes explaining my issues to my instructors*

*It really helped me to have a written plan. I showed it to my father and he helped me*

*Really appreciated the attention in getting a follow up check in.*

### **Lessons learned**

*If I ask for help, someone will respond, and I will get what I need.*

*I got a success coach and learned that I needed DRD support services.*

*My Math tutor told me to go to SHS; I only wish I had gone sooner.*

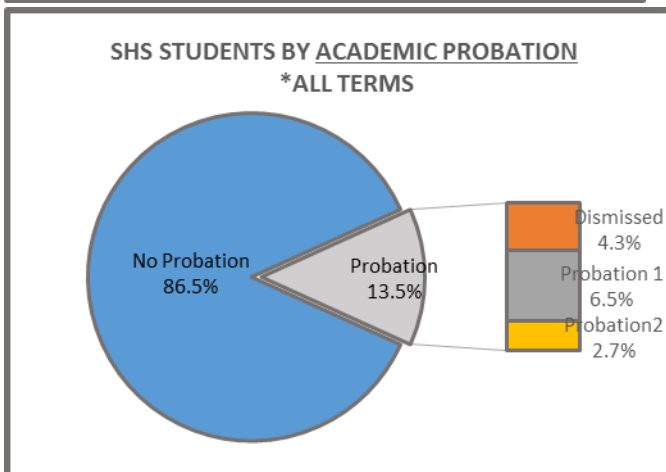
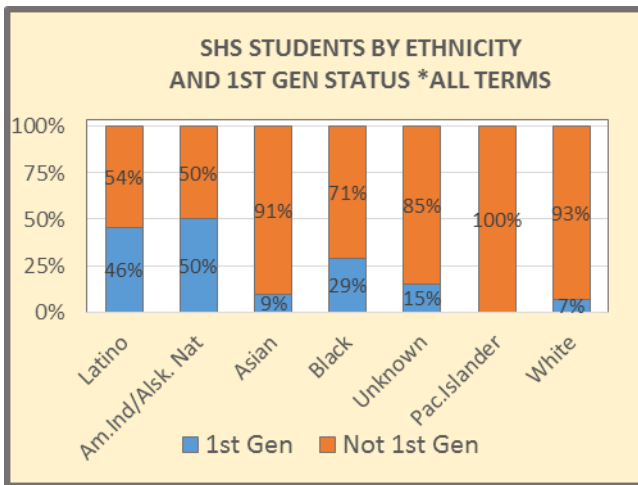
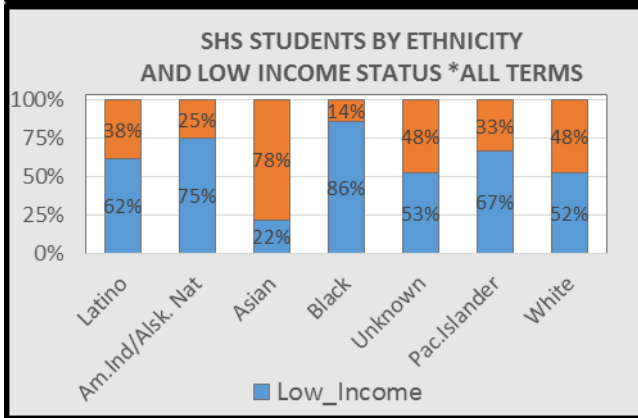
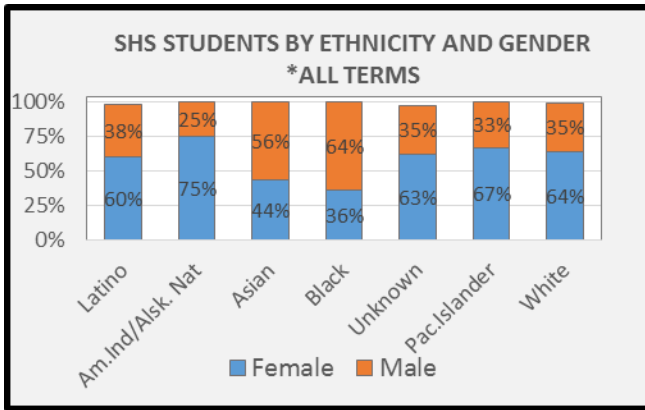
*SHS is very helpful - and I was surprised that my instructors would work with me!*

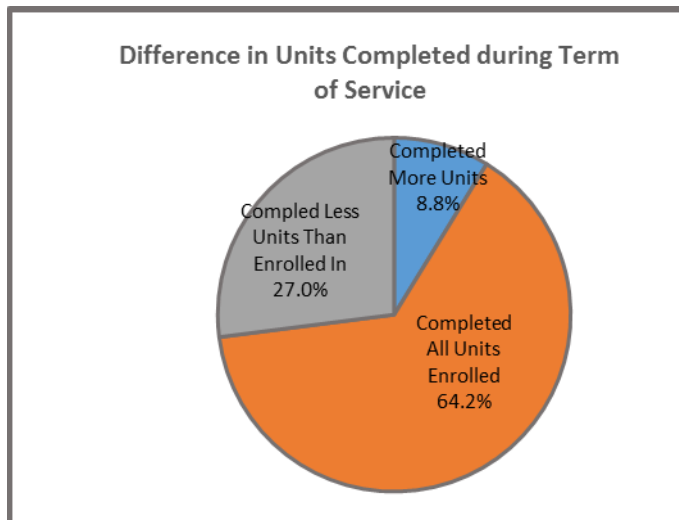
*The healthcare system in the US is very different than my country. I now know to come to SHS first.*

*It's ok to ask for help. Out-patient treatment exists. Going into "rehab" doesn't mean putting your life on hold. Students are also creating support around alcohol and drug problems.*

### **Office of Institutional Research Select Data**

A mentioned previously, a rich database has been created and set up for longitudinal tracking of the SHS-served students, interfacing with SIS on many indicators. At this writing, the 16-17 cohorts cannot be reported on as Spring 2017 has not been uploaded yet, but summary graphs of all students served in SHS since the beginning of the risk case management program shows that we are heavily reaching students identified as needing Equity support.





### **Analysis, Challenges, Conclusions**

- Some key factors have not been included in the universal screening process in SHS, such as substance use, including alcohol, marijuana and opiates, and sleep status. It is a matter of resources to include this, and assure adequate and accessible referrals for treatment are available. SHS's model is based on the SBIRT model first applied to substance use/abuse/addiction, and it would be ideal if SHS could fully implement this as well for SRJC students. Oftentimes, substance use is identified in the assessment phase, and reductions in use or seeking treatment are identified as part of the individualized plan.
- SHS provides critical "bridge" services as a basic needs and health safety net for students. Through referral tracking, the students are followed until the student has taken steps towards where they need to be. With success rates increased to 70% in 16-17, the goal is to increase this more in the coming year.
- The impact of changes to the Affordable Care Act will be central to the scope and capacity of the SHS program to support these students if access to healthcare in the community is made more difficult. Not long ago, SHS struggled in keeping students with the most urgent needs cared for.
- Whereas follow-up communication with students is very challenging in terms of the time it takes, along with SHS's current technology options, students consistently expressed gratitude for the calls and contacts, even when they did not respond right away. Secured email communications are specialized functions with protected health information, which SHS has obtained and is in the implementation phase for use in 17-18.
- SHS is committed to keeping standards of care consistent and documentation systems intact and informative. Following up with the longitudinal data with OIR is an exciting prospect.

- Peer and Faculty support and information are big reasons student find us, and looking forward, garnering our student employee resources for enhanced community health work in classrooms and within the college community is being planned for 17-18. Student community health worker/peers can address a broad range of health related impediments to academic success.

## **CRISIS INTERVENTION RESOURCE TEAM**

The District's Crisis Intervention Resource Team is a multi-disciplinary consultation team that trains staff and faculty on recognizing and responding to students of concern, receives student behavioral incident reports and referrals from faculty and staff, and coordinates a multidisciplinary District response to behaviorally identified at-risk students. The administrative oversight of this group is under Student Health Services.

**Team Structure and History:** This team was initially formed in 1990, and since then has been providing this scope of services, with the objective of supporting student retention through mobilizing resources early, before crises threaten their academic success. The team has developed over the years, expanding in numbers of members: more human resources needed to accomplish this kind of intensive casework, diversify the team more by discipline and skill sets, and spread a wider net of trained faculty/staff consultants throughout the District. All staff perform work related to the team's functions in addition to their regular role and job at SRJC. It is not a committee, but a functional workgroup based on positions in the college. In 2014, the group was placed in the college's organizational chart under Student Health Services, as SHS staff have chaired or co-chaired the group since 1990, and has budget authority over the annual \$1,800 budget allocated by the District. Thousands of faculty/staff consultations and student interventions have been provided by CIRT members over the years, in addition to the regular training activities offered each year, at PDA days, department meetings, and new employee orientations.

**Function:** Students of concern, or at-risk students, as framed by CIRT, include students that are exhibiting distressed, disruptive or dangerous behavior. Originally limited for faculty and staff reporting, it represents a trigger for academic failure, and/or may be impacting the learning environment for all of the other students in the classroom setting. This behavioral risk management approach leads to further assessment of the student, and when high risk thresholds are reached, a full threat assessment process is initiated, to assure safety issues for the student and community are addressed effectively in a timely manner. SRJC's CIRT team provides a broad range of District services including:

Receiving, responding to and tracking Behavioral Incident Reports  
 Provide threat assessment services and reporting  
 Faculty/Staff consultation services  
 Attend/facilitate faculty-student meetings to address behavior in the classroom  
 Student case management coordination, including referrals and follow-up  
 Staff development trainings and workshops  
 District Policy and Procedure - review and recommend  
 Participate in Student Conduct Code violation meetings, grievance hearings, etc.

CIRT serves as an informational nexus point that intersects with student conduct code proceedings, police/crime reporting, threat assessments, at-risk students needing referral to disability, health or

other support services, referral to Sonoma County Psychiatric Emergency Services, sexual misconduct/Title IX investigations, academic integrity proceedings and other support interventions as needed.

### **CIRT Accomplishments 2016-2017**

- SSSP funding has purchased an excellent software system designed to collect documentation and support case management functions for not only students of concern, but cases of academic integrity, student grievances, Title IX cases, and Student Conduct Code cases. Launched Fall 2016, this system includes the capacity for all staff, faculty and students to do online reporting of concerning behaviors/incidents, and the fields/elements of this report have been developed by the CIRT members. Effort is being made to mobilize more team members proactively to handle cases outside the constructs of Student Conduct and have broader experience by members in the Maxient system.
- The CIRT web page has been transitioned into Drupal, and some additions to the web page have been implemented, and additional work is necessary to assure ADA accessibility and a clear description of how to use the Maxient system. The CIRT web page utilization has shown a marked increase in visits, with over 1000 unique visitors in the last year.
- Internal team trainings have primarily been accomplished through the “tabletop” discussions of real cases of the CIRT team, at their face to face meetings every two weeks. Cross discipline learning that occurs through the processing of how each situation is handled.
- Several threat assessment trigger points were reached for full threat assessment this past year. Questions and clarifications have been identified to assure the balance of student safety and right to privacy/confidentiality. Having siloes within the CIRT team working independently may be missing needed interventions for the whole student or the college community, and discussions have occurred as to when have cases vetted by the full team when developing a comprehensive response plan.
- The prevention work being done by CIRT is significant, yet it hard to document the outcomes on this, i.e. the absence of escalation to dangerous situations within the community, and students that have gotten back on track to be successful at SRJC.

### **Future Plans and Direction:**

- There is a huge influx of new faculty and staff that have no awareness of CIRT, reporting procedures, or supports available to them, including trainings. This has been identified as a priority, to get out into the college community more with trainings for all different kinds of student support needs and reporting options during 17-18 by CIRT team members.
- Continued development of the Maxient reporting system, expanding to more reporting groups and integrating this into all of the CIRT trainings has been identified for 17-18.

- Roles are expected to shift in 17-18 with the Conduct Dean retiring. Part of a reorganization in Student Services, support for the new staff fulfilling this function will be found in the CIRT team.

## **TITLE IX - SEXUAL MISCONDUCT / SEXUAL ASSAULT PREVENTION**

Student Health Services has continued to participate in District efforts to build the infrastructure to fulfill the Title IX, and Federal and State prevention mandates applicable to sexual violence, harassment, and bullying, domestic violence and stalking within the college community. The role of SHS, though, changed significantly in 2016-2017, as a strong Prevention, Education and Investigator was hired by the college from within the Human Resources department, and initiated many excellent District wide activities towards meeting the needs of SRJC students and staff, and District compliance.

### **District Accomplishments 2016-2017**

- Online educational module for students/staff purchased and implemented
- Trainings to diverse groups of staff and students
- Coordinated many SAP month activities
- Title IX web page created and updated
- Maxient online reporting system incorporated
- Continuous quality improvement of case investigations by Title IX deputies

### **Student Health Services Prevention Activities/Accomplishments**

- SMPEP meetings – co sponsored
- Educational and outreach activities:
  - SHS sponsored and/or participated in numerous sexual assault prevention activities and events.
  - Student Health 101 (online magazine for SRJC students) offered articles on sexual assault prevention, including topics of bystander intervention and consent in every monthly issue
  - Distributed the SRJC Sexual Assault Prevention and Response brochure at many events and from the department's "Wheels of Wellness" cart.
  - Provided online information on sexual assault and care for survivors, on the SHS web page.

### **CHALLENGES/UNMET NEEDS**

- All staff, faculty and administrators and students need training, and the strategies to accomplish this have not been adequately identified, as well as the resources to do so.

### **Affordable Care Act (ACA)**

Student Health Services continued to diversify their efforts to support the success of the ACA benefits reaching SRJC students, as initiated in 2010. Educational outreach focused on the use of online and social media messaging more, and SHS's onsite enrollment services were expanded to two days per week, and included Cal Fresh enrollment services as well, starting in 16-17.



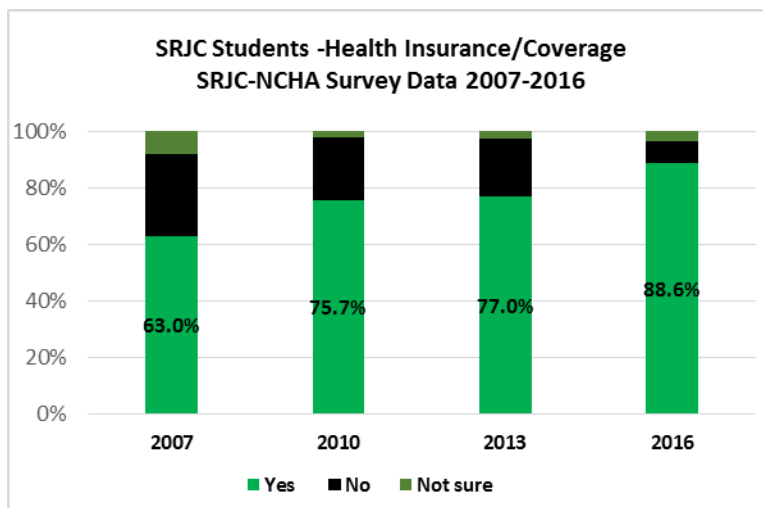
In October 2016, SRJC SHS signed up for the White House Health Campus Challenge focusing on ACA enrollment. Whereas many of the suggested activities were already being done at the college, this challenge helped us focus on improving and expanding our methods.

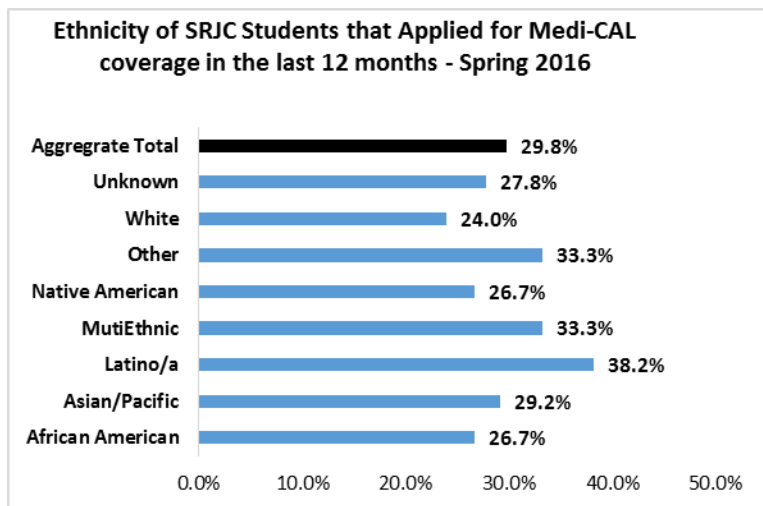
The WHHCC provided a checklist of activities, including tabling, emails, phone call banks to reach uninsured students, social media messages timed to important enrollment dates, faculty outreach, classroom presentations, fliers, Bear Facts messages, media screens, and inviting ACA enrollment specialists to table at numerous campus events.

SHS did all of the activities on the list of best practices, and beyond the list, SHS provided year-round onsite enrollments, participated in the Sonoma County's Steering Committee for ACA, offered Cal-Fresh enrollments, and screened all students coming in to the health center for coverage, with referrals and follow up for those uninsured. Athletes and undocumented students were targeted for outreach to increase coverage.

Santa Rosa Junior College not only received the WHHCC award, but was invited to the White House in early January to meet with Michelle Obama, and was asked to present our work at a nationally web streamed conference from the White House. Three staff attended, and witnessed the final event put on by the Obama administration before the 2017 inauguration. Definitely a highlight for SRJC and SHS! Local media in Sonoma County followed, sharing information about the successes of its work.

The success of the ACA initiative on increasing coverage in SRJC students was confirmed by NCHA data:

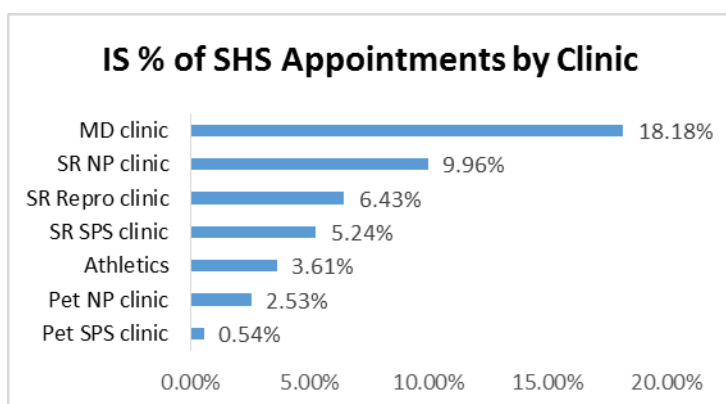




Much concern is being felt as the ACA is being threatened by the nation's administration. California has had a successful program and is committed to maintaining as much coverage as possible for those living in California. The State has been considering options, ranging from developing a single payer system in the State, having insurance agencies in the marketplace propose two premium rates for 2018 (one with continued ACA, one without continued ACA), and outlining budgetary maneuvers to continue the expanded MediCal program, which has a particular impact on CCC students.

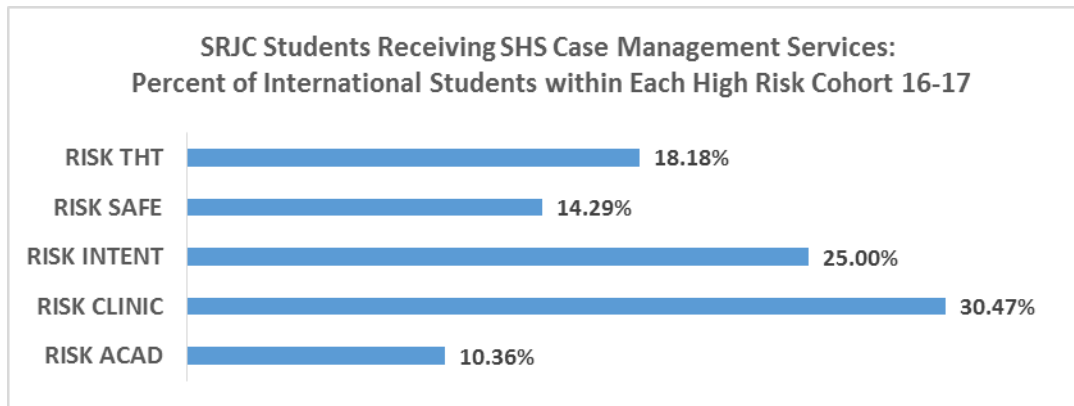
### International Students Program

Students coming to SRJC through the International Student Program have been identified as a group with unique health risks and needs. From 2015-2017, we have worked on strengthening the Student Health support of this student cohort. In Fall of 2016, International Student Insurance became a requirement for the 205 students enrolling in the ISP program. Our medical database report that 103 of the 205 ISP students came to see the SHS Nurse Practitioners for a total of 295 appointments which amounted to over 18% of all Clinical Nurse Practitioner appointments on the Santa Rosa Campus. This reflects high utilization rates.



The reasons for medical appointments for the ISP students cover a broad range. They do experience high levels of stress, homesickness, sleep and gastro-intestinal issues. Student Health Services contributes to the students' academic success by offering help with these medical problems along with counseling services through Student Psychological Services. With an initial visit to SHS before seeking care by an outside provider through their ISP health insurance, the student is waived the \$30 co-pay for the subsequent visits.

Of note is that the International Students report, and represent a high percentage of the high risk students that are being case managed by Student Health Services. See the percentages of IS in the SHS cohorts, by each risk factor:



One area that assists the SRJC college community as a whole is our public health approach to infectious disease. Over the past 2 years we did have an ISP student w active TB, another with active chickenpox. Both situations were managed swiftly, with public health assistance and with minimal impact on the college community. This year, several ISP students sustained concussions which requires immediate intervention and close follow up to prevent long term sequelae. We were able to manage these with other SRJC departments quite successfully. We had several other unusual situations that required referrals to specialists in the community. One student had undiagnosed ADHD. He was started on treatment with ongoing mental health follow up which has made a profound affect in his academic abilities.

A strong liaison relationship has been established between the providers, the ISP staff and the students. Content of program development has included policy work related to health, including prematriculation health requirements, and development/selection of newly required mandated health insurance policy for SRJC. SHS presents information at all ISP orientations/events, and set up a fast-track designated “NP referral” for International Students from IS staff.

Feedback from the International Students who have accessed Student Health Services report a high level of satisfaction. Many are especially appreciative of the ease of access to services both with being on campus and available appointments, our ability to either address their concerns directly or help to navigate the US Healthcare system to get them to the appropriate outside provider. Others have stated appreciation for our culturally sensitive care, our case management follow up and the kindness extended by our staff.

## **6.1 Progress and Accomplishments Since Last Program/Unit Review**

Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0001	ALL	07	02	SHS Funding Stabilization	<p>1)Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies, closely monitor revenue &amp; expenditures</p> <p>2)Work with HSACCC re: Health Fee legislative advocacy / reform impacting funding</p> <p>3)MAA- continue participation, and apply for LEA direct billing option to increase revenue</p> <p>4) Explore/pursue options for grants, alignment with categorical revenues as appropriate, seek external revenue sources.</p> <p>5) Work closely with the District on MOE issues, SHS accountability, and future adjustments as needed</p> <p>6) Ongoing agenda item for department meetings, with assignments during 17-18.</p>	Ongoing	<p>1) 15% reduction in discretionary expenses, carrying 2.0 FTE vacancies into 18-19, cross training staff. 17-18 most likely under projected expenses.</p> <p>2) Participation in HSACCC meetings, retreats and phone conversations. SRJC requested to produce a video to assist in advocacy efforts statewide for health services.</p> <p>3) Attended LEA MediCal billing meetings in Sacramento, met with vendor MBT, waiting for participation until big program changes implemented 18-19 and reimbursement rates for CCC's increased. MAA back casting bill from SRJC to Federal government came in, statewide activities to identify Prop 98 funds to pay statewide. Continue MAA participation and invoicing.</p> <p>5) In dialogue with District administrators on imminent SHS budget deficit.</p> <p>6) Discussed with team throughout the year, with adjustments made as needed. Networking frequently chasing money.</p>

0002	ALL	08	02	<p>Continuous quality improvement - implement a robust plan to maintain and improve program effectiveness.</p>	<ol style="list-style-type: none"> <li>1) Clear plan for date/time of department retreat in June 2018 established in January.</li> <li>2) Reduce preventable stressors and set reasonable goals for staff in SHS that match the resources available.</li> <li>3) Continue to improve referral outcome tracking project for high risk students, as resources allow, to identify and mitigate barriers to access to services within and outside SHS and support student retention.</li> <li>4) Continue all Training/Supervision activities of NPs/MH interns and student employees, with regular reviews, Medcat reports as appropriate.</li> <li>5) Guideline development for consistent standard of care/ quality review of select conditions, and imbed in the 17-18 SLO project to be developed.</li> <li>6) Further integration of QI activities with other SHS workgroups.</li> <li>7) Assure adequate supports for the training/orientation of the new NP.</li> <li>8) Continue dialogues with colleagues regarding NCHA data.</li> </ol>	<p>Summer</p> <p>Ongoing</p>	<ol style="list-style-type: none"> <li>1) Done</li> <li>2) Schedule adjustments and flexibility allowed for staff as operations allow, investment in STNC for back up for NP providers, regular CORE meetings for optimum operations and communication, workgroups to effectively support department. Walk the talk on mindfulness as a focus for staff for coping.</li> <li>3) Improved processes for better follow up, instituted secure messaging for better student contact. The firestorm effect had a significant impact on our work, increased numbers of students with trauma needing support, quickly put supports in place, and successfully obtained an additional MH grant to improve more.</li> <li>4) Continued time investment for staff development and training: Students 1 -3 hr. weekly, MH interns 5 hrs. Weekly, NP/MD 2 hr. monthly, NP additional, STNC quarterly and ongoing. QI processes imbedded.</li> <li>5) Psychotropic med clinical standards, and new guidelines for loss of onsite psychiatrist achieved. MD consult follow up meetings and case management to assure quality of care. SLO focused on embedded assessment of health promotion and bystander intervention trainings. Completed.</li> <li>6) QI discussions at QI workgroup and at all other workgroups periodically: student development, health promotion, Medcat system changes, and at CORE meetings.</li> <li>7) New NP training, significant support provided by NPs, still in process.</li> <li>8) Periodic use of NCHA data in grant applications, classroom presentations, Food program workshops, and in conversations. Planning for new NCHA coming up, and potential supplemental questions.</li> </ol>
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Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0003	ALL	01	02	Increase SRJC student access to healthcare on campus and in the community	<p>1) Focus on most effective use of resources towards outreach activities on department information and functions, and health support resources available in the college and broader healthcare community.</p> <p>2) Maintain/develop MOUs for critical services on campus working relationships with agencies (RH, ACA, other), and</p> <p>3) Develop referral fast tracks to community HC services as possible to serve students.</p> <p>4) Explore future model for updating and maintaining the informational supports for "navigating Sonoma County's healthcare system" with referral information for providers, and web postings and handouts for students, IN COLLABORATION WITH THE BNSRC.</p> <p>5) Collect intake data in health centers to determine how students learned of SHS resources to support outreach strategies.</p>	Ongoing	<p>1) Done, Fall faculty presentations resulted in increase in faculty/staff referrals.</p> <p>2) Done – no lost services 17-18, also, no new.</p> <p>3) Good progress Fast Tracks: GEO Blue, Brookwood. Provider-facilitated appointment making with referrals to outside agencies in the moment very helpful.</p> <p>4) Ongoing participation in the Basic Needs Resource Workgroup, progress not as much as desired due to organizational challenges. Pantry approved in Petaluma, Cal Fresh outreach incorporated into Food Program outreach, centralized resources listings per SHS remain the standard.</p> <p>5) Focus on classroom and faculty presentations resulted in increased source of referrals from faculty/staff, and classrooms. Bulletin board outreach increased in effectiveness.</p>
0004	ALL	04	02	Implement well-chosen technology QI and development projects in SHS	<p>1) Establish technology workgroup and goals for 17-18</p> <p>2) Develop and implement Mediat software upgrade plan, including staff training, database QI checks, developing a solid base of super-users, and applying functions in a logical manner.</p> <p>3) Biofeedback, SPS video recording, interactive screens in SHS, and other tech hardware additions applied smoothly within the SHS program, with adequate training and support.</p>	<p>Summer</p> <p>Ongoing</p>	<p>1) Done</p> <p>2) Done – moved to the Cloud, implemented secure messaging, in process with self-check in implementation, and grant funding successfully obtained to move tech projects forward.</p> <p>3) SPS video recording implemented, interactive screens installed, weekly meetings and trainings/consults with Mediat resources. Race Lobby tech still in progress. Biofeedback services without resources to implement.</p>

Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0005	ALL	01	02	Continue strengthening the Student Employee/Student Development Program in SHS	<p>1) Continue Student Development workgroup for 17-18.</p> <p>2) Continue strong integrated training and supervision of all student employees, including department orientation and procedures, various bystander interventions: CPR, QPR, and Mental Health First Aid, First Aid, and Sexual Assault prevention.</p> <p>3) Assure student didactic content and informational updates on changes relating to “navigating the healthcare system” by all SHS student employees to support access goals and ease concerns.</p> <p>4) SDWG explore efficiencies of student hours towards goals</p> <p>5) To have a SHA attend Health Promotion Workgroup meetings regularly to further develop and pass on information related to outreach in the college community.</p> <p>6) To broaden the SHA operational scope and function with regard to Equity issues in community health work, so that SHAs are also doing PEER outreach to expand their interaction with underrepresented student populations.</p> <p>6) SDWG and CORE examine assigned student employee duties as related to department administrative support needs.</p>	<p>Summer</p> <p>Ongoing</p>	<p>1) Workgroup met regularly</p> <p>2) Done, trainings expanded to other student groups, AmeriCorps added to student development efforts in January 18, integration of trainings and expanding student cohort identities with progress. Training exceptional by PEI.</p> <p>3) Done with meetings, emails, communications</p> <p>4) Done</p> <p>5) PEERS attended regularly, VP Student Health resignation mid-year.</p> <p>6) Challenged by year’s circumstances, SHAs outreach work not especially captured well in our data, or in coordination with outreach team.</p> <p>7) Student assignments with higher skills levels made, as appropriate to the student’s experience in SHS. Supporting basics of operations into their work is essential.</p>



Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0006	ALL	01	02	Strengthen SHS's community health promotion program in the most cost efficient ways, engaging in targeted student learning communities, classrooms, events and activities to improve the physical, mental and social health of individuals and the community.	<p>1) Establish Health Promotion/Outreach workgroup and 17-18 goals and plan, identify scope of work and strategies to optimize coordination of dept. resources</p> <p>* Balance available resources for internally sponsored activities, with engagement in predictable District wide community events</p> <p>* Assign/align staff resources with diverse learning communities to engage in health promotion activities as resources permit</p> <p>3) Maintain and improve data collection and outcome monitoring</p> <p>4) Review inventory of department presentations/PPT for classroom use, standardize and improve as needed, link with current NCHA data</p> <p>5) Identify activities for Equity funded SHAS to support SHS's community health work, in collaboration with the Student Development workgroup.</p>	<p>Summer</p> <p>Ongoing</p>	<p>1) Done</p> <p>a. Reduced # of events effectively.</p> <p>b. Learning Communities reached: Counseling 10 (Puente etc., Foster Youth,) but more work on this needed. Moving target.</p> <p>c. Exceptional work flexing the Fall Wellness Fair into the SRJC Strong event.</p> <p>2) Revised data system 17-18, improved significantly, needs more work</p> <p>3) Partially done, SHS 101 standardization central, balance PPT development work appropriate to current resources and likelihood of presentations being done. More work to do</p> <p>4) SHAs all participated in collecting intake information from students seeking direct services towards our screening and case management work with Equity. Participation in community events, and outreach.</p>
0007	ALL	04	02	Address SHS Facilities Needs, engage in Facilities Planning process	<p>1) Work with facilities planning groups articulating SHS needs</p> <p>2) Develop concept paper outlining SHS functions and facility needs for both Santa Rosa and Petaluma campuses</p>	<p>Ongoing</p> <p>Spring</p>	<p>No concept paper developed beyond PRPP. Bond H is focused on Academic buildings currently, and the Petaluma Student Center. SHS's needs articulated in multiple settings over the year, for one facility on the SR campus</p>

Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0008	ALL	01	02	Continue development and implementation of Screening and Case Management work with high risk students	<p>1) Apply Equity funds optimally to support desired outcomes</p> <p>2) Train new students, interns and NP/MA staff on intake procedures and project support tasks</p> <p>3) Continuous evaluation of established protocols of response and referrals for students identified with significant mental health, safety, academic and/or physical health risks, adjust accordingly (work with QI group)</p> <p>4) Review data and outcomes of case management work, prepare reports for Equity program</p> <p>5) Incorporate Equity funded SHA hours to best support community health work in alignment with Equity objectives.</p> <p>6) Continue universal screening at health center intakes.</p>	Ongoing	<p>1) Equity funding maintained at current level.</p> <p>2) Project training done</p> <p>3) QI workgroup had case management and outcomes data up front and central all year.</p> <p>4) Final year review pending, data files to OIR and outcomes report due mid-June.</p> <p>5) Done</p> <p>6) Done</p>

**6.2b PRPP Editor Feedback - Optional**

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## 6.3a Annual Unit Plan

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0000	ALL	00	00				
0001	ALL	07	02	SHS Funding Stabilization	<p>1) Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies</p> <p>2) Quarterly fiscal reports on expenditures status.</p> <p>3) Work with HSACCC and MHWA re: Health Fee legislative advocacy / reform impacting funding</p> <p>4) MAA- continue participation, and stay informed on needed changes in the LEA direct billing option to increase revenue</p> <p>5) Work closely with the District on MOE and other funding issues, SHS accountability, and future budget adjustments as needed.</p> <p>6) Team meetings, consistent and efficient, towards necessary program planning changes linked to budgetary restrictions.</p> <p>7) Reduce preventable stressors and set reasonable goals for staff in SHS that match the resources available.</p>	Ongoing and Quarterly Reviews	<p>Administrator and Staff time</p> <p>Administrative support time to assure all fiscal tracking systems are in place and operational for fiscal accountability and analysis. (Escape, internal Excel tracking)</p> <p>Student Health Services Advisory Committee</p> <p>Awareness and dialogue with HSACCC and MHWA and CCCCO on legislative initiatives for Health Fee reform</p> <p>MAA/LEA Coordinator meetings, trainings, work with Accounting and SCOE on invoicing, IT for MC data match, software enhancements, State DHS meetings PRN</p> <p>Accounting / Escape reports and analysis for regular multi-budget monitoring audits</p> <p>Local, state and national networking meetings/conferences to learn of new funding opportunities.</p>

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0002	ALL	04	02	Technology Development and Applications in SHS	<p>Technology Workgroup Activities</p> <p>1) Coordination of implementation plans with Mediat (portal, self-check-in)</p> <p>2) Analyze and continually assess workflow impact/changes and organize effective staff training,</p> <p>3) Database QI checks (coding effectiveness, user periodic audits for documentation use)</p> <p>4) Further develop a solid base of super-users</p> <p>5) Applying additional software functions logically and with due process review.</p> <p>6) Address department's hardware needs and challenges for smooth functioning, utilize bond funds as appropriate.</p>	Ongoing	<p>Administrator and Staff time:</p> <p>Workgroup time</p> <p>IT engagement</p> <p>Mediat consulting time as needed</p> <p>Health Fee and SMHP Grant and BOND funding leverage</p> <p>STNC backfill / support</p>

0003	ALL	01	02	Program Quality Improvement in SHS	<p>Quality Improvement Workgroup Activities</p> <p>1) Leverage funding to create a defined, sustainable and effective risk case management service in SHS</p> <p>a) Improve referral and case management outcomes in high risk students.</p> <p>b) Use of portal for secure messaging – students understand how to use portal</p> <p>c) Students with identified risk of academic failure will be linked with student success program staff</p> <p>d) Work with OIR towards linking SHS served students with unique student success outcome tracking</p> <p>e) Post –doc role development and evaluation of integrated practice, focus on students with behavioral health issues.</p> <p>2) Quality improvement related to staffing continuity efforts and standardized guidelines</p> <p>a) Will increase number of chart reviews to 30/month. Focus will be encouraging feedback and learning standards for positive response to new electronic intake process expanding baseline data on students.</p> <p>3) Implement NCHA Spring 2019</p> <p>a) update optional questions reflective of current student health concerns</p> <p>b) oversee project implementation to meet research integrity standards</p> <p>4) Build internal tool for quality improvement and cross functional training based on AAAHC mode</p>	Ongoing	<p>Administrator and Staff Time</p> <p>Administrative Support time</p> <p>Health Fee, SMHP Grant and Equity funding coordination</p> <p>STNC backfill / support</p>
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Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0004	ALL	01	02	Student Development / Student Employees and Student Leaders	<p>Student Development Workgroup for 18-19</p> <p>1) SHS SDWG to meet regularly for both internal student development issues and planning, as well as assuming a leadership role for the new SMHP Grant</p> <p>2) Provide quality SHS student employee training and supervision to:</p> <ul style="list-style-type: none"> <li>• Adequately cross train for operational supports as part of initial training, and</li> <li>• Adjust for changes in technology and role. (Self-check in, portal, etc.)</li> <li>• Assure understanding and practice of department and college guidelines, policies and procedures.</li> </ul> <p>3) MH Grant objectives - SHS provides leadership, resources and collaboration facilitation for expansion of select health related student trainings for a larger cohort of student employees, and student leaders.</p> <ul style="list-style-type: none"> <li>• Student training/meeting schedules 18-19</li> <li>• -Emphasis on cross training</li> <li>• -Soft skills: inclusion, training, evaluation</li> <li>• -assign admin/operational support work to student's highest skill level as appropriate</li> </ul>	<p>Summer</p> <p>Ongoing</p>	<p>Administrator and Staff Time</p> <p>Administrative Support time</p> <p>Health Fee, SMHP Grant and Equity funding coordination</p> <p>STNC backfill / support</p>



Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0005	ALL	01	02	Health Promotion	<p>Health Promotion/Outreach Workgroup</p> <p>1) Develop 18-19 monthly communications plan, marketing, messaging priorities, sequencing, timelines, explore thematic applications</p> <p>2) Leverage AmeriCorps students optimally for Fall outreach and program infrastructure building for 18-19</p> <p>3) Collaborate with VP Student Health on activities related to SRJC student health.</p> <p>4) Consider revival of the Student Health Outreach Worker as student employment resources permit</p> <p>5) Review methods to reach students re: SHS and health resources, with more efficient use of emerging technology (apps, online, institutional partners more, move upstream)</p> <p>6) Collect intake data in health centers to determine how students learned of SHS resources to support outreach strategies.</p> <p>7) Support accurate collection of outreach/HP data into benchmark tracking documents to evaluate program effectiveness.</p>	<p>Summer</p> <p>Ongoing</p>	<p>Staff time for workgroup, organizing, preparing for and providing health promotion services</p> <p>PEI grant and Health Fee funding support for materials, contracts</p> <p>External grant funding as available and outside agency supports</p>

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0006	ALL	08	02	SHS Department Health: Communication, Relationships, Coordination and Efficiencies	<p>1) Continue / strengthen the CORE staff facilitated meeting model , with regular meetings 2x per month</p> <p>2) Engage staff in development/completion of an SHS Operations Manual (see QI)</p> <p>3) Cross training as possible: working in different locations, different tasks for greater shared understandings</p> <p>4) Develop concept paper outlining SHS functions and facility needs for both Santa Rosa and Petaluma campuses, as related to further downsizing needs in the future and reorganization plan. Include the perspective of succession planning</p> <p>5) Continue Chaos Busting interventions with individual students, colleagues and within the college community</p> <p>6) Maintain/develop MOUs for obtaining critical services on campus for students and sustainable working relationships with healthcare agency partners in Sonoma County.</p> <p>7) Work within the college community to maintain, strengthen and/or initiate relationships for collaboration in the best interest of the students.</p> <p>8) Individuals and the team will commit to Gratitude Practices for the coming year.</p>		<p>Administrative and staff time</p> <p>Administrative support time</p> <p>Scheduling finesse</p>

