Santa Rosa Junior College
Program Resource Planning Process

Student Health Services 2014

1.1a Mission

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.

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 new mission** in that it is essentially outlining the various dimensions included in "health" that are to be developed through learning. Our mission explicitly uses the terms "physical, social and mental" health, as this is the World Health Organization's definition of health, and is encompassing the whole person, and their relationships within the world. For example, mental health, used in our mission statement, includes intellectual and emotional health, and ethical development is related to social development, etc. Whether students have contact with SHS for treatment services or through preventive workshops and events, these students learn about themselves, bodies and minds, in ways that allow them to overcome obstacles to student success.

Student Health Services - Mapping to SRJC's Strategic Plan

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, with all SHS staff particularly attuned to addressing the needs of the whole student, many health barriers to student success are addressed early, and effectively. With the arrival of the Prevention and Early Intervention program in 2010, and supplemented with the PEERS program beginning in 2012, an evidence-based outreach initiative has been particularly successful in providing health promotion services for those students who do not come to one of our facilities for treatment, as well as assuring that

more students are aware of the health centers at the college. This expanded outreach effort has made contact with thousands of students in-person and online each year. Of specific note is the **"Health and Student Success" classroom presentations** provided to all Counseling 10 courses, and an increasing number of other courses upon request by SRJC faculty. Student Health also leads the Crisis Intervention Resource Team, 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.

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

SHS has increased collaboration with various academic and student service departments in the last year (such as HOPE, Career Services, DRD, Veterans Affairs, and Foster Youth) in order to increase student engagement with events, provide educational forums with student panels, and Regional Strategizing Forums on health related issues, bringing students, staff, faculty and community members together.

- **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 services 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.

B. FOSTER LEARNING AND ACADEMIC EXCELLENCE - by providing effective programs and services

- **Support and promote teaching excellence across all disciplines**

  The SHS Director has participated in the Teaching Fellowship program this past year as a mentor, and provided a workshop for the student mentees on identifying and responding to at–risk students in the classroom.

- **Engage students and spark intellectual curiosity in learner-centered environments**

  SHS has had two student cohorts working within the department over the last year that have received dedicated resources from our professional staff towards developing the whole student in a supported learning environment. Student employees and the PEERS student support interns meet weekly, and a monthly PEERS student support Coalition meeting encourages all SRJC students to attend for didactic learning, skills development and informational networking, on health related issues, such as depression, stress reduction, sexual assault

prevention, etc. SHS also provides professional services to individuals, and providers promote interest in the mind and body.

- **Integrate academic and student support services across the college and curriculum**

    Student Health Services has facilitated the implementation of an online training program (Kognito) for faculty, with Flex-Credit attached, that assists in developing skills towards early recognition and response to at-risk students in the classroom. Behavioral cues are played out in scenarios, with an interactive component, including 1:1 meetings with students. Other modules have been made available on creating a welcoming environment for Veterans, and cultural responsiveness towards LGBTQ individuals and culture.
    SHS staff provide consultation services for Faculty and Staff in numerous ways, including approaches for curriculum infusion of health issues into course content, addressing concerns about an individual student's physical or mental health concern, classroom management techniques, communicable disease control issues and challenges, determining appropriate health requirements for academic programs, and more.

    Classroom presentations are provided by a variety of staff on select health topics, as linked to course SLOS and orientation objectives. Counseling 10 courses regularly are visited by staff and our "Health and Student Success" presentation, suicide prevention trainings are now being provided to all SRJC nursing students as part of the their curriculum, and momentum is growing towards more of this type of classroom presence by SHS staff and health education.

    SHS works with academic departments and instructors, towards having courses offer extra credit options for students attending a health-related prevention workshop or event.

- **Identify and implement responsive instructional practices that increase the learning and success of our diverse students**

    In-service training and support has been provided by SHS to the staff and faculty in programs working with Basic Skills and ELL students, as these are groups of students that are vulnerable and at risk for a number of health problems.

C. SERVE OUR DIVERSE COMMUNITIES - Serve our diverse communities and strengthen our connections through engagement, collaboration, partnerships, innovation, and leadership

- **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**

    SHS provides services for individual students in Spanish, provides staff development opportunities for employees on multi-cultural issues, and has in-house case management review systems that include culturally sensitive interventions as a criteria,

    SHS has sponsored a number of events and educational forums on issues of diversity and cultural responsiveness over the last year, often affiliated with Regional Strategizing Forums funded by Mental Health Services Act. During 13-14, we sponsored a Latino Mental Health Forum, addressing challenges in workforce development, and stigma around mental health in the Latino population. We also sponsored a forum on Veteran's issues and culture, with a student panel of Veterans articulating their specific challenges

in returning to a college environment. Many other workshops were sponsored as well, all of which contained some element of cultural responsiveness.

The forums and workshops all connected students, staff, faculty and community partners.

- **Contribute to the richness of our multicultural community by promoting cultural initiatives that complement academics and encourage the advancement and appreciation of the arts**

  (See above)

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

  SHS is particularly good at meeting lifelong educational needs of communities, as it pertains to physical, mental and social health. This encompasses a lot, and the scope of our offerings within the college community has been both broad and deep.

  An example of this is the very at-risk student population: those without health insurance. This is a population-based predictor of poor academic retention, often results in traumatic financial distress with unplanned health events, and is associated with disorders, such as depression and anxiety, which go untreated and worsen. A major educational initiative on the Affordable Care Act was launched by SHS during 13-14, and students, staff, adjunct faculty and community members attended workshops, and accessed enrollment counseling services provided in the health centers.

  SHS also has been active during 13-14, working with other departments to expand Veterans Affairs, providing orientations for Veterans, and presenting both an in-person and on-line workshop for staff on working with Veterans.

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

  SHS provides substantial student employment opportunities, and often our Student Health Aides are those interested in some aspect of the health care field. These employees are provided with structured trainings, including core workplace skills, professionalism, and health education. SHS also has structured trainings and supervision affiliated with a peer health support program (SRJC students) and a mental health internship program (Masters, Doctorate and Post-Doctorate students from graduate programs throughout the Bay Area) on site.

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

- **Incorporate best practices and innovations for facilities and technologies in order to enhance learning and working environments**

  Public health implications of District policies, facility designs, and select departmental procedures from an environmental prevention perspective are addressed as part of SHS program services. Frequent consultation on communicable disease control (examples: MRSA in Athletics facilities) are provided.

  Student Health Services, in utilizing an electronic health records system, with a dedicated server, and 37 computer stations within its three facilities, has implemented best practices in healthcare environments. This supports quality assurance of care given in a variety of ways, has reduced paper use dramatically in the department, and

offers our student and intern staff a supportive environment for learning the application of technology in healthcare settings. This has improved efficiencies in the work environment dramatically. In the summer of 2013, mental health services converted, completing the integration of our health records across the District.   Additional technologies are desired as additions, primarily increasing student access and provider-student communication options, but funding has not been available due to fiscal constraints.

A significant amount of training is provided to staff on use of the healthcare system software, as many staff are transient (student workers, interns), to assure effective use of the tools available.

SHS staff also engaged this year in the District project to convert the college's web platform into one that is more reflective of best practices: adapts to mobile devices well, enables end user updates, etc.

E. 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**

  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.

- **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 to many students that have not had access to health services due to economic barriers, infuses itself into every employee that works in our area. We have staff that are passionate about equity issues, and work very hard to address these issues, primarily through educational interventions. This last year, the Affordable Care Act was our main focus, representing our work towards social and economic equity. Yet there is day to day work constantly addressing these issues, such as pregnancy prevention, which for many young women, early parenting can result in poverty and not completing college. Prevention work is very gratifying for many of our staff.

- **Ensure economic sustainability by leveraging resources, partnering with our communities, and contributing to the economic growth of the region**

  Due to the unique funding formula for SHS, via the health fee, economic sustainability, balanced with meeting the health needs of students as far as the health fee dollars allow, 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. Our connections with the community are strong, but as it is a rapidly transforming system, this will take effort on our part to find our way through this and assure connections remain strong, and/or develop relationships with newly emerging partners.

F. 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**

  Internally, SHS has formed an "Integration Workgroup" to further unite the staff working in different geographical and functional locations and strengthen teamwork and collegiality among our interdisciplinary staff. Department meetings implement the "Facilitated Meeting" model to engage all staff in respectful and effective team processes. For the broader college community, SHS has provided a number of educational forums on issues of diversity, (Latino mental health, Veterans, LGBTQ, Cultural Responsiveness) and workshops open to staff and students on communication skills, de-escalation skills, and other topics that foster respectful communication skills.

- **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 recruited an outstanding staff, with a majority of the permanent positions turning over recently. A significant amount of department time has been spent in professional development activities to assure integration into the college health field. Each cohort of workers have regularly schedule meetings with didactic training components, including mental health intern trainings, student employee group supervision meetings, clinical consultation meetings, and numerous webinars. Included in this are a variety of mandated trainings, such as Blood Borne Pathogens, needle stick safety, confidentiality, and mandated reporting requirements. SHS also provides professional development activities for the college community, with presentations regularly on PDA day and via educational workshops (CIRT team, Kognito, NCHA student health assessment data, de-escalation techniques, CPR/First Aid, QPR suicide prevention etc.).

- **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 in order to foster academic success, and provides a robust student health program. This includes direct healthcare services for students to address the physical, mental and social health of students, as well as health promotion outreach and a variety of District support activities to support a healthy and safe college community.

- **Increase safety planning, awareness and overall emergency preparedness**

  SHS actively engages in emergency preparedness, with many staff on District safety teams (Safety Committee, CIRT, Threat Assessment Team, Petaluma Disaster Response workgroup). Trainings have occurred internally towards fulfilling the medical operations role within the college's ICS, including active team participation in "the Great American Shakeout". A "Medical Assistance/Emergency" protocol was recently developed, working with other Safety Committee members. A fully developed "Pandemic Disaster Response Plan" was developed with SHS leadership in 2010, and planning is in progress to develop an SRJC Pandemic Prophylaxis dispensing function for all SRJC staff and students.

G. 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 through two grants, and receives Federal reimbursement for Medi-Cal Administrative Activities engaged in by SHS staff. Several mini-grants have been submitted. 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, UCSF research and Affordable Care Act enrollment services. In years past, drug and alcohol counseling has been made available on campus from grant funds, as well as HIV testing, chlamydia screening, and mental health stigma reduction activities.

  H. Improve Institutional Effectiveness Continuously - improve institutional effectiveness in support of our students, staff, and communities

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

  Student Health Services is a highly 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.

  Department meetings utilize available technology to improve connection between the two campuses for program integration and transparency. 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.

  A number of internal quality improvement processes are in place for the clinical and mental health services provided for students, such as monthly Clinical Review meetings including case reviews, with benchmark outcome variables identified and evaluated. Mental health intern supervision resources are dedicated towards assuring effective and culturally competent case management, and student employee group supervision meetings address effective "first contact" responses for students seeking health support.

  The Health Services Advisory Committee functions as a central planning group, reviewing Health Fee revenue allocation for identified program priorities. This committee process is critical towards determining the most appropriate use of student funds and assuring 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. Other assessments, including clinical case and utilization data review are implemented on a regular basis for service improvement and planning purposes.

- **Enhance internal and external communication systems to ensure effectiveness**

SHS makes extensive use of email with distribution lists, and has a highly intricate series of internal meetings to ensure program effectiveness. SHS utilizes a variety of technological tools to further enhance those meetings, and recently set up a Skype communication system between workstations on the Santa Rosa and Petaluma campuses. 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.

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) (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).

1.1d Hours of Office Operation and Service by Location

SHS maintains three offices. On the Santa Rosa Campus, clinical services are in the Race Building health center and mental health services and health promotion staff are in Plover Hall; on the Petaluma Campus, clinical, mental health, and health promotion services are housed in the Richard W. Call Building's health center.

Spring 2014 Hours of Operation:

SANTA ROSA CAMPUS

Race Building Office Hours:
Mon., Tues., Thurs., Fri. 8:00 AM – 5:00 PM
Wed., 8:00 AM – 7:00 PM
(Closed Fridays during June/July)

Services for Individual Students:
Nurse Practitioner   Monday through Friday
Physician   Tuesdays and Fridays
* *Santa Rosa Community Clinics*   *Wednesdays and Fridays*
(FAM-PACT reproductive health services)

Plover Hall Office Hours:
Mon., Tues., Thurs., Fri. 8:00 AM – 5:00 PM
Wed., 8:00 AM – 7:00 PM
(Closed Fridays during June/July)

Services for Individual Students:

Mental Health Counselors	Monday through Friday
Spanish speaking therapy appts.	Tuesdays and Wednesdays
* *Psychiatrist Volunteer*	*Wednesdays*

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	Mondays and Thursdays	
* *Petaluma Health Center*	*Tuesdays*	*(FAM-PACT reproductive health services)*

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

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

1.2 Program/Unit Context and Environmental Scan

Environmental Variables Discussed:

Health Status of SRJC Students
Fiscal Data Trends and Projections
Federal, State, County Funded Healthcare Environment

Health Status of SRJC Students

The **National College Health Assessment Survey was implemented during the Spring of 2013,** assessing the health risk behaviors, perceptions and health conditions of students in randomly selected credit course sections on the Santa Rosa and Petaluma campuses. This database will provide information that will be disseminated to various constituent groups across the District over the next three years, towards education, dialogue and developing institutional activities to meet the goal of "maintaining and improving the health of students" as related to

their experience at SRJC. Results have been shared with the Strategic Planning Committee to contribute to the environmental scanning process. A broad range of information is gathered about the students, and says much about the environmental conditions our students are living in, physically, mentally and socially. This is discussed throughout the PRPP document.

Fiscal Data Trends and Projections (SRJC)

SRJC continues to struggle with decreased State funding, and despite the passing of Proposition 30, the restoration of course sections over the next 1-2 years most likely will not reach the enrollment levels of the past. This impacts the base revenue SHS has for its operations, and demands a review of how the most effective use of funds can best meet the needs of SRJC students. The depletion of Bond funding for technology, increasing personnel costs (H&W, salary restoration through union negotiations) and the possible precariousness of the Federal MAA funding source also have a profound impact on the SHS budget.

Projecting the impact of the restoration of course sections on the Health Fee fund is difficult, as it does not translate into the same increases in unduplicated headcount, i.e. corresponding increases in the Health Fee. The enrollment environment for SRJC is unprecedented, and difficult to project.

SHS has received external funding of about $65,000 per year through a Federal reimbursement program (MAA). This past year, audits of this program in California has resulted in a withholding of funds, pending a "recertification" process.

Technology costs have been assigned to the Health Fee fund over the last several years, and with about 35 workstations in a technology dependent department, (electronic records) annual costs for replacements is significant. Baseline Health Fee funding does not currently have enough to meet these needs, when combined with annual software contract maintenance costs. SHS has requested computer replacements through the District recently, to replace hardware older than 7 years, or not functioning, with success, and we are hoping for this support until enrollment increases restore a healthier Health Fee fund. Several planned technology projects are not implemented yet, that could significantly improve care given to students, and the longitudinal costs of these projects will need to be considered carefully before moving forward.

SHS has MHSA grant funding currently, with one grant expiring at the end of the 13-14 fiscal year. An increase in County PEI grant support has been accomplished to absorb the cost of the PEI program expansion, starting in fiscal year 14-15. The County's MHSA grant funding, which has been steadily available for SHS since 2010, is also going through significant funding structure changes, and ongoing work with County staff is needed to maintain SRJC's position in the County's objectives for their MHSA funds to remain competitive.

SHS's funding model is complex, and has multiple variables informing budget projections that are unknown prior the budget development process. All of them are dynamically changing as we move into the 14-15 fiscal year.

See Section 2.1a Budget Needs for additional fiscal information.

Federal, State, County Funded Healthcare Environment

As the Affordable Care Act (ACA) is beginning implementation across the nation, the healthcare system is in a state of flux. Stakeholders are all positioning themselves and there are widely varying opinions on how things will land within the next few years as the ACA becomes fully implemented. 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 successfully launched a statewide health insurance exchange. Within Sonoma County, FQHC funding has increased dramatically in the last several years, with expansion of providers and services in a number of community clinics, to increase capacity for "medical homes" to uninsured/newly insured Sonoma County residents.

Student Health Services' clinical and mental health services are a stand-alone operation, and appropriately are not part of the insurance based primary care system. The episodic, short-term care provided is a safety net of free services that are convenient for students while attending school. Since 2010, national and state statistics show that ACA has increased the health insurance level among 18-26 year olds (allowed on parent policies until 26 years old). There has been a reduction in certain clinical services in this same time period within SHS, and it isn't clear if this is a decreased enrollment effect, or due to an increased insurance status with access to community healthcare resources; probably a mix of both. SHS always will be a necessary safety net for students, and the convenience factor by having health centers on campus is significant in that it makes a difference whether a student will seek important healthcare, or not.

Our ongoing role in assisting students in learning how to navigate the broader healthcare system effectively is more important than ever. The educational and navigational support services we provide need to align with activities within our local community healthcare system, so students can better meet their health needs completely, longitudinally, holistically, and in the most cost-effective manner. Relationships with the broader healthcare system are critical.

2.1a Budget Needs

- ***Revenue and Expense Trends - 5 Years***

- ***CORE Data Analysis***

- ***Effectiveness of Budget Allocations***

- ***2014-2015 Budget Adjustments and Impact***

- ***Budget Adequacy to Meet Identified Student Health Needs***

Revenue and Expense Trends - 5 Years

The Student Health Services department is funded primarily from Student Health Fees. 99.2% of revenue was from restricted funds during 2012-2013.   Student Health Services has actively sought external funding sources, and has successfully leveraged funding under the Federal Medi-Cal Administrative Activities program (MAA), Sonoma County's Mental Health Services

Act funds, and more recently in FY12-13, a statewide CCC Student Mental Health Programs 2-year grant, which ends in 2014.

The following table represents Health Fee and MAA revenue, expenditures, and the Health Fee reserve balance over the last 5 years.

Fiscal Year	Health Fee Revenue	MAA Revenue	Total Revenue	Expenditures	Annual Balance	Reserve Balance
2008-2009	$1,005,248	$64,947	$1,070,195	$960,865	$109,330	$367,697
2009-2010	$1,021,891	$64,875	$1,086,766	$1,015,923	$70,843	$438,540
2010-2011	$1,013,717	$125,891	$1,139,608	$1,091,100	$48,508	$487,048
2011-2012	$987,809	$117,118	$1,104,927	$1,098,095	$6,832	$493,880
2012-2013	$955,820	$80,544	$1,036,364	$1,226,903	($190,539)	$303,341
2013-2014 estimates	$982,292	$97,872	$1,080,164	$1,132,593	($52,429)	$250,912

• Revenue has significantly decreased due to the enrollment drops at SRJC over the last several years.

• MAA Revenue: The annual numbers reflect fluctuations in invoicing timelines, with "catch-up" funds included some years. In 12-13 and 13-14, these now are capturing the 4 Quarters invoiced from the previous years. The 13-14 figures are estimates based on the first two quarters invoiced for the 12-13 year.

• The amount being used from the reserve funds in 12-13 was significant. This partially was planned for, to subsidize transitional personnel costs in the mental health programs, as part of the re-engineering process. Discretionary expenses have been reduced significantly this year, to help mitigate the situation, as well as small reductions in the FTE time base for select retirement replacements, yet there still is a negative overall balance, which may be a bit more when the fiscal year closes out. The Health Fee reserve fund continues to contain > 15% of the department's base annual operational expenses, as advised by the Health Services Advisory Committee.

• A $1 COLA increase to the Health Fee was implemented during the 13-14 fiscal year, with a slight increase in revenue. There is no $1 COLA increase in the Health Fee forthcoming for the 14-15 fiscal year budget development, as announced by the Chancellor's Office recently. The Board of Trustees approved a revision to Policy 8.4, affecting Health Fee policy, inserting language that will have the District implementing future Health Fee COLA adjustments "automatically", to decrease the amount of time between allowable COLAs, and their implementation. This should result in about a 6 month period before implementation, when allowed.

CORE Data Analysis

• Student Health Services' total expenditures in FY 2012-13 represented **1.28% of the District's overall expenditures,** at $1,406,420.

• **Total non-personnel expenses indicate a 59.85% reduction from 11-12 to 12-13, and in 12-13, non-personnel dollars as a % of the budget is 9.07%, compared to the**

District average of 12.71%. Part of this reduction is the conversion of mental health contract services to permanent staff and PEs and STNCs, but also represents cuts in supply purchases. Whereas the net 4000s increased slightly, supply costs have risen, especially medical supplies, so this actually represents a reduction in certain supplies. Additional reductions have been made in travel, which supports staff development; and technology, resulting in the inability to purchase hardware and software that could improve services and efficiencies. These "discretionary" expenses have had to be reduced due to the increasing costs of personnel, without a corresponding growth in revenue.

Effectiveness of Budget Allocations

Wisely spending Student Health Fee dollars is critical, and the program has achieved cost efficiencies through active analytic comparison of vendors for medical supplies, pharmaceuticals and medical equipment. Cautious use of funds for one-time purchases has been implemented, and several items have been deferred. Each year, though funds have been allocated for equipment, travel and one-time purchases, the flow of revenue is monitored carefully, and decisions are made to not purchase items if student enrollment is not generating anticipated revenue. This has been challenging for several years now, and is impacting the functionality of the program, as well as investment in the infrastructure.

The most significant challenges though, are in managing the personnel costs, representing 91% of our budget, to allow for adequate funds to purchase critical supplies. Personnel are discussed in Section 2.2.

Fiscal Year 2014-15 Budget Adjustments and Impact

- **Enrollment increases in unduplicated credit-enrolled headcount** are expected for FY14-15 as course sections are being added to the college. This will recover some of the base revenue for SHS, but the course section additions will not translate into a corresponding increase in the credit enrolled headcount. A 2% increase in headcount has been projected for 14-15.

- **MAA invoices for FY13-14** are expected to have a slight increase due to more permanent staff participating, thus higher salary/benefit expenses being reimbursed. These also may increase slightly due to an increasing percentage of students enrolled in MediCal, which has a small impact on the reimbursement rate. Projections were made based on the first two invoices from this year, which includes current salary and benefit expenses for most claimants expected for the coming year.

- **The future of the MAA program:** Federal auditors during FY12-13 found problems in the State of California with the MAA program, and a current "hold" on releasing funds is linked to a "recertification process", which SRJC has accomplished, and is awaiting funds release. The time survey methodology will be changing as well, possibly in 14-15 or 15-16, which may impact reimbursement rates.

- **Increased baseline S/B expenditures -** A conversion from contract services and STNC positions to permanent staff was implemented during FY2012-2013, with a net gain to the baseline expenses. The two new CNP positions rolled over from retirements included a reduced FTE time base as well, hoping to reduce the baseline expenses. Health and Welfare benefits for the staff hired over the past two years though, ended up being higher than anticipated, and

other benefits have increased as well, so any net savings to the baseline expenses for the program's personnel have been lost.

- **No core services or programs will be cut in FY 14-15,** though resources will be stretched thin until enrollment growth is accomplished (supplies, STNC backfill, travel, equipment). Wednesday evening services have been dropped from our Petaluma site, and services could be consolidated to only one facility on the SR Campus for operational expense savings as needed. Periodic interruption of access to select services may occur due to the lack of sufficient funds for STNC backfill for classified staff.

Prevention and Early Intervention/PEERS Program: As the State SMHP grant expires, sustaining and integrating the expanded scope of peer support services, and a corresponding increase in department educational outreach, events, classroom presentations and student engagement activities is a specific challenge for SHS. The County has increased the base grant agreement starting in 14-15 to $200,000 per year, which absorbs most of the revenue SHS has received from the other grant over the past two years. Much has been learned over the last two years in regards to effective approaches to disseminate health information to large numbers of students, training and supervising student peer interns, and measuring outcomes from evidence-based programming. A work plan has been submitted to the County, which is in alignment with the new three year MHSA plan for Sonoma County. Funding at this level is anticipated for the next three years. One permanent 0.75FTE position is funded out of this revenue, and a small percentage of the Assistant Director, SHS salary and benefits will be built into the budget for the first time, to offset Health Fee fund costs. The ability to accomplish the program's objectives, though without additional permanent staff allocations is of concern, as the STNC PEERS program coordinator "hit the wall" on STNC hours in mid-May this year. Careful planning for 14-15 is in progress, with program adjustments indicated.

5)   Budget Adequacy to Meet Identified Student Health Needs
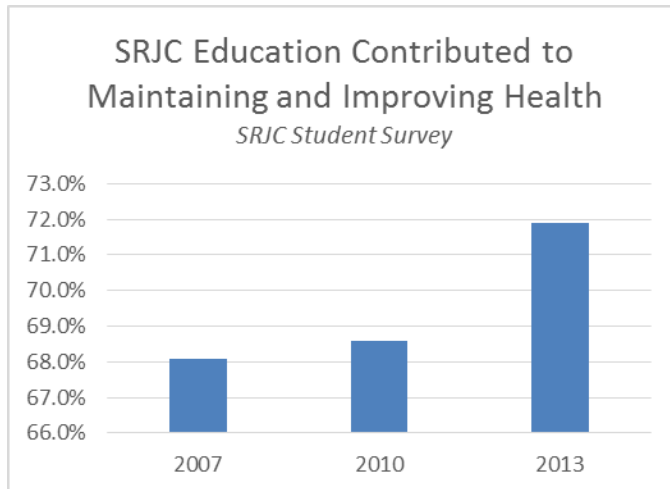
Identifying Student Health Needs:

Two population based surveys have contributed to program planning and action over the last three years, by both the institution overall and within Student Health Services, towards meeting identified student health needs.

- **National College Health Assessment Survey:**

Data collected through the implementation of this standardized instrument every three years at the college informs the program's planning process. It identifies the current health status, behavioral choices, and perceptions of SRJC students on a broad range of health issues. Trends can be identified in comparing data via the 3-year cycle, which both can alert us to emerging problems impacting their academic performance, as well as measure change in areas that have been targeted for health initiatives. During Spring 2013, data was gathered from 995 students in randomly selected course sections. Over the last year, initial analysis has demonstrated some concerning trends and increased risk factors for specific student populations. Presentations of the data have been shared with a variety of constituent groups with subsequent conversations. Multiple significant health issues continue to impact SRJC students' academic performance, and current funding levels cannot address all issues effectively, and prioritization is indicated. This is discussed more in depth in Sections 4 and 5.

Student Services Survey

This survey is implemented every three years, most recently during the Fall of 2013. One of the questions assesses progress on the established Institutional Learning Outcomes, and a significant increase is demonstrated on "maintaining or improving health", in comparison to 2007 and 2010 data. This outcome still remains lower than the other ILOs, though, which represent more direct links to mainstream academic courses, such as math, reading, critical thinking, etc. To maintain progress with this outcome, SHS staff need to spend considerable time leveraging faculty and staff resources at the college towards greater infusion of health information in the classrooms, which is challenging given the need to maintain other operational needs of the department.

Budget Adequacy to Meet Identified Needs (Individual Students and College Community):

The ability of Student Health Services to address all of the health issues identified in students via the NCHA survey and fully respond to the predominant problems presenting in students to our health centers, is unrealistic, given the limited resources available through the Health Fee. Prioritizing these issues, in terms of impact on academic success, institutional capacity to address an issue effectively, severity of health issue consequence and individual vs population based interventions (cost/benefit) are considered. These program issues and emerging priorities are discussed with more depth in Section 5. Providing a health program that can have an impact on the often-complicated health issues students experience requires well-trained health professionals, which is not an inexpensive item. There always is a need for more staff. The challenge is in providing appropriate diversity within the healthcare team to be effective, as well as assuring there are enough staff, and assuring adequate training and professional development, to minimize the risk management issues that often can arise in the provision of healthcare services.

Student Health Services has maintained fiscal health as an independently funded program for decades now, but it is currently within a period of significantly unstable funding and precarious financial position, using reserve funds for two years in a row now. The program has not had to fall back on District funds to remain operational, as at some California community colleges, and hopefully will remain that way through conservative approaches to expenditures. SHS staff are motivated to help keep SRJC enrollment as high as possible, to generate funding for the work being done in our area.

Maintaining and/or expanding grant funding is a significant strategy towards obtaining additional funding to meet the health related needs of our students.

The SHS program needs to remain grounded in a public health model, as opposed to the more traditional primary care, fee-for-service models in community clinics and most 4-year universities. The Education Code as written, outlining health programs in CCCs, has this intention. This implies developing partnerships with outside providers/resources, targeting prevention and brief interventions with referrals for some services, and giving attention to environmental factors at the college that may improve the health of larger numbers of people effectively, i.e. faculty engagement in health promotion and environmental prevention strategies. Population-based interventions are inherently more difficult to measure and evaluate for effectiveness, but have been demonstrated in research as being the most cost effective strategies.

2.1b Budget Requests

Rank	Location	SP	M	Amount	Brief Rationale
0001	Other	00	00	$0.00	

2.2a Current Classifed 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.
College Nurse Practitioner	30.00	12.00	NEWLY HIRED Petaluma: 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.
Health Services Assistant	40.00	12.00	Administrative support and project work for the department and Director, including fiscal support (purchasing, invoices, budget transfers), Student Accident Insurance claims facilitation, Incident Report tracking, District first aid kits, and other tasks as assigned.
Medical Assistant	40.00	12.00	VACANT Clinical and administrative support functions, front office reception in Race Building, direct care, medical records support, student employment supervisor.
Medical Assistant	40.00	12.00	WILL BE VACANT BY END OF 2014: Clinical and administrative support functions, back office Race, medical supplies inventory, maintenance and ordering, immunizations and TB testing, STNC NP scheduling, clinical intake support, EMR training and support.
College Nurse Practitioner	30.00	12.00	NEWLY HIRED 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	32.00	12.00	VACANT 6-30-14 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	Petaluma: Clinical and administrative support functions, reception, direct care, medical records

Position	Hr/Wk	Mo/Yr	Job Duties
			support, medical supplies maintenance and ordering, MAA program support, CPR-1st Aid trainer.
Health Services Assistant	40.00	12.00	Specialized support services for mental health programs (PLOVER), intake services, administrative and project assignments, including fiscal support, and project support for Assistant Director.

2.2b Current Management/Confidential Positions

Position	Hr/Wk	Mo/Yr	Job Duties
Director, Student Health Services	40.00	12.00	Administer 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.
Assistant Director, SHS-Mental Health Programs	40.00	12.00	Administer mental health programs, MHSA grant oversight, supervise mental health internship site, SPS and Health Promotion 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
Health Services Assistant - PEI	12.00	12.00	Administrative and technical support for PEI Mental Health Programs.
Student Health Aide	132.00	11.00	Health Fee funded: Reception and intake for 3 facilities, support outreach efforts, administrative and project support.
Health Promotion Specialist	20.00	12.00	PEI PEERS Coalition grant coordinator, supervises and trains peer interns, prepares grant reports, provides presentations to diverse groups, liaison with County and State agencies,
College Nurse Practitioner	8.00	10.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Additional hours for CNP backfill (Sick, Vacation)
Professional Expert: Licensed MH Provider	30.00	10.00	Provide individual and group supervision for mental health interns, training, SPS program support.
Mental Health Intern (Practicum students with min)	40.00	10.00	Provide direct mental health services, (crisis intervention, individual, couples, group therapy), presentations on mental health topics. (Practicum students - no stipend)
Health Services Assistant - SHS	8.00	12.00	Administrative and technical support for SHS program, backfill for retirements/vacancies..

2.2d Adequacy and Effectiveness of Staffing

Student Health Services has very effectively leveraged Health Fee revenue to meet staffing needs over the years, through the use of flexible contract professional services, frequent use of STNC and Student employees, interns to provide mental health services (either unpaid or low stipend) and partnerships with community agencies providing services on our campuses. With institutional pressure to reduce STNC, contracted employees, and student employees, SHS has adjusted the staffing mix significantly in the last several years toward permanent staffing, a more expensive use of personnel, with no significant reductions in service hours or scope. Whereas STNC and student employees will continue to work in SHS to some extent, it is clear the revenue base does not support the level of employment for these particular workers as SHS has utilized them in the past. With that said, there is a solid permanent staffing structure in SHS now that will keep the program functioning effectively with a greater

sense of continuity and commitment. The diversity and amount of job classifications support maintenance of the program, but not without challenges.

*FTE Category	FTE	Change from 2011-12	District Total	% of District Total
FTE-C - Classified	8.6000	44.54%	400.6181	2.15%
FTE-ST - STNC	2.7739	24.91%	50.7970	5.46%
FTE-SS - Support Staff	17.9915	13.60%	627.9055	2.87%
FTE-SW - Student Workers	6.6175	-13.68%	176.4904	3.75%
FTE-M - Management	2.0000	100.00%	118.9300	1.68%
Average Classified Salary per FTE-C	$59,418.92	-4.77%	$44,716.87	132.88%
Average Management Salary per FTE-M	$96,580.58	-19.18%	$75,957.24	127.15%
Salary/Benefit costs as a % of total budget	82.76%	13.64%	75.90%	109.04%
Non-Personnel $ as a % of total budget	9.07%	-66.61%	12.71%	71.38%
Restricted Funds as a % of total budget	99.92%	0.09%	11.39%	877.02%

Analysis:

- SHS classified and management personnel costs at 2.15% of the District's total expenditures are disproportionately high relative to the District, due to the higher salaries of nurse practitioners, psychologist and medical assistants, related to their technical expertise.

- SHS employs a lot of student workers, within a strong framework of student development, which builds in weekly trainings and group supervision hours.

- SHS relied heavily upon STNC in 11-12 due to backfill needs for 50% release time for the SEIU union presidency.

- Overall, we dedicate a larger proportion of our available funds to staffing and people, significant in comparison to the District, and less to non-personnel costs. This is critical, in terms of providing direct health services to students as much as the Health Fee revenue generated will allow for.

Does the program have adequate classified, management, STNC staff, and student workers to support its needs? If not, explain program/unit needs.

- **Permanent Staff**- Re-engineering successfully met objectives for a functional staffing plan with CORE permanent staff employed by the district.
- **STNC/Student staff** - continued challenges as STNC (including interns) and student employee turnover is steady, requiring significant training and supervision time by staff. Revenue decreases make it more difficult to support temporary staff to maintain service levels when positions are either vacant or when permanent staff are out ill, particularly service providers.

- **PEI program expansion and PEERS support coalition** –Whereas increased funding has been obtained through our County-based grant, it is less than the combined revenue from the two MHSA grants over the last two years, and adjustments will need to be made to use the funds effectively with temporary staff under the direction of the Assistant Director and Health Promotion Specialist.

- **Retirements -- will continue to have a major impact on the department through 2014-2015.**

  o All three CNPs from June 2013 to June 2014 will have "rolled over". Time bases have been reduced slightly during this rollover to reflect a decrease in clinical services, and to achieve cost savings.

  o One Medical Assistant retired March 2014, and the position is currently vacant. We have found excellent STNC backfill staff, and the hiring committee is in process, with the same level of 1.0 FTE for replacement. Race back office Medical Assistant's retirement is anticipated for Dec. 2014.

  o Significant time has been spent on hiring committees, training, orientation, and support activities to assure new employee integration into department operations and culture. First time participation on hiring committees for four SHS staff members contributes to professional development goals.

- **Diversity of workforce -** The department has had a great experience in finding well qualified individuals, for both permanent positions and for contract and hourly employment arrangements. Utilizing hourly workers, as the budget allows, adds significantly to the diversity of personnel within the department, and has allowed the department to deliver more services for students at less cost. It also brings a certain level of expertise into the staffing mix, as some of the temporary workers have jobs in other settings, and they bring specialized skill sets to SHS. For these reasons, it has been an effective approach on use of funds for staff over the years.

- **Petaluma budget allocations for staff** are disproportionate to student utilization statistics within the department (more funding dedicated to Petaluma). To adjust for this within SHS, administrative support tasks have been assigned to Petaluma-based staff members, which support the SHS program from a District-wide perspective. This approach creates differences in job duties and assignments, but achieves a form of equity and results in much more effective use of personnel, i.e. centralized one program model. Examples of this are:

  o **College Nurse Practitioner**: represents SHS at Petaluma based Student Services meetings. Coordinates and provides support for department clinical projects, such as health education development, clinical meetings/notes and assisting with follow up. Has initiated a collaborative expansion of screening services for Chlamydia as a pilot project in the Petaluma site, and functions as the Petaluma Health Center liaison, and supports research and reporting processes. She also is leading an initiative on the Petaluma Campus to bring weekly food donations in from the

Redwood Empire Food Bank, starting Fall 2014, to assist students with economic challenges.

- o **Medical Assistant**: functions as our Medi-Cal Administrative Activities Time Survey manager/assistant, researches community resources and updates/manages SHS resource documents, lead person for SHS Facebook page, CPR, First Aid and QPR instructor, acts as a backup to the Building Safety Coordinator, significant contributor of time for our 13-14 SLO assessment project.

- o **Administrative and Mental Health program staff work on both campuses,** with SHS's Health Promotion Specialist and Psychology Intern Therapists on site at least 2 days a week, providing classroom presentations, events, counseling and workshops. This approach maximizes our resources, i.e. not having additional staff hired for services exclusively at one campus. Both managers are on site in Petaluma, averaging once day per week.

- **Student Employees**

Our Student Health Aides are critical for the day to day operations of the three offices maintained by the department. Clearly, the classified staffing levels are not sufficient to handle the reception traffic, phone calls, and provide the necessary support for operational needs. We depend upon the student workers for this; whereas they are the most cost-effective way to meet our operational needs, we also provide a structured student development/training environment for the student workers, and this provides valuable work experience, supports their academic goals, and they may function as health ambassadors to students outside the department. A win-win!
Challenges and response:

Even with a steady commitment to the student employee budget allocations, it has been difficult to hire, train and retain enough student workers that are available at the times that the department needs their presence. This dynamic has particularly impacted the safety standard in the department of two individuals always within eye and ear shot of each other in the front reception areas, especially midday when lunches are taken.

"Facility-based hires" for student employees was piloted during 2013-2014 in hopes of increasing efficiencies, support higher performance, and possibly increase retention in this work group.

Other strategies identified include:

- Hiring students into specific schedule templates for each semester

- A somewhat more rigorous hiring process, i.e. higher amount of successfully completed units before hire, demonstrated work/school success

- A clear requirement for a yearlong commitment to SHS, preferably two.

- Strengthening the weekly group supervision time with trainings and student development activities designed for cohort peer support and cohesion.

Evaluation after one year: The facility-based hires strategy has resulted in greater integration and engagement in *specific* program services, but the student employees are not functioning as well as front line representatives of the WHOLE of the Student Health Services department, resulting in a lower quality of service in accuracy of info, accurate referral information, and familiarity with intake procedures unique to that other program/service.

Upon further discussion at our staff meetings, it was suggested that maintaining a specific facility expertise is needed and can still be maintained which will in turn provide mentorship opportunities for Student Health Aides cross-training each other with site specific knowledge.

All strategies listed above will be applied to the 14-15 year as well, with new hires imminent. Some progress made in retention. Cohort development needs improvement.

NOTES ON FY14-15 PERSONNEL BUDGET DEVELOPMENT

With a significant number of key permanent positions in transition, (three recruitments upcoming in the next 9 months) it is difficult to project exactly where the salaries and benefits will land with each hire, and whether there will be gaps needing STNC backfill for service provision. Based on the 5 new hires over the last 2 years, the health benefits have come in significantly higher than anticipated. In the longer term, Health Fee revenue should increase with enrollment, and strengthen the department fiscally, but in the short run, it is very tight and reserve funds may need to be tapped again in 14-15.

 A small increase in cost shifting to the Athletic course fee fund for health screenings was made for the Health Services Assistant that coordinates this service.

7% of the Assistant Director, SHS Salary and Benefits will be cost shifted to the PEI Grant for administrative oversight, reducing Health Fee expenditures.

Student Health Aide wages will increase to $9.70 per hour with the beginning of the 14-15 budget year, and a small increase in student employee hours also was made to better meet our operational needs. The student employee wage will increase again in 2016, and the maintenance of Tiers for student workers will also add costs.

2.2e Classified, STNC, Management Staffing Requests

Rank	Location	SP	M	Current Title	Proposed Title	Type
0001	ALL	01	02	HF PE -SPS Lic. MHP	Supervise MH Interns	STNC
0002	ALL	01	02	HF STNC - SPS Mental Health Intern	Provide mental health services	STNC
0003	ALL	01	02	HF Student Health Aides	Front reception, operational support	Student
0004	ALL	01	02	HF STNC College Nurse Practitioner	Backfill and high demand	STNC
0005	ALL	01	02	PEI STNC Health Promotion Specialist (PEERS)	Grant Coordinator - PEERS	STNC

0006	ALL	01	02	PEI STNC Health Services Assistants	PEI Program Support	STNC
0007	ALL	01	02	Equity Project 25% Health Services Assistant S/B	Support Equity Project Goals	Classified
0008	ALL	01	02	Equity Project Support -Student Health Aides	Reception-Admin support Plover for HSA	Student
0009	ALL	01	02	Equity Project STNC CNP backfill	Equity Project - Time for CNPs for risk case F/U	STNC
0010	Santa Rosa	01	02	Athletics STNC College Nurse Practitioner	Athletic Health Screenings	STNC
0011	Santa Rosa	01	02	Athletics 10% Health Services Assistant S/B	Operational support	STNC
0012	Santa Rosa	01	02	Athletics Faculty overload	Athletic Trainer	STNC
0013	ALL	01	02	HF STNC Health Services Assistant	Operational support	STNC

2.3a Current Contract Faculty Positions

Position	Description
	NOT APPLICABLE

2.3b Full-Time and Part-Time Ratios

Discipline	FTEF Reg	% Reg Load	FTEF Adj	% Adj Load	Description
	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

2.4b Rational for Instructional and Non-Instructional Equipment, Technology, and Software

#1   The Race Lobby is actually a multipurpose room that serves diverse populations: public (dental programs), students seeking services, visiting children to specialized dental clinics, athletic teams, presentations to assorted orientation groups, and occasionally pharmaceutical and/or medical equipment inservices for staff. Media support can be used for college outreach to the public, educational videos / PowerPoints for athletes and other student groups. The current set up is a large TV with only partially functioning DVD links from behind the dental clinics locked doors (much of the time). Use special rolling cart of equipment from Media Serivces often for special events.

#2 Elevated workstations - have several staff with back issue, standing workstations a preferrred option. Preventive ergonomics for all workers... periodic position changes. Several could be used on a rotating basis.

#3 Replacing chairs and lobby seating system (15 years old, with loose bolts, etc) is a safety issue (see 2.4e)

2.4c Instructional Equipment and Software Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact

2.4d Non-Instructional Equipment, Software, and Technology Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact
0001	Santa Rosa	04	02	Media Scrren with Sound- Race Room 4017 (Lobby)	1	$7,500.00	$7,500.00	Susan Quinn	SHS Race	Susan Quinn
0002	Santa Rosa	04	02	Elevated workstation desks - ergonomic	2	$5,000.00	$10,000.00	Susan Quinn	SHS Race	Susan Quinn
0003	Santa Rosa	00	00	Replace computer workstation chairs	6	$500.00	$3,000.00	Susan Quinn	SHS Race Building	Susan Quinn
0004	Santa Rosa	04	02	Replace Lobby seating system	1	$8,000.00	$8,000.00	Susan Quinn	SHS Race Building Lobby	Susan Quinn

2.5a Minor Facilities Requests

Rank	Location	SP	M	Time Frame	Building	Room Number	Est. Cost	Description
0001	Petaluma	04	07	Urgent	Richard Call Building	Student Health	$5,000.00	Adjust plumbing fixtures and add foot pedals for sinks in Rooms 615, 614, 613, 620. (Dirty Lab). A compliance issue in terms of infection control.
0002	Santa Rosa	04	07	1 Year	Race Building - Student Health Services	Room 4015	$3,500.00	Install some kind of a door that can create a confidential clinical service area. Maintain accessibility.
0003	Petaluma	04	07	2-3 Yr	Richard Call Building	Student Health	$5,000.00	Relocate and/or add data ports/electrical outlets in Rms. 615, 614, 613, 616, 611. Design flaw. This is probably a very expensive project to rewire things...

2.5b Analysis of Existing Facilities

Santa Rosa Campus

Plover: With the expansion of the department's mental health programs, (Student Psychological Services and Prevention and Early Intervention) and a consolidation of their services in the Plover facility, the critical space shortage for the department has been addressed. As SPS increases the number of interns in the coming year, the current size of the facilities will be at a bare minimum for the volume, function and flow of student services provided, in both the clinical and mental health programs.

Of note, SHS maintains/schedules Plover 540 for the campus. This room is particularly critical for SPS in providing dedicated space for the required training and group supervision meetings for the mental health interns each week, i.e. one full day. Having this training space adjacent to the main SPS service area allows for provider availability to attend to student mental health crises within a minute's notice. Plover 540 is also used for the several groups that SPS offers each semester, as well as the AA meeting that occurs four days a week. The layout of the room is perfect for these activities in that its table and additional space allows for flexibility in number of people attending a training, numbers that can range from 9 to 12. Additional space in the room beyond the table is perfect for groups, and the built-in a/v system is ideal for weekly guest speakers, and for other types of meetings that increasingly are being held in the room. The District's AA meetings occur there 3-4 days per week, Financial Aid/Scholarship Department and Admissions and Records Department have monthly scheduled workshops, and other workgroups have utilized the room for meetings as well.

As noted in 2.4e, there may be a need for minor facility adjustments in the Plover facility to increase security and confidentiality, specifically making the door between the area and the adjacent classroom a locked door, given anticipated greater use of Plover 558. However, we will wait to see if this is the case.

Signage and mapping outside the Plover facility has been installed, and Student Health Services fully occupies the space now.

Race: This facility supports clinical services on the Santa Rosa campus, and offices for centralized, District-wide support functions. The Clean Lab could be revised to provide an additional confidential clinical service room, as needed, by placing an accordion door of some kind into it, where it is currently open to the hallway.

Having electrical and/or computer network ports in the lobby could be helpful for a computerized appointment intake process, but technology advances suggest alternatives may be possible for these student "check in functions". The lobby furniture also is aged, with some instability to the units, and without larger seating options for ADA compliance. As there are children in the lobby at times (Dental screenings) the existing electrical outlet should have safety guards installed.

Petaluma Campus

Call: Design shortcomings in this facility include the need to add plumbing fixtures in the clinical areas with foot pedals, as required in healthcare facilities for infection control, and a more logical placement of data and electrical ports to fit the functions of the space. The exam rooms are very small, and outlets currently have wires coming out right next to patients on the exam tables.

3.1 Develop Financial Resources

Current Grant Funding

NAME	SOURCE	LEAD	TARGET POP	AMOUNT	MATCH?	RENEW?	CYCLE?	DATE FUNDED	PARTNERS
PEI-MHSA	Sonoma County Behavioral Health Division	Jeane Erlenborn	Transitional Aged Youth (TAY)	$200,000	None required, though much in-kind support provided	Annual renewal for three years, with option to extend longer	One year, with renewal for a minimum of three years.	July 1, 2014 – June 30, 2015	Sonoma County Behavioral Health Division
SMHP	CCC Foundation	Susan Quinn	SRJC students	Estimate 14-15 ~ $11,600	None required, though in-kind support provided	Extension of 2 year grant originally for 2012-2014, through Sept. 2	Ending Sept	May 2012 through Sept. 2014	None

IDEAS FOR GRANT EXPLORATION

Clarify options for Student Health Services to access Equity Funds coming to SRJC to support case management of at risk students from SHS, and supporting financial risk reduction with ACA outreach.

Clarify/identify options to access DRD funds to support testing services provided through Student Psychological Services.

Watch closely for Sexual Assault Prevention grants, probably Federal, could come down through either the State, or the Dept. of Education. This will assist the college in meeting CampusSAVE Act mandates.

Watch MHSA closely - state/higher education/suicide prevention statewide projects may be rolling out, to supplement SRJC work funded by the County. CARS may continue with technical assistance i.e. funding for local trainings, access to products such as Kognito, etc.

Monitor and apply for funding from County Prevention and/or Public Health divisions, such as SBIRT trainings, nutrition education, disaster planning, communicable disease control, etc. (late note: SBIRT trainings procured for June 2014 SQ)

Watch for technology/medical software grants to assist in the purchase of "Self Check-in" software for students. Could be Federal, or other local grants. Hope is a new bond measure will fund this technology project.

Collaborate with community agencies for grant opportunities to offer access to students, *preferring we are not the lead agency.*

If Americorps grant available for ACA next year, work with folks EARLY. Redwood Health Coalition grant for this during 14-15.   Matching activities? We provide the facility, staff time, outreach to the many uninsured students on our campuses. Get into position for the ongoing process.

State and Federal grant funding may be available for SBIRT training (State SIG grants); explore. Utilize Human Services Certificate students on the AOD track of training, have them participate for their internship?

Maintain connection with the Center for Well Being, which has had nutritional counseling grants associated with the prevention of obesity and diabetes.

Tobacco grants to provide diverse smoking cessation services (nicotine replacements, mental health counseling support in the form of staff hours?)

Explore the current funding options affiliated with the National Depression Screening Project. Whereas payment is needed on our end, there is a lot of subsidizing they have offered in the past.

Look at mini-grants available through the American College Health Association (and Pacific Coast Health Association) which SRJC are members in.

Consider eCHUG and eTOKE if can find grant funding. For online screenings to assist in coming into compliance with DFSC regulations.

Consider Garrett Lee Smith Grant (Federal) for suicide prevention programming. JED foundation.

3.2 Serve our Diverse Communities

- **How does the program/unit recruit faculty and/or staff, who are sensitive to the diversity of our students?**

   SHS actively recruits diverse staff with multicultural competency of applicants. Position announcements also note preferences, such as the ability to speak Spanish. 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 permanent staff of SHS, with numerous new positions rolling over, thus far have not had hiring pools with sufficient diversity in terms of Latino representation, and largely reflect the reality of an inadequate number of trained professionals in the field of psychology and nurse practitioners. Efforts continue with several additional recruitments pending.

- **What 'best practices' does the program/unit use to affirmatively attract a diverse pool of candidates for openings?**

  The department has funded additional recruiting announcements to extend beyond the Bay Area (i.e. statewide) as well as in national publications, for the recent hires. The Latino Healthcare Providers network has been contacted, as well as us calling specific key individuals in the Sonoma County healthcare community to spread the word of positions being opened, through personal contacts.

- **In what other ways does the program/unit promote cultural competence and responsiveness among faculty and staff?**

  Of the weekly trainings provided to SPS interns, many focus on cultural issues. In addition, interns are specifically discussing cultural factors during individual and group supervision. Internal evaluations include a section on work with diverse clients.

  During the department's clinical review process, cases are examined by the MDs and NPs, and issues of diversity in the management of the cases are brought up as part of the review.

  Student employees and PEERS interns have had extensive exposure to issues in cultural responsiveness as part of their training/supervision time.

  SHS provides trainings to the campus and regional community on cultural issues, as well as sponsoring online trainings for staff and faculty. This past year, SHS sponsored Regional Strategizing Forums focused exclusively on diversity, including the following topics:

  - Student Veterans
  - Latino Health Forum
  - LGBTQ Community

Additional staff engagement in events for Foster Youth, and individuals experiencing psychological disabilities have been significant.

3.3 Cultivate a Healthy Organization

Ongoing Staff Development Activities

2013-2014 Staff Development Highlights

2014-2015 Staff Development Plans

ONGOING STAFF DEVELOPMENT RESOURCES/ACTIVITES

1. **Student Health Services is a department that regularly provides staff development opportunities for the rest of the college community,** i.e. CIRT, QPR suicide prevention training, Health Promotion events and classroom presentations, PDA day seminars, etc. Many are approved for Flex Credit.   Engaging SHS staff in presenting these programs is a staff development opportunity for them as well.

2. **Mandated trainings for all staff** (clinical practice, MAA, CPR/ First Aid, etc.); includes an all-department Safety Training at the beginning of every Fall semester when new student workers, mental health interns and STNC begin work for the academic year.

3. A full day of **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 documentation requirements, changes in the Standardized Procedures, referring to other healthcare services and updates in providing health insurance coverage support.

4. **MD consultation meetings,** (eight per year with pre-determined clinical topics) include an educational component into the process (all RNs/MAs). In 2013-2014 SHS expanded two of these meetings during the year to also include all SPS staff to enhance integration and coordination of services, as well as provide a platform for increased learning.

5. The department purchased individual subscriptions to the **online clinical reference called "Up-To-Date"** for each nurse practitioner, including the newly hired ones.   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.

6. **Weekly Mental Health Intern trainings** – 36 sessions each year.

7. **Our software provider, Medicat, offers free online webinars** providing updates on use of the software in clinical practice. User group meetings are provided at the ACHA conference annually, which is now available remotely via a live webinar.

8. The department's professional staff participate in an online **Medi-Cal Administrative Activities time survey training** each Fall. For SRJC's continued participation in this program, this hour-long training is required annually for individuals that are included in the MAA claims/invoicing process.

9. **Web based continuing education** offerings to staff for clinical, administrative, and college health issues through our ACHA, HSACCC and MHWA organizational memberships, and offered through the Chancellor's Office.

10. **The District's Staff Development program** offers numerous opportunities for staff professional development, online, seminars, and web-based presentations. Staff attend PDA workshops, and many of our staff have led workshops to the college community on PDA Days.

11. **Local 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.

12. **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.

13. **Subscription or free downloads of select newsletters, professional journals, and publications,** which are regularly routed to staff for educational purposes (CEUs available for some).

14. **Periodic attendance at college health and clinical conferences are** approved as staffing and funding permits, providing release time and/or travel funds.

2013-2014 STAFF DEVELOPMENT HIGHLIGHTS

- The department continued with development of the new structured approach to the department's CORE staff meetings, called "Effective Facilitation". This process has engaged all staff members in various roles, participating in these meetings as facilitators, timekeepers, evaluators, and note-takers. Positive feedback continues from the staff, as each meeting is evaluated. With many

new staff coming into our CORE group, training and support will continue in this manner.

- During 2013-2014, SHS's workforce now includes 5 staff and 7 student **certified QPR suicide prevention trainers with the most recent "Train the Trainer" instruction in** *January 2013.* The process of certifying SHS staff has been an excellent staff development activity in terms of mastering content on this priority student health issue, improving presentation skills, working with a variety of staff (faculty, community members), and increasing collaboration skills. The Health Promotion Specialist has also become certified as a Master QPR Trainer and is able to train new trainers.

- With the introduction of the **Affordable Care Act** and provisions for Covered California open enrollment in 2013, SHS enlisted the support of local Certified ACA Enrollment Counselors to train and educate staff, students and the campus community. Several Covered California workshops and events were conducted at both the Petaluma and Santa Rosa campuses. These educational trainings provided a foundation for SHS staff so they, in turn, could provide ACA outreach to the uninsured population of the college community.

- **Safety related trainings** conducted in 2013-2014 include an in-house evacuation drill, IIPP review during an all-department program meeting, SEMS/NIMS/ICS training for Building and Area Safety Coordinators, an Active Shooter training conducted by District Police, CPR/First Aid training, Needle Stick and Blood Borne Pathogens. See Section 3.4c for more detailed information about SHS safety related trainings.

- **Kognito** is a cluster of six online training modules made available through the CCC-SMHP Grant, with SHS championing this throughout the District.   Flex Credit for faculty was approved, and SHS staff visited various constituent groups to inform them of the training opportunity. Many internal staff have completed the Kognito trainings which pertain to responding to At-Risk students, creating a welcoming culture for Veterans, LGBTQ cultural responsiveness, among other topics.

- Student Health Services was selected for participation in the **Teaching Fellowship Program** at SRJC. The Director attended initial training sessions, and co-taught with three other faculty members at one of the Fellows cohort meetings for the student teaching mentees. The mentee engaged in suicide prevention teaching activities, and worked closely with the Health Promotion Specialist as well.

- In February 2014, the Director and Health Promotion Specialist attended the **Health Services Association of CCCs Annual Conference,** presenting a seminar on statewide research activities, and participated in two panels

presenting on SRJC's activities related to the Affordable Care Act and MHSA grant funding.

- In October 2013, both SHS Health Promotion Specialists were invited to present on our Prevention and Early Intervention program at the School and College Organization for Prevention Educators (SCOPE) national conference.

- In March 2014, the Health Promotion Specialist attended Dimensions: Tobacco Free Fundamentals Workshop offered by Sonoma County Health Department and received the latest updates on smoking prevention & cessation best practices.

-

- In February 2014, SHS co-sponsored a training on the new Diagnostic and Statistical Manual (**DSM-5**) with the Redwood Empire California Association of Marriage and Family Therapists Association. The entire SPS staff attended, and the training attracted over 200 clinicians.

- In October 2013, both SHS Health Promotion Specialists were invited to present on our Prevention and Early Intervention program at the School and College Organization for Prevention Educators (SCOPE) national conference.

- In March 2014, the Health Promotion Specialist attended Dimensions: Tobacco Free Fundamentals Workshop offered by Sonoma County Health Department and received the latest updates on smoking prevention & cessation best practices.

- Several workshops and seminars have been attended by SHS staff, both in person locally, and via online methods. With the activity of the CCC-SMHP Grant providing free trainings on many topics, there has been a significant increase in training opportunities available to SHS staff. These opportunities have been well utilized by staff.

- **STAFF DEVELOPMENT PLAN FOR 2014- 2015**

  - **Continue with all of the ongoing staff development activities,** which take a significant amount of resources and time.

  - **Continue "Effective Facilitation" meetings** allowing SHS staff to develop their skills in collaborative workgroups, communication and project leadership.

- **As many new clinicians (NPs) are being hired (100% rollover with 12 months) consider specific college health orientation/conferences:** ACHA (online/in person) HSACCC - all attend this year in February?, PCCHA, NASPA, etc.

- **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. This work may be planned in conjunction with Medi-Cal Administrative Activities time surveys.

- **MH and NP shared training and case discussion time.** A department goal is to move forward with a greater integration of the healthcare services provided for students by mental health staff, nurse practitioners, physicians and reproductive healthcare providers. Planning for overlapping trainings, case consultations involving specific students, and program integration towards caring for the "whole student" is underway.

- **Training in brief motivational intervention techniques for use in integrated provider services** is a continued interest, and though planned, a structured staff development activity to advance these skills with brief interventions has not happened. Priority applications of these approaches may be aligned with universal screening on particular issues in SHS, such as substance use, depression/anxiety, tobacco, etc. This remains a priority for 2014- 2015

- As SHS hires a significant number of **student employees,** and they are all expected to be "health ambassadors" and an informed "first contact" for students accessing all of our department's services, the need to assure a strong training program with "CORE" concepts of health services is critical. This is a staff development opportunity to collaborate and incorporate areas of expertise into their weekly meetings, with curriculum development and learning outcomes. This also is an opportunity to collaborate with other Student Services departments that have a strong student development commitment to their student workers.

- **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 their knowledge and skills associated with the college's student success mission. A desired functional concept for the department includes "teams" of CORE staff and interns (SPS and PEERS) working together in developing presentations beyond the walls of

SHS, i.e. in the college community. Having SHS staff out in the college community more also supports progress with the institutional learning outcome of "maintaining and improving health".

- **Training on social media integration into student health programming.** Having a broader base of staff with information about and skills sets in social media, is needed from within our CORE staff. Recently, legal and liability issues also have surfaced in regards to confidentiality, and these need consideration by all staff.

- **Apply for Teaching Fellowship again 2014-2015.** If selected, working with other faculty on workshops for the Fellows will support development of teaching skills for the Director. Goal: Classroom assessment techniques

3.4 Safety and Emergency Preparedness

Illness and Injury Prevention Program (IIPP)

<u>Identify the steps that have been taken to review this program with employees in your department this year</u>**:**

During a department-wide Student Health Services meeting in August of 2013, the Director reviewed 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 with all staff. These topics were also covered more in 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 and the ability for the Director and all staff to evaluate compliance with the program. Any need for additional or refresher training identified during the discussion can then be addressed and pursued.

Safety Trainings

<u>What Safety Trainings Does Your Department Require?</u>:

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) and participate in periodic evacuation drills.

Job specific safety training 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 training

- District's Sexual Assault Response procedures 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

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. In 2014, a workgroup is forming within the SHS and Health Sciences department to expand the District's role in a pandemic to include prophylaxis medication dispensing to SRJC staff and students.

 Initial training of new SHS staff on basic medical operations training for disasters needs to be renewed.

As the initial recipient of District Incident Reports, 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. A summary of these reports is provided to the Safety Committee.

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

Building and Area Safety Coordinators

List your Building and Area Safety Coordinators. Include Name, Building, Building Safety Coordinator (BSC) Area, Area Safety Coordinators (ASC) Area, Department, and any specific areas of responsibility:

Name	Building	BSC	ASC	Department	Area of responsibility
Juanita Dreiling	Race Bldg. – SR		X	SHS	1st Floor - West Wing (Back up pending – new Medical Assistant)
Valarie Garcia	Race Bldg. – SR	X		Health Sciences	Race Building
Deborah Chigazola	Race Bldg. – SR	X		Health Sciences	Race Building
Chad DeLaca	Call Bldg. – Pet	X		SHS	Call Building (Back up)
Tim Preston	Call Bldg. – Pet	X		IT	Call Building
Brian Chetcuti	Plover Bldg. – SR		X	SHS	SPS – NW Wing
Bert Epstein	Plover Bldg. – SR		X	SHS	SPS – NW Wing (Back up)
Freyja Pereira?	Plover Bldg.		X	A&R	Plover Building

3.5 Establish a Culture of Sustainability

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 also contributed towards the use of less paper.

- SPS now also keeps student records electronically, such that notes are not printed.

- More of our staff now drive electric cars, and we are advocating for electrical charging stations on the Petaluma Campus.

- 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 as an option for receiving information, and referring students to our web page where some of the handouts are also available.

- 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.

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

SHS's plan originally included assessment of #2 for the 2013-2014 academic year. With the roll-out of the Affordable Care Act this year, it was clear our focus needed to be on supporting student learning around accessing and utilizing healthcare resources, particularly in terms of obtaining health insurance/Medi-Cal coverage. This was pursued, and the cycle of assessment was adjusted accordingly. #5 will go four years without a formal assessment, though this is being assessed on an ongoing basis to some extent through post-therapy evaluation forms.

 The new cycle is as follows:

Statement	Year 1 ('12-'13)	Year 2 ('13-'14)	('14-'15) Year 3	Year 4 ('15-'16)	Year 5 ('16-'17)	Year 6 ('17-'18)
1	X			x		
2			x			x
3			x			x
4		x			x	
5				x		
National College Health Assessment Survey	x			x		

This plan is considered a "minimum" formal assessment plan. There is a considerable amount of assessment happening on an ongoing basis in the department, related to annual grant objectives, clinical evaluation processes, therapy evaluation tools, etc. The chart indicates a required focus for each learning outcome in a given year, though other projects may also be occurring.

SLO ASSESSMENT 2013-2014

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

As a result of informational emails sent by SHS to students without health insurance:
- 70% of students surveyed will consider themselves as having a strong working knowledge of the main provisions of the Affordable Care Act by March 31st, 2014.

- 50% of students without health insurance will enroll in a health insurance plan by March 31, 2014.

- 80% of students surveyed will correctly answer 4 out of 5 questions about *the basics of health insurance options* available under the Affordable Care Act by March 31, 2014.

Method:
Cohort groups of SRJC students that do not have health insurance will be created through collecting email addresses, and student permission to receive emails from SHS during October and November.

- As students access services in the SHS health centers, health insurance status will be reviewed upon intake, and if the student does not have health insurance, the front staff will ask them if they would like to receive informational emails from us, and obtain their email address.

- Student contacts at tabling and other outreach events will have email sign ups to the same effect, i.e. if they currently do not have health insurance, would they like to receive information via email from SHS.

- Students accessing other student service sites also will have this offered, as available.

SHS Intervention:
A pre and post survey will be sent to students, in October and in March. Between these two points in time, a series of emails with selected information about ACA and educational and enrollment options locally will be sent.

Outcomes/Analysis: The sample size of students obtained for before and after assessment was too small. The initial cohort of students actually completing the survey was only 27 students, utilizing the email methodology, and only 9 of these students completed the post-survey. We are informed as to the ineffectiveness of that particular strategy! All is not lost though, as there were many other evaluative tools in place for ACA educational workshops, events, and enrollment counseling services on site that we sponsored, and have received feedback from students on what was helpful, as well as where confusion still exists towards understanding all the nuances of the ACA.

**Other Assessment Activities During 2013-2014:**

Student Services Survey, Fall 2013

Administered college-wide, with a sample size over 2000, this survey included a question that asked if students feel SRJC has helped them to maintain and improve their health. There was a significant increase in this benchmark in the last three years, that partially may be attributed to SHS's expansion of outreach efforts.

SRJC Education Contributed to Maintaining and Improving Health
SRJC Student Survey
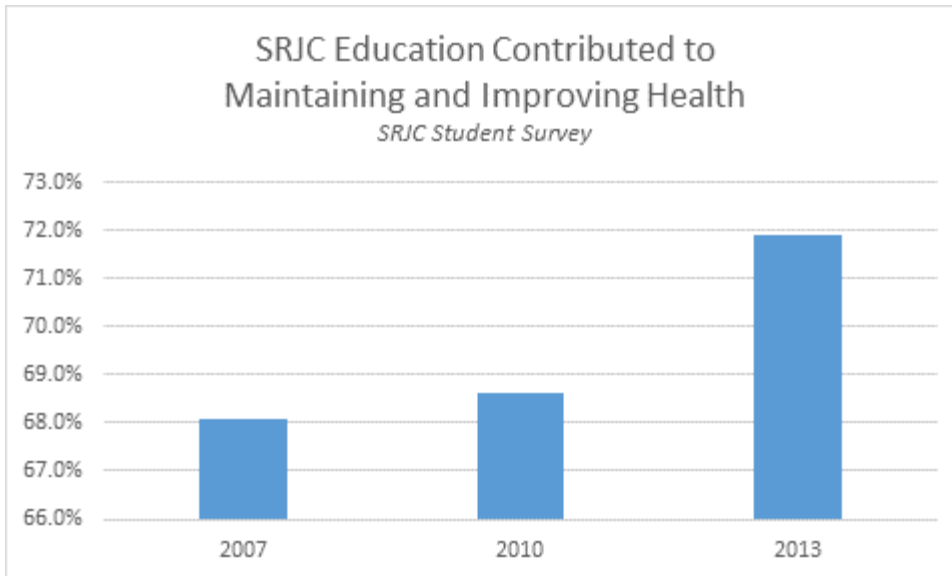
Outreach Evaluations

A standardized evaluation tool is provided at the end of all 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.
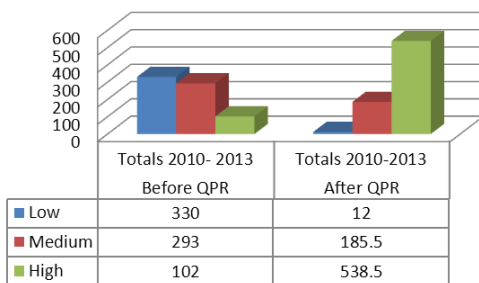

Fall 2013 Workshop/Presentation Evaluation Question #
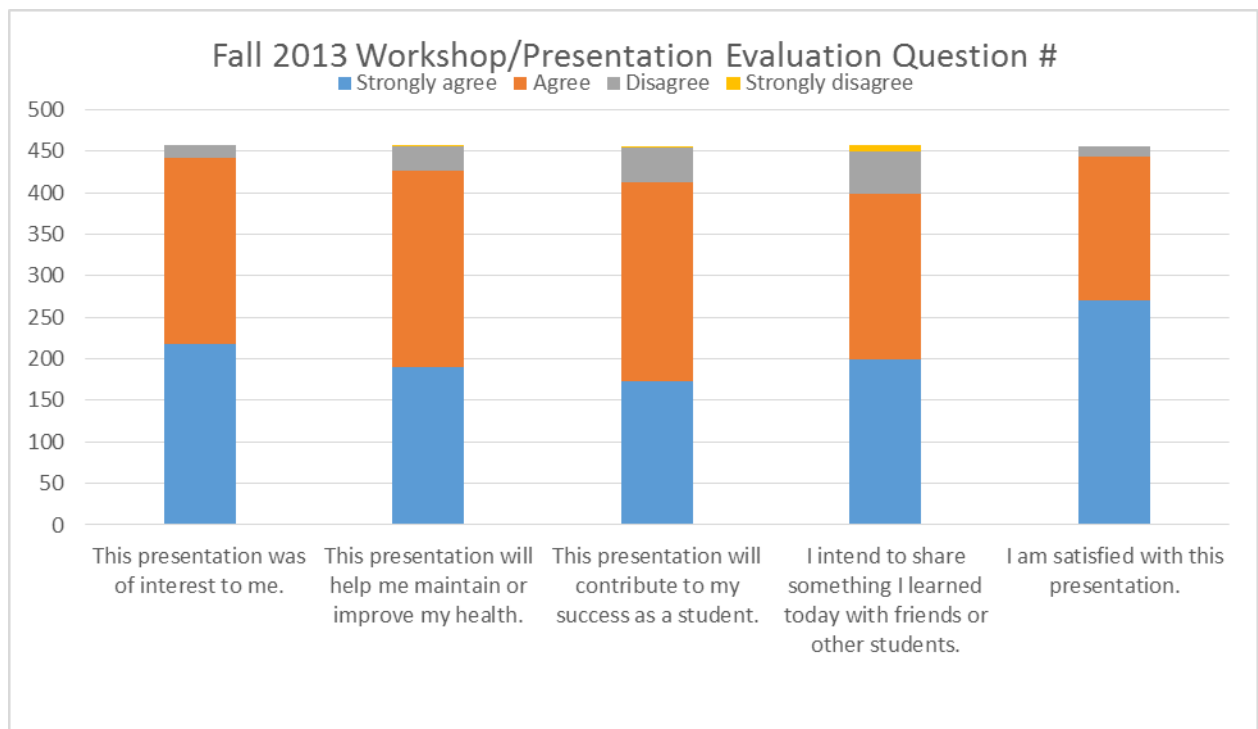
QPR Suicide Prevention Trainings

Data from the 2013 NCHA Survey illuminated the significant amount of SRJC students that have considered and even attempted suicide. As the charts below display, approximately 1 in 10 SRJC students seriously considered suicide in the past 12 months, and approximately 1 in 30 attempted suicide in the past 12 months.   These numbers are higher than the national comparison group and informed our program development on the importance of including a suicide prevention component.
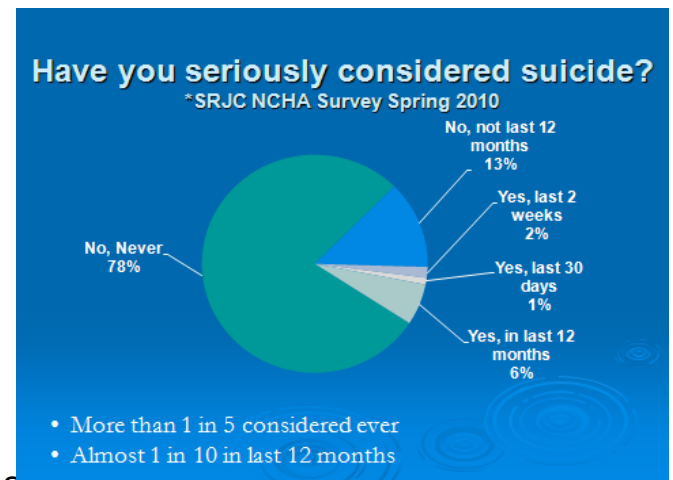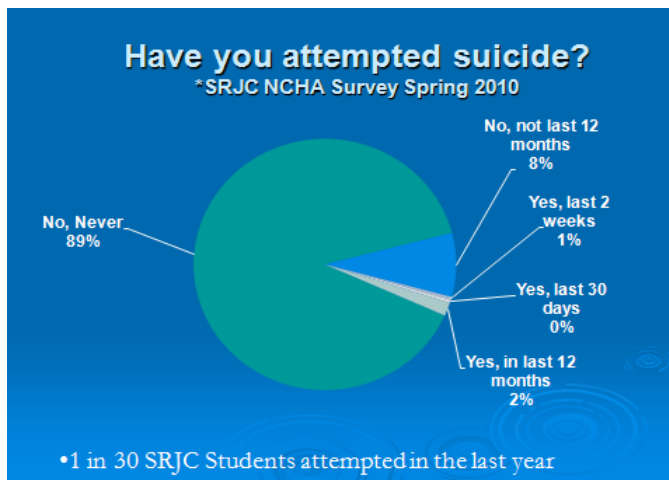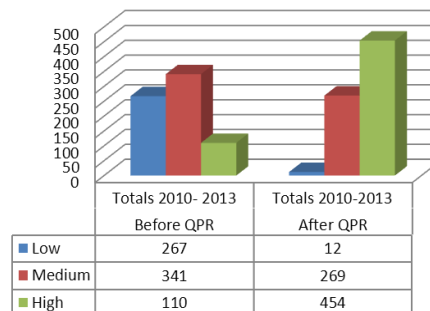

The PEP Program selected the evidence based QPR Suicide Prevention Gatekeeper Training as a key suicide prevention component and has trained over 1,000 students in the QPR curriculum. Pre and post survey are collected from all training participants. The charts below illustrate the gains in knowledge in four key areas of the training. Written evaluation and student response papers also have shown the positive impact and appreciation that students have for the training.
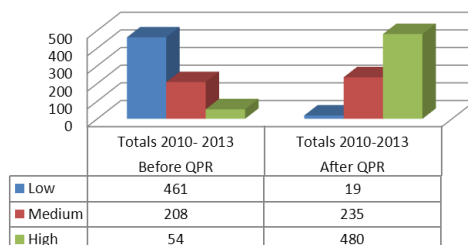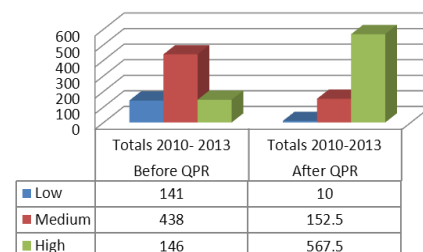
How to Ask Someone about Suicide

	Totals 2010- 2013 Before QPR	Totals 2010-2013 After QPR
Low	330	12
Medium	293	185.5
High	102	538.5

Persuading Someone to Get Help

	Totals 2010- 2013 Before QPR	Totals 2010-2013 After QPR
Low	267	12
Medium	341	269
High	110	454

Knowledge of Information about Local Resources

	Totals 2010- 2013 Before QPR	Totals 2010-2013 After QPR
Low	461	19
Medium	208	235
High	54	480

Knowledge of Warning Signs

	Totals 2010- 2013 Before QPR	Totals 2010-2013 After QPR
Low	141	10
Medium	438	152.5
High	146	567.5

SPS Therapy Outcomes – Student Evaluations

At the completion of a course of individual therapy in SPS, students are asked to complete and evaluation of the services, reflecting on learning outcomes, change in mental health variables, the effectiveness of the therapist, and what would have improved the experience. Learning outcomes show improvement, and satisfaction with the therapy experience is high. Also, a new assessment tool has been applied to all SPS visits, the CCAPS, which informs the therapists better on priority treatment issues, progress in therapy, and outcome assessment through improvement in assessed variables via CCAPS.

Student Focus Groups

As part of SHS's Regional Strategizing Forums, numerous student panels were assembled to inform participants of their healthcare needs and experience in obtaining support. Essentially these were student focus groups, and information was collected on: SRJC webpage design, student Veteran's experience at SRJC, barriers to Latino workforce development in mental health fields, and health insurance coverage.

Analysis of NCHA Data from Spring 2013

Over the past year, extensive immersion in the large amount of data collected in Spring 2013 from the NCHA survey has occurred to identify priority health issues in SRJC students. This is an ongoing process that will continue during the entire three year cycle of this particular assessment, with additional SPSS cross tab analysis as indicated. The Executive Summary is available on the SHS webpage, and information sharing and dialogue has been pursued with numerous constituent groups across the college (PDA day presentation, Academic Senate, SSC, workshops, Petaluma Dean of SS, Student Senate, etc.)

PLANNED ASSESSMENT FOR 2014-2015

Based on the planned cycle of assessment, the following two SLO statements will be assessed:

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.

Initial discussions are occurring as to both content to assess, and methodology for each. Linking assessment to follow up contacts with students after their visits, that have received specific recommendations to follow up with healthcare access outside SHS, such as having lab work done, or contacting a provider or clinic to establish care there as a medical home, or even achieving a behavioral health goal, is the initial thinking. This also could be linked to a student survey being done at the end of a health care visit in SHS, assessing what they learned during the visit regarding the health condition being treated. A workgroup of SHS individuals will form to lead our staff through the assessment process.

Other Assessment Activities: Student focus groups are increasingly becoming embedded in SHS's department outreach events, assembling panels of students to respond to select healthcare issues. Evaluation tools also are in place for all outreach activities, with questions designed to assess student learning needs around health issues.

Additional efforts to **assess specific student health needs through screening questions at the intake process for professional services** are being made, such as including depression/anxiety questions on athletic health screening forms, and other priority questions utilizing an SBIRT model of intervention (Screening, Brief Intervention, Referral and Treatment). Substance use is currently the emerging focus for this program enhancement.

In response to NCHA data on **the dissemination of health information from the college** overall, the department is considering options to better assess specifically what individual students are interested in during a health center visit, and scanning the academic course SLOs to identify specific curriculum infusion opportunities and to work with faculty on increasing the amount and types of health information they offer in the classroom setting.

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- Affordale Care Act	Fall 2013	Spring 2014	N/A

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				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)

During 2013-2014 the department effectively completed another cycle of assessment demonstrating a proficiency level with SLOs.

Due to the student learning needs associated with the implementation of the Affordable Care Act this year, the planned cycle of assessment linked to SHS's SLO statements was adjusted. A three year plan has been developed to sequence student learning assessments around getting health insurance coverage, understanding their specific health issues, taking personal responsibility for taking action to improve their health, and navigating the healthcare system towards establishing a medical home.

The NCHA Survey has been administered three times now and has been effectively utilized to improve programming within SHS, as well as contributing to a larger conversation around how to meet the health needs of students throughout the institution.

5.0 Performance Measures

In addition to the Program and Student Learning Outcomes in Section 4, there are five unique **performance measures** for Student Health Services. These are:

1) Student Access, Success and Completion Data

2) Utilization Data in Student Health Services

3) National College Health Assessment (NCHA) survey data

4) Quality Assurance and Improvement

5) Student Satisfaction

1) STUDENT ACCESS, SUCCESS AND COMPLETION DATA

For the 2012-2013 academic year, an electronic cohort group of students that received professional services at Student Health Services was created, and reports prepared and compared with District averages for key criteria monitored by the college.

Students that received direct services in SHS performed better in college relative to the overall student population, with higher persistence and completion rates, some to a significant degree. The demographic profiles of SHS-served students indicate much higher percentages of access for those students receiving financial aid support, students with disabilities, students under the age of 30, and many minority ethnic groups. Males continue to be the most significantly underserved population at the college at SHS; Hispanic students were served in SHS at just below the % of enrollment District wide (28.6% -vs-29.5%)

Results for the 2012-2013 academic year are as follows:

		SHS %	District %
Total Students	**8.8% seen in SHS**	3,294	37,431
Enrolled in Credit	**10.2% seen in**	3,289	32,359
Enrolled in Non-Credit	**12.9% seen in**	1,730	13,425
Non-Credit Category			
Courses for Older Adults		0.09%	2.49%
Elementary and Secondary Basic		45.87%	23.72%
English as a Second Language (ESL)		0.27%	5.63%
Health and Safety		7.29%	1.14%
Persons with Substantial Disabilities		1.55%	3.86%
Short-Term Vocational		0.52%	.55%
Workforce Preparation		0.18%	.34%
English Primary Language		**SHS %**	**District %**
Yes		86.67%	79.87%
No		13.33%	20.13%

Enrollment Location	SHS %	District %
1 Online ONLY	0.97%	5.04%
2 Santa Rosa ONLY	69.03%	52.48%
3 Petaluma ONLY	3.76%	9.52%
4 Other ONLY	0.82%	15.15%
5 Santa Rosa & Petaluma	19.16%	12.44%
6 Santa Rosa & Other	5.89%	4.67%
7 Santa Rosa, Petaluma, Other	0.36%	0.70%
Petaluma Units Breakdown	**SHS %**	**District %**
Zero Units	2.52%	6.48%
3.0 OR LESS	27.87%	32.22%
3.5 - 6.0	19.67%	23.26%
6.5 - 9.0	14.25%	12.56%
9.5 - 12.0	9.58%	7.46%
12.0 - 21.0 Units	18.92%	13.97%
21.5+	9.33%	5.94%
Gender	**SHS%**	**District**
Male	36.37%	44.74%
Female	62.36%	53.07%
Unknown	1.28%	2.19%
Age	**SHS%**	**District**
< 20	23.04%	21.13%
20-24	37.40%	30.37%
25-29	14.30%	14.15%
30-34	7.86%	8.66%
35-39	4.40%	5.61%
40-50	6.68%	8.91%
50+	6.31%	11.16%
Ethnicity	**SHS %**	**District**
White	51.79%	52.78%
Asian	4.52%	3.74%
Black	4.16%	2.42%
Hispanic	28.57%	29.48%
Am.Indian/Alaskan	0.61%	0.82%
Pacific Islander	0.73%	0.41%
Filipino	0.73%	0.79%
Multi-Ethnicity	4.80%	3.79%
Unknown	4.10%	5.78%
Disability	**SHS %**	**District**
Primary Disability	11.66%	5.51%
Secondary Disability	4.28%	2.36%
Dept of Rehabilitation	0.49%	0.20%
Financial Aid	**SHS %**	**District %**
Not Received	33.91%	64.48%
Received	66.09%	35.52%

		SHS %	District %
BOG Waiver		64.27%	34.92%
PELL Grant		31.60%	12.75%
Other		14.09%	4.47%
Progress			
Persistence		SHS %	District %
Persisted to Spring		88.13%	69.21%
Course Completion			
Degree Applicable		SHS %	District %
Successful		79.11%	73.84%
ESL			
Successful		80.86%	78.82%
English			
Successful		66.94%	65.10%
Math			
Successful		64.29%	66.98%
Academic Success			
Degrees		9.90%	4.09%
Certificates		3.28%	1.53%

2) UTILIZATION DATA IN STUDENT HEALTH SERVICES (CLINICAL, SPS, PEI, PETALUMA) SELECTED

Each year, statistics on professional services provided in SHS for individuals are submitted to SRJC's FACT book, and reviewed by the Health Services Advisory Committee as part of program review and budget development.

Fact Book statistics over a 5 year time span indicate small fluctuations in total individual service visits over the last two years, with an increase in Student Psychological Services, and a decrease in Clinical Services.

FACT BOOK 5 year trend (needs outreach update graph)
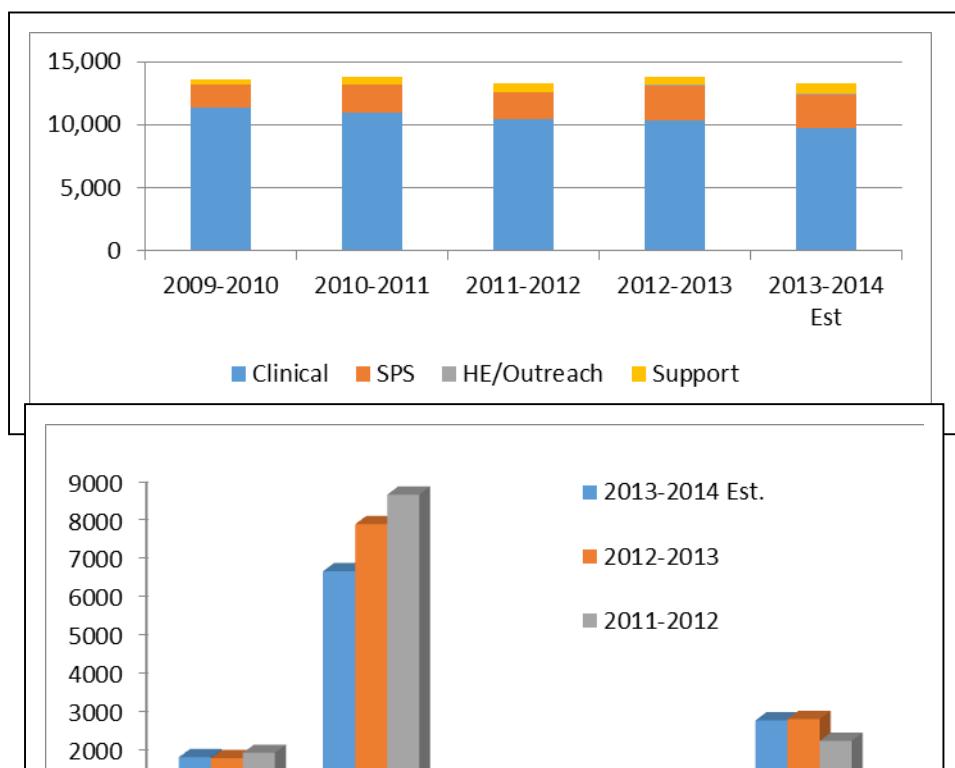
UNDUPLICATED HEADCOUNT of students served by clinic type 2013-2014

ReproHlth, 571, 13%

SPS, 597, 14%

NP/MD, 3100, 73%
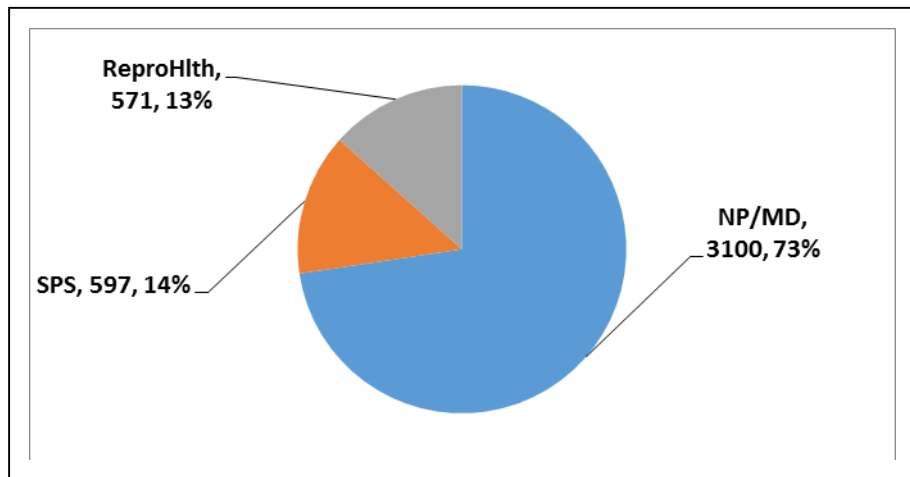
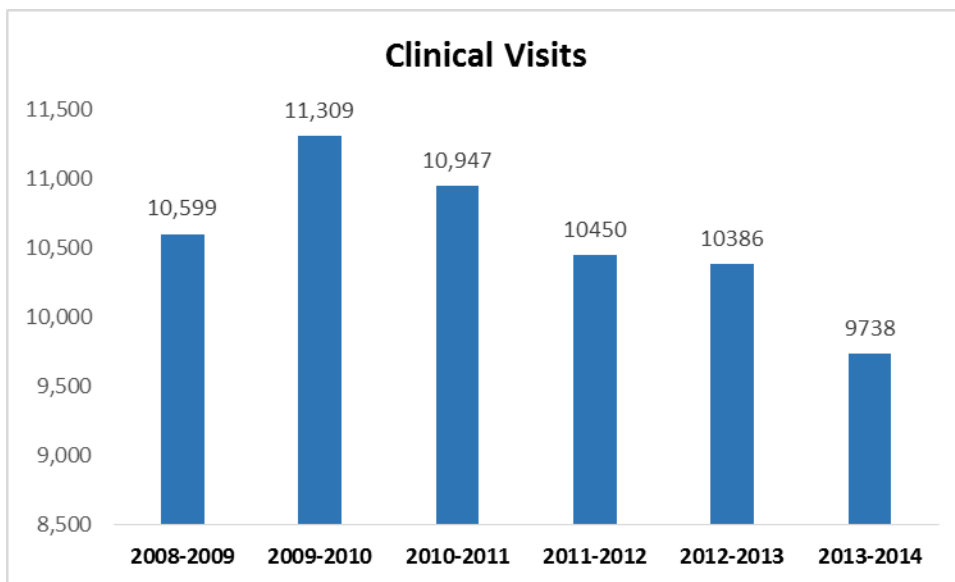*NP/MDs: 73% of students and 61% of appointments*
SPS: 14% of students and 24% of appointments

NOTE: More health promotion and outreach activities have increased since the PEI program launched in 2010. These have been measured in the FACT BOOK submissions by "number of presentations/events sponsored". With recently improved tracking on the actual number of students being reached by SHS health promotion and outreach activities, the number of students being reached has expanded significantly. Data collection methods being applied now include sign-ins and evaluations at workshops, classroom environments with a specific headcount, and hand held "clickers" to count numbers of students approaching tabling events and participation activities. In addition, online resources, such as the Student Health 101 online magazine is being accessed by individual students, which is measurable. It is apparent that SHS is "touching" many more students in recent years, with more effective outreach efforts, and dialogue with Institutional Research will be pursued, to consider changing the measurement on this particular outcome to contacts with individual students.

Health Promotion/Education/ Outreach Events

Year	Events
2009-2010	36
2010-2011	54
2011-2012	65
2012-2013	98
2013-2014	122
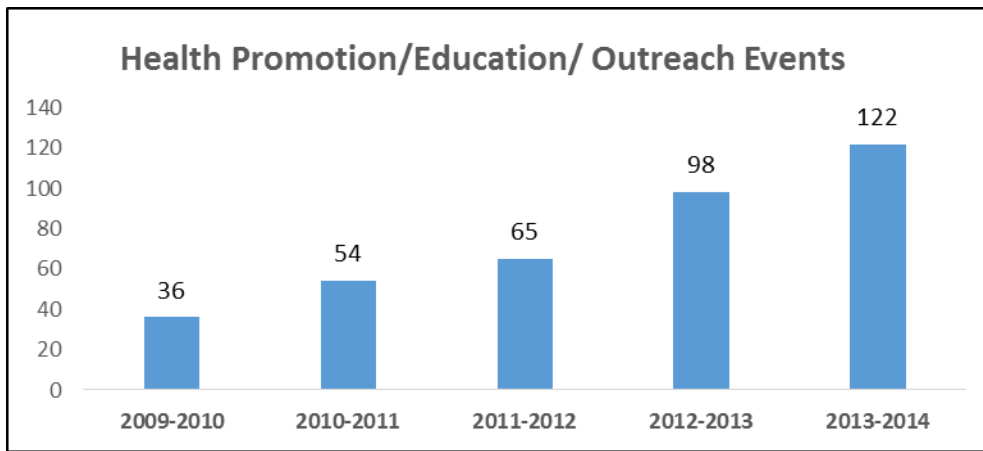
CLINICAL SERVICES

There continues to be a drop in the number of students coming in for care in the Nurse Practitioner and MD clinics over the last year. Contributing factors surmised include: SRJC student enrollment drops, rising health insurance coverage in the student population, NP absences/insufficient STNC backfill to see all students seeking services this past year, and few staff TB clearance services due to a national shortage of testing materials. As the nurse practitioners are "rolling over", positions have been slightly reduced accordingly.

Clinical Visits

Year	Visits
2008-2009	10,599
2009-2010	11,309
2010-2011	10,947
2011-2012	10450
2012-2013	10386
2013-2014	9738

Immunizations/TB

~40% of SHS clinic visits are specifically for TB screening and Immunizations, consistently as a percentage over the last 5 years. Medical Assistants have increasingly provided this service with NP supervision. The NPs still provide the HPV vaccinations, and via their work facilitating student access to the Vaccine Assistance Program for HPV, 122 students have completed the series free of charge. This program is expanding to young males now, which SHS has begun marketing.

Tuberculosis testing materials experienced a national shortage during 13-14, resulting in a decrease in staff tuberculosis clearances, prioritizing allocation of available materials for student academic

program clearances. Flu shots were provided late into the flu season this year, as H1N1 was impacting young adults more, with a corresponding increase in this service,

Diagnostic Profile: Clinical visits for acute illnesses and injuries typically are for conditions such as UTIs, muscle sprains/strains (occasionally fractures), pregnancy testing/emergency contraception, headaches, back pain, skin problems and upper and lower respiratory infections, often a manifestation of communicable diseases.   There has not been a significant shift in the diagnostic profile, and the amount of attention needed towards addressing students in distress and with personal challenges continues to be significant as part of student visits to see a nurse practitioner.

Whereas SHS will always need to be a safety net for easily accessible free care for acute health problems, the program continues to work towards providing students with more effective referrals to community resources during the student visit, assisting in establishing a medical home and/or obtaining health insurance or Medi-Cal coverage.

STUDENT PSYCHOLOGICAL SERVICES

Over the last five years there has been a steady increase in the number of students provided direct mental health services, as well as a steady decrease in the average number of sessions being provided for each student served.

Unduplicated Headcount of Students Receiving SPS Services

Average Number of Sessions per Student
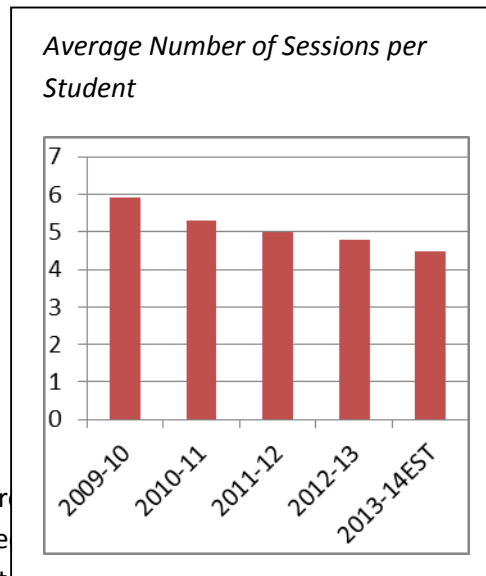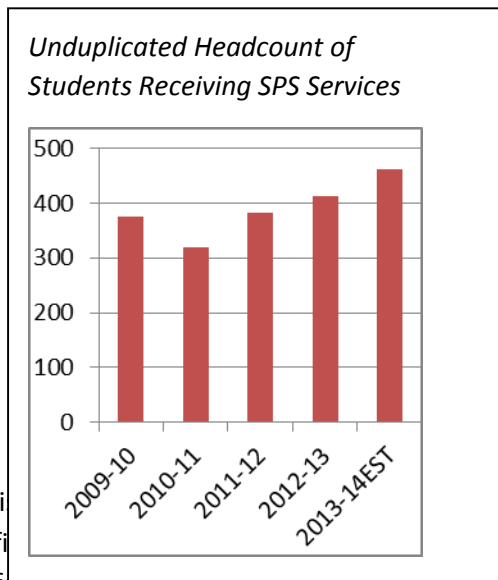
Thi[s]   service to mor[e]
effi[ ]   [lo]cated. The de[ ]
offered to students is actually more in alignment with what the national norms are at college counseling centers, as most goals for therapy in this setting can be accomplished with several visits.

The delivery of Spanish speaking mental health services reaches between 25 and 35 students per year.

Access to Services: the "Wait List"

In the last year refinements in the SPS triage system reduced both the number of students, and the time spent on the "wait list":

- Maximum number of students at any time on the wait list:

  2011-2012: **50**   2012-2013: **25**   2013-2014: **19**
- Average number of students on the wait list:

  2012-2013: **22**   2013-2014: **8**

- Average number of days from first contact (drop-in) to ongoing services:

  2011-2012: **62**   2012-2013: **29**   2013-2014: **18**

SPS uses a prioritization system for those students on the wait list. Thus, students with more urgent concerns would be seen in ongoing therapy even sooner.

Other Wait List Changes:

- The number of students on the wait list who were then seen for ongoing therapy at   SPS has increased from 58% in 2012-2013 to 66% in 2013-2014. The increase is   likely due to our smaller waiting list. In the past, the lengthy delays resulted in   students giving up on therapy at SPS, or on attending classes at SRJC.

- The number of students on the wait list who were referred to an outside provider has decreased from 9% in 2012-2013 to 1% in 2013-2014. This decrease is likely due to two factors. Because the SPS wait list is smaller, the delay to get into   ongoing therapy is shorter, and students are less likely to need an outside referral.   The second factor is a greater focus from SPS therapists in the drop-in sessions,   prior to anyone being on the wait list, to identify those students who need an   outside referral. Thus, they never wind up on the wait list.

- The number of students who did not respond when SPS called them from the wait   list has decreased from 54% in 2011-2012, to 24% in 2012-2013, and 17% in 2013-   2014. This again is likely due to shorter delay times in receiving calls for therapy.   There was less attrition.

- The number of students that declined therapy has remained steady at 8% in 2012-   2013 and 2013-2014. There will always be a small percentage of students who   either change their mind, or their situation is resolved.

Referrals from SPS to the Community

Greater effort throughout the year was placed on all SPS staff knowing who is on the wait list and the priority of their needs, such that therapists could provide appropriate services to current clients. Through these efforts, greater numbers of students are referred to community resources directly from their initial drop-in assessment, and students are seen for fewer sessions. In both 2011-12 and 2012-13, SPS referred 75 students to community services. In 2013-14, SPS referred 77 students, as of 4/7/14. (These referral numbers are actually higher, as not all staff were consistent in entering this information.) In 2013-14, most referrals were to community mental health clinics (53), followed by community private practitioners (12), community doctors/psychiatrists (8), and Community Drug and Alcohol Clinic, DAAC (12).

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 changed.

The most prevalent main diagnostic issues are, in order, anxiety disorders, mood disorders, personality disorders, substance use problems, and bereavement.

The top social environmental problem, as in past years were relational problems. Jumping into second place are academic problems, previously much lower on the list. This is followed by economic/housing issues, also higher than in the past. Problems with abuse and neglect are consistently high. Identity issues, previously listed as frequent, are much less prevalent.

HEALTH PROMOTION - PREVENTION AND EARLY INTERVENTION PROGRAM
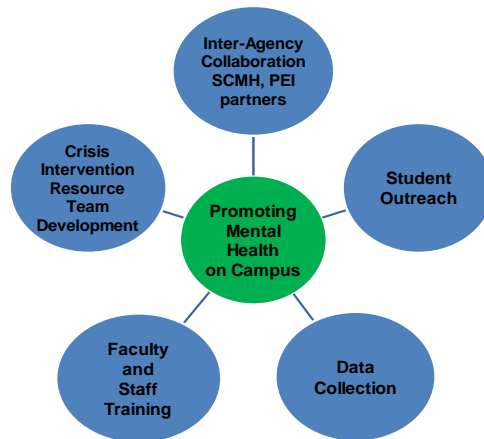
Utilization Data for PEI programming is harder to capture, as the program provides a multifaceted approach to strengthening the college's infrastructure and community towards preventive mental health activities, and early recognition and response to students of concern. The work involves leveraging existing resources throughout the college, and building collaborative relationships, which is difficult to measure.

In general, there has been significant momentum and progress with this overarching objective at SRJC, and accomplishments are an appropriate descriptor of how the PEI program is impacting the college culture around student mental health after four years of work. Whereas some quantitative measures are available, and a continuous quality improvement process is in place, the program has made great strides in population based interventions towards a healthier community and student body.

The model above represents key elements of program activity to accomplish goals outlined by Mental Health Services Act funding. Some of the measurable criteria linked to PEI "utilization" overlaps heavily with the department's comprehensive outreach activities, as well as Crisis Intervention Resource Team work, which is accomplished via a multi-disciplinary team and several different college departments. In addition to this, the collaborative relationship SRJC has with SCBHD's CAPE team is integral to Sonoma County's MHSA plan.

2013-2014 PEI Accomplishments:

Data Collection

- PEI funding supported the implementation of the National College Health Assessment Spring 2013, and over the past year, comparison analysis with the "baseline" 2010 NCHA data has demonstrated areas in which PEI program activities have had an impact on the student population. An example:

SRJC Students Have Received Information From the College on the Following Topics

AOD Use
Depression/Anxiety
Stress Reduction
Suicide Prevention
How to help others in distress

0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0%

■ SRJC 2010 ■ SRJC 2013
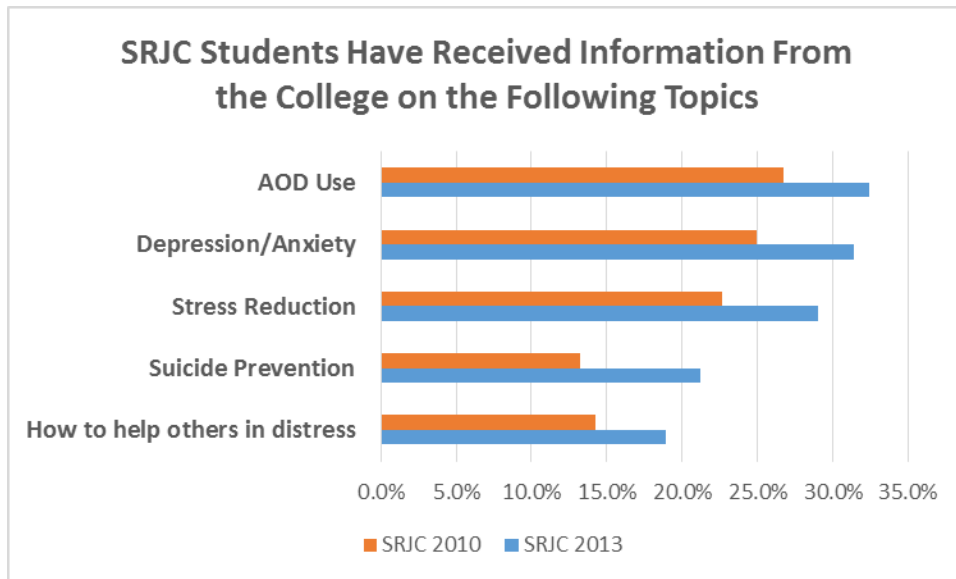
Continued analysis of data will continue until the next NCHA survey in 2016, including additional demographic breakouts on mental health issues to inform the outreach program.

- PEI staff conducts ongoing data collection and review to allow for program evaluation and improvement. (See QPR outcomes in Section 4: Student Learning Outcomes).

Faculty and Staff Training and Consultation

- MHSA funds have provided access to ***Kognito At Risk*** on-line training for SRJC faculty and staff, and was expanded during 2013-2014 with an additional module on supporting LBGTQ students, and creating a welcoming environment for Veteran students.   Kognito training and related discussion was offered at both Fall 2013 and Spring 2014 PDA days, and offered for Flex credit. To date 145 staff and faculty have completed one of the Kognito trainings.

- The SRJC Crisis Intervention Resource Team (CIRT) provides trainings for faculty and staff on recognition and response to students of concern, which the PEI Coordinator and other SHS staff have participated in.

- Participation in the Sexual Assault Prevention Task Force for the college began Spring 2014, and a significant training component, for both faculty, staff and students is anticipated. PEI staff will continue in a key role as prevention programming rolls out, for content expertise, technical assistance, and leading a student educational outreach initiative beginning Fall 2014.

Crisis Intervention Resource Team Development

- Santa Rosa Junior College CIRT team has maintained and strengthened a working relationship with representatives from Sonoma County Behavioral Health Division's CAPE team, with meeting attendance, case coordination activities and resource sharing.

- MHSA funds supported a threat assessment training during 2012-2013, and in the past year, the CIRT team developed and implemented a threat assessment protocol, with good results.

- During 2013-2014, the CIRT team has developed, and is finalizing on-line behavioral incident reporting for staff and faculty to access and utilize, accompanied by additional website revisions.

- Beginning groundwork and dialogue has occurred at meetings this past year, regarding development of an SRJC system for students to report students of concern. The goal is to establish this with SRJC's IT department, outline clear procedures, and launch this as part of a bystander outreach program during 2014-2015.

  Inter-Agency Collaboration

- Sonoma County Behavioral Health Division mobile crisis team comes to the college to provide mobile crisis assessment services for students that are a danger to self and/or others, and facilitates transport and intake to Psychiatric Emergency Services as needed. During 2013-2014, the CAPE team facilitated admission to PES for 12 SRJC students.

- During 2013-2014, SRJC strengthened its leadership role in the Sonoma County mental health community by sponsoring a number of educational and networking events on the Santa Rosa Campus, bringing in various agencies to engage in dialogue with students, staff and professional peers on priority topics (Latino Mental Health Forum, Veteran's on Campus, Sexual Assault Prevention, etc.).

- PEI staff helped launch the new Suicide Prevention Hotline of Sonoma County.

Student Outreach and Peer Support

A steady increase in the number of classroom based educational interventions with students by PEI staff is noted, with the central pillars being QPR suicide prevention trainings (offered regularly in some classes now), and "Health and Student Success" presentations, focusing on health issues that are impediments to academic performance.
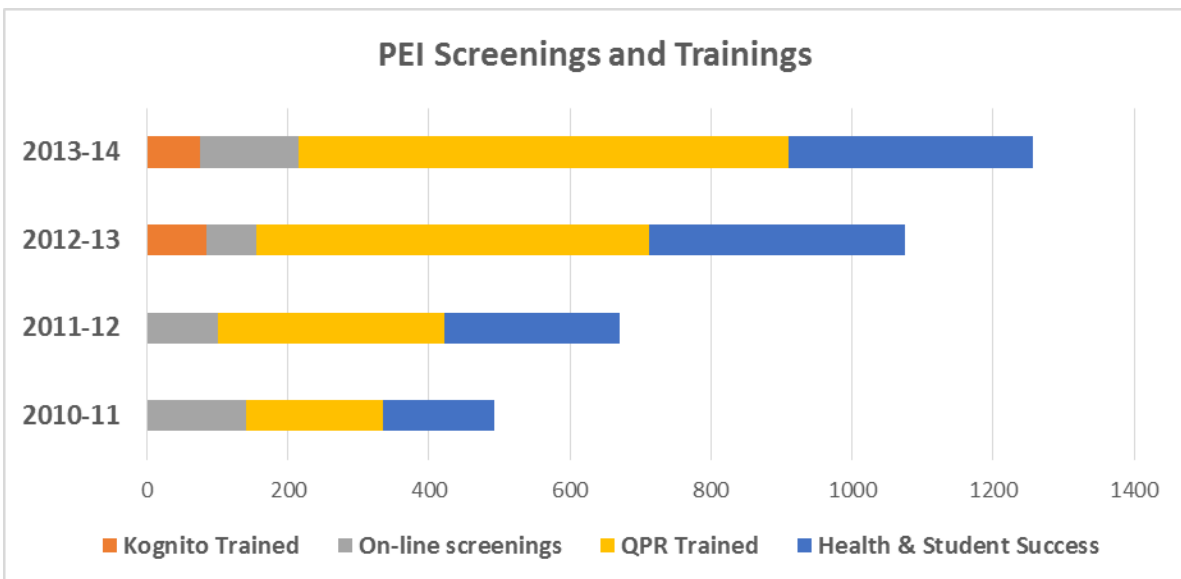
The *Student Health 101* online magazine also has increased in numbers of students reached since initiated in 2010.

CCC-SMHP GRANT 2012-2014

In August 2012, Student Health Services obtained a two-year MHSA campus-based grant to enhance the PEI Program by creating a sustainable peer health support model, linked with student internships and academic programs. This project has very effectively mobilized the student voice in our continued efforts to raise awareness and reduce stigma associated with mental health.

CCC-SMHP GRANT (PEERS) ACCOMPLISHMENTS

- Explored academic program links including Human Services Certificate, Community Health Worker Program, and Work Experience, but have been most successful in recruiting student interns pursuing psychology and health sciences degrees.

- Monthly coalition meetings offer education, skills training and resource networking on topics such as stress management, healthy relationships, and substance abuse.

- Teaching Fellowship scholarships were granted both years of the grant, where students engaged in suicide prevention teaching and program support activities.

- Developed roles for and selected/supervised 8 student interns as:

  - Active Minds Leadership - devoted to the effective execution of the SRJC Active Minds chapter at SRJC (2 interns).

  - Peers-in-Conversation - organized bi-monthly lunchtime talks about relevant mental health topics (2 interns).

  - Community Liaison - represented SRJC at Sonoma County Mental Health Board meetings and other community organizations throughout the school year (2 interns).

  - Campus Correspondent - created videos of SRJC students talking about assorted health topics, for customized on-line magazine *Student Health 101* (1 intern).

  - Petaluma Campus Outreach - to increase health promotion outreach efforts linked to the PEI program (1 intern).

- Collaborative relationships were established to infuse wellness information into program and student club activities, with a focus on at risk student groups.

  - ✓ Orientation for Student Veterans - January 2014

  - ✓ Promoting and Supporting Student-athlete Success (PASSS) - an advisory group of the Kinesiology, Athletics and Dance (KAD) Department.

  - ✓ Gateway Program students on Petaluma campus (High School GED program for students that had previously dropped out).

  - ✓ Spring Wellness Fair - the inaugural launch in 2014 was very successful with a coalition of student clubs participating to engage students in activities related to each of the Seven Realms of Wellness. Approximately 200 students attended.

Whereas a sustainable model internal to SRJC was not fully accomplished, with significant cuts to the program activity looming, the Sonoma County BH Division agreed to continue support for the PEERS component of the PEI program by increasing their grant amount, which will run for at least the next three years.

Petaluma Campus Services

2013-2014 on the Petaluma Campus was characterized by a decrease in both NP and SPS appointments in SHS (as compared to 2012-2013), while reproductive health appointments provided by the Petaluma Health Center were slightly increased.
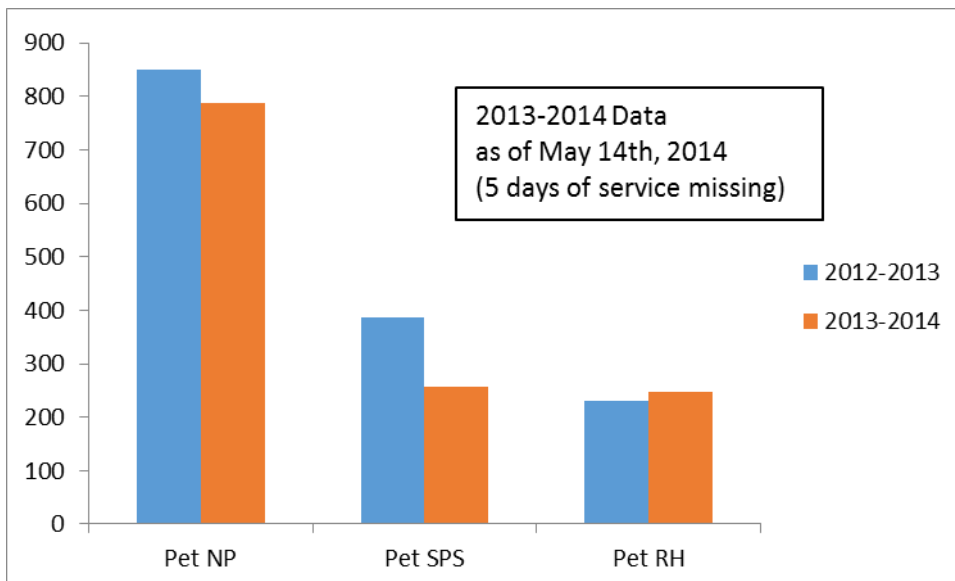
As stated previously, this is surmised as being due to: SRJC student enrollment drops, rising health insurance coverage in the student population, and NP absences/insufficient STNC backfill to see all students seeking services this past year, including an extended NP medical leave during the Fall of 2013.

SPS analysis indicates that despite fewer appointments, there was little change in the *number* of students served in 2013-2014, with 54 students served, with two days of on-site service per week, i.e. more efficient service delivery. The Petaluma SPS wait list never exceeded 5 students.
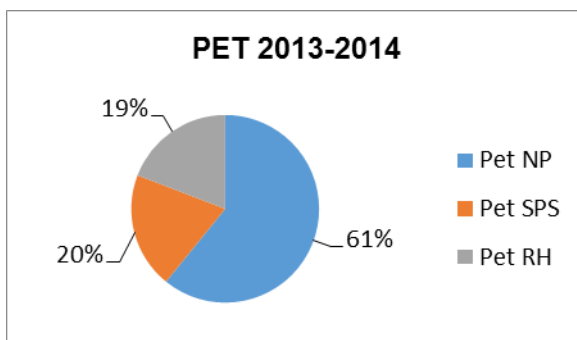
Proportional to the percentage of the student population, Petaluma SHS continues to have lower utilization rates than on the Santa Rosa Campus. Factors that account for this difference may include: 1) Students behave more like "commuter students" at the campus, and student engagement in campus life and activities is lower. 2) Outreach to identified "cohorts" of students to inform them of services has less capacity, as the campus has fewer certificate and specialized student support programs established (example athletes, health sciences, foster youth, vets). 3) Petaluma Campus has a high number of adjunct faculty, which are not on campus as much, and are more difficult to connect with to inform of SHS supports and to develop partnerships in health. (See Quality Improvement discussion re: Petaluma Campus below.)

Reproductive Health Services – Provided by Outside Agencies

During the 2013-2014 academic year, 1,640 student appointments for reproductive health services were provided on campus.

Providing access to birth control methods and diagnosis and treatment of sexually transmitted infections is a critical component of services provided for SRJC students. The basic knowledge our students have about these issues is largely overestimated, and NCHA data indicates our students are at increased risk for unintended pregnancies and STIs as compared to other CCC students and national college students. Unintended pregnancy in particular is linked to higher rates of leaving college and not completing educational goals. Providing evidence-based approaches to increase knowledge on reproductive health issues, as well as supporting behavioral changes towards more effective contraception and protection is inherently linked to the institution's student success goals.

SRJC's current model of having community clinics provide FAM-PACT services on our campuses in the health centers is a very successful approach, and has demonstrated steady growth in utilization since established in 1995. Attending the campus-based clinics also establishes students at the specific community clinic providing the service, and enrolls the student in Medi-Cal for covered services.

Santa Rosa Campus: Southwest Community Health Center provides FAM-PACT services two days per week for a total of 10 hours of clinical time. This is highly utilized by students. During the Spring 2013 they added HIV testing services with a bilingual specialist on site, which continued into Spring 2014, until the specialist left his position at Southwest Community Health Center.

Petaluma Campus: Petaluma Health Center provides FAM-PACT services one day per week, and is in its' second year of partnering with SRJC/SHS. Assuring these clinics are filled with students takes considerable outreach effort, and necessary to sustain this service from Petaluma Health Center on campus.

Affordable Care Act Enrollment Services

2013-2014 was the first year SHS has brought health insurance enrollment support on site for students, inspired by the ACA rollout. HealthCorps workers – (a branch of AmeriCorps) were made available to SRJC through a grant received by the Redwood Health Coalition, to provide certified educational workshops, and enrollment services on both of our campuses. Wraparound outreach and educational workshops were timed carefully with the individual appointments, hoping to efficiently "feed" the ACA clinics with students already educated and informed on the basics of ACA, with subsequently shorter appointment times, to reach more students. One hundred and twenty-seven students were served in

this pilot project, and the enrollers reported that almost all of the students they served were qualified for Medi-Cal enrollment, i.e. with low economic status and were previously uninsured. This is the specific target population the SHS department was trying to reach.   Access to on-campus appointments was impacted as the ACA enrollment deadline approached, and many more students were referred to local options off-campus to receive face to face counseling and enrollment support. This was an excellent addition to SHS's scope of student support services, achieved through collaborative relationships with community agencies. Plans are already in motion to identify resources for the next enrollment cycle, though enrollment in the Medi-Cal program is open throughout the year, and this could be an ongoing (periodic) service, given the resources are available through outside agencies.

3) National College Health Assessment (NCHA) Survey Data (See also Section 4.1b)

The NCHA was implemented during the Spring of 2013, surveying 995 SRJC students**,** assessing the health risk behaviors, perceptions and health conditions of students in randomly selected credit course sections on the Santa Rosa and Petaluma campuses. This database provides information that has been shared, and will continue to be disseminated to various constituent groups across the District over the next three years, towards education, dialogue and developing program and institutional activities to "maintain and improve the health of students" as related to their attendance at SRJC.

With the emphasis in the coming years on implementation of the Student Success Task Force, linking student health issues with academic success and student retention is central to the messaging. The specific data collected on health impediments to academic success is a critical assessment piece to contribute to the college's efforts to support our students.

Trend analysis of certain questions identified on the NCHA survey may be a reflection of aspects of the SHS program's performance in population based interventions. There always are multiple factors, though, that contribute to students' perceptions and experiences of health as reported on the survey, so care is taken with any conclusions. More extensive studies, comparing localized NCHA data with a college's health program infrastructure, across the CCC system to identify any correlations would be a much more effective approach, but not within the scope of this report!! (Idea suggested to HSACCC, as a potential research dissertation query). The other element of performance that potentially can be extracted is when SRJC's database is compared with norms from other CCCs and/or national data.

With these limitations in mind, this last year a few items have been identified so far that could be linked to impact from efforts made by SHS. An example was shared above in the PEI program outcomes, regarding the dissemination of information to students on select mental health issues. Other items of interest to our staff and college that have come up:

4) Quality Assurance/Improvement Measures

As the provision of professional healthcare is central to SHS functions, an internal process is needed to assure that the quality of services being provided is safe and meets established standards of care. SHS accomplishes this in a number of ways.

- Identified system improvement needs, as linked to specific outcome objectives.

- Internal student health records review process, via MH intern individual supervision, and MD clinic and consultation meetings.

- Peer-review and interdisciplinary case management meetings.

- Aggregate data analysis - Medicat software data and NCHA.

- Student satisfaction surveys – SPS therapy evaluations, universal evaluation for SHS experience. (See discussion final section below.)

2013-2014 Activities

Systems: SHS Reengineering IMPACT on Mental Health Programs

SHS mental health programs underwent a re-engineering process over the last 2 years, and remained an area of focus for the 2013-2014 year. An administrator was hired and new intern supervisors were hired. A Health Services Assistant with a strong mental health background also was hired to support operations and system change, as well as converting the grant funded Health Promotion Specialist into a permanent position.

One goal of the reengineering transition was to maintain the integrity of the SPS training program and services delivered, as well as improving access to services. This was achieved. Three psychologists engage in individual supervision time, as opposed to this being centralized with one psychologist previously. Another provider handles group supervision and didactic training/coordination. Internal SPS procedures were revised, increasing access to services for students, reduced wait list times, and a more focused type of therapy/interventions aligned with national norms for college counseling centers (as noted in preceding sections). There has been strong positive feedback from the current psychology interns.

The Prevention and Early Intervention program also has made considerable advances toward imbedding itself deeply in the college community, with additional grant funds, and being a central part of the "student engagement explosion" seen on the Santa Rosa campus this past year. For a new program, i.e. 4 years old now, there has been great progress with an established PEI Coordinator at the helm (discussed in utilization section above).

Health Records Review

Each mental health intern received one hour of individual supervision per week, where student treatment plans are reviewed with a licensed MH provider, in addition to group supervision with case reviews. This is a labor intensive approach to quality assurance that is linked to SRJC's commitment to an internship training program on site to meet regulatory requirements. It remains a cost effective approach though, for the amount of quality services delivered to students.

Licensed nurse practitioners have their records reviewed in a few ways. Each referral into the MD clinic from an NP accomplishes a review of the NP records and work-up, serves as a records review, and functions as an interdisciplinary consultation and feedback mechanism. Also, monthly clinical review meetings are set up each year to review practices for identified clinical conditions, to update knowledge, skills and referrals inclusive of individual records review.

These meetings include:

1) *Review of current literature and guidelines*
2) *Analysis of Condition as Treated in the Health Center –Trends, Demographics*
3) *Database Reports on Individuals Receiving Care – Diagnoses, Treatments,*
Meds, Outcomes (crosstabs)
4) *Review current nurse practitioner "Standardized Procedures"*
5) *Review in-house "Clinical Guidelines"*
6) *Review current health education resources, handouts and referrals*
7) *Review charts for case management practices*
8) *Recommendations (standardized procedure changes, guidelines)*

In 2013-2014, clinical review topics reviewed included: ACA and insurance eligibility/status, depression, musculoskeletal injuries and pain, yeast infections, long-acting contraception, concussions, head-ear-nose-and-throat infections, abdominal pain, and lifestyle assessment. The monthly clinical consultation meetings found a consistent high standard of care being provided, with continuous quality improvement processes actively applied. There were minimal changes made to the NP Standardized Procedures during 13-14, with particular challenges noted in the impact of increasing drug prices, further limiting the range of prescription medications that SHS can dispense free of charge.

Of note is the positive impact that the purchase of the online reference "Up-to-Date" is having on the clinical practice in terms of quality assurance/improvement. This is a click away from within the E.H.R. software system, where the most recent standards of practice are available, including differentials, medications, labs, patient education handouts, etc.

Additionally, the conversion of the SPS health records to an electronic version has also increased the efficiencies around the individual supervision of the mental health interns.

Petaluma Campus Focus: increased staff engagement/outreach activities

A focus area for improvement for 2013-2014 was increasing staff engagement within the Petaluma Campus setting, to support collaborative efforts to reach students with health information, and assure awareness of available health services on campus. Staff include a Medical Assistant, College Nurse Practitioner, Health Promotion Specialist, 2 Student Health Aides, 1 PEERS Intern, a Director, and an Assistant Director. Momentum on this objective was interrupted by the CNP retiring in December after an extended medical leave. A new nurse practitioner was hired in January 2014, and has been very active on campus quickly, making broad and varied connections, and systemic improvements were accomplished

Staff engagement/outreach 2013-2014:
- Classroom presentations – various, including Gateway Program.
- Educational workshops.

- Health awareness events.
- Campus safety meetings – backup Building Safety Coordinator.
- QPR trainings.
- CPR trainings.
- Faculty Forum attendance.
- Sustainability Committee.
- Initiate Food Bank site at Petaluma Campus, starting Fall 2014.
- PEERS intern established at Petaluma Campus - connected with ICC.

As the NCHA survey completed in Spring 2013 had a question regarding the site of the classroom where the survey took place, there is a considerable amount of data that may be extracted from the database that is specific to "Petaluma-touched" students. A query on this is being pursued, with an SPSS report being run during the Summer of 2014.

Integrative Activities Focus: for Interdisciplinary Team Building

In response to the many changes in personnel, and preventing any unnecessary team splitting across geographical and discipline perspectives, a systems goal is to assure that team cohesion is created early and consistently held. There have been small steps this past year in this direction. For program review purposes, a shared activity several times over the year was to have staff look at selected aggregate NCHA data together, and discuss, analyze and brainstorm on what program responses or additional queries should be made to promote health within the student population. There also were more connections in a group setting between the NPs, MDs and MH providers, and preliminary discussions occurred on in-common intake assessment data for the future, best practices for wrap around case management, and some smaller group case reviews (example - athlete with an advanced eating disorder).

FUTURE FOCUS AREAS in Continuous Quality Improvement 2014-2015
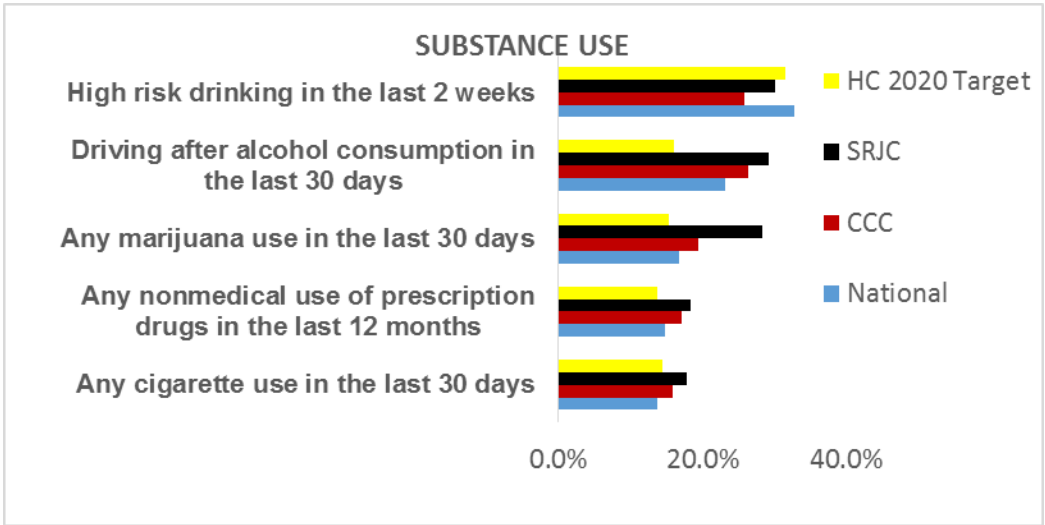
Referral Outcomes

There has been no consistent method of evaluating the effectiveness of our referral process, starting with the sporadic documentation practices of our providers in the Medicat system. This has come up in a number of contexts over the past year, and with our Student Learning Outcome Assessment project as our inspiration, our focus on the issue in the coming year will be on both referrals made internally (NP-SPS-MD) and to community healthcare resources. New processes will be developed towards developing a functional referral evaluation system, with ways to flag internal referrals for case management discussions, as well as high risk students being referred into the community for follow up.
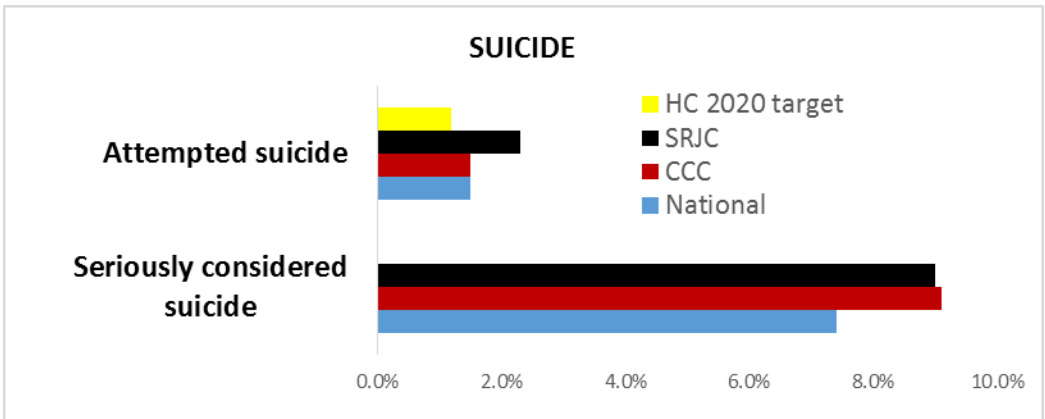
Responding to NCHA survey findings:

When comparing Substance Use data collected via the NCHA with both the CCC Consortium data and National data, it is clear our students are at increased risk for harm. Marijuana in particular is very high, with 16% of SRJC male students reporting marijuana use every day. These statistics are lined up also
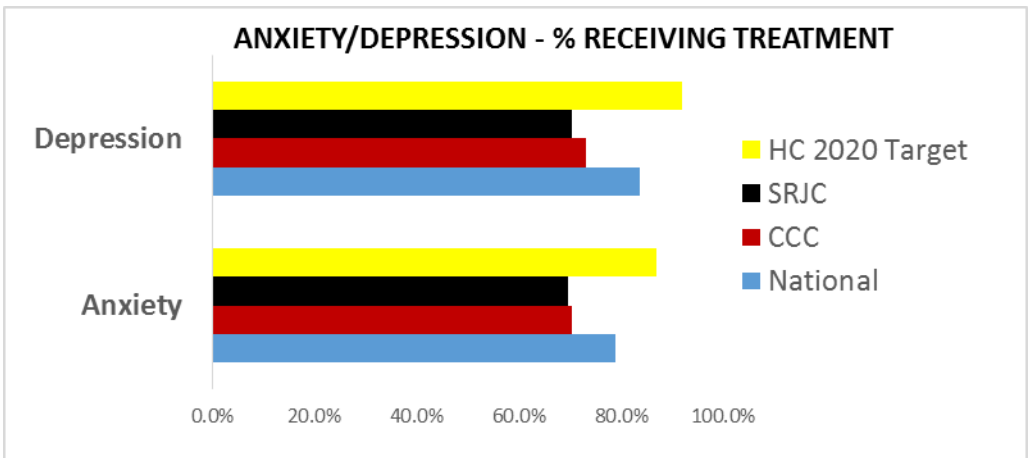
with the Healthy Campus 2020 Objectives, a CDC driven benchmark goal for health status improvement nationally.

SUBSTANCE USE

High risk drinking in the last 2 weeks

Driving after alcohol consumption in the last 30 days

Any marijuana use in the last 30 days

Any nonmedical use of prescription drugs in the last 12 months

Any cigarette use in the last 30 days

Legend: HC 2020 Target, SRJC, CCC, National

Axis: 0.0%, 20.0%, 40.0%

Dating back to the 2007 NCHA survey, SRJC students have consistently had higher rates of suicidal ideation and suicidal attempts when compared with CCC and National college students.

SUICIDE

Attempted suicide

Seriously considered suicide

Legend: HC 2020 target, SRJC, CCC, National

Axis: 0.0%, 2.0%, 4.0%, 6.0%, 8.0%, 10.0%

The 2013 data again indicates that suicide is a priority health issue to be addressed for our students. A slight shift down in suicide attempts is encouraging in terms of perhaps seeing the impact of a major suicide prevention initiative both at the college and in the Sonoma County community. Linked to this particular priority, another NCHA data piece of interest to our staff has been the % of students diagnosed with anxiety and depression that are receiving treatment.

ANXIETY/DEPRESSION - % RECEIVING TREATMENT

Depression

Anxiety

Legend: HC 2020 Target, SRJC, CCC, National

Axis: 0.0%, 20.0%, 40.0%, 60.0%, 80.0%, 100.0%

Standardized student information obtained at intake for all health center facilities, with proactive response and intervention with identified priority issues

Agreement has been reached that in SHS, we are capable of having more of an impact on at- risk students with a more systematic approach to our intake process, and apply screening, and response protocols. Whereas SPS asks many questions of each student with each visit using the CCAPS instrument, and a fairly extensive intake form, the NP clinics have minimal intake information standardized and is incorporated into assessment at each student's "first visit". (This is where the technology solution "Self Check-In" could be extremely useful for quality improvement of services given.) Moving towards more standardization of intake info is an identified workgroup for 13-14, minimally identified as primary care provider, health insurance status, current medications, allergies, and perhaps tobacco, alcohol, marijuana and other drug use, as well as an initial screen for depression and anxiety.

The drop in NP clinical visits seen recently is perhaps providing an opportunity to work with each student contact in a broader context, with greater capacity for appointments longer than 10-15 minutes, which potentially could include targeted SBIRT services for substance abuse, anxiety, depression and/or other health information needs. As the nurse practitioners are the providers with access to a much larger number of students coming into the health centers, they are the logical point of enhanced assessment.

Another asset identified for exploration to support this goal is a recent focus on SBIRT interventions for substance abuse by Sonoma County's Prevention Division. Conversations of possible collaborative efforts will be pursued.

Health Records Review

Clinical practice review topics for 2014-2015 include:

Date	Topic
September (Friday)	Laboratory work – CLIA certification –review standardized procedures and utilization of labs (look at thyroid in particular)
October (Tuesday)	Integration Meeting **MOTIVATIONAL INTERVIEWING** how to support and improve success in students making behavioral changes; SBIRT applications (consider day long training for all professional staff)
November (Friday)	Hand and Wrist Evaluation, wrap techniques
December (Tuesday)	MRSA – protocols, current RX recommendations and other dermatological questions
February PDA Day	Integration Meeting **REFERRAL OUTCOMES REVIEW**
March (Tuesday)	Integration Meeting **ANXIETY-DEPRESSION** – screening, assessment, referrals to medical home if meds involved? (Tuesday)
April (Friday)	Knees-evaluation of joint function (Friday)
May (Tuesday)	Medications – review of on-site dispensing, frequency of call-ins, costs, and edit formulary for 15-16 as needed.

Team will consider developing specific Clinical Guidelines with audit against 4 standards of each: Head injury, sexual assault response procedure (procedures being updated) and others, as identified.

Effective dissemination of health information to larger numbers of SRJC students

Whereas local trend analysis indicates that more health information is being distributed to SRJC students over the last three years, presumably linked to the efforts of the PEI program, when this is compared with other community colleges and national college norms, our college's performance appears quite weak.

"I have received information from the college on the following health topics…"
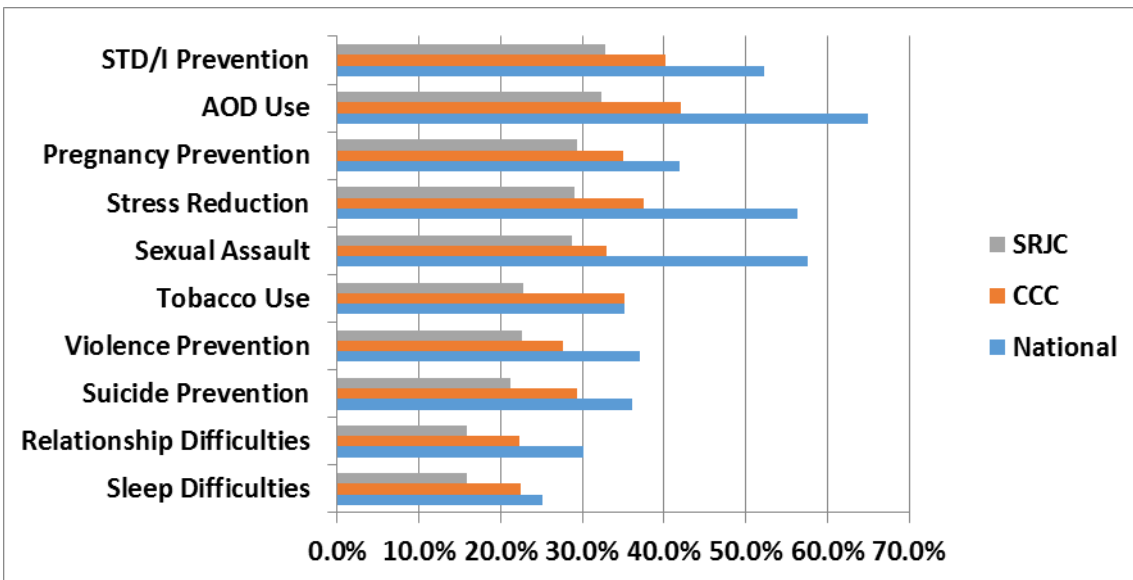
This has been a point of dialogue within the SHS Team, and for 14-15 several changes will be implemented to attempt a more effective health information delivery system throughout the college. Some key strategies include:

- Shifting of resources and focus from many health awareness events to fewer, and more focus on finding ways into the classroom setting via faculty relationship building.

- Develop "Health and Student Success" series of presentations for multiple settings, with more in depth information on multiple health issues (substance use, reproductive health, depression/anxiety, etc.).

- Have clearly developed materials and strategies to immerse in the summer's Welcome Center and early Fall start up events ready to go.

- Have a dedicated student worker or two specifically assigned to college-wide SHS information boards, with rotating health topics/facts/social norming messages, and to make "the rounds" to all service centers to offer materials.

- Consider asking each new student to the health center specifically what health conditions they would like to learn more about, and have a "ready response" outlined for each request.

- Utilize the mobile "Wheels of Wellness" cart often with a full spectrum of health information content.

- Others….

Petaluma Pilots

Reproductive health pilot of chlamydia screening in Petaluma - Working with Petaluma Health Center to provide free chlamydia testing to those qualifying students, females 25 and younger. As infection is asymptomatic, anticipate about 10% screened will be positive. Will receive treatment and follow up through reproductive health services.

Food distribution in Petaluma- working with Redwood Empire Food Bank to provide fresh fruit and vegetables to students weekly through the two semesters.

5) STUDENT SATISFACTION

Apart from the SPS post-therapy evaluations provided by a small percentage of students each year, there has not been a robust student satisfaction survey done in more than six years. In the past this was done for a designated period of time (1-2 months), with every student completing a paper based form, data entered into an Excel, and tabulated. A home-grown version of a form was developed, with input from some outside sources. The evaluation covered front reception climate/effectiveness, provider performance measures, experience of being respected and heard, confidentiality maintained, etc.

Much has changed since then, with emerging standardized college health practice tools through the American College Health Association, capacity for online survey response (though our SLO project this year did not support this as an effective methodology), and a renewed focus for SHS in terms of student's receiving healthcare system "navigation" interventions from SHS staff, leveraging ACA resources to maintain and improve the health of our students.

With many new staff recently hired, the infusion of more technology into our service delivery, the expansion from one to three facilities, and the evolution of increasing numbers of outreach activities, *the time is now for establishing an updated tool to assess student satisfaction across the department,* and implement this, perhaps as a pilot, during the 14-15 year.   This will be one informational resource to feed into the Continuous Quality Improvement objectives outlined for SHS in the coming year (SHS workgroup).

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	Funding Stabilization	1) Health Fee - reduce discretionary expenditures as possible, closely monitor revenue/expenditures, and implement COLA adjustments as allowable. 2) MAA- advocate for continuing this program in CCCs, continue participation as allowable. 3) Grants -advocate for continued/increased Sonoma County MHSA grant funds for PEI program (absorb PEERS program as possible). 4) Continue exploration of external funding sources aligned with SHS vision, pursue as appropriate.	Ongoing	1) COLA allowed from March 2013 implemented. No COLA allowed for 2014. Expenditures 13-14 reduced through salary savings, reductions in permanent staff positions, no major equipment purchased, limited travel allowances. 2) Advocacy for CCC participation successful, provided materials for Federal audit, continue time surveys and invoicing. Training new staff to maximize claim pool. 3) PEI County grant increased from $90,000 to $100,000 for 13-14. Additional increases being requested for 14-15 to absorb PEERS program costs. 4) Slight increase in cost shift to athletic health screening program, other grants explored.
0002	ALL	01	02	Increase SRJC student access to healthcare on campus and in the community	1) Administrative outreach to community healthcare stakeholders, to discuss access issues for SRJC students 2) Determine longitudinal methods to evaluate the effectiveness of SHS community referrals/student follow up 3) Establish a workgroup to develop SLO assessment projects related to student learning on the ACA. 4) Develop educational/outreach tools: Health Insurance resources, (comparative costs), Medi-Cal enrollment/eligibility, medical home options in Sonoma County. 5) Adjust health center intake process to disseminate information with clinical/MH visits. 6) Continue multifaceted educational outreach activities, increased student contact (measured student headcounts) 7) Expand reproductive health services hours on SR campus	Summer->Fall -> Spring ->	1) Engaged in dialogue with SRCHC, PHC and SCBHD clarifying current referral and access issues. Certified enrollment counselors for ACA brought to both campuses, increasing access to insurance and Medi-Cal enrollment. 2) Some beginning conversations have occurred this past year, but methods have not been determined or implemented. 3) An effective SLO workgroup was established, and ACA events, enrollment counselors and an SLO assessment project emerged. 4) Materials developed, community resources updated. Still need to further develop SHS web page. 5) Front office print materials available for optional student use (SHS events and workshops, Kognito, AA, SPS groups, bookmarks). The only universal department-wide assessment for student information needs at intake has been for health insurance. 6) A large increase in the amount of health promotion events occurred during 13-14, secondary to the PEERS grant. A new "mobile" health information cart was constructed, for use in the future.

							7) Reproductive health clinic hours have been expanded on the SR Campus to 12 hrs/wk form 8 hrs/wk.
0003	ALL	04	02	Implement technology development projects	1) Implement the SPS EMR to achieve fully paperless records system. 2) Social media development, maintain Facebook pages, develop internal system to select messages to post from all staff, diverse topics 3) Explore implementation of self-check in module, as budget allows (13-14 or 14-15) 4) Work with IT to update SHS webpage expansion. 5) Apply technology solutions to increase Petaluma/Santa Rosa campus SHS staff communication and support increased paper reduction practices.	Summer->Fall -> Spring ->	1) SPS EMR implemented 2) Have SHS Facebook page established, no clear team process established for selection of postings. One staff actively posts various topics, and reposts PEERS Facebook topics. 3) Budget has not allowed for self-check-in module. Still needed to strengthen communication with students. 4) SHS webpage still in development, initial posting expected by Summer 2014. SHS staff has assisted with the college project developing this. 5) Received a Projector from Media Services to support better tech, but a video conferencing capacity within SHS(computer to computer) has not been accomplished yet.
0004	ALL	01	02	Continue development and integration of the PEERS Coalition program college wide; fully implement grant objectives in final year.	1) Continue collaborative work with staff and students at engaging at risk student groups in Coalition activities, i.e. Foster Youth, Vets, Gateway HS students, etc. 2) Strengthen curriculum infusion from the CHW and HSC programs with internship positions, and work with program faculty. 3) Establish PEERS Coalition activities on the Petaluma Campus, ie. Active Minds, Coalition meetings, Gateway program outreach. 4) Complete grant work plan.	Summer->Fall -> Spring ->	1) Coalition has increased connections with MHSA identified at-risk groups, though they have not been actively engaged in the PEERS Coalition meetings. (Other groups have, such as LGBTQ club, etc). " A Veteran's workshop was sponsored, engaged in new orientation for Vets " A PEERS intern and Nurse Practitioner attended a Foster Youth event. " SHS staff and new PEERS intern have gone to the Gateway classroom in Petaluma to establish contact. 2) PEERS intern training currently is not linked with the curriculum/SLOs of the CHW or HSC programs. (Grant objective) 3) A PEERS intern began working on the Petaluma Campus Spring 2014, with engagement in several events/Peers in Conversation activities. Active Minds will remain ONE club for the District. 4) Plan extended to September as allowed by the Foundation, progress made. Toolkit, clear curriculum for peer intern training still pending, as well as fiscal sustainability.
0005	ALL	01	02	Continue implementation of changes in the SPS program towards increased access to MH services in SHS	1) Adjust intake assessment procedures to assure immediate urgency determination and response.	Summer->Fall -> Spring ->	1) Intake adjusted successfully. 2) Wait list reduced significantly.

					2) Minimize "wait list" as possible. 3) Develop tracking system for effectiveness of community MH referrals. 4) Maintain quality of internship program and its operations in alignment with department's objectives.		3) No thorough tracking system for community MH referrals established. A time/cost efficient methodology for the most at-risk students being referred out for follow-up is being explored through Medicat software, to support this quality improvement effort. 4) Quality of the internship training program and its alignment w/dept objectives maintained and improved."
0006	ALL	06	02	Engage staff in integrative activities and meetings to enhance cross discipline workgroups, leadership skills, and team development	1) Continue CORE meetings utilizing the "Effective Facilitation" model. 2) Create workgroups for internal staff development projects, cross discipline trainings, case reviews, SLO assessments, technology development, college events, and other activities.	Summer->Fall -> Spring ->	1) Intake adjusted successfully. 2) Wait list reduced significantly. 3) No thorough tracking system for community MH referrals established. A time/cost efficient methodology for the most at-risk students being referred out for follow-up is being explored through Medicat software, to support this quality improvement effort. 4) Quality of the internship training program and its alignment w/dept objectives maintained and improved." 1) Effective Facilitation model maintained for CORE meetings with active team participation and effectiveness. Feedback: CORE needs MORE time set aside for department meetings to effectively coordinate activities and be informed about dept. projects. 2) Three workgroups established, outreach team active, and expanded interdisciplinary team meetings: twice NPs/interns x2, all dept. meeting in February. Several department social activities for teambuilding were successful. Continue and develop more specific methods to meet objectives, with better integration of Outreach activities.
0007	ALL	01	02	Strengthen student employment effectiveness in SHS	1) Re-design student employee scheduling and assignments (decentralize primary facility assignments and supervision). 2) Infuse weekly student employee cohort meetings with a more structured training plan and shared group supervision 3) Review hiring criteria to increase employment retention	Summer->Fall -> Spring ->	1) Student employees moved to facility based assignments and decentralized on-site supervisors. 2) Partially met rolling over to next year. 3) Hiring criteria implemented.
0008	ALL	06	02	Safe, clean, and welcoming environment in all SHS facilities	1) Pursue facility improvements as outlined. 2) Assure safe staffing levels are maintained at all times dept. is open.	Summer->Fall -> Spring ->	1) Progress! Bathroom floor in Race fixed! 2) Staffing has been very thin at times during 13-14, and safety standards have

				3) Implement infection control and cleaning practices at all facilities on a regular basis.		not been maintained at all times. Race is the highest risk location - with one person in front, visual and auditory connection is poor with staff in the back. Plover often has adequate STNC back up and Petaluma is behind a locked door/window. 3) Increased attention during flu season. Variations between facilities noted, continue towards consistency.

6.2a Program/Unit Conclusions

Location	Program/Unit Conclusions
ALL	**FUNDING STABILITY** As a department that relies primarily upon student fees for its expenses, an analysis of the current fiscal environment remains concerning and a priority for the department. The significant drops in enrollment over the last several years have not been recovered during 13-14, and are essentially flat from one year ago. Yet personnel expenses continue to increase with health benefits, COLA salary increases, and the anticipated increase in student employment hourly wages. Small reductions in position turnovers were implemented and a Health Fee $1 COLA was implemented, but these measures did not keep up with the increases. How can we effectively increase revenue, and reduce expenses, and maintain program quality and integrity? . REVENUE INCREASES- SHS has been successful in maintaining external funding from the MAA federal reimbursement program and the PEI - MHSA funds from the County. These funds need to be leveraged within appropriate boundaries to support the CORE functions of SHS as much as possible. Items that will help support the department through these trying times. " Limited Health Fee reserve funds are still available. " The automatic Health Fee COLA policy in in place " A $1 COLA allowance during 2015 is hoped for " The County MHSA grant for 14-15 has been doubled, to $200,000/yr assuming integration of SMHP - Suicide Prevention- Stigma Reduction activities into the central PEI-SHS program plan. (with measurable outcomes, evidence based interventions as available) Future Directions: " Articulating SHS's role in student success is critical, and accessing State funds available for these initiatives, are a local effort. Equity funds have been identified by the Chancellor's Office as a potential source. " Smaller grants have been applied for by SHS, awaiting outcomes. " Discussion by SHS staff indicates that it may be the most effective use of our time to seek external funding with a focus on partnering with other lead agencies in the community on health related grants. " The Health Services Advisory Committee recommended pursuit of an account with SRJC's Foundation to receive donations, should we decide to expand to fund-raising activities. EXPENDITURE REDUCTIONS Health Fee discretionary expenditures have already been reduced significantly over the past 2-3 years. Not a lot more can be cut in discretionary items, and personnel have been condensed already through re-engineering. " Expenses will need to be cut/minimized significantly wherever possible until student enrollment is restored to higher levels. Preserving permanent staff salaries/benefits is the priority, with other required expenses. " The department needs to maximize the efficient use of personnel to achieve safe work environments, quality service delivery, and fiscal efficiencies. Enhancing good communication, evaluating workload assignments to reduce any duplication of efforts, and team building may help. Technology, such as the "Self Check-In" module could reduce student employment needs. " More assertively assisting students in establishing medical homes in the community may help in having longitudinal alternatives for students needing/seeking health services at a level/scope that we fiscally cannot provide. (This is in alignment with MHSA objectives, along with ACA enrollment support.)
ALL	**STUDENT LEARNING OUTCOMES** A proficiency level has been achieved in SHS in regards to SLO Assessments. As the Affordable Care Act is being implemented nationally, an important area of student learning was identified by SHS and directly linked to the SHS vision for the next 1-3 years. Obtaining health insurance or Medi-Cal coverage, following up on SHS referrals for community based care, and establishing a medical home in the community are all goals associated with this vision. Sequencing assessment projects over several years as a continuous process is intended. An adjustment to the program's "SLO Cycle of Assessment" Plan was made this year to align with the logical flow of assessing these items in a sequence.

	During 13-14, a student learning outcome assessment project was done around supporting students understanding and obtaining health insurance or MediCal coverage, with the implementation of the Affordable Care Act. (See Section 4) For 14-15, SHS staff are planning a student learning outcome related to medical homes, identifying healthcare resources in the community, following up on referrals to providers/services made by SHS staff, accessing services, etc. A SHS workgroup will convene to assist in the development and implementation of the project, with an eye towards next year's projects as well. As this is new territory in terms of student learning assessments, this will remain a focus for the next 1-2 years.
ALL	DEVELOPING AN EFFECTIVE, INTEGRATED HEALTH PROGRAM TEAM " towards providing quality individual healthcare and coordinated services for students " clearly aligned with strategic plan and student success initiative " Identifying and improving fiscal efficiencies, via enhanced staff communication, review of job functions/assignments, etc. SHS has been experiencing a significant amount of change since 2010, with movement from two to three facilities, two new grants, expansion of the health promotion component, and newly hired staff, with more coming in 2014-15. Collectively, there is a tremendous amount of excellent work being done on behalf of supporting students in achieving their academic goals. There is a wonderful momentum happening, connections with both the college and local community are increasing, our CORE staff are talented and passionate, and our capacity has increased. This change within SHS corresponds, though, with significant changes occurring in the environmental context of our services. The college is embarking on a new Strategic Plan, the Student Success Act is impacting the college's priorities, and the overall healthcare environment is in the middle of a tremendous change due to the Affordable Care Act. The burst of SHS outreach events, workshops and classroom presentations has perhaps stretched the boundaries of our department's work plan beyond our internal capacity and resources to maintain the integrity of team and program. We are particularly vulnerable to weakening ourselves with rapidly expanded boundaries of programming, in terms of administratively supporting the dramatic increase in fiscal management, personnel management, and assuring alignment with our goals, etc. The expansion being experienced includes the additional geographic separations of our program, with resultant "discipline" separation/bias/silo effect, and a facility "silo" effect. This is a point in our department's transformation that we seriously consider our own infrastructure, focus, capacities, priorities, and system organization to assure we can move forward with greater strength as a whole. Increased opportunities for meaningful and effective communication are what seems to be needed, with a standard of interdisciplinary engagement, Supporting methods to enhance daily conversations and interactions between staff , sharing thoughts and ideas about the program, case management work, and increasing social connections. An assumed value within our department is that our workplace is an amazing playground of program potential, and can support our passions around making an impact on our students. This is exciting, incredibly meaningful and satisfying work, and we have fun doing this together! Part of our ability to do this is having the planning process emerge with reasonable goals that we can accomplish, integrative in nature to leverage resources effectively, and have a strong infrastructure supporting healthy communication and collaboration.
ALL	DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY " Leveraging and supporting Faculty/Classroom/Courses for health information curriculum infusion " Leveraging and supporting District-wide methods and efforts towards health promotion for the entire college community. " Leverage and supporting our own health centers for universal screening and follow up with students coming in, regarding their overall health information needs and interests. NCHA data was compared from 2010 to 2013 and we have been effective with increasing the number of students receiving information on health issues over the past three years, as well as progress in students stating SRJC has helped them maintain and improve their health. When compared with other external references, the picture isn't as rosy. For example, SRJC performed well below other CCCs in this area, and of all the Institutional Learning Outcomes, the health one performed the lowest as well. We are putting on events, workshops, seminars and reaching some faculty for consistent classroom presentations. But when considering the size of our student population, the allocation of resources for these many activities, seem to be needing review towards a more effective way to disseminate information from a population based perspective, leveraging technology, course/curriculum infusion, and "other". This SHS effort also is in alignment with prioritizing the scope and boundaries of our outreach efforts, and internal team integration of resources for health promotion topics and department/services awareness outreach.

# 6.2b PRPP Editor Feedback - Optional

We are building an amazing team in Student Health Services, with each new hire building our potential strength and capacity to new heights! Staff are incredibly dedicated, passionate, and collectively bring a diverse set of very strong and applicable skills sets. People that are here want to be right where they are, and have an appreciation for the unique opportunities available to support our students in their journey. At the end of 2014, all but three individuals, out of 35 workers, will be newly hired within the last 3 years. This is complete transformation, and keeping the essentials in place assuring continued excellence, along with moving in new evidence-based directions is a challenging, but exciting dance!

FUNDING

Director Comment: It is *critical* for Student Health Services staff and supporters to continue networking activities on the local, state and national level to explore new program revenue and creative financing models, as well as supporting statewide advocacy efforts to preserve the fiscal stability of health centers in the CCC system. Both SHS managers are identified leaders in statewide advocacy efforts and system support. This takes administrative time away from daily operational oversight responsibilities, so staff training time, communication support and internal system strength will enable continued work in this area by SHS managers/staff. Travel budget enhancement is needed to some degree as well. Correspondingly, Student Health Services must look at every way we can cut expenses until our enrollment based revenue flow, combined with other resources, has increased sufficiently to provide and maintain a robust health program at SRJC, utilizing best practices.

STUDENT LEARNING OUTCOMES

Director Comment: A series of student learning outcome assessment projects will be sequenced by SHS to support learning of concepts in alignment with the Affordable Care Act roll-out. The vision of healthy and successful students, with health insurance coverage and a medical home to receive ongoing care drives this SLO focus for us.
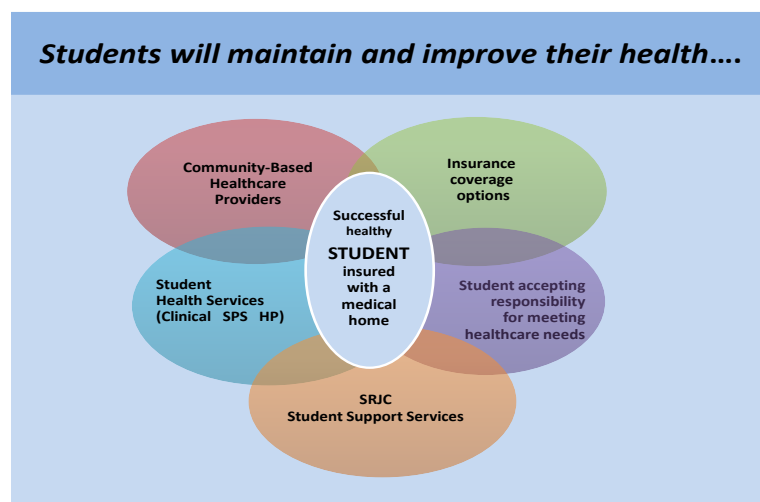
PROGRAM INTEGRATION, INTERNAL STAFF DEVELOPMENT AND TEAM BUILDING

Director Comment: With the fiscal challenges facing us now, it is an opportune time for SHS to focus inward as a group, and clarify and refine our ways of working together towards in-common goals. Changing how we organize our service delivery towards greater efficiencies, creating more opportunities to have our professional staff develop and diversify skills together, and supporting cross-discipline and cross-facility work groups on specific projects are ways to engage in team building and strengthen our department's capacity to serve students

DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY

Student Health Services has been a leader this past year in supporting student engagement efforts, contributing to an unprecedented momentum during 13-14, with the grant funded PEERS Coalition providing many events with active club involvement. Two of the PEERS interns have been elected to student government for 14-15, and with continued grant funding from the County now, we anticipate continued momentum next year.

Our goals though, given data found in our NCHA survey, need to focus on more effective ways of disseminating concrete information on health issues to the broader student body. Whereas outreach activities increase awareness of health as an integral part of college life, for those students that participate, specific health information and screenings, resulting in increased healthcare access and treatment, needs careful attention. This will be a challenge not for just the PEI / PEERS program, who have led the charge on the department's outreach program recently, but all of SHS staff, along with faculty, who are the primary contact for most SRJC students. We hope to move health education/promotion activities more into the classrooms, linked with the student success initiative.

6.3a Annual Unit Plan

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0001	ALL	07	02	Funding Stabilization	1) Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies as possible, closely monitor revenue/expenditures, and implement COLA adjustments as allowed in 2015. Consider reductions in FTE for each position being rolled over. 2) MAA- continue participation. 3) Grants -advocate for increased Sonoma County MHSA grant funds for PEI program 4) Continue exploration of external funding sources aligned with SHS vision, pursue as appropriate.	Ongoing	Staff time: MAA Coordinator meetings and trainings Local, state and national networking meetings/conferences to learn of funding opportunities. Grant search and writing support.
0002	ALL	01	02	Increase SRJC student access to healthcare on campus and in the community	1) Administrative outreach to community healthcare stakeholders, to discuss access issues and equity issues in healthcare for SRJC students 2) Determine methods to evaluate the effectiveness of SHS community referrals/student follow up (see other goals) and improve as possible. 3) Actively distribute educational/outreach tools: Health Insurance/ACA information, Medi-Cal enrollment/eligibility, medical home options in Sonoma County, health support agencies and resources4) Pursue grants or other resources to support ACA outreach at SRJC.	Summer->Fall -> Spring ->	Staff time Community partnerships
0003	ALL	00	00	PEI Program Development	1) Integrate the most effective components of the PEERS Coalition into a singular PEI program for the District. 2) Complete grant work plan and finish Operating Manual 3) Strengthen and structure peer health support intern training program, utilizing curriculum from the CHW and HSC programs, and/or other evidence based peer health training programs. 4) Continue collaborative work with staff and students at engaging at risk student groups (i.e. Foster Youth, Vets, Gateway HS students, etc.) in peer health support activities throughout the District, i.e. PEERS Coalition workshops, etc.	Summer->Fall -> Spring ->	Grant funding HPS/Asst. Director oversight PEERS Coordinator HSA admin/event/classroom support Student peer support interns SHS Staff time/support

					5) QPR trainings continue to expand as resources allow - (Master and Gatekeeper) Assure peer interns support suicide prevention initiative, in absence of Teaching Fellow. 6) Develop cohesive, clearly defined, "Health and Student Success" series of presentations and/or PowerPoints with voice overs, for curriculum infusion purposes, and provide faculty support for implementation, with the college's Student Success initiative in mind. 7) Continue marketing of Kognito and engage in other faculty/training support activities. 8) Support development of processes and trainings for "students reporting students of concern" and other bystander roles (suicide, emotional distress, sexual assault and misconduct, dangerous drinking, bullying, etc.) work with CIRT, Student Affairs and IT, and engage in District wide outreach once system in place.		
0004	ALL	01	06	Quality Improvement Activities	1) Develop and implement a student satisfaction survey for use across the department to assess strengths, and areas of improvement needed to optimize the entire student visit experience. 2) Implement new technological "Recall" (or reminder) procedures in Medicat to assist SHS providers in follow-up with client needs; start with flagged "higher risk" student cases as defined by providers. 3) Review and strengthen treatment outcome measurements, i.e. MD consult meetings/chart reviews, SPS case reviews utilizing evidence based tools. 4) Track outcomes via CCAPS center-wide report using new technology 5) Improve case management with interdisciplinary and interagency provider dialogue to improve effectiveness of community healthcare referrals. 6) Staff training in integrated SBIRT models of care and motivational interviewing. 7) Pilot universal and/or targeted health screening of students accessing services, and initiate brief intervention, referral and/or treatment to improve response to priority student health issues (start with	Summer->Fall -> Spring ->	Grant and/or Equity Funding Staff time

					health insurance status, consider tobacco, depression, anxiety, alcohol and marijuana, use, chlamydia, pregnancy planning)		
0005	ALL	01	02	Increase health information dissemination to students and staff through increased immersion in the college environment and culture.	1) Work with college staff (IT, academic counselors, A&R, Student Affairs) to develop more effective methods to disseminate mandated notifications to students on sexual assault and AOD use. 2) Adjust health center intake process to increase dissemination of health information that students express an interest in, independent of the student's reason for the visit. 3) Continue multifaceted health education and promotion outreach activities, with measured student headcounts and evaluations. 4) Strengthen health information dissemination through rotating topic postings in designated areas on campus, on Facebook, via the SHS website and Student Health 101. 5) Explore other methods of improving health information dissemination at SRJC	Summer->Fall -> Spring ->	Staff time/SHS workgroup IT support District wide coordination/policy revision to meet AOD/SAP mandates Student support
0006	ALL	01	02	Strengthen student employment effectiveness in SHS	1) Review and implement best hiring criteria to increase employment retention 2) Infuse weekly student employee cohort meetings with a more structured training, teambuilding activities, and shared group supervision by facility based supervisors. 3) Integrate SHA training/meetings with PEERS interns and other SHS professional staff.	Summer->Fall -> Spring ->	Student Employees Staff time
0007	ALL	06	02	Engage staff in integrative activities and meetings to enhance cross discipline workgroups, leadership skills, and team development	1) Continue CORE meetings utilizing the "Effective Facilitation" model 2) Create workgroups for internal staff development projects, cross discipline trainings, case reviews, SLO assessments, technology development, college events, and other activities. 3) Consider options for increased "all department meetings" throughout the year, expanding CORE meeting times, and/or enhanced overlap time between all direct care providers (Interns, PE, NP, MD, MA) 4) Continue team-building social activities	Summer->Fall -> Spring ->	Staff time
0008	ALL	00	00	Complete meaningful SLO assessment project(s)	1) Establish a workgroup to develop and lead implementation of SLO assessment project(s) related to student understanding of	Summer->Fall -> Spring ->	Staff time/workgroup meetings

					health conditions, and following up on recommended actions to improve health/access resources in the community.		Software consulting support to design effective student referral outcome tracking options
0009	ALL	04	02	Implement technology development projects	1) Medicat - review and refine database structure, incorporate new functions as possible with existing software to support staff efficiencies and QI, plan for implementation of self-check in module, as budget allows during '15-'16. 2) Social media development, maintain Facebook pages, develop internal system to engage all staff in selection of topics/links on priority health issues. 3) Work with IT to update SHS webpage, train select staff on update procedures, staff workgroup on refinement, and obtain student feedback. 4) Utilize and evaluate effectiveness of technology solutions (Skype with projection) to increase Petaluma/Santa Rosa campus staff communication and support.	Summer->Fall -> Spring ->	Staff time IT support
0010	ALL	06	07	Improve the department's disaster response preparedness, and maintain a safe work environment.	1) Pursue facility improvements as outlined. 2) Assure safe staffing levels are maintained at all times dept. is open. 3) Implement infection control and cleaning practices at all facilities on a regular basis 4) SHS staff to participate in Area Safety Leader trainings by the District, and engage in localized safety activities as outlined in the role. 5) Disaster Preparedness activities: " Review Pandemic Plan, work with the County on designating SRJC as a prophylaxis distribution site for SRJC staff and students. " Pursue advanced disaster preparedness webinar(s) focusing on medical/MH operations for all CORE staff. " Department training in the START method of medical triage.	Summer->Fall -> Spring ->	Staff time Training resources