Santa Rosa Junior College
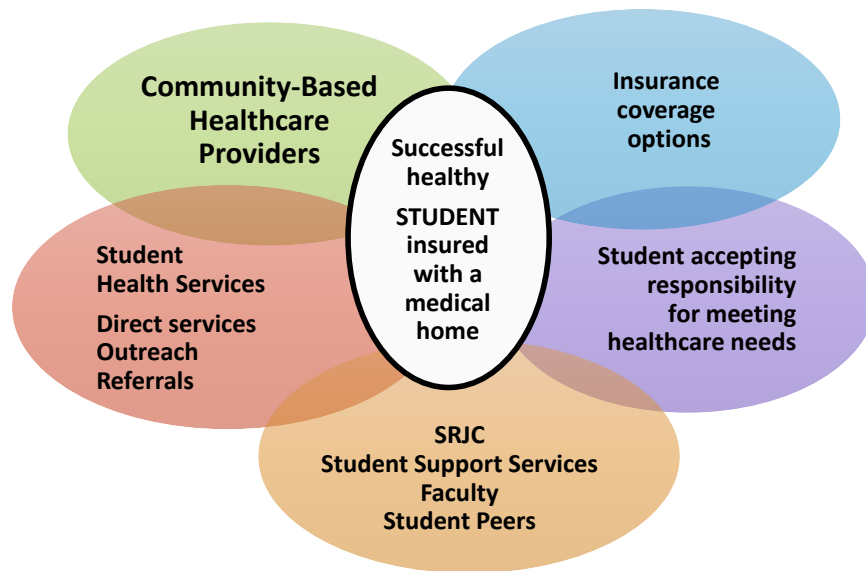## Program Resource Planning Process

Student Health Services 2015

1.1a Mission

The Student Health Services Vision is:
To have healthy, academically successful students, learning in a healthy college community, with access to health support resources.

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

Values:

Health, Learning, Academic Excellence, Sustainability, Diversity, Community, Beauty, Compassion, Innovation.

1.1b Mission Alignment

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

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

Student Health Services (SHS) is strongly aligned with the District's mission statement, which lists various dimensions included in the "health" of the whole student and college community that cultivates learning. Our mission explicitly uses the terms "physical, social and mental" health, as this is the World Health Organization's definition of health. For example, mental health, used in our mission statement, includes intellectual and emotional health, and ethical development is related to social health, etc. Whether students have contact with SHS for individual services addressing health issues, or through preventive educational workshops and events, they learn about themselves, bodies and minds, and how to improve their health. A healthy mind and body enhances their learning capacity, and assists in overcoming obstacles to their success in college and in life.

1.1c Description

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

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

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

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

In looking at the college's strategic plan, the goal to support student success is aligned closely with the focus and activities in Student Health Services, as follows:

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

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

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

Student Health also leads the Crisis Intervention Resource Team (CIRT), which provides support to faculty in addressing distressed, disruptive and dangerous behaviors in students so they may get back on track with their academic performance and success. CIRT has been promoting faculty engagement with students, and early intervention and referrals for support services at SRJC for 25 years now.

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

SHS has organized and sponsored many college events in collaboration with various academic and student service departments in the last year, such as student clubs and the Student Senate, in order to increase student engagement campus-based activities, provide educational forums with student panels, and bring visibility to health related issues as connected to student success. Students, staff, faculty and community members have come together for events such as the Mental Health Networking Event, Foster Youth Independent City, Free Flu clinics, and the Spring Wellness Fair. Sexual Assault Prevention activites also were provided under SHS sponsorship this last year.

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

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

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

SHS strongly emphasizes services for diverse students - particularly increasing numbers of Latinos. This is accomplished via provision of services in Spanish, as well as sponsoring prevention and professional development activities for faculty, staff and students, focusing on enhancing cultural responsiveness. Kognito faculty trainings are provided (online – for Flex credit) that focus on responding to the specific needs of LGBTQ, Veterans and students that demonstrate distressed behavior in classrooms to support their success as students. Peer based student health support workshops have focused on increasing understanding of cultural diversity and communication this past year.

1.1d Hours of Office Operation and Service by Location

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

Spring 2015 Hours of Operation:

SANTA ROSA CAMPUS

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

Services for Individual Students:

Nurse Practitioner	Monday through Friday
Physician	Tuesdays and Fridays
* Santa Rosa Community Clinics	Wednesdays and Thursdays
(FAM-PACT reproductive health services)	

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

Services for Individual Students:

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

1) Fiscal Data Trends and Projections.
2) Federal, State, County Funded Healthcare Environment.
3) Environmental Scan of community relationships within SHS personnel.
4) Student Success and Equity initiatives.

Fiscal Data Trends and Projections

SRJC continues to struggle with State funding, and despite the passing of Proposition 30, the restoration of course sections and aggressive outreach attempting to increase enrollment numbers has not achieved its goals for increased base funding from the State. The Accreditation visit in 2015 noted that the college needs to remediate the current budget deficit with a specific plan.

Student Health Services has a similar dynamic, in that the reduced base enrollment numbers at the college has dropped our baseline revenue, with our staffing and program commitments for expenditures exceeding this. Another significant source of revenue for Student Health Services, the Medi-Cal Administrative Activities program, is uncertain, as this program has gone through significant changes in the last year, after an extended Federal audit of the State of California's program for this. The post-audit changes being implemented this year may impact revenue moving forward into the future. The MHSA grant from the County, at $200,000 per year, is steady for a couple of more years and the goal/hope is that this will continue at this level for many years to come (or perhaps increase!) The interesting dynamic on this, though, is that the amount of MHSA funding now exceeds 20% of our core Health Fee revenue, yet may not be used for providing direct services for students in the health centers, a critical function to achieve equitable access to services for all SRJC students. This also challenges the department's ability to respond to the proportionate increase in the number of students coming in due to the outreach efforts of the PEI program, combined with increased case management efforts and reduced FTEs for clinical staff. Delicate balance.

Despite the critical mis-match District-wide of base revenue and expenditure commitments, the college also is seeing an influx of new money targeted to specific programming and infrastructure needs. Measure H bonds for technology and facilities begins this year, Student Success funds, Equity funds, HSI grant funds, etc. Whereas this revenue is great towards expansive activities at the college, the core infrastructure and personnel allocations and

assignments may not be able to effectively handle the stress and administrative demands of the expansions, without adequate assignment of new money to the "overhead" demands.

This dynamic also mirrors the fiscal environment within Student Health Services. Achieving a balance of program scope and activities, at a pace that is reasonable and equitable among workers, with adequate consideration of the overhead demands, are necessary points to consider in the department's planning process, and a clear plan adjusted to resources is more important than ever.

SHS's funding model is complex, and has multiple variables informing budget projections that are unknown prior the budget development process. All of them continue to be dynamically changing as we move into the 15-16 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 expanding implementation across the nation, the healthcare system is in a significant state of flux. Stakeholders are all positioning themselves and there are widely varying opinions on how well things will land within the next few years. Central to the intention of this legislation is to increase the number of individuals that have health insurance or coverage under the Medi-Cal program, and to increase access to coordinated primary care through a "medical home". California has been a leader in ACA implementation, and has enrolled millions of individuals that previously did not have access to basic services into coverage plans. This is an excellent outcome, and the impact is clearly being seen in the student population accessing Student Health Services; the chances a student will actually take the steps to seek needed healthcare beyond our scope have improved significantly, with the financial barrier removed.

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. Several issues arise with this changing dynamic:
* Despite rapid expansion and hiring, the clinics cannot keep up with the wave of new Medi-Cal clients with eligibility now, and access continues to be a problem, with long waits for appointments.
* An emphasis on hiring bilingual-Spanish providers in the Medi-Cal/community clinic system has amplified the local crisis of not having enough licensed/certified bilingual-Spanish providers available in the healthcare community. This creates an environment where Student Health Services has difficulty competing with, and hiring bilingual providers. The department has engaged in efforts, as time allows, to assist SRJC in becoming more actively involved in healthcare workforce development projects.
* Given the need for bilingual - Spanish healthcare workers to complete educational goals towards licensure (nurses, mental health providers, physicians) SHS has analyzed NCHA data to identify any health issues that are more likely to interfere with their success, and have incorporated this knowledge into practice with individual students and program planning.

As the ACA law is still under scrutiny by the Supreme Court, the implications are uncertain as to the impact on our students, California residents, and the status of the law overall. This needs close monitoring.

Student Health Services' clinical and mental health services continue to provide critical services for our students, and will always be necessary on our campuses. SHS provides a safety net of free and convenient services for students while attending school, often times saving the student out of pocket costs for large deductibles on a health insurance plan and co-pays for each visit elsewhere. Students also are learning how to effectively navigate the healthcare system at large, which continues to struggle with access issues, and we assist students in this learning activity, which is more important than ever. SHS's role in knowing what is available, changed, and new in our local healthcare system is central to assuring students have their health supported holistically, efficiently, at the lowest cost, through us providing effective referrals.

Our relationships with the local healthcare system are critical.

Environmental Scan of Community Relationships Within SHS Personnel

As we have had a significant shift in our department's CORE permanent staff over the last year, and as we have many STNC, PEs and Contractors also engaged consistently in our program activities, the SHS's department meeting in February 2015 spent time with an internal environmental scan of our current strong alliances and future relationship capacities with key community based stakeholders, towards strengthening our health support programs.

RESULTS, ANALYSIS, SUMMARY OF CONCLUSIONS

First, as we had used Post-Its being posted on various sheets of paper on the wall, it was an amazing visual to see how extensively the 20 professional staff present were connected to resources on and off campus. In two areas of the scan, the Post-Its filled the paper and flowed out beyond the edges across the wall.
Clearly the strongest area of connection is with the community based organizations, agencies, and services in Sonoma County. This is a stunning list, and represents the richness of experience, passion, and diversity of our department's workforce. Discussions on how we can leverage our connections to strengthen the student health program were brief in the moment, but we captured all of the information, such that we can review this periodically, as particular program enhancements are being prioritized, funding sources are being considered, and so on.

Our college department/staff connections, and professional organization affiliations (local, state, national) also were very strong. The staff feel connected to the college community, and good strong working relationships exist with departments we engage with often on an operational level.

Strong alliances with specific students/groups had the fewest numbers.
We did discuss perhaps why our specific student connections weren't being experienced as **strong,** and perhaps the most significant one is that the capacity for longitudinal relationships with student leaders and clubs is thwarted by the relatively brief community college experience by students. One year, a connection may be strong, then the next year, it is a whole new set of students, and it takes time to build strong affinities and relationships with student groups. The need to keep reaching out and recreating these bonds each year was reiterated as a necessary part of our work.

Student Success and Equity Initiatives

There never has been a more exciting time for working in the community college system. The community college initiative at the Federal level, combined with the Student Success and Equity initiatives at the State level with significant new funding streams, are transforming the California Community College system. This is a fundamental shift into a "matriculated" population of students, focused on an educational goal, to be accomplished within a given amount of time, regardless of whether it is transfer, a degree, or certificate. This truly positions the CCC system in alignment with higher education (CSUs, UCs) functions, moving away from an open system seen in the K-12 sector. This shift is challenging, and SRJC is in a state of change, adjusting to the new conditions of funding, based on the outcomes of students succeeding in their goals. There is an element of chaos present as this change occurs, particularly as the college does not have a technology infrastructure to support the work required.   It also is amazing to see that Equity is being funded now in the CCC system, after 20 years of effort. How the Federal community college initiatives will play into California's system, who as usual is ahead of the game, will be interesting to see, particularly economically.

Within this environmental context, SHS is actively engaging in articulating how our work aligns with the broader goals of the institution and higher education, and is deepening our work with individual at-risk students towards retention, as resources allow.

2.1a Budget Needs

- *SHS Revenue and Expense Trends*

- *CORE Data Analysis*

- *Effectiveness of Budget Allocations*

- *Budget Adequacy to Meet Identified Student Health Needs*

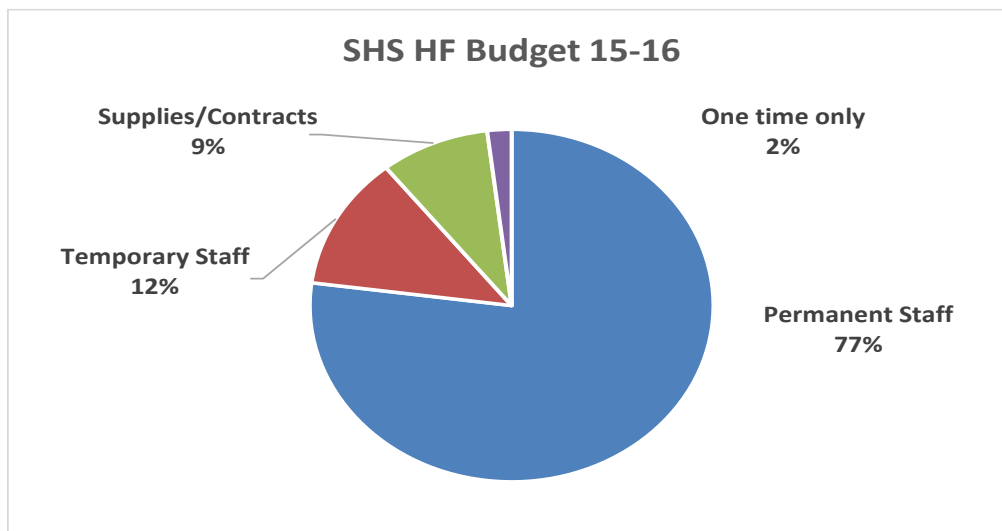**SHS REVENUE AND EXPENSE TRENDS**

Health Fee Fund

The Student Health Services department's largest funding source (77%) is from student Health Fees collected from credit-enrolled students. Federal MAA reimbursements each year feed the Health Fee fund as well. Here is the trend for the last five years:

Fiscal Year	Health Fee Revenue	MAA Revenue	Total Revenue	Expenditures	Annual Balance	Reserve Balance
2010-2011	$1,013,717	$125,891	$1,139,608	$1,091,100	$48,508	$608,295
2011-2012	$987,809	$117,118	$1,104,927	$1,098,095	$6,832	$615,127

2012-2013	$955,820	$80,544	$1,036,364	$1,226,903	**$190,539**	$424,588
2013-2014	$928,604	$79,987	$1,008,591	$1,103,843	**$95,252**	$329,336
2014-2015 (estimates)	~$992,000	$91,901	$1,083,901	~$1,145,450	**$61,549**	$267,787
2015-2016 (proposed)	$1,016,842	$101,153	$1,117,995	$1,210,784	**$92,789**	$174,998 **14.7% of baseline annual expenditures**

Obviously, the Health Fee fund is in a precarious position. Deficit spending is going into the fourth year, despite position FTE reductions and vacancies being carried over time. The 15% of operational expenses being retained in the reserve fund is being reached with the 15-16 budget cycle. As so much of the revenue is spent on essential personnel costs, major adjustments to the level and/or scope of the programs will be needed unless significant revenue sources are effectively delivered in the next 1-2 years.

Here is the breakout of Health Fee expenditures as linked with the 15-16 budget year, demonstrating the extent that staffing plays in on the budget currently:

SHS HF Budget 15-16

- Supplies/Contracts 9%
- One time only 2%
- Temporary Staff 12%
- Permanent Staff 77%

All discretionary supplies have been cut to the bone over the last few years, and there isn't an option to cut more there.
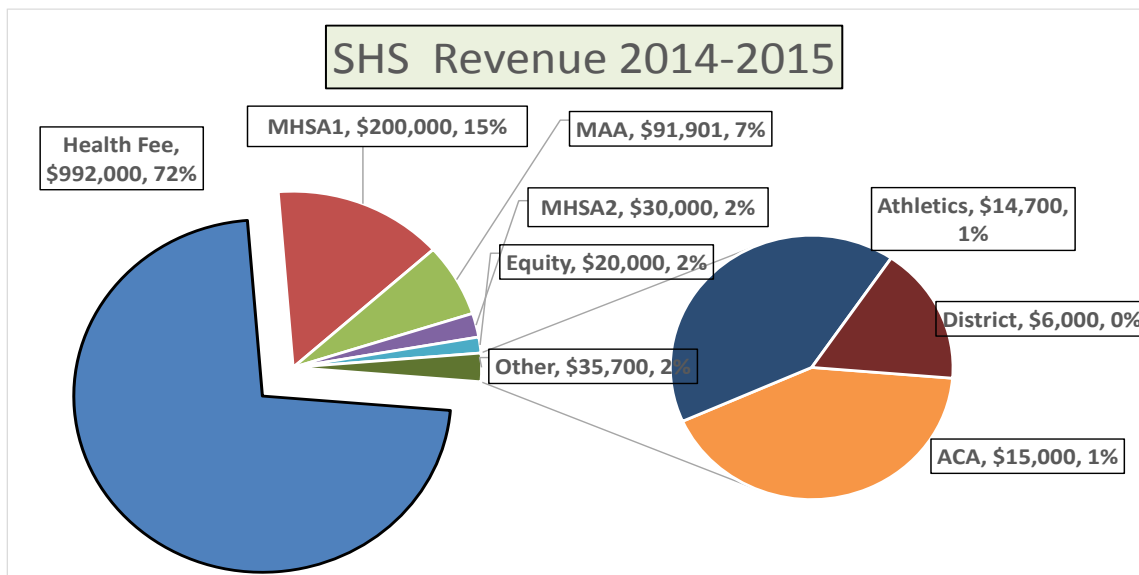
Notes on Temporary Staff - salaries and benefits   = **$148,113**

- SPS Supervisors/Interns   =$72,600   (Provide mental health services.)
- Students   =$66,000 (Critical reception of students, phones, dept. support.)
- Physician   =$20,000 (2 hours per week, required.)
- STNC MA   =$19,376   (Addresses significant issue in Race facility, see 2.2d.)
- STNC CNPs   =$ 9,672   (Maintain clinical services throughout the year.)

The Revenue Chase

The department has actively sought external funding sources, and been successful to some extent. Revenue during 14-15 included 2 additional significant funding sources: MHSA grants and Federal MAA reimbursements. A lot of staff time went into pursuing other revenue sources, and meeting the work requirements tied to them, but collectively did not provide a significant amount of revenue to offset the devastating losses in Health Fee revenue due to

enrollment drops at SRJC over the last several years. The administrative work to "chase" this money was time consuming.

SHS Revenue 2014-2015

- Health Fee, $992,000, 72%
- MHSA1, $200,000, 15%
- MAA, $91,901, 7%
- MHSA2, $30,000, 2%
- Equity, $20,000, 2%
- Other, $35,700, 2%
- Athletics, $14,700, 1%
- District, $6,000, 0%
- ACA, $15,000, 1%

Notes On Revenue Sources

Health Fee

COLA $1 Increase - The last time a $1 COLA increase to the Health Fee was allowed by the State was in April 2012. SRJC implemented this in the Summer of 2013. 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. If the State allows another $1 COLA increase in Spring 2016, this could be implemented at SRJC in Fall of 2016, at the earliest. A $1 increase in the Health Fee currently generates about an additional $55,000 per year.

Non-credit Student Waiver of Health Fee - Non-credit students do not pay the Health fee and do not access individual professional services funded by the Health Fee in the health centers. They do benefit from the community-based health promotion outreach and online activiteis the department develops, and can access services provided by outside agencies as facilitated by the department (administrative work is funded by only credit students). Implementing the Health Fee for all non-credit students has met with resistance for years, until recently. The Student Health Services Advisory Committee has been discussing this issue in more depth this past year, with tentative plans to move forward on a District policy change during 15-16. If approved, implementation could take place as early as Fall 2016. This would generate about an additional $250,000 per year.

State Education Code - Health Fee Language - There is dialogue on the State level, with the Health Services Association of California Community Colleges and legislators, to open up the Ed Code and raise the maximum amount of Health Fee allowable, to the same amount of 1 unit of enrollment ($46). It is still uncertain if this agenda will be pursued during 15-16. This conversation is in the context of advocating for specific targeted funding for health centers on

a statewide basis from the State; blended revenue sources such as MHSA, Covered California, Equity and State funds are being considered.

Medi-Cal Administrative Activities Program

After a Federal audit of California's management of this Federal reimbursement program, the rulings came out, with fairly complicated formulas on how past invoices, which had been on hold, will be paid out. The system is rolling again. SRJC fared pretty well, with some "interim" payments outlined for 13-14 and 14-15.

For the 14-15 year, the methodology for participation in the program changed significantly, to "Random Moment Time Surveys" (RMTS). It is less labor intensive for individual MAA participants, but no reduced administrative load for the MAA Coordinator. SRJC joined a "pool" of surveyors that extends through K-12 schools throughout northern California, which are then averaged for reimbursement calculation purposes. How this will translate into actual reimbursement rates for SRJC, starting with the 14-15 year, is a total mystery. Hard to project, but more information should be forthcoming in the next 6 months. We have leveled out close to $100,000 a year, and it would be great if this was maintained.

Equity Funds

$20,000 was made available to SHS for work with at-risk students from November 2014 - June 2015. A pilot project to enhance case management of students with significant health issues putting them at risk for poor academic performance was implemented. It also supported time spent contacting individual students without health insurance to encourage enrollment. These funds may or may not be available in the future, and currently end June 2015. Outcomes for the project in 14-15 will be reported to the Equity Committee.

Athletics Course Fees

Student Health Services provides comprehensive health screening and exams to all SRJC athletes. In 14-15, Athletic rules changed such that all students needed full exams, which was new to SHS. Over 500 athletes are screened each year, and Education Code forbids Health Fee dollars being spend on this. It is difficult to audit specifically for this, but the need to increase funding to SHS for these services was clear. In 15-16, an increase of $4,100 per year was added through a course fee increase. This money is being added to funding a percentage of our Health Services Assistant's S/B, with STNC nurse practitioner and physician hours. It may need additional increases, or drop this service, if we cannot achieve greater efficiencies of time in the service delivery.

SRJC is the only community college that does this service because of the high risk for non-compliance with the Education Code. It is an excellent service for SRJC students (better than what they receive in the community) and welcomes new SRJC students in a supportive way, with extensive outreach and health education delivered to them in the process. During 14-15 we included health coverage outreach and enrollment services, and provided the sexual assault prevention portion of the athlete orientation proceedings.

MHSA Grant Funds - County funding continues with $200,000 per year. The CCC system "Campus Based Grants" have been retired completely at the end of this year, and SRJC's grant deliverables for this project are completed. MHSA expenditures throughout the County have expanded into some fairly expensive projects, and whereas SRJC is solidly connected with the funds under the CAPE line item in the plan, the ability to increase funding is not clear.

Foundation Account – This year Student Health Services set up an account with the Foundation Office, readied for any funds for supporting our work. No active outreach has been done, as preliminary work identifying how the funds would best be used, to incorporate into a marketing/communications plan is necessary, and takes administrative time. Leads occasionally come to us on this, and having an account ready is helpful.

CORE DATA ANALYSIS

99.9% of SHS revenue is from restricted funds. SHS's expenditures were 1.11% of the entire District budget in 13-14, including the two MHSA grants (since reduced). The non-personnel costs were only 0.75% of the District's total, demonstrating the heavy load of utilizing funds for personnel.

EFFECTIVENESS OF BUDGET ALLOCATIONS

(*Supplies, Contracts, Equipment)*

Student Health Fee dollars have been used effectively, and the department 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 anticipated revenue is not being achieved.

Cuts in all 4000 and 5000 budget areas have been made steadily over the last 3 years.

SEE 2.2d for Staffing/Personnel Budget Discussion

No core services funded by the Health Fee will be cut in FY 15-16. Periodic interruption of access to select services may occur due to unanticipated staff absences, when classified staff need to shift from campuses and/or facilities to maintain core services and safe working environments. The amount of services delivered, such as employee PPD testing may require reductions, and access to services may require longer waits than desired by students.

Prevention and Early Intervention: As the State SMHP grant expires, sustaining and integrating the expanded scope of peer support services with the other PEI functions, 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, and funding at this level is anticipated for the next two years. After a burst of money and program activity in bringing student peer workers into the department, expanding significantly the pathways for health information dissemination, student engagement and community prevention interventions, the program is now learning how to operate with less revenue, and organize the staff and expenditures effectively in alignment with the new base funding.

BUDGET ADEQUACY TO MEET IDENTIFIED STUDENT HEALTH NEEDS

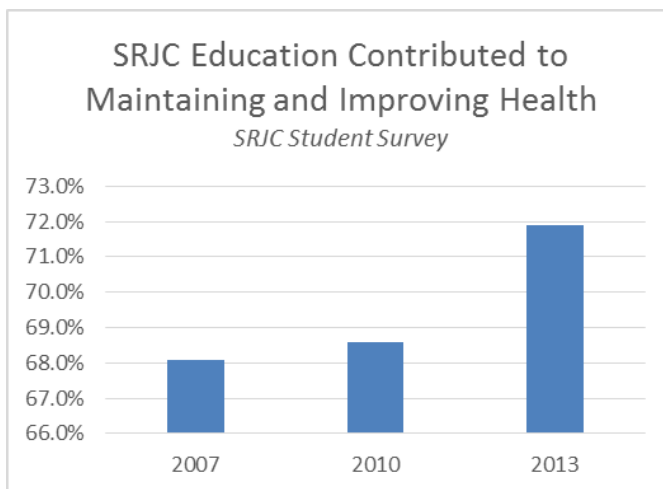**Identifying Student Health Needs:**

Two population based surveys contribute to program planning and outcomes by both the institution overall and within Student Health Services, towards meeting identified student health needs.

- **National College Health Assessment Survey:**

Last administered Spring 2013, 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 by SHS (see Sections 4 and 5). This survey will be administered in Spring 2016, so the effectiveness of our programming can partially be assessed.

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 was demonstrated on "maintaining or improving health", in comparison to 2007 and 2010 data. 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. This survey will be administered again in 2016.

SRJC Education Contributed to Maintaining and Improving Health
SRJC Student Survey

Meeting Identified Needs (Individual Students and College Community):

The ability of Student Health Services to adequately 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, severity of health issue, consequence, institutional capacity to address an issue effectively, and individual vs. population based interventions (cost/benefit) are considered.

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 maintaining appropriate diversity within the healthcare team to be effective, assuring there are enough staff to operate safely, providing adequate training and professional development, and implementing quality improvement processes to minimize the risk management issues that often can arise in the provision of healthcare services.

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 many 4-year universities. This model relies upon developing partnerships with outside providers/resources, targeting prevention and brief interventions with referrals for some services, limiting the scope as appropriate, and giving attention to environmental factors at the college that may improve the health of larger numbers of students effectively, such as 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

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	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	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	VACANT: 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	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	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and

Position	Hr/Wk	Mo/Yr	Job Duties
			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 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
PEI Health Services Assistant	36.00	12.00	Administrative and technical support for PEI Mental Health Programs; two individuals
PEI Health Promotion Specialist	19.00	12.00	PEI PEERS Coalition coordinator, supervises and trains peer interns, prepares grant reports, provides presentations to diverse groups, liaison with County and State agencies,
PEI Student Health Aide: Peer	40.00	12.00	MHSA funded: peer student health support acitviies; health promotion
HF Professional Expert: Licensed MH Provider	25.00	11.00	Provide individual and group supervision for mental health interns, training, SPS program support.
HF Mental Health Interns	20.00	12.00	Provide direct mental health services, (crisis intervention, individual, couples, group therapy), presentations on mental health topics. (Practicum students - no stipend)
HF College Nurse Practitioner	14.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Additional hours for CNP backfill (Sick, Vacation, Admin time)
HF Student Health Aide	125.00	12.00	Health Fee funded: Reception and intake for 3 facilities, support outreach efforts, administrative and project support.
EQUITY College Nurse Practitioner	2.00	7.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. For CNP backfill to allow them time for At-Risk Student follow up.
EQUITY Student Health Aide	12.00	7.00	Health Fee funded: Reception and intake for 3 facilities, support outreach efforts, administrative and project support. (backfill for Health Services Assistant release time for EQUITY work).
ATHL College Nurse Practitioner	2.00	9.00	Direct individual services to support Athletic screenings and exams, providing medical clearance for SRJC athletes to participate in sports competitions.s

2.2d Adequacy and Effectiveness of Staffing

2.2d Adequacy and Effectiveness of Staffing

Analysis:

Student Health Services dedicates more of its available revenue to personnel than the District averages, with higher rates of STNC and student employees (see chart below). The department has very effectively leveraged limited Health Fee revenue to meet staffing needs over the years for a robust student health program, through the use of flexible contract professional services, 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. The 10 individuals that currently make up our permanent staff in SHS work extremely hard, and must ground well to support the other 45+ temporary staff (contracted, PEs, STNCs, students, volunteers and community agency staff) that work in our department each year.

With pressures to reduce STNC and contracted employees in SHS, the Student Psychological Services contract and support STNC were converted into permanent positions specifically for SPS in 2012. Whereas more expensive, the decision was based on projected enrollment increases, i.e. more Health Fee revenue once course sections were being added on after the recession. Unfortunately, credit enrollment did not increase, but has decreased further in the last two years, and we have been running a budget deficit for three years in a row now. Increasing salaries and benefits has further encroached upon the bottom line. The reserve funds are being depleted.

Whereas the team works hard on supporting each other, the silos of the facilities, and the expanded outreach program work has impacted the effectiveness of our personnel structure. Working out of one facility in Santa Rosa would help to reduce front reception operational expenses at the very least, perhaps not enough to recapture the position. Significant cuts in STNC/PE/Student employment are an area of review, as well as reassignments of job duties for permanent staff, possibly with different locations. Beyond this, increased Health Fee revenue, (along with other major funding sources) is critical to meet the needs of our students. The current model is not sustainable.

Permanent Staff

- **MEDICAL ASSISTANT VACANCY**: Due to SHS's funding problems, and with 4 classified staff retiring that were based in the Race facility providing clinical services, the staffing levels have dropped significantly in this one service location. Two nurse practitioner positions rolled over at lower levels of FTE for salary savings, and the full time Medical Assistant position has had to remain vacant for the past year, as replacement funds have not been forthcoming.

  IMPACT: The Race facility provides ~ 75% of the individual student service appointments each year, and have three new staff hired to work there since January 2013.   Nurse practitioners have taken up Medical Assistant duties, the front Medical Assistant is stretched with a high demand workload, and does not have steady back up, the Health Services Assistant is pulled from her job duties, and the Petaluma Medical Assistant is traveling up some days to help, leaving the Petaluma site vulnerable. A back office Medical Assistant is critically needed to support operations, student demand for services, and assist in meeting clinical compliance issues.

- **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:

- **College Nurse Practitioner:** The CNP 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 updating medication formulary. She functions as the Petaluma Health Center liaison and supports research and reporting processes. The CNP also led 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. She also acted as liaison with the Redwood Coalition of Health Centers for funding ACA activities for 2014-2015 at SRJC, including outreach events and scheduling enrollment counselors from 4 agencies at the two Student Health Center sites.

- **Medical Assistant**: The MA has functioned 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. During 14-15, due to the full time Medical Assistant vacancy on the Santa Rosa Campus, reassignment for 12 hours per week was made to work in SR, to support medical supply and pharmaceutical inventory and ordering functions, and other support for the office.

- **Administrative and Mental Health program staff** work on both campuses, with SHS's Mental Health interns on site at least 12 hours per week, and the Health Promotion Specialist 1 day per week. 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 periodically.

NEW PERMANENT POSITION NEEDS, REQUESTS

- **Program Specialist - SHS (SSSP Request)** The department is evolving into a service with more individual case management of students identified as at risk for poor academic performance, and the providers are all being stretched a bit more. Referrals to the outside healthcare community and on-campus support resources are challenging, and it takes time to assist students in navigating on and off campus resources to meet their identified needs. Having a person hired to engage in this kind of case management work for at-risk students specifically has been discussed. 5 years ago, a practicum intern was utilized in SHS, focusing on the educational case management role as a pilot, which was very effective in better referral outcomes. That position could greatly support the work we do towards retention and student success now that we have a model for identifying these students better.

- **Sexual Assault Prevention Coordinator -(DISTRICT Request)** SHS participated in a workgroup during 14-15 that assessed the District's needs to come into compliance with the new laws regarding sexual misconduct under the Campus SAVE, Clery, VAWA and State legislation. A new policy was developed, which is going through the shared

governance process now with approval anticipated prior to the July 1, 2015 date requiring compliance. Implementing the regulations requires a significant college-wide effort to coordinate prevention activities, which includes prescriptive information and dialogue at all established college orientation activities, an annual campus climate survey, trainings, and educational activities throughout the college. The resources to implement this branch of the laws is known to be the most labor intensive. Whereas staff time from many departments will be required to achieve the goals, a position is needed for someone to coordinate all of the work, and organize an ongoing planning and evaluation group for the college to meet periodically through the year. This ideally would be a public health trained environmental prevention professional, and someone permanently employed by the college to increase capacity for effectiveness. The current job description for a Health Promotion Specialist in Student Health Services allows for this kind of work, but resources do not exist in our funding to hire someone. At least a half time p osition would be required for this, and potentially the person could add functions for confidential advocacy for students, if employed under the confidential umbrella of the Student Health Services department.

- **MHSA funded: PEI – Health Promotion Specialist (as grant funding allows) -** Currently an STNC HPS is hired each year to supervise the student health aide: peers. Whereas only 4 years into this function of the PEI program, the scope of the program over the last couple of years has exceeded the capacity for adequate supervision within the "under 1000 hours" criteria for STNC. Either the volume/scope/# of peers of the program needs to shrink down a bit (the reduced funding apparent for the program suggests this as a good option) or alternative supervisory lines need to be identified, or a permanent position at above the 50% FTE mark is needed. The nature/stability of the MHSA grant funding impacts this decision; currently not enough resources are available to pursue needed permanent positions outlined.

- **MHSA funded: PEI – Health Services Assistant (as grant funding allows)** As the varied, voluminous and increasingly complex outreach activities in the department increase, a permanent position to provide more support for graphics, web updates, communication releases, and administrative support for the PEI program, and SHS overall, has suggested a need for more permanent staff, and a re-engineering of their staff, linked to the resources available within the grant is being explored.

STNC and Professional Expert workers

- The MHSA grant has a .75 FTE permanent position, with 4 STNC and 5 student employees this past year, which requires more administrative time for hiring/training/supervision and personnel processes. This is due to the impermanence of the grant funding to some extent, but also allows for the diversity of skills and duties to implement an expansive program. (See above: Need for more permanent staff under this grant.)

- The SPS program utilizes ~1150 hours of Professional Expert time to provide the mental health interns with supervision and to provide 10 hours per week of Spanish speaking therapy; the interns themselves get a small amount of STNC dollars for their work, which is a mix of service provision and training provided by SHS. The SPS interns roll over every 1 or 2 academic year cycles, so truly are temporary staff. The recruitment, interviewing, hiring and training of the interns is a labor intensive process.

- The nurse practitioner services utilize the least amount of STNC hours, as backfill for permanent staff only, for illnesses and vacations. During 14-15 a small STNC NP fund was offered from Equity Funds, to backfill the permanent staff to allow time for case follow-up for identified at-risk students, as a piloted student success activity. It is a promising practice in SHS, but Equity Funds have not been renewed for 15-16.

Student Employees

- The number of students employed in SHS remain high, as they are critical for our reception services and operational needs; they are provided with extensive training, weekly supervision meetings, and healthcare certification opportunities that support their educational goals.

- 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, and with adequate classified staff supervision.

    o Strategies taken in 14-15 to improve retention of student employees include Student Development workgroup formed, for better coordination of training and supervision among all student supervisors; more efficient use of internal resources is central to this workgroup's purpose.

    o Hiring process, increased minimum preferred GPA to 3.0, demonstrating work/school success, clear requirement for a yearlong commitment to SHS, preferably two. Need to apply to expectation to all student employees in SHS.

    o PEI student employees during 14-15 had an academic year application cycle, not working in the summer when key outreach planning work is needed, and have to reapply for a 2nd year working in the same program. This is inconsistent with SHS student employment practices, with the loss of continuity and mixed levels of experience with each new cohort. More efficient student employment practices are needed.

    o Periodic weekly supervision groups integrated all student employees into in-common trainings and supported cohort peer support and cohesion during 14-15.

    o A specific facility assignment/area of SHS expertise for each student employee is maintained, which is believed to increase the quality of services at each front reception area, and with outreach activities. It limits the students' knowledge of the specifics of how a student accesses other areas/services in the department, or receive outreach training/information. Opportunities for Student Health Aides to cross-train with each other with specific "expertise" knowledge could help address this, and overlapping weekly student supervision meetings, including information on services provided through all program functions could assist as well.

    o **SEE ANNUAL UNIT PLAN GOAL FOR STUDENT EMPLOYMENT IN SHS FOR 15-16**

o **Student Health Services selected CORE data**

* FTE Category	FTE 12-13	FTE 13-14	Change notes	District Total	% of District Total
Total Expenditures		**$1,338,427**	**+4.83%**	**---**	**1.11%**
FTE-C - Classified	**8.6000**	**9.475* incorrect 8.85 correct**	**14-15 = 7.0 FTE**		**2.33%**
FTE-ST - STNC	**2.7739**	**2.537**	**High compared to District**	**50.7970**	**3.97%**
FTE-SS - Support Staff	**17.9915**	**18.0168**	**High compared to District**	**627.9055**	**2.79%**
FTE-SW - Student Workers	**6.6175**	**6.0498**	**High compared to District**	**176.4904**	**3.43%**
Average Classified Salary per FTE-C	**59,418.92**	**$48,714**	**Due to cuts in FTE for rollover positions**	**$47,086**	**103.46%**
Average Management Salary per FTE-M	**96,580.58**	**115901**	**Full year average, step increase, longevity, doctoral stipend**	**74,140**	**156.33%**
Salary/Benefit costs as a % of total budget	**82.76%**	**84.49**	**Plus physicians (higher than this)**	**75.10%**	**112.5%**
Non-Personnel $ as a % of total budget	**9.07%**	**9.02**	**No real cuts possible here**	**13.15%**	**68.59%**
Restricted Funds as a % of total budget	**99.92%**	**97.89%**		**11.75%**	**833.3%%**

NOTES ON FY15-16 PERSONNEL BUDGET DEVELOPMENT

Offsetting Health Fee expenses:

8% of the Assistant Director, SHS Salary and Benefits will be cost shifted to the PEI Grant for administrative oversight.

12.5% of the Health Services Assistant Salary and Benefits will be cost shifted to the Athletics Course Fees for coordination of this service.

The student employee wage will increase again in 2016, and the maintenance of tiers of pay, if continued for student workers will also add costs.

Health and Welfare benefits will increase, step increases apply to many employees, longevity applies to the Director, Doctoral stipend for the Assistant Director, and PERS/STRS contributions may be increasing.

2.2e Classified, STNC, Management Staffing Requests

Rank	Location	SP	M	Current Title	Proposed Title	Type
0001	ALL	01	02	HF STNC Medical Assistant	Clinical support Race facility	STNC
0002	ALL	01	02	HF Student Health Aides	Front reception, operational support	Student
0003	ALL	01	02	HF STNC - SPS Mental Health Interns	Provide mental health services	STNC
0004	ALL	01	02	HF PE -SPS Lic. MHP	Supervise MH Interns, Spanish speaking MH services	STNC
0005	ALL	01	02	HF STNC College Nurse Practitioner	Backfill and high demand	STNC
0006	ALL	01	02	PEI 8% Asst. Director, SHS	Grant administration	Management
0007	ALL	01	02	PEI STNC Health Promotion Specialist (PEERS)	PEERS Coordinator	STNC
0008	ALL	01	02	PEI STNC Health Services Assistants	PEI Program Support	STNC
0009	ALL	01	02	PEI Student Health Aides: PEERS	Health promotion support, MH	Student
0010	ALL	01	01	PEI STNC Research Technician	NCHA Survey administration support	Classified
0011	Santa Rosa	01	02	Athletics 12.5% Health Services Assistant S/B	Operational support	Classified
0012	Santa Rosa	01	02	Athletics STNC College Nurse Practitioner	Athletic Health Screenings	STNC
0013	Santa Rosa	01	02	Athletics Faculty overload	Athletic Trainer	STNC
0014	ALL	01	02	HF Medical Assistant (vacant-when funding allows	Operational support	Classified
0015	ALL	01	02	Program Specialist 50%	SHS and CIRT Case Manager for At Risk Students	Classified
0016	ALL	01	02	Health Promotion Specialist (Sexual Assault) 50%	Support Sexual Assault Program Mandate	Classified
0017	ALL	01	02	20% Health Services Assistant S/B	If no Program Specialist: Support At-Risk Project	Classified
0018	ALL	01	02	STNC CNP backfill	If no Program Specialist, CNP backfill /At-risk	STNC
0019	ALL	01	02	-Student Health Aides	If no Program Specialist, HSA backfill/At-risk	Student

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

IN THIS SECTION

- **Student Health Services:** Strategic Plan note; Technology: Current environment, goals, requests, strategies and resources; furniture requests; other plans.
- **Crisis Intervention Resource Team:** Tech Plan, with Software Request Rationale.

STUDENT HEALTH SERVICES

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

  Strategic Plan Note: As part of SHS program services, the public health implications of District policies, facility designs, and select departmental procedures, from an environmental prevention perspective, are addressed. Frequent consultation on communicable disease control issues are provided. (Examples: MRSA in athletics facilities, computer keyboards in the library.)

Current Tech Environment

In addition to standard network connections to the College's Outlook, Escape and Student Information (SIS) systems, the Student Health Services department also utilizes a secured intranet and software system (Medicat) specific for healthcare information processing, including a secure electronic medical records system. A dedicated server for Medicat is housed in Information Technology (IT). All permanent employees, contractors, student workers and psychology interns utilize the system for appointment management, to document student visits and services rendered, tracking for clinical case management purposes, engage in continuous clinical quality improvement activities, and to access internal reporting, analysis and program evaluation functions. The software system interfaces with the College's student database, and via a regular schedule of uploads, demographic student information populates selected fields.

At the beginning of 2014, 45 separate users shared the department's 34 desktop computers and 6 laptops, located in three different facilities on two campuses. The current District policy is to replace hardware every 7 years, with 7 computers due in the coming year. For the 16-17 fiscal year, there are more computers reaching the 7 year old mark, approximately 12 workstations. The Medicat server also requires replacement periodically, with this need eliminated if the decision is made to move into the hosted server contract with Medicat.

Technology challenges exist to connect our staff and facilities effectively for meetings and dialogue that are inclusive. Several pilots/options are being tested.

Goals
Evaluate and adjust appropriately technology solutions in the health centers on the Petaluma and Santa Rosa campuses to best support providers/staff, students and the clinical practice towards:
a) Quality improvement in the clinical practice.
b) Achieving the highest standard of medical confidentiality for students.
c) Ergonomic integrity for all.
d) Most effective and efficient charting/documentation methods.
e) Optimum communicable disease control (early alerts).
f) Secured confidential communications between providers and students.
g) Optimum technology support for student learning in the SHS department
g) Other enhancements as new technologies emerge to meet healthcare and educational industry standards.

INSTRUCTIONAL EQUIPMENT REQUESTS

RACE LOBBY MEDIA SCREEN WITH SOUND REQUEST
This is 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 in-services 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) - Using a special rolling cart of equipment from Media Services often for special events.

RACE ROOM 4006 - HEALTH RESOURCE ROOM FLAT SCREEN REQUEST

This room has evolved into a frequently used area for meetings and educational presentations, such as weekly student employee trainings, staff meetings, meetings with community agency partners, and confidential space for individualized health education sessions. Technology supports are needed (see Analysis of Existing Facilities).

NON-INSTRUCTIONAL REQUESTS

MEDICAT SOFTWARE ENHANCEMENTS REQUEST
(note: the first two modules listed below do support student learning on health related behaviors and meeting personal health responsibilities. Could be considered instructional equipment/software, but listed this under non-instructional as some of the upgrade features address instiutional effectiveness and quality improvement in the clinical practice.

- ✓ **Self-Check-In Module -** an expansion of our Medicat software that has students complete their health center visit intake information (demographics, health insurance status, universal screening questions, allergies, and medications) and current symptoms or CCAPS assessment online before their appointments; this populates their medical records, and improves confidentiality while students are accessing services.
- ✓ **Online Student Health Module -** an expansion of our software which allows for more efficient and secure communication with students in tracking follow up with referrals and recommendations, particularly for high risk students. This module also allows for uploading immunization data remotely, complete forms (helpful for athletics) and students can schedule appointments remotely.
- ✓ **Hosted Server Migration -** Request IT evaluation and support to migrate Medicat system from on-campus server based system, to hosted server system by Medicat, with a focus on the evaluation of security of the system, and capacity for District/Bond fiscal support for contracted maintenance agreement.
- ✓ **Create Capacity for Access to Medicat Records from Off-Campus Locations by Selective Providers -** This function is available with a software/database migration to the Cloud, with specific IPP address access permissions. This would support the MD consultation process and SRJC's Sports Medicine program for clinical quality assurance, as well as accessing pertinent health information on a student in the event of an off-hours crisis.
- ✓ **Consider the Need for a Secured Wireless Option Linked to Medicat within the Race Facility in SHS -** to consider mobile technology for student self-check-in processes as needed. The facility currently does not have space for intake kiosks. This would not be needed if we migrated to a hosted server contract.

Migrate Plover 540 technology to Plover SHS workroom to support a media supported conference room for SPS intern trainings, groups, meetings (SHS lost Plover 540 to the Equity Program - see Analysis of Existing Facilities).

Furniture Requests

REPLACE RACE LOBBY SEATING SYSTEM

This furniture is 15 years old, and has had heavy use over the years, as it serves as a waiting area for both SHS student-patients, and community members waiting for Dental Programs appointments. The dental programs often have children in the lobby, as well. The furniture has bolts that loosen often, and there are no seats that are wide to accommodate larger individuals. This represents both a safety issue, and an ADA compliance issue.

ELEVATED WORKSTATIONS REQUEST
We have several staff with back issues, standing workstations are a preferred option. Preventive ergonomics for all workers... periodic position changes. Several could be used on a rotating basis.

WORKSTATION CHAIR REPLACEMENT REQUEST
Several chairs have mechanisms that don't work anymore, towards adjusting chairs to the proper ergonomic positions for employees. Many chairs do not have this capacity at all. Some chairs also need repairs to the coverings, which may or may not be cost effective.

Other identified needs/plans:

- **Convert the SHS website to Drupal formatting** by revising structure and content, exploring the increased integration of video material and online interactive programs to enhance student learning on health issues, and support the online-only SRJC student population.
- Identify best methodology to support increased **online health educational engagement** by SRJC students through Student Health Services' access points, including a broader selection of video materials/products and learning resources.
- Implement multimedia/tech methods to establish **secured / confidential connections between our campus sites** for planned department meetings, but also to support the occasional urgent clinical consultations between students/providers to increase access to services and reduce risk.

Strategies and Resources
- Work with Medicat software consultants, Information Technology, and ITG to purchase and implement software upgrades and new modules, and explore migration to the Cloud.

- Assure appropriately trained personnel are on site to maintain and develop an increasingly complex database within Student Health Services software system (staff development, SHS workgroups, training support).
- Maintain ongoing access to necessary, effective technology resources for all department workers to provide ongoing student work experience training, health education, staff development activities and support effective meeting spaces, (hardware, software, media equipment).
- Continue software maintenance agreement, and plan for increases in costs due to software and hardware implementation projects to achieve greater technology efficiencies.
- Explore implementation of desks/workstations within the SHS facilities, which are adjustable and elevated to support the ergonomic health of workers.

Budget/Financial Strategies

o Bond Revenue: Many of the technology upgrades listed above have been in "the plan" for many years, to keep our health services aligned with emerging medical records regulations and standards. The expense exceeds the capacity of SRJC students funding this project via the Health Fee. District/Bond support is critical.

o Instructional Equipment Funding: Requests linked to the various student learning activities provided by the department. SHS has not utilized these resources very often in the past, but student educational interventions are growing significantly in the department.

o Health Fee revenue – Resources, including the "Reserve Fund" have decreased significantly, with deficit budgets for three years in a row (linked to enrollment declines). The capacity for some one time purchases using reserve funds exists on a gamble, but it is the ongoing software contract maintenance agreement costs that are depleting SHS every year. Not a good source of revenue currently.

o Research and scan for external funding sources for IT hardware, software, training, and personnel support to offset expenses to the vulnerable Health Fee fund.

CRISIS INTERVENTION RESOURCE TEAM

REQUEST FOR CIRT TRACKING SOFTWARE

Current Environment:

Team Function - The District's Crisis Intervention Resource Team is a multi-disciplinary consultation team (budget and PRPP linked to Student Health Services) that trains staff and faculty on recognizing and responding to students of concern, receives behavioral incident reports from faculty for students demonstrating distressed, disruptive and dangerous behavior, and coordinates a multidisciplinary District response to at-risk students.

CIRT is an information nexus point at the college that intersects with student conduct code proceedings, police/crime reporting, threat assessments, at-risk students needing referral to disability, health or other support services, sexual misconduct proceedings, referral to County Psychiatric Emergency Services, and other student support interventions as needed.

Technology Systems:

Reports of students of concern - Currently they are only received from SRJC faculty and staff, via phone calls and emails, sometimes a paper behavioral incident report comes in through the snail mail. A more efficient way of communicating students of concern for faculty and staff, and expanding the reporting capacity to other students-peers have been identified as a need by CIRT for several years now. An online form has been developed by IT, and implementation is pending. The process by which all the information coming in through online reporting is responded to by CIRT members is yet to be tested. CIRT team member access to reports, assuring a timely response, moving reports to "active case" status, etc., will need evaluation in terms of effective technology support solutions. This would best be served by a software system designed specifically for this function in a higher education setting.

CIRT Case Information and Documentation - CIRT has a designated shared folder on the District's network (T-drive) where information is stored for access only by CIRT" spreadsheet, training PowerPoints, etc. The primary method of communicating among members when a case presents itself is via email, where the various departments report information related to the student, plans developed, and actions taken are communicated. Cases are reviewed at meetings face to face twice per month. When looking for history on a student, or needing to report out on key demographic variables about the students being provided service by CIRT, or being able to see the overview of how a multifaceted response is going, our documentation is fragmented and inadequate. From a risk management perspective, complete and thorough documentation is critical for both the students' best interest, and that of the college's to demonstrate that appropriate actions are being taken.

Web Page: CIRT has a web page with information for staff and faculty on identification and response to students of concern. It isn't converted to Drupal yet, and the capacity to add some videos, as well as a clearly designated place online reporting for a student of concern, is in the pipeline for CIRT plans.

Strategies and Resources:

New technology supports are needed for effective and safe outcomes for the high-risk nature of work that CIRT engages in.

Funding: The CIRT team has an annual budget of $1,189 per year. The labor is all "donated" from the various departments represented on the team (SHS 4 staff, DSPS 3 staff, Police 2 staff, Student Affairs 1 staff, Academic Counseling 1 staff, Petaluma Student Services 1 staff, and

County Behavioral Health 1 staff). The funds provided are used primarily for printed CIRT materials, and training support. There is no technology budget.

Bond, District, SSSP funds,and/ or other funding sources for technology purchases are needed to support the critical technology needs of the CIRT team. A SSSP funding rrequest will be submitted. Another option for District consideration is applying funds currently dedicated to the SARS system towards a CIRT software system when the college migrates to Starfish.

Technology Goals:

- **Software**: Evaluate, purchase and implement Crisis Intervention Resource Team tracking software options to improve efficiencies in student support response, and document the District's accountability for case management (Maxiant, Advocacy, etc.).
- **Online Reporting:** Develop, implement and evaluate online reporting for students of concern by staff, students and community members via the CIRT web page. Provides capacity for increased identification of students at risk, and initiates the earliest intervention. (May be a function available with software options noted above.)
- **CIRT Web page:** Drupalize the CIRT web page, add locally produced or open access videos to supplement staff/faculty training objectives.

2.4c Instructional Equipment and Software Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact
0001	Santa Rosa	01	02	Flat Screen for Race Room 4006 (large)	1	$8,000.00	$8,000.00	Susan Quinn	4006	Susan Quinn
0001	Santa Rosa	01	02	Media Screen for Race Room 4017	1	$6,000.00	$6,000.00	Susan Quinn	4006	Susan Quinn

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	ALL	04	02	MEDICAT software enhancements estimated cost	1	$50,000.00	$50,000.00	Susan Quinn	SHS Race	Susan Quinn
0002	ALL	04	02	CIRT case tracking software - estimated cost	1	$20,000.00	$20,000.00	Susan Quinn	SHS Race	Susan Quinn
0003	Santa Rosa	04	02	Replace Lobby seating system, safety and ADA issue	1	$10,000.00	$10,000.00	Susan Quinn	SHS Race Building Lobby,	Juanita Dreiling
0005	Santa Rosa	04	02	Elevated workstation desks - ergonomic	3	$5,000.00	$15,000.00	Susan Quinn	SHS Race	Susan Quinn

| 0006 | Santa Rosa | 04 | 02 | Media Screen with Sound- Race Room 4017 (Lobby) | 1 | $7,500.00 | $7,500.00 | Susan Quinn | SHS Race | Susan Quinn |
| 0007 | Santa Rosa | 04 | 02 | Replace computer workstation chairs | 6 | $500.00 | $3,000.00 | Susan Quinn | SHS Race Building | Susan Quinn |

2.5a Minor Facilities Requests

Rank	Location	SP	M	Time Frame	Building	Room Number	Est. Cost	Description
0001	Santa Rosa	04	07	Urgent	Plover Hall	Room 557	$0.00	Plover retrofit to compensate for loss of 540. Unknown costs. Workroom to get media/projector transferred in (SHS purchase) screen option added to a wall. 1-2 computer workstations moved from workroom to open center office space,
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	Santa Rosa	04	07	1 Year	Race Building - Student Health Services	Race 4006	$1,000.00	In ceiling, install projector mount and large retractable screen at the opposite end of the room. Current set up has cords stretching across the room creating a tripping hazard.
0004	Santa Rosa	04	02	Urgent	Race Building - Student Health Services	Room 4006	$3,000.00	Replace carpet in Resource Room. Carpet is stretched and bunches up, causing a safety and trip hazard. Mats have been placed in room, but bunching is in a large area.
0005	Santa Rosa	04	07	2-3 Yr	Race Buildling - 1st Floor SHS	Lobby	$500.00	Install computer ports in the lobby to support kiosks for a computerized intake process in SHS This can wait since technological advancements suggest there may be alternatives for check in functions.
0006	Santa Rosa	04	07	2-3 Yr	Plover Hall	Room 558	$500.00	Door between Plover classroom and Student Health Services Mental Health Programs does not lock and poses a potential security and confidentiality risk. Need locking door or some other means of security. Fire regulations prevent the door from being locked. This area is due to be reorganized and we are waiting to see how this will work before work is requested.
0007	Santa Rosa	04	07	2-3 Yr	Race Building	Room 4006	$2,000.00	Have electrical outlet capacity coming from the floor in center of room to support technology at the meeting table. Currently extensions cords-used extensively are trip hazards.
0009	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...
0009	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.

2.5b Analysis of Existing Facilities

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

Strategic Goal Alignment: Improve Facilities

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

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

The Race facility housed both clinical and mental health services when it first opened in 2000, providing a geographic/environmental space that strongly supported the communication, consultations, and collegiality between multidisciplinary providers, but more importantly, provided a clearly accessible location for students to have any health care issue addressed. The program has grown significantly, with over 40 separate workers in any given moment now, including clinical, mental health and health promotion programming, along with a peer health support program. A tremeindous amount of time is spent working on closing communication gaps and coordinating care for students between facilities.   A facility that can house all of these functions will not only increase efficiencies in use of resources**,** but provide a much more effective health support experience for students.

Santa Rosa Campus

Plover: With the consolidation of Mental Health programs in the Plover facility in 2011 and a broad expansion of the department's health promotion programs under the Mental Health Services grants received since 2010, the critical space shortage for the department was addressed. The facility now is used at maximum capacity. In Spring 2015, a section of our space allocation, Plover 540, was earmarked to be converted for other District needs, resulting in a loss of dedicated space for our SPS intern trainings, groups, and supervision activities.

As a result of this loss, SHS will need to convert a room in Plover with current multiple uses, including space for our PEERS program, PEERS Program Coordinator, PEI graphic designer, lunch area/break room, and meeting room. In particular the a/v equipment in Plover 540 (a projector, screen, and adaptors to connect a laptop) will need to be relocated to this room. Also, the table in Plover 540 will need to be moved. Given the increased frequency of use of this room, space in the area outside of that room will need to be converted to cubicles to provide office space for displaced workstations, as well as line-of-sight supervision for student workers.

Plover 540 is also has been used for SPS group therapy offered each semester, as well as the AA meeting that occurs four days a week. Alternative spaces must be identified for these student group meetings elsewhere on the Santa Rosa Campus, and finding spaces appropriate

for the confidentiality needs of these functions is difficult to achieve. Hopefully Bertolini Student Center can provide this.

As noted in Section 2.5a, 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.

Race: This facility supports clinical services on the Santa Rosa campus, as well as offices for centralized, District-wide administrative 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. At times, the need to have a dedicated space for an acutely ill student to lie down for some time in the department while being monitored, or waiting for transportation is evident. Race has no capacity for this critical function currently. All rooms are fully utilized, and none lend itself to this type of activity. A new facility could build this space in

Having electrical and/or computer network ports added in the lobby woudl provide capacity for a computerized appointment intake process for students. Technology advances suggest alternatives may be possible for these student "check in functions", though wireless approaches to very confidential health information is not advised. The lobby furniture in Race 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.

FOR MEDIA SCREEN REQUESTS FOR THE RACE FACILITY, SEE SECTION 2.4C, INSTRUCTIONAL EQUIPMENT AND SOFTWARE

Petaluma Campus

Call: This facility meets the needs for all of the health services provided on the Petaluma Campus. Having reception staff behind locked doors is an excellent safety feature, and the lobby is welcoming, and has room for technology expansion for a self-check in station when that capacity arrives. Original 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

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, receives Federal reimbursement for Medi-Cal
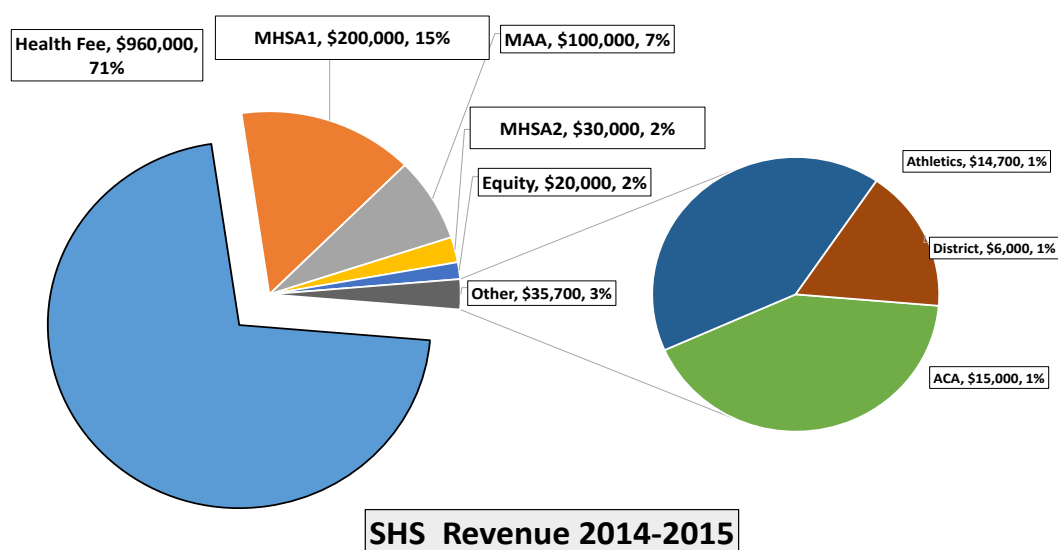
Administrative Activities engaged in by SHS staff, and secured Equity funding to provide services to at-risk students. Other small grants have been successfully obtained during 14-15.

Student Health Services has not needed to obtain District money to backfill operations since 1991. Health Fee revenue has thus far sustained the program, though it is currently experiencing fiscal hardships due to SRJC enrollment drops.

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

Three significant staff development projects were accomplished in 14-15 leveraging external funding from UCSF's Bixby Global Institute on Reproductive Health for contraceptive education, the County's Prevention Division of Health Services providing SBIRT training, and the Each Mind Matters initiative, sending PEERS staff to an international stigma reduction conference.

In 2002, almost 100% of funding was from the Health Fee only. This year, 71% of revenue is from Health Fee revenue, with the remaining 29% from diverse sources. This diversification of funding is healthy, but results in a significant increase in administrative overhead in budget management activities, invoicing, and reporting to our partners on outcomes.

Health Fee, $960,000, 71%
MHSA1, $200,000, 15%
MAA, $100,000, 7%
MHSA2, $30,000, 2%
Equity, $20,000, 2%
Other, $35,700, 3%
Athletics, $14,700, 1%
District, $6,000, 1%
ACA, $15,000, 1%

SHS Revenue 2014-2015

SHS Grant Funding 14-15

NAME	SOURCE	LEAD	TARGET POP	AMOUNT	MATCH?	RENEW?	CYCLE?	DATE FUNDED	PARTNERS
PEI-MHSA	Sonoma County Behavioral Health Division	Jeane Erlenborn	SRJC students Transitional Aged Youth (TAY)	$200,000	None required, though in-kind support provided	Annual renewal through 2016-2017, with option to extend longer	One year, with renewal for a minimum of three years.	July 1, 2014 – June 30, 2015	Sonoma County Behavioral Health Division
SMHP	CCC Foundation	Susan Quinn	SRJC students	$30,000	None required, though in-kind	No	Ends June 2015	July 2014-June 2015	None

					support provided					
ACA	Redwood Health Coalition Health Corps	Cindy Dickinson	SRJC students and staff without health insurance	$15,000	None required	No	Ends June 2015	October 2014 – June 2015	Several local FQHC clinics

IDEAS FOR FUTURE REVENUE

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

- Clarify options for Student Health Services for continued Equity Funds and / or Student Success funds to support case management of at risk students seeking services in SHS, and supporting financial risk reduction for low income students with ACA and MediCal outreach.

- Pursue fundraising activities for Foundation account, identify targeted expenditures.

- Watch closely for Sexual Assault Prevention grants, probably Federal, that could come down through either the State, or the Dept. of Education. This would assist the college in meeting Campus SAVE Act mandates. Online educational products are available for purchasing, to meet orientation education mandate (not anymore, etc.). Advocate for State support funding for CCCs to achieve mandates.

- Watch MHSA funding closely - statewide higher education/suicide prevention projects may be rolling out, now that the Campus Based Grants for CCC's have expired. Technical assistance i.e. funding for local trainings, access to products such as Kognito, or other tools for prevention work may be available.

- Monitor and either apply for funding or partner with County Health Services, Prevention and/or Public Health divisions, for projects linked to disaster planning, communicable disease control/vaccines, alcohol and other drug prevention activities, etc.

- Apply for technology development funds under Measure H to address the long-standing need in SHS to provide online health services, and purchase software modules that improves efficiencies and quality of care in the established health centers.

- ACA: If AmeriCorps grant funds are available for ACA enrollment services next year, work with our partners EARLY. Redwood Health Coalition lead agency. Alternatively, the State DHS may offer funding specifically for community colleges, being discussed on the Chancellor's Office level, and this will be monitored.

- Assist as appropriate to have SRJC procure Workforce Development funds under MHSA targeting mental health worker pipelines. Focus: Community Health Worker Program, Psychology majors, Human Services Advocacy Certificate program, etc.

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

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

- 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.

- Consider research based mini-grants available through the American College Health Association and Pacific Coast Health Association, which SRJC are members in.

- Consider SAMHSA, Garrett Lee Smith and Jed Foundation grants (Federal) for mental health and substance abuse related grants.

3.2 Serve our Diverse Communities

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

  National College Health Assessment data has been analyzed more during 2014-2015 with ethnicity breakouts, to better identify the specific health needs of our non-traditional students to support learning. This data has been shared with our internal healthcare providers, and with various constituent groups.

  - Dialogue is occurring in the Student Health Services Advisory Committee with staff from the Southwest Center, as we consider policy change on the Health Fee and non-credit students accessing healthcare in our established health centers.

  - Specific NCHA questions that outline health education topics of interest, knowledge deficits on health insurance and immunizations, and other health indicators are being examined with demographic breakouts, to inform educational program planning targeting diverse populations.

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

  SHS has sponsored a number of college-wide events and educational forums on issues of diversity and cultural responsiveness over the last year, and has provided in-house trainings, such as "Safe-Zone" training addressing the needs of the LGBTQ student populations.

SHS provides services for individual students in Spanish, provides staff development opportunities for employees on multi-cultural issues, and has in-house quality improvement review systems that include culturally sensitive interventions as a criteria. Recently, staff have reviewed ACHA guidelines for healthcare services that are sensitive to transgender students.

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

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

- Work is being done with at-risk students without health insurance. This is a predictor of poor academic retention, traumatic financial distress with unplanned health events, and is associated with health conditions worsening without treatment, such as depression and anxiety. A major educational initiative on the Affordable Care Act was launched by SHS during 13-14 when the federal mandate began, and continued in 14-15. Students, staff, adjunct faculty and community members attended workshops, and accessed enrollment counseling services provided in the health centers. The information and skills shared with this work contributes to the lifelong skills of learning how to navigate the healthcare system in this country.

- Working with students and their health related behavioral choices contribute to lifelong learning around communication and relationship skills, substance use, contraception, nutrition, exercise, and recognizing signs of acute and chronic health conditions needing intervention.

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

SHS provides substantial student employment opportunities, with up to 16 student employees working in the department at times. Our student workers (Student Health Aides and Student Health Aide Peer Support workers) are typically pursuing some aspect of the health care field as their educational goal. These employees are provided with structured trainings, including core workplace skills, professionalism, and health education, as well as focused work experience. SHS also has a mental health internship program (Masters, Doctorate and Post-Doctorate students from graduate programs throughout the Bay Area) on site, training psychologists.

A note on Staff diversity:
- SHS actively recruits diverse staff with demonstrated skills in multicultural responsiveness. As two thirds of our workforce is in the form of STNCs, PEs and student employees, our process for hiring into these positions each year takes particular care in assuring we achieve a diverse group of employees. With the awareness that front desk staff literally are the "face" of SHS, we seek to hire Student Health Aides that represent a broad range of diversity (and have been very successful in doing so.)

Mental health interns, selected annually, also are considered in terms of their ability to contribute to the diversity of SHS's staff. The ability to hire bilingual-Spanish licensed/certified healthcare workers is increasingly challenging, as the broader healthcare community is expanding rapidly due to the demand for services with the coverage expansions under the Affordable Care Act, and every health care agency is targeting bilingual-Spanish workers, making it very competitive in an environment when there clearly are not enough bilingual licensed health care workers to begin with. It is a crisis within the local healthcare community.

3.3 Cultivate a Healthy Organization

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

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

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

Challenges identified:

- Staff work in three different facilities, spread over two campuses; the geographical divide is a constant challenge to overcome to avoid silo-ing of perspectives, program activities and isolation from each other.
- Staff work in different professional disciplines (clinical, mental health, health promotion, district support) and integrating these all into a well-coordinated service, serving the whole student is important.
- With 35+ temporary workers making up our total workgroup, the CORE staff are responsible for the hiring, training, supervision and providing support to these employees, which is a significant amount of work in addition to operational demands in the health centers.

Department Responses:

- **Several department workgroups were formed for 14-15** that had members from each area participating, focusing on concrete program functions and activities. These were:
  - ✓ **Medicat Software/Technology Workgroup** – addressing software issues, database management, and supporting technology related activities.

✓ **Student Development Workgroup** – planning and support workgroup of all SHS student employee supervisors, sharing information, considering overlapping training needs and integration of Student Health Aides and the newly arrived Student Peers.

✓ **Quality Improvement Workgroup** - pulled together the many quality improvement processes in SHS into a more cohesive plan, identifying some benchmarks and goals, and initiating new evaluation processes. A student satisfaction survey was administered, an SLO assessment project incorporated learning on health conditions during visits, and methods to evaluate the effectiveness of our referrals were designed.

✓ **Outreach Workgroup** – this group organized the many health education and promotion activities, events, presentations and SHS marketing projects, which was more extensive than ever this past year, with many accomplishments. The goal for this workgroup is to be more inclusive of all disciplines/health topics in department outreach activities, with CORE support and input. The PEI program and PEERS have assumed much of the department's health promotion activities, and coordinating is a major challenge.

✓ The 13-14 **Integration Workgroup** was semi-retired during 14-15. This group was designed to identify activities to support department wide integration, inclusiveness and increased opportunities for connectedness. In 14-15, this became the work of everyone in various ways, implemented as program work was accomplished. Anyone was given permission to intervene without recourse when a need for greater integration was needed, when "us" and "them" language emerged, facility, campus, or discipline – centric perspectives were apparent in dialogue, or non-inclusive sub-cultures were emerging impacting the program. This has been occurring in respectful, collegial ways.

- **All-Staff Meetings Once a Month Were Initiated -** most employees able to attend, though SPS interns, and STNC nurses were not well represented. Department-wide informational updates, trainings, and fun interactions were included, many led by the students.

- **Facilitated Meeting Model** – applied to all CORE meetings, which engages all staff in some role related to the meeting topics, structured agendas, running the meetings and has shared understandings of ground rules.

- **Clinical and Mental Health Providers Meetings** – nurse practitioners and mental health staff met twice, with dialogue on best practices for referring and communicating with each other; case reviews were included to highlight challenges and stimulated conversations. This evolved into establishing a weekly block of time when these providers could meet for quick case consults, which worked very well, and will be included next year.

- **Department Planning Meeting/February** – this meeting included all of the CORE staff plus all other professional staff, i.e. licensed mental health providers, psychiatrist, physicians, STNC PEI staff, for program planning purposes (once per year)

- **Student Employee meetings** – (See above.) A strong cohort is developing between PEERs and SHAs largely due to these meetings, where presentations, trainings, and dialogue occur. As being the first year of shared meeting times, training topics were developed as the year went on. (Also see professional development notes on this below.)

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

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

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

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

SHS - ONGOING STAFF DEVELOPMENT RESOURCES/ACTIVITES:

1. **Student Health Services 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. **All Staff:**

   a. **Mandated Trainings -** for confidentiality, Safety Training (review emergency handbook, evacuations, reporting emergencies, workplace safety) are done at an all-department meeting at the beginning of every Fall semester when new student workers, mental health interns and STNC begin work for the academic year.

   b. **Monthly All Department Meetings** - initiated during 14-15, have provided staff development activities, learning more about assessment data, quality improvement processes, cultural diversity and other topics.

   c. **The District's Staff Development Program -** is accessed by staff during PDA days, online resources utilized, and seminars attended.

   d. **Web-based Continuing Education** - offerings, mostly free, have been made available to staff for clinical, mental health, health promotion, software training, administrative, and college health issues, via the numerous professional

organizations, memberships and contractual agreements we have, as well as free offerings via the Chancellor's Office and other grant funded initiatives.

 e. **Conferences, Community Events -**

  i. **Continuing education events,** such as CPR/1st Aid Trainer certification courses, public health trainings, diversity trainings, etc. are encouraged with use of release time and registration fee support, as staffing and funding permits. CEUs for licensure often offered.

  ii. **Attend and/or sponsor community healthcare agency events** to support current and accurate information about services and increase understanding of expert content, provide networking opportunities to support student access and referrals, and encourage engagement in local health planning processes.

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

3. **Clinical Providers**

 a. **Mandated trainings for all clinical providers** occur each year in July, including needle stick safety, blood borne pathogens, mandated reporting, as well as a review of clinical guidelines, documentation requirements & procedures, changes in Standardized Procedures, referring to other healthcare services and updates in providing health insurance coverage support. Additional meetings with all nurse practitioners have been added in this year, with plans to continue perhaps quarterly meetings for policy and procedure updates.

 b. **MD consultation meetings** (eight per year with pre-determined clinical topics) include an educational component into the process (all CNPs/MAs). Whereas the primary objective of these meetings is linked to continuous quality improvement, didactic elements contribute to the staff development of our clinicians. (See Section 5.)

 c. **Online clinical references ("Up-To-Date")** have been purchased for each permanently employed nurse practitioner, with access shared for STNCs. This tool provides immediate access to evidence-based clinical treatment protocols, medications, resources, health education handouts, and research on hundreds of clinical conditions. Each time a provider accesses this reference online (which is available in the exam rooms with patients, as well as NP offices), the provider earns CEU learning activity credits that support license renewal requirements.

4. **Mental Health Interns -** Weekly trainings are part of the internship training program, offering 1-2 hours of didactic training on assorted mental health topics and skills, with 36 sessions each academic year. These are conducted by either the SPS staff, including Professional Experts, or by invited guest speakers from the community.

5. **Student Employees** - Weekly meetings with training topics, including operational issues and basic skills, (Medicat, office procedures, etc.) as well as health related topics such as emergency response, cross cultural communication, conflict resolution, women's health, sexual assault prevention, and stress reduction.

2014-2015 STAFF DEVELOPMENT Highlights:

- Sponsored Northern California BACCHUS training, attended by SHS staff. Qualifies them to provide BACCHUS training locally. Many other community college staff, students and community members attended as well.

- Sponsored/attended Mental Health First Aid training, attended by SHS staff. Still seeking development of a Train the Trainer opportunity for permanent SHS staff.

- Sponsored QPR Train the Trainer session at SRJC, open to SHS staff, SRJC and community members.

- Green Dot Bystander Intervention training and conference attended by the Health Promotion Specialist.

- HSACCC's annual statewide conference attended by Director and the three new nurse practitioners, with many relevant topics specific to CCC health centers.

- Long Acting Reversible Contraceptive training in SF, attended by Health Promotion Specialist, Director and two Nurse Practitioners, accompanied by Southwest Comm. Health Center's SRJC staff (agency partners). Focus on educational interventions.

- Mental Health and Wellness Association- Northern meeting held at SRJC, and attended by SHS staff.

- SBIRT (Screening, Brief Intervention, Referral and Treatment) training attended by all CORE staff and some STNCs, held at SRJC, paid for by Sonoma County Dept. of Health Services.

STAFF DEVELOPMENT PLAN FOR 2015-16

- **ACHA National College Health Conference**, **in San Francisco, May 2016 -** This comes around to California about every 8 years, and it is the premier college health networking and educational event in the nation, with something for everyone. We hope to get as many staff there as we can, seeking funding from every source possible. The conference provides the most recent evidence based research and program highlights in the field of college health. Other conference attendance for 2015-2016 may be limited specifically for this objective.

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

- **Informational meetings on Sonoma County Healthcare Resources -** This represents a body of knowledge and information that is critical for the effective functioning of SHS programs, and to support the referral process staff provide to link students to needed healthcare resources. Efforts to have community agencies come to SHS to educate our staff on the current reality, and support for staff to attend resource information events will be strongly supported and encouraged.

- **MH and NP shared training and case discussion time -** Planning for overlapping trainings in 15-16, case consultations involving specific students. Practice motivational interviewing techniques with each other. Continue weekly consult times.

- **Continue integrated student employee trainings -** All student employees are expected to be an informed "first contact" for students seeking health services. A strong training program with "CORE" concepts of working in a health services setting is critical, along with content on a broad spectrum of health related issues.

- **Developing and presenting educational seminars for students and staff -** engaging a broader circle of SRJC staff and faculty in learning activities, will provide SHS staff with the opportunity to develop knowledge and skills associated with the college's student success mission, in addition to working on greater dissemination of health information across the college.

- **Training on social media integration into student health programming -** Current information on methodology, ethical/health/confidentiality issues, and skills with the various social media options, is needed within our CORE staff.

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

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

3.4 Safety and Emergency Preparedness

Student Health Services and Crisis Intervention Resource Team information included:

Illness and Injury Prevention Program (IIPP)

During a department-wide Student Health Services meeting in August of 2014, the Director reviewed with all staff the basic information on facility evacuation procedures, fire extinguisher sites, Area Safety Coordinators for each facility, emergency procedures, when and how to notify District Police, the Department Safety Plan, SHS's role in disasters, the SHS emergency phone tree, hazard recognition, and reporting injuries and incidents. These topics 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, supports a culture of safety awareness, and the capacity to evaluate employee compliance with the program. Additional or refresher training needed can then be addressed and pursued with the various employee groups.

Safety Trainings

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

During 2014-2015, SHS staff participated in updating materials in this document, reviewing first-aid procedures and outlining how to report students of concern, exhibiting distressed, disruptive and/or dangerous behaviors.

SHS also participated in developing an "Incident Flow Chart", intended as a tool for District employees to determine appropriate response in incidents involving medical response. Transportation of injured staff and students remains an area of concern, trying to find the right balance of supporting injured individuals, and not putting the District at risk for having employees determining medical urgency without paramedic/first responder assessments and care during transport.

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

- CPR, AED and First Aid.

- Blood borne pathogens training (including the use of PPE).

- Needle-stick safety training.

- Mandated reporting requirements for communicable diseases, child abuse, elder abuse, suicidal and homicidal threats, sexual misconduct, etc.

- QPR (Question, Persuade, Refer) suicide prevention training.

- District's Sexual Assault Response procedures and Clery Act reporting requirements.

- District's incident reporting process and response flowchart.

- Building and Area Safety Coordinator training.

- Disaster response training.

- Standardized Emergency Management System training (SEMS).

- Crisis intervention, and response to distressed, disruptive and dangerous individuals.

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 2015, the new College Nurse Practitioners familiarized themselves with the document, as we responded to healthcare provider trainings for Norovirus, Ebola and Measles, all communicable disease issues that emerged over the year.

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

As Student Health Services receives all of the District's Incident Reports, staff training and knowledge of the District-wide incident reporting policy and procedure is critical. The SHS

department plays an important role in triaging these reports for situations requiring an immediate response to address safety issues related to injuries, and risk management situations for the District. A summary of these reports is provided to the Safety Committee monthly, and concerning situations are communicated to the Business Services Office in a timely manner.

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

Building and Area Safety Coordinators

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

CRISIS INTERVENTION RESOURCE TEAM

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

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

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

3.5 Establish a Culture of Sustainability

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

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

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

- At staff meetings all agendas and other documents are projected electronically instead of printing support documents.

- The conversion to a centralized Faxing system, allowing email connection to our department FAX machines, has contributed towards the use of less paper.

- SPS now also keeps student records electronically, such that notes are not printed for paper charts and supervisor review.

- Intake paperwork in the department remains, which could be reduced with software enhancements requested (self check-in).

- A staff member drives an electric car, and has been actively advocating for electrical charging stations on the Petaluma Campus, with progress being made.

- We use rechargeable batteries in some of our devices.

- Video discs used by mental health interns to record sessions may be recorded over, such that we keep using the same discs.

- We recycle paper for printing needs, using both sides, assuring confidential student information is not on paper utilized in this fashion.

- Health information handouts are reduced through more "on the spot" printing for students as desired, not printing as many copies of outreach flyers, offering email to students as an option for receiving information, and referring students to our web page where some of the handouts are also available for viewing.

- The department extends its recycling practices internally to include plastic and cans generated by staff, and handled through staff volunteerism.

- SHS orders recycled toner cartridges to save money and to be more environmentally responsible.

Promote Social and Economic Equity in the Communities We Serve:

SHS places a substantial focus on social and economic equity. The foundation of our model, providing access to health services for many students that have not had access to health services due to economic barriers, infuses the values of social and economic justice into the work of every employee in our area. We have staff that are passionate about equity issues, and work very hard to address issues through educational and referral interventions. This last year, the Affordable Care Act was SHS's main focus, yet the day to day work constantly is addressing social and economic issues with individuals

being served.   Examples include pregnancy prevention, which for many young women, early parenting can result in not completing college and subsequent poverty. Food and nutrition issues are being addressed by leadership for Food Bank services on the Petaluma Campus, and efforts to reduce stigma around health issues support equitable access to care. Prevention work is very gratifying for our staff.

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

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

Due to the unique funding formula for SHS, via the health fee, our economic sustainability requires a balancing act on how to best serve the many health needs of students. Leveraging community healthcare resources towards service provision on campus (free of charge) and having strong relationships with community partners to enhance low cost referral systems is absolutely required, and central to our strategy. SHS's connections with the community are strong, (see Environmental Scan, Section 1.2) but as healthcare is a rapidly transforming system, this will take effort on our part to navigate our way through these changes and assure connections remain strong, as well as developing relationships with newly emerging partners.

4.1a Course Student Learning Outcomes Assessment

4.1b Program Student Learning Outcomes Assessment

Student Learning Outcome (SLO) Statements

As a result of Student Health Services interventions:

1) Students will maintain and improve their health.

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

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

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

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

Department Plan for Regular Cycle of Assessment

Statement	Year 1 ('14-'15)	Year 4 ('15-'16)	Year 5 ('16-'17)	Year 6 ('17-'18)	Year 5 ('18-19)	Year 6 ('19-20)
1		x			X	
2	x			x		
3	x			x		
4			x			x
5		x				
National College Health Assessment Survey		x			x	

SLO ASSESSMENT PROJECTS 2014-2015

The department assessed SHS Student Learning Outcome statements 2 and 3 for the year, and an interdisciplinary team of SHS staff provided leadership in developing the assessment plans, and coordinating implementation of assessment plans. The following outcomes were identified:

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

Goal: 80% of students surveyed at the end of an SHS appointment will demonstrate an understanding of their health condition and the appropriate treatment/next steps with 100% accuracy.

Assessment Tool: The team developed a tool to measure Outcome 2 that required providers to poll students at the end of their clinical and/or mental health visit, as to their understanding of the health condition they came in for, what they can now do to treat it, what warning signs to look for that indicated need for additional and/or urgent care, and what they can do to prevent the condition in the future, if possible.

Methodology: 84 students were polled in the first few months of the Spring semester; with visits for specific health conditions targeted: URIs, UTIs, Anxiety, and MH visit. The student responses, gathered at the end of the visit, were then reviewed by the provider, assigned % of understanding to these initial responses, then reinforced with the student any missing information as needed.

Outcome: 82% of students achieved a 100% accuracy rate, which exceeded the goal.

Dialogue and Follow Up: Discussed at nurse and SPS interns meetings, staff reported changing their approach to all student visits, with more consciousness around the importance of clear and focused educational interventions, were able to integrate and/or improve some of the techniques learned in the exercise, and refine messages on "next steps" with motivational style.

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

Background: It has been known for a while that the department has had no consistent method of evaluating the effectiveness and outcomes of student referrals to outside healthcare resources. This is impacted by
1) Provider skills in articulating clearly the need for the referral, and referring the student to the most appropriate, accessible resource with clear directions, and
2) Students making the behavioral choice to actually do what has been recommended, despite any barriers that could get in the way.

Presumably the student choice to act is inked to a clear understanding of what the nature, acuity, and consequences of inaction might be (see above SLO), and responding to this information with action is yet another indicator of student learning in this area, but demonstrates the personal responsibility being taken and the health care system navigation skills emphasized during the visit where the referral was made. As more students gain insurance and primary care medical homes, referrals from Student Health Services may become more effective merely because the financial barriers are removed due to the Affordable Care Act.

Goal: 75% of students who respond to an inquiry regarding a referral made for higher-risk treatment will have demonstrated personal responsibility for improving one's health, by saying they have followed through on the referral within three weeks.

Student Cohort: Students identified with very high risk health conditions during a SHS visit, and referrals were made for other support services to address their needs. (High risk criteria: ***suicidal, homicidal, unsafe home or relationship environment, severe illness***)

Assessment Tool: The department developed new coding structures within the electronic medical records system to flag students with higher risk conditions, and revised the referral documentation codes, so two things could happen. 1) The cohort group of students could be clustered into outcome reports, and 2) a recall system was inserted to flag needed follow up with certain timelines, to determine the status of the referral.

Methodology: Starting with Spring semester, mental health providers and nurse practitioners followed up with students they have identified as high risk during a visit, via phone contact or face to face visit, at least once (twice if particularly high-risk) to determine if referrals made were followed through on by the student. Documentation procedures were initiated.

Preliminary Results: Three months into the project, preliminary data showed that 43% of students reported having completed the agreed upon referral for follow up, most of which were to off-campus healthcare resources. This is much lower than hoped for, and perhaps not too surprising. Students in high risk, high stress situations such as these identified, may not be absorbing information well, could be disorganized in thinking, clearly are in crisis, may be having difficulty with time management to accomplish the additional task, and so on. Final Spring semester results are pending.

Dialogue and Follow-up: The team is eager to take these pilot results, and develop this function of the SHS program further. The resources required to do this, though are not

forthcoming at this point (see Budget/Resources Section 2. and Equity Project report Section 5. in with more data on the internal vs external referral completion rates and having students help us identify any way the referrals being given by our providers could be improved upon to better support their learning and referral outcomes as associated with this process. Whereas the cohort of students is not large (about 36 students with RISK codes) the amount of staff time to follow these students aggressively, due to the acute nature of their conditions, is significant. The intensity of labor associated with this work is a particular challenge right now for the department, as our resources may not be able to add this kind of work to our existing program activity, and maintain a quality of service we would like to achieve. This kind of program activity seemingly is linked to student success, (funding available through SSSP) yet these kinds of health risks (suicide, homicide, unsafe home environment, life-threatening illness) are not being recognized as relevant to a student's academic performance, retention, or completion, or at least worthy of funding.

See Section 6 for goals and objectives related to this work in 2015-16.

PLANNED SLO ASSESSMENT FOR 2015-2016

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

1) Students will maintain and improve their health.

This is the umbrella learning outcome that will be assessed with the comprehensive National College Health Assessment survey, administered every three years at SRJC, which includes within it a population based measurement of behavioral health outcomes. Trends, comparisons, demographic breakouts identifying at - risk students, and much more is derived from this assessment tool, and we are on the edge of our seats, anticipating the data, given all of the extensive health education and promotion outreach the department has been engaged in during the last three years. See Section 6 for Annual goal related to this project, which will need to achieve a random sample of about 1000 SRJC students.

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

The assessment method for this learning outcome has not been determined yet by staff, and a plan for this will be developed over Summer 2015.

Other Assessment Activities During 2014-2015:

Further program response and change due to NCHA data from 2013

The dissemination of health information from the college overall, a comparison of the top topics students are interested in, as well as where the largest gaps in information dissemination occurred were looked at, to strategize how to better distribute information to students while visiting the health center.

Demographic breakouts by ethnicity and age on all data was done, and select items were presented to various constituent groups / stakeholders on particular health indicators, with comparison with other data sets done locally on similar issues.

Use of the 2013 NCHA data has continued to permeate many activities within the department, at the college, and in communications with our community partners.

Reports were shared with the Sonoma County Prevention Partnership, Student Health Services Advisory Committee, Equity Committee, Sonoma County's Affordable Care Act Task Force, Student Services Council, and more.   Dialogue occurred in each of these venues on specific program implications, i.e. health insurance outreach, student success outcomes, specific health needs of Hispanic students, etc.

Classroom Presentations and Workshop Evaluations

A standardized evaluation tool is provided at the end of most SHS workshops and classroom presentations, to collect information on specific learning outcomes related to the material, an evaluation of the presentation itself, the effectiveness of the presenter, and other health topics that they would like to learn more about.
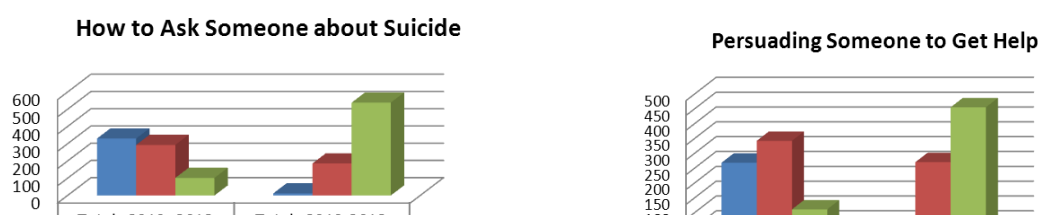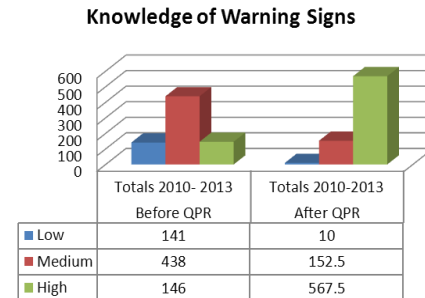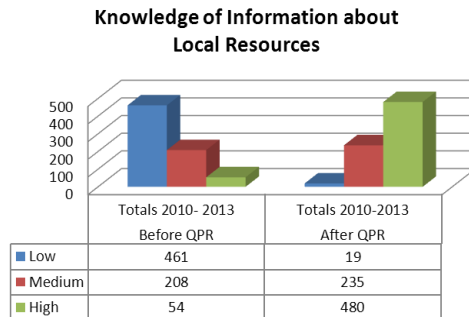
For the 14-15 year, students reported:
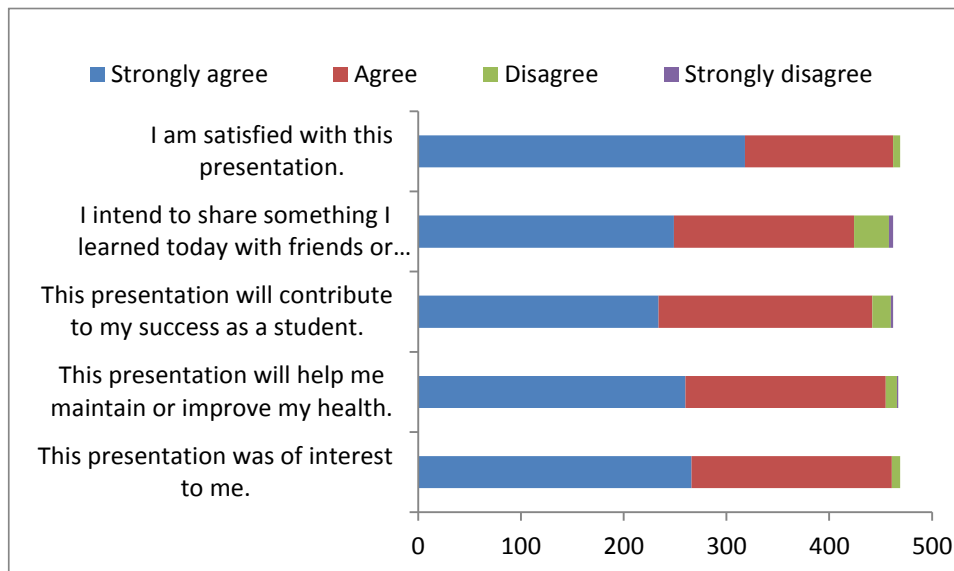
Students shared behavioral change goals on the evaluations, as a result of what they learned from the presentation, and included a broad range of health changes, such as learning how to get better and more sleep, strategies for coping with stress, changing diet and exercise habits, and ways to improve social health.

QPR Suicide Prevention Trainings

The PEI Program selected the evidence based QPR Suicide Prevention Gatekeeper Training as a key suicide prevention component, beginning in 2011. During 2014-2015,, 17 presentations were done in primarily classroom settings, with 429 students and staff trained. Some courses are now requesting this training each semester/year, such as the A.D.N. students, and the Human Services Counseling courses. As part of the MHSA-CBG grant this past year, a course proposal was completed to offer a credit course as part of the Community Health Worker program that include this as a standardized component of the curriculum. Pre and post survey are collected from all training participants, and learning outcomes are measured. The charts below illustrate the gains in knowledge in four key areas of the training, (data drawn from trainings prior to 2014-2015, as current results not completed yet)

How to Ask Someone about Suicide

Persuading Someone to Get Help

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 (also see Section 5 performance measures)

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,   Learning outcomes show improvement. Some of the write in outcomes of therapy include self-reported results such as:

 "It helps to not go to class in a neurotic and paranoid state of mind. Therapy has been a sort of verbal yoga for me, which gets the thoughts out of my mind."

 "I would have dropped a class without counseling. My academic performance improved"

"My academic performance was very close to imploding prior to therapy. Now it is strongly concrete. I am surprised by how I have really improved. I see myself as much more capable than ever before."

4.1c Student Learning Outcomes Reporting

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

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					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 2014-2015 the department effectively completed another cycle of assessment demonstrating a proficiency level with SLOs.   This was the first assessment project that engaged four new clinical staff members, and orientation to the institutional process around SLOs was provided. They all quickly grasped, designed and implemented the project easily, as they all are healthcare professionals, trained in ongoing assessment, evaluation and adjusting health care plans to improve care given. The mental health interns also administered the assessment tool with a bit of a more challenge, as therapy sessions aren't always conducive for straight-forward conversations about what the student is learning.

5.0 Performance Measures

IN THIS SECTION:

1.) Mapping Student Health Services to the Strategic Plan: Institutional Effectiveness

2.) Student Access, Success and Completion Data

3.) Utilization Data and internal benchmarks in Student Health Services

4.) National College Health Assessment (NCHA), survey data

5.) Continuous Quality Improvement Activities

6.) Program development accomplishments, grant outcomes, future plans

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

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

  Student Health Services is a centralized District-wide program with health centers physically on the Santa Rosa and Petaluma campuses. The budget, medical records, standardized procedures, contracts, and SLO assessment projects all are centralized, which contributes to program and institutional effectiveness.

  A number of internal quality improvement processes are in place for the clinical and mental health services provided for students, including monthly Clinical Review meetings with MDs, Nurse Practitioners and Medical Assistants. 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 Student Health Services Advisory Committee participates in program review, with oversight of Health Fee and MAA revenue allocation for identified program priorities.   This committee also reviews compliance with Title V regulations.

  A major student health needs assessment (National College Health Assessment - NCHA) is completed every three years, and the data is used on a District-wide basis; some variables monitor trends reflecting the effectiveness of the SHS program.   Other assessments are implemented periodically for service improvement and planning purposes.

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

  SHS makes extensive use of email within the department and has internal meetings contributing to program effectiveness. Department meetings utilize a facilitated meeting model, with permanent employees ("CORE" staff) meeting twice monthly, and staff are involved in leadership roles for workgroups and meetings organized around the department's goals. Technology is used as needed to improve connection between the two campuses for program integration and transparency.

  Work is being pursued on leveraging functions within our medical records software to increase effective communication among interdisciplinary providers for case management and referral purposes, including communication with the Athletic training room staff around sports related injuries, such as concussions.

  Having SHS staff work periodically on both campuses contributes to a District-wide perspective and a multi-site experience for department workers. These strategies support fiscal efficiencies, flexibility in staffing, clearer communication, and adherence to quality assurance processes. Mindfulness of dual reporting needs for Petaluma-assigned staff is promoted actively.

  SHS's outreach activities have expanded the types of methods of communicating to students and faculty in the last few years, including Facebook, more extensive use of the Bear Facts online newsletter, Student Health 101, and the mobile "Wheels of Wellness" health information cart on the Santa Rosa Campus. Paper flyers and posters also continue to be emphasized, and the use of all staff emails has been used judiciously. The SHS webpage has been redesigned this last year, with a "drupalized" version ready to launch in Summer 2015. Based on a student focus

group in 2013, feedback indicated that diverse methods are necessary to reach students with health related and departmental information effectively.

2.) STUDENT ACCESS, SUCCESS AND COMPLETION DATA

Students that access healthcare in the health centers continue to be more successful in persistence, degree and certificate completion, and course success than the average District student, some significantly so. The demographics of students accessing health services show much larger percentages receiving financial aid (67%), higher numbers of students with disabilities, and more students of color than in the overall SRJC student population. Men continue to be significantly underserved. The overall percentage of the student population seen in the health centers increased from about 10% of all students to about 12%. Over 80% of students seen in SHS carry more than 12 units.

This year for the first time student success data was also reported out for each of the three clinical service types offered in SHS: Nurse Practitioners/Medical, SPS/Mental Health, and Reproductive Health services. Some variances were seen in a few areas, notably: SPS served a slightly older population, and had higher numbers of students with disabilities and financial aid; Reproductive Health services had higher numbers of women, almost 40% were Hispanic, almost 75% were 24 years of age and younger, and the degree completion rate was over 10%. The Nurse Practitioner clinics saw higher numbers of Black and Asian students, and more men than in the SPS clinics.

	District 2013-2014	SHS 2013-2014	SHS 2012-2013	Notes
	Credit enrolled students	SHS	SHS	
Total Students	25,245	3,327	3,294	13.17% of all credit students accessed SHS
English Primary Language?	District-Credit	SHS %	SHS %	
YES	93.52%	90.02%	86.67%	
NO	6.48%	9.98%	13.33%	
Enrollment Location	District-Credit	SHS %	SHS %	
Santa Rosa Campus	50.54%	60.41%	69.03%	
Petaluma Campus	9.67%	3.82%	3.76%	Remains low
Santa Rosa & Petaluma	18.75%	25.16%	19.16%	High bi-campus
Santa Rosa & Other	6.8%	9.17%	5.89%	
SR, Petaluma, Other	1.08%	0.42%	0.36%	
Online ONLY	5.65%	0.27%	0.97%	Underserved
Other ONLY	7.6%	0.75%	0.82%	
Gender	District-Credit	SHS %	SHS %	
Female	51.53%	61.86%	62.36%	
Male	45.89%	37.12%	36.37%	Underserved
Unknown	2.58%	1.02%	1.28%	
Age Group	District-Credit	SHS %	SHS %	
< 20	23.17%	24.65%	23.04%	SHS: 78.5% <30
20 – 24	32.28%	38.35%	37.40%	Dist. 70.18% <30
25 – 29	14.73%	15.54%	14.30%	
30 – 34	8.4%	7.18%	7.86%	
35 – 39	5.17%	3.97%	4.40%	
40 – 49	7.76%	5.29%	6.68%	
50 +	8.42%	5.02%	6.31%	
Race/Ethnicity	District-Credit	SHS %	SHS %	
Black	2.25%	4.54%	4.16%	Higher %
Asian	3.34%	4.45%	4.52%	Higher %

Filipino	0.81%	0.57%	0.73%	Underserved
Hispanic	25.34%	30.54%	28.57%	Higher %
Am.Indian/Alaskan	0.71%	0.72%	0.61%	Higher %
Pacific Islander	0.34%	0.63%	0.73%	Higher %
White	60.23%	51.34%	51.79%	Underserved
Unknown	2.08%	1,41%	4.10%	Underserved
Multiple Ethnicities	4.91%	5.8%	4.80%	Higher %
Disability	District-Credit	SHS %	SHS %	
Primary Disability	3.57%	12.44	11.66%	3.5 times more
Secondary Disability	1.43%	4.81	4.28%	3.4 times more
Financial Aid	District-Credit	SHS %	SHS %	
Received	34.52%	67%	66.09%	2 times more
BOG Waiver	33.55%	64.17%	64.27%	
PELL Grant	10.87%	30.42%	31.60%	
Other	3.75%	15.3%	14.09%	
STUDENT SUCCESS				
Persistence	District-Credit	SHS %	SHS %	
Persisted to Spring	62.9%	88.0%	88.13%	
Courses Successfully Completed				
Degree Applicable	70.47%	78.04%	79.11%	
Basic Skills -ESL	76.53%	83.94%	80.86%	
Basic Skills -English	57.11%	64.43%	66.94%	
Basic Skills - Math	55.13%	66.41%	64.29%	
Degree/Cert granted	District-Credit	SHS %	SHS %	
Degree	3.57%	9.95%	9.90%	
Certificate	1.46%	2.55%	3.28%	

3.) UTILIZATION DATA IN STUDENT HEALTH SERVICES (CLINICAL, SPS, PEI, PETALUMA) SELECTED
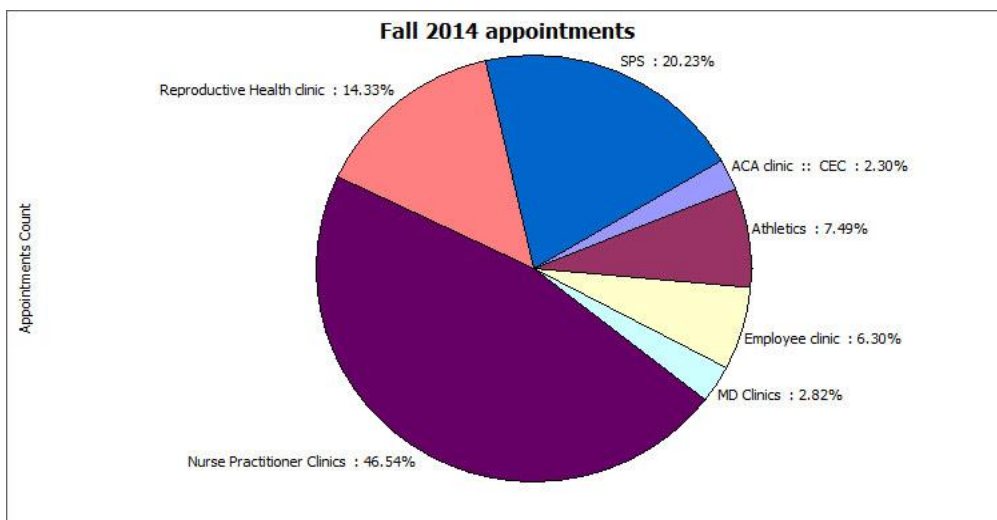
FACT BOOK: SHS BENCHMARKS

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

Fact Book statistics over a five-year time span indicate small fluctuations in total individual professional service visits, varying by cluster of appointment types. Visits in 13-14 showed a slight drop, with some regained in 14-15, partially due to the addition of health insurance enrollment clinics. Over 12,000 service visits are provided each year.

SHS Individual Service Visits
(Blue-Clinical; Red = Mental Health)
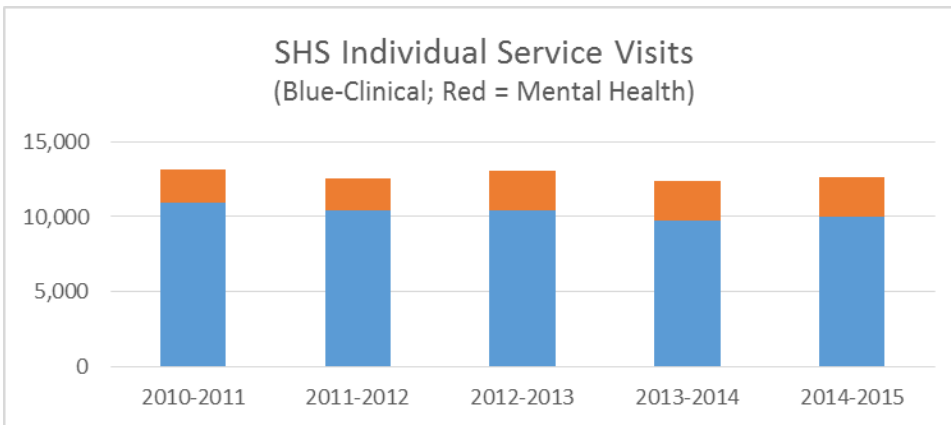
Of the appointments included in the statistics above, the following graph represents the distribution of appointment types across the department, with the Nurse Practitioner, MD, Employee, and Athletics clinics representing a little less than two-thirds of the student contacts.

Fall 2014 appointments

SPS : 20.23%
Reproductive Health clinic : 14.33%
ACA clinic :: CEC : 2.30%
Athletics : 7.49%
Employee clinic : 6.30%
MD Clinics : 2.82%
Nurse Practitioner Clinics : 46.54%

Appointments Count

The FACT BOOK submissions also track "number of health presentations/events and workshops sponsored", as a separate line item, as well as the numbers of "District Support services" provided, which are reported as the Incident Reports and SAI claims facilitated by SHS. The five-year trend demonstrated here represents the increased pace of both of these functions.

Health Promotion/Education/ Outreach Events 5 Year Trend

DISTRICT SUPPORT Incident Reprots - SAI Claims
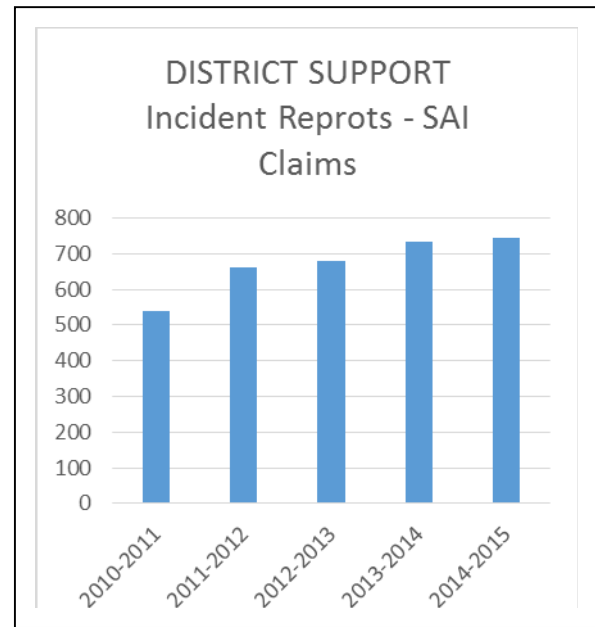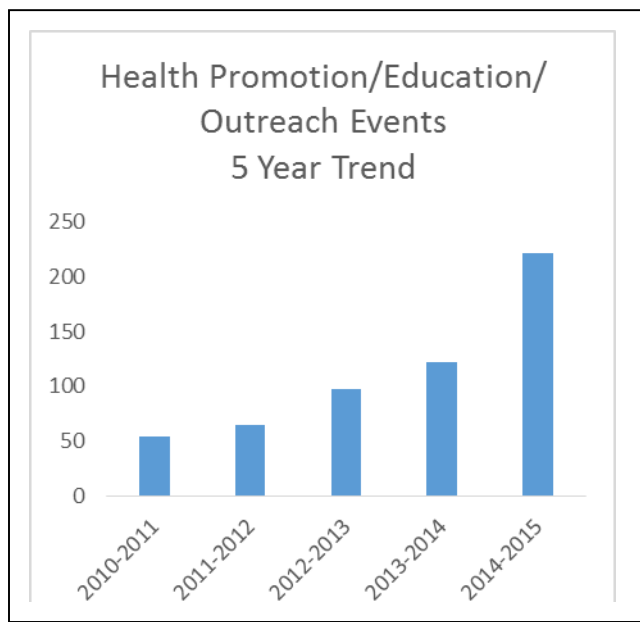
CLINICAL SERVICES

Communicable Disease Control:

- Immunizations/TB ~40% of SHS clinic visits are specifically for TB screening and Immunizations, consistently over the last 5 years. Medical Assistants increasingly provided this service with NP supervision during 13-14, but as a vacancy in this position was carried for the 14-15 fiscal year, the NPs are now providing all of these.

- The number of immunizations has dropped, corresponding to enrollment drops, About 250 flu shots are provided in the health centers each year. Free vaccine became available from the County in January of 2015, and SHS organized a free flu clinic in January, held outside the health center and open to the public, in collaboration with Empire College. Approximately 50 vaccines were administered in several hours.

- 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. The supplies became more available again during 14-15 and the District is "getting caught up" in sending staff to SHS to meet their TB clearance requirements. There is discussion of including all STNC's and Student Employees working for the District to also have TB screening requirements for employment, which could potentially increase demand for services in SHS and fund STNC staff to provide service at the increased level. Ten newly converted positive TB skin tests were identified, with the appropriate follow up; there are no active cases.

- Several communicable disease issues have been addressed during 14-15

o Consultation with the Public Health department and development and release of a communication to District staff on **a potential Norovirus outbreak/cluster of illnesses**.

o **Ebola** prevention of exposure protocols developed, with training and protective equipment supplies collected, with practice sessions in using the equipment. Mask fit testing still pending.

o **Measles** outbreak – renewed efforts to encourage voluntary immunizations when possible (all staff email, web postings, dialogue with administrators), faculty consultations on "close calls", internal rigor in SHS for all staff proof of immunity.

o Implemented front office intake questions to identify potential Ebola and acute measles cases-- to trigger infection control procedures.

Acute Illnesses and Injuries: These clinical visits 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. Forty five emergencies were handled (through mid-April). There has not been a significant shift in the diagnostic profile. The number of students with psychosocial distress, with or without medical complaints, continues to be high in the nurse practitioner clinics.

Athletics: The physical exam requirements for athletes expanded at SRJC during 14-15, and SHS's NPs are now providing these for the first time in 2014-2015, in addition to all of the health screenings. (Physicians still provide exams for contact sports.) This resulted in added time dedicated to athletic screenings, and a corresponding course fee increase was requested and approved to begin 2015-2016 to legally comply with funding sources for this activity. The NPs receive training and support from our exceptional Sports Medicine team (Ty, Monica) and continue to engage in learning around the complex orthopedic assessment techniques for identifying at risk students and criteria for "clearances" for participation. A protocol for working with the athletics department and disability resources department for baseline concussion screenings and management of acute concussions is followed.

Case Management/Referral Follow Up - As the Nurse Practitioner services continue to see a majority of students accessing SHS, the work being done in the exam rooms during visits has expanded during 14-15, incorporating select universal screenings, more case management of at-risk students, and assisting uninsured students in obtaining health coverage and establishing primary care services in the community. Phone call follow ups have taken time, and Equity funds were applied to some backfill STNC nurse practitioners, giving our permanent NPs time to make this important contact with students. The loss of STNC backfill funding support may compromise the department's effectiveness / sustainability of this **quality improvement goal.**

Reproductive Health Services – Provided by Outside Agencies

Combining visits in Santa Rosa and Petaluma, 1,658 visits were provided on the two campuses, and the numbers have remained fairly steady despite some staffing transition challenges on the part of our Santa Rosa Campus community partner. The scope of their services has expanded to include on-site insertions of Long Acting Reversible Contraception (LARCs) at both sites. The Santa Rosa Community Health Centers staff joined the SHS staff in an educational conference on LARCs sponsored by UCSF, providing information and strategies for educational outreach to students. We jointly began
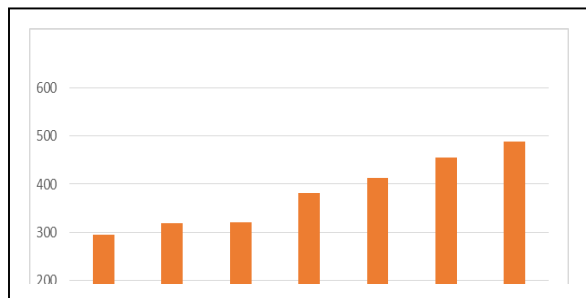
implementing educational interventions with students utilizing UCSF/Bixby research-based tools that emphasized increasing use of more effective long acting methods in the Fall of 2014.

Faculty Outreach: Staff in the NP clinics worked one-on-one with faculty during staff TB testing visits, by reviewing SHS details and how to refer students at risk, protocols and tools to deal with incidents.
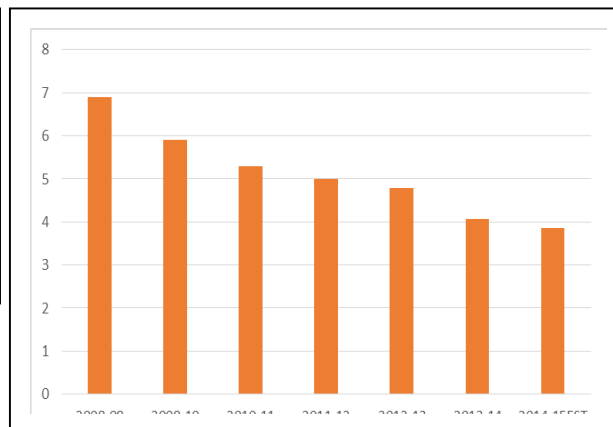
STUDENT PSYCHOLOGICAL SERVICES

Over the last seven years there has been a steady increase in the number of students receiving mental health services, as well as a steady decrease in the average number of sessions per student served.

Unduplicated Headcount of Students Seen   *Average Sessions per Student*

The increased access is a reflection upon the ability to deliver service to more students through greater internal efficiencies, without additional resources allocated. The decrease in the number of sessions being offered to students is actually more in alignment with what the national norms are at college counseling centers.

The delivery of Spanish speaking mental health services reaches between 25 and 30 students per year.

Access to Services: the "Wait List"

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

In the last several years, refinements in the SPS triage system reduced both the number of students and the time spent on the "wait list." During 2014-15 numbers stabilized, reaching a floor level:

- **Maximum number of students at any time on the wait list:**
  2011-2012: <u>50</u>   2012-2013: <u>25</u>   2013-2014: <u>19</u>   2014-2015: <u>23</u> (one week, otherwise <u>18</u>)

- **Average number of students on the wait list:**
  2011-2012: na   2012-2013: <u>22</u>   2013-2014: <u>8</u>   2014-2015: <u>7</u>

- **Average number of calendar days from first contact (drop-in) to ongoing services   (for those student who were placed on the wait list):**
  2011-2012: 62   2012-2013: 29   2013-2014: 18   2014-2015: 18.6

In 2014-15 there was an 18% decrease in the number of students placed on the wait list. Given the increased efficiencies, for most of the year the wait list was so minimal that most students received access directly to ongoing therapy.

This reduction in number of students on the wait list skewed data we collect each year on percentage of student responses when called after being on the wait list. Absolute numbers, though, were relatively constant in areas such as how many students started on the wait list and then were seen, those that did not respond, and those that declined service.

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 the three academic years 2011-2014, SPS made between 75 and 87 referrals annually. However, in 2014-2015, SPS made 164 referrals. This substantial increase reflects both greater focus on referral, as well as more attention to data entry of these referrals. In 2014-15, most referrals were to community mental health clinics (100), followed by support groups (19), community doctors/psychiatrists (11), community mental health private practitioners (8), and Community Substance Abuse Treatment (8).

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, bereavement, and substance use problems. Bereavement was more frequent this year, surpassing substance use for the first time in several years.

The top social environmental problems, as in past years, were relational problems, followed by academic problems. Issues seen more frequently this year include problems with immediate family and the social environment. Other common environmental issues are economic problems and those related to abuse or neglect. Housing issues were less prevalent.

HEALTH PROMOTION SERVICES

During 2014-2015, an Outreach Workgroup was formed with members from both campuses and all disciplines, with a focus on improving the effectiveness of health information dissemination across the college. This required a multifaceted approach, with a general sense that classroom presentations would be the most effective means of reaching the largest number of students with concrete information, skills and dialogue on health issues impacting their lives and success as students.

Collecting information on the numbers of activities and contacts by each of the many outreach and health promotion venues in SHS was a challenge for the department staff this past year, as there were many activities happening simultaneously. A new tracking system is in development to capture the full scope, newly inclusive of social media, staff emails, media screens, all tabling activities, etc. (see below) This table currently does not include work related to fliers, i.e. staff time for development, distribution and recollection efforts, and paper and printing/copying resources used.

Even without the conservatively added "counts" of some new social media activities this past year, 14-15 had an exponential increase in outreach activities. A lot of staff resources are involved in the production of these efforts and focusing staff time towards the most effective means is the goal. (Quality not Quantity)

Student Health Services Health Education, Promotion and Department Outreach Activities for 2014-2015

As classroom presentations are a desirable activity of particular emphasis, here is a breakout of the types of information provided by SHS in this venue:

SHS Marketing	Number delivered	# students
Classroom Presentations: SHS **marketing** Brief SHS (<15 ") includes class tours to site, Health Sciences orientations. (Fall- 8, Spring – 8) (Fall 318, Spring 415)	16	733
Health Information Dissemination		
Classroom Presentations: Health and Student Success (Fall 8, Spring 6)	14	287
Classroom Presentations: QPR (Fall 9 , Spring 12)	17	475
Classroom Presentations: other (Fall 7, Spring 5)	12	391
Totals	59	1,886

Following is information on all the various methods of educational services and department outreach provided by Student Health Services in the last year. Some data is incomplete and/or not readily available to include in analysis. This chart does, though, create a new template for longitudinal trend documentation on health promotion and SHS marketing activity, moving forward. Note that a distinction is being made between activities that are primarily educational in nature, and those that are about informing students about the department's services and locations (marketing), though all educationally focused services provide SHS department information also.

Activity Type	# Activities	# Individuals
Classroom Presentations:	Total:59	Total:1886
Educational/Service Events: Food Bank Fall 16 wks. =1320 (Spr 15 wks. = 1132) **Fall** Athletics Orientation (participants)= 350 ACAx1 (PC and SR) = 12 **Spring** ACA x1 (PC and SR) PC 60, SR 80 = 140 Mental Health NE x1 = 40 Spring Wellness Fair x1= 207 Stress Relief Days x2 SR177, Petaluma 81 Foster Youth/Ind. City (participants) = 80	Total: 32	Total: 3,839

SHS sponsored educational events: Bacchus Training ~55(Spring) QPR TTT~20 (Fall) Mental Health 1ˢᵗ Aid ~15 (Spring) Vagina Monologuesx2 = 300 (Spring) Flu shot clinic x1 = 50 (Spring)		
Open Workshops PEERS 7 = 242 QPRs 3 = 28 Yes means Yes x2 = 26 Defeat Depression x1 = 20 Contagion x2 = 17 Healthy Sexuality x 3 = 30 Peers in Conversation x 2 = 9	Total: 19	Total: 372
Faculty and Staff – Information about SHS and Health and Student Success SS/Early connect x 3 = 19 SHSACx4 = 7 staff each time Staff TB skin tests/folders out ~50 Pet. Faculty forum = 30 General – Javier Inc. x6 = 74	Total: 14	Total: 201
Tabling at "outside events" and WOW activities: Super Saturday Petaluma 60 and Santa Rosa 80 Student Info Day 80 DUO 100 CHW prevention and wellness showcase 15 (WOW and some other contacts not available)	Total:6	Total:335
Bulletin board health educational themes Total themes: 5 (cross-cultural communication, ACA, Mental Health Awareness, Sexual Assault Prevention, Stress Reduction) # boards posted: about 10	Total: 10	N/A
Oak Leaf articles we facilitated on health topics	Total: 7	N/A
Social Media Activities – Online **(SHS marketing and health information dissemination)**		
Online MH screenings: anxiety = 87, depression = 69; bi-polar = 40, eating disorder = 24, PTSD = 13, Alcohol = 8; (duplicated headcount)	Total: 1	Total: 243
Kognito (6 modules) STAFF Vet – 22, At Risk– 35, LBGTQ – 14 STUDENTS Vet – 22 At Risk – 28 LBGTQ 24	Total : 1	Total:145
Student Health 101 (10 months + orientation issues w/customized pages)	Total: 11	Total: 2736
Facebook postings and likes SRJC SH 101: Likes only: 214 PEERS = 135 / 191 SHS = 44 / 162 Posts: 179	Total: 3 (accounts)	Total likes:567
Bear Facts submissions (SHS dept. and event marketing) Sent to ~25,000+ each week, with ~ 10,000 opened	Total: 28 (submissions)	Total: ~28,000
Insider submissions ACA 5 separate submissions = 3662	Total: 9	Total: 5481

SWF 1 submission = 575 VM 3 submissions= 1819		
All Staff emails sent SHS beginning of year/semester x 2 Susan SPS yellow card/referral information x 2 (Bert) Outreach events by semester x 2(Bert) Other related to Outreach events (x5 – Jeane, Becky, Stephanie)	Total: 11	N/A
Media Screen submissions: (6 locations in Bertolini, Plover, Doyle Library, Petaluma) Submitted 1st week of each month August → May (x9) Topics: SHS services (various), Contagion and Depression workshops, ACA clinics, PEERS activities, Active Minds, Reproductive clinics. **46 screen shots x6** (may have some duplication) **total 276 individual screens submitted.**	Total: 9	N/A
SHS website hits: Not available for 14-15. Start data reports with Drupal site launch.	N/A	N/A

Analysis: Effectiveness of the health promotion and outreach efforts in SHS

Background:

A continuing shift in SHS health promotion services during 2014-2015 is having the PEI program and the peer student workers assuming responsibility for much of the department outreach and event planning tasks. These functions previously were supported largely by Student Health Aide Outreach positions. The first year with the PEERS on site, they were working with the SHA: Outreach workers, and there was role confusion, with overlapping functions and increased supervisory/coordination efforts required by professional staff. The Student Health Aide Outreach workers were "retired", and the model for PEI continues to contribute the student labor for organizing and implementing health support activities as part of student life outside the health centers and classrooms. The scope and amount of activities still requires significant resources from the professional staff, and leveraging community partners as educators. Having student workers learn and implement community health work principles via SHS's event planning and health awareness outreach is a work experience opportunity applicable to many fields, as well as allowing them to bring the student perspective in when providing mental health, stigma reduction and integrative health communications to students, and supporting their success at college as a peer.

2014-2015 Discussion
- **Classroom presentations,** continue to be the most effective method for the more in depth connection with students on specific information and skills related to health issues, and reaches larger numbers of students, due to the "captured audience" variable.

- **Social Media** data shows that the Bear Facts and the Student Health 101 online magazine are the most effective methods to reach SRJC students with marketing and/or health information. The SH101 magazine has excellent health information (peer reviewed) and readership momentum seems to be growing. Whereas the Bear Facts reaches more students, this has been more about marketing the department and

events, and the goal to incorporate more actual practical health information in this publication is set.

- **Food Bank Service at Petaluma** this was the most successful effort on the part of SHS's staff, in terms of connecting with the most number of students. Whereas more service oriented towards supporting improved nutrition and addressing financial stress in students, educational and conversational engagement at the tables included broader scope of dialogue, with some health referrals provided. Nutritional information was imparted; plans to develop this more are in process, expanding to other health issues as well. Having something specific to give to the students free that supports their health seems useful; and having the steady, predictable weekly presence where it becomes a familiar part of the community /environment most likely contributed to the success.

- **The timing/scheduling of health promotion activities during 2014-2015** was not effective towards obtaining a strong outreach presence targeting new SRJC students during the Fall semester. This was largely due to the delay in the hiring of PEERS staff until August, resulting in the loss of the summer for outreach planning and preparation for the year, and a heavily disproportionate shifting of activities to the Spring semester. Having the bulk of activities shifting to Spring was particularly stressful upon the infrastructure of the SHS department, when many other staff time commitments imbedded in the college culture land during the Spring. This phenomenon was also occurring in other student-led events at the college, and college resources were significantly overextended (per reports from Student Affairs, Facilities, Custodial, Media Services, etc.)   Student Affairs will be sponsoring a college wide "outreach and event planning forum for 15-16" in June, attended by all student leaders and District staff, to address the problem, and assure this dynamic is prevented in 15-16. SHS's prioritized event proposals for the year need to be brought to this forum, and negotiated and coordinated with activities by other student groups and departments. A collaborative planning process up front is an institutional need, as well as for the department.

- **Fall outreach to students** remains an important early intervention strategy, effective in terms of communicating health related social norms, awareness of health issues related to academic success, and in supporting early student engagement. Early Fall outreach also may strengthen the student PEERS Coalition itself, by enlisting other peer support student groups early, to build momentum in health related dialogue.

Workshop/presentation Evaluation results
469 students completed an evaluation form after a presentation or workshop, all on the Santa Rosa Campus. Over 92% strongly agreed, or agreed with the following questions:
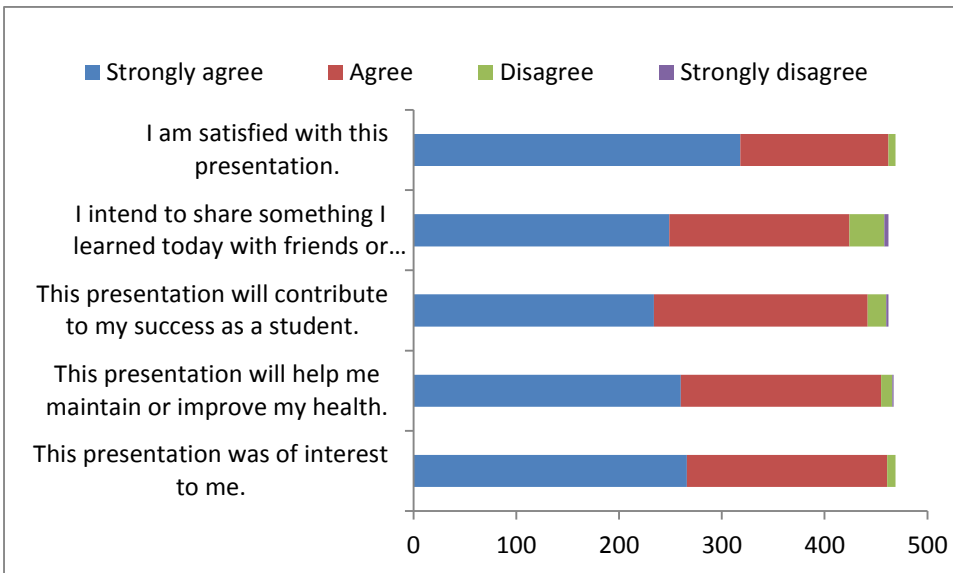
PETALUMA CAMPUS SERVICES

Beginning in 14-15, the NP services in Petaluma were reduced to 24 hours per week, Monday through Thursday. A portion of those hours include outreach and education activities, administrative and collaboration meetings, further limiting direct clinical service hours. SHS staff is building relationships with many departments. Timing for outreach activities are coordinated with Student Affairs events. The staff worked closely with the Gateway program to strengthen the referral relationship with counselors and faculty in that program. Staff participated in Petaluma Faculty Forums to review services, aid referral processes and discuss Affordable Care Act enrollment activities. Summer Counseling 270 classes were an effective forum to let new students know about all of the health center services. Staff participated regularly in the Student Services meetings to link with Admissions and Records, Work Experience, Academic Counseling and Disabilities programs. Student engagement: there were many Petaluma based events and presentations, including Health and Student Success, Stress Management, Infectious Disease Prevention, Affordable Care Act, Super Saturday. Unfortunately, no PEER student worker was on the Petaluma campus 2014-2015. There are plans to increase this for 2015-2016; targeted student peer outreach on the PC includes specific high risk groups, such as Gateway students, International Students, and LGBTQ students. Discussions for next year also suggest having a "Wheels of Wellness" cart on the Petaluma Campus for more regular outreach and health information sharing with students on the Quad, aligning a health topic with chosen films for the Wednesday evening showings, and participate in other larger Petaluma Campus Events such as Volunteer Day. Petaluma is becoming a transfer focused campus, and packaging health information outreach related to transfer preparation is recommended.

SHS resumed monthly meetings with the Dean of Student Services in April 2015, to engage in dialogue around program review, and to identify collaborative links with other programs to assist students at risk as well as streamline and integrate health information into more aspects of students' experiences.

Petaluma NP visits

Petaluma SPS visits

Petaluma Repro Visits
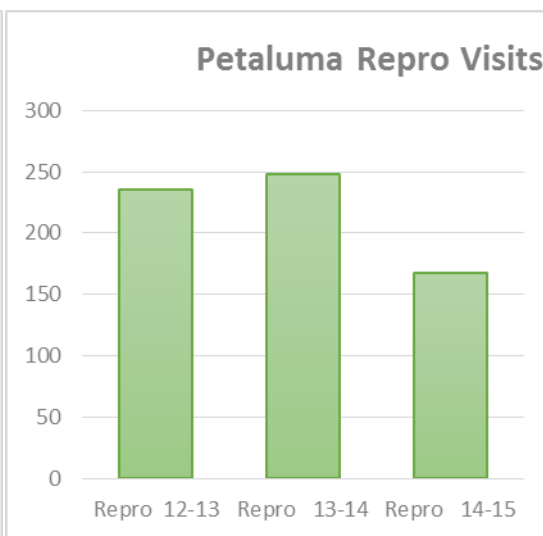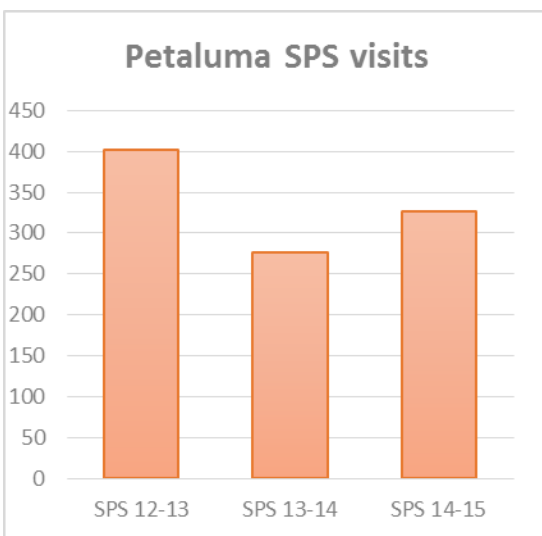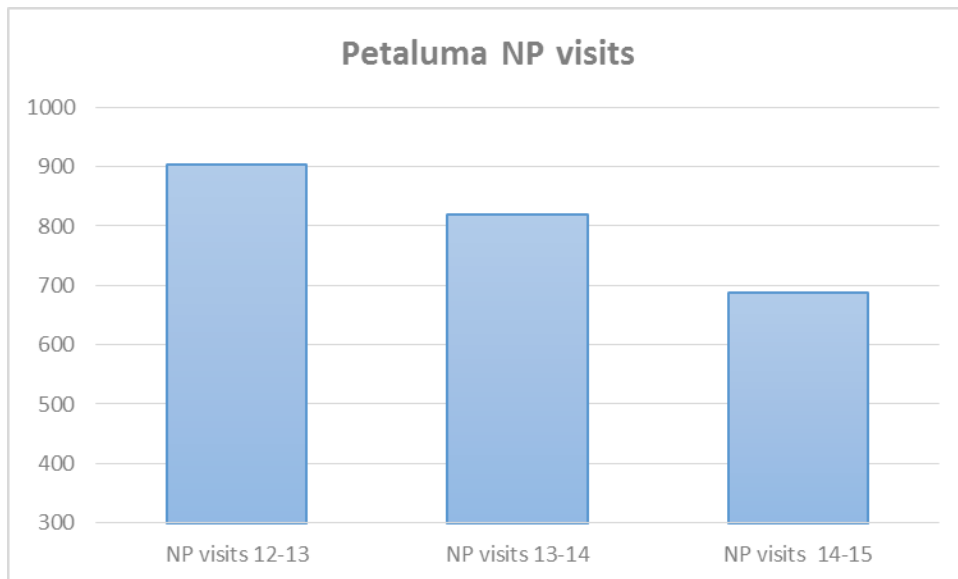
Many students in Petaluma are now patients at the Petaluma Health Center, located less than 7 miles away. However, many students find it convenient to seek services on campus, to initially discuss birth control methods, have an acute illness treated, or seek an initial mental health visit. They may make subsequent visits at Petaluma Health Center, where many receive full scope primary care.

Petaluma Pilot Projects Report

Reproductive health pilot of chlamydia screening.   – The goal of the project was to increase the likelihood that all women 25 and younger were receiving yearly chlamydia screening, as is the recommendation and standard of care nationally. Over 2000 women test positive each year in Sonoma County, and most of these results derive from screening in asymptomatic women. This project was piloted and terminated after 4 weeks, as all female students reported having been screened elsewhere within the year. None reported having a positive screening or needing additional screening.

Free Food distribution on the Petaluma Campus- Through the leadership of the College Nurse Practitioner, a successfully executed MOU with the Redwood Food Bank was established, providing fresh fruit and vegetables to students weekly throughout the Fall 2014 and Spring 2015 semester. Students were notified through flyers, and integrating the food distribution with other Student Affairs activities helped spread the word. Faculty made announcements during classes. Attendance grew

from 50 to 100 students weekly collecting fruits, vegetables and bread, and distributing food. Over 1200 students received food in fall, with another 1200 in the spring. Volunteer students and faculty assisted with distribution. Students exchanged information about preparing foods, healthy meals, and other community support resources. These weekly distributions also provided a venue for disseminating information about other Student Health Services events, including enrollment in health insurance, and staying actively and visibly engaged in the campus community. Due to the success of the intervention, it will continue year round during the three academic semesters.
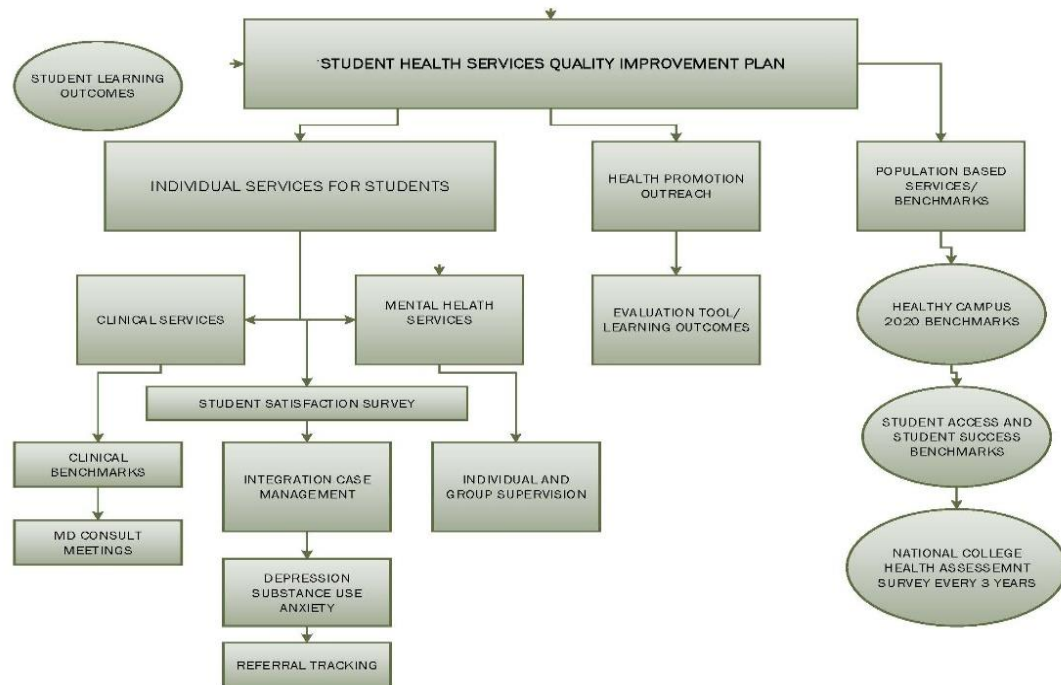
4.) NATIONAL COLLEGE HEALTH ASSESSMENT (NCHA) SURVEY DATA (SEE ALSO SECTION 4.1B.)

Responding to NCHA survey findings, *towards program improvement:*

- **Gender, Age and Ethnicity Breakouts:** Use of the 2013 NCHA data has continued to permeate many activities within the department, at the college, and in communications with our community partners. This last year, further analysis was obtained on our entire dataset with specific age and ethnicity breakouts, which was useful in evaluating the specific health needs of cohort groups of students at risk for poor academic performance. Data was shared with: Sonoma County Prevention Partnership, Student Health Services Advisory Committee, Equity Committee, Sonoma County's Affordable Care Act Task Force, Student Services Council, and more. Dialogue occurred in each of these venues on specific program implications, i.e. **health insurance outreach, student success outcomes**, **specific health needs of Hispanic students, etc**.

- **Universal Screenings with Health Center Visits:** Based on previous NCHA data analysis, student information obtained at intake for all health center facility visits was standardized in Spring 2015, with screening for some priority health issues, with individualized response and intervention by providers. Prioritized issues included "**smoking" (use information as a prompt for follow up questions on other substances, such as marijuana) suicide, homicide, health insurance, and relationship violence.**

- **Health Information dissemination:** Taking information from NCHA on how many students are receiving health information from SRJC, and comparing with other CCC colleges, National data, and Healthy Campus 2020 Goals, we have been examining more closely ways to improve upon this District wide. A student project in SHS compared what students want, as opposed to what they are getting, and an internal review of health education materials was done on top topics, to organize and order sufficient materials for use in department activities. Faculty and staff presentations have also included information on this "performance" issue, looking for greater engagement across the District to improve upon this benchmark.

5.) CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

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

STUDENT LEARNING OUTCOMES

STUDENT HEALTH SERVICES QUALITY IMPROVEMENT PLAN

INDIVIDUAL SERVICES FOR STUDENTS

HEALTH PROMOTION OUTREACH

POPULATION BASED SERVICES/ BENCHMARKS

CLINICAL SERVICES

MENTAL HELATH SERVICES

EVALUATION TOOL/ LEARNING OUTCOMES

HEALTHY CAMPUS 2020 BENCHMARKS

STUDENT SATISFACTION SURVEY

STUDENT ACCESS AND STUDENT SUCCESS BENCHMARKS

CLINICAL BENCHMARKS

INTEGRATION CASE MANAGEMENT

INDIVIDUAL AND GROUP SUPERVISION

NATIONAL COLLEGE HEALTH ASSESSEMNT SURVEY EVERY 3 YEARS

MD CONSULT MEETINGS

DEPRESSION SUBSTANCE USE ANXIETY

REFERRAL TRACKING

STUDENT SATISFACTION

During 2014-2015, the Quality Improvement workgroup of Student Health Services reviewed a number of existing satisfaction surveys. CORE staff group discussions led to adopting a 17 question survey probing four areas; 1) courtesy and ease of access, 2) experience with the clinician, 3) clarity of the referral process and 4) general satisfaction. Students were able to offer quantitative and qualitative responses in each area. The department agreed to a paper survey at the time of service, due to a history of low response to electronic surveys. Beginning in September through the first week of December 2014, providers handed surveys to students to complete and return to the front office staff before leaving the department.   Staff tabulated results of 598 surveys into Survey Monkey, which allowed cross-tabulated analysis of the data.

The results were overwhelmingly positive. These data were shared with the staff, including the Student Health Aides at an all-staff meeting. No particular provider was identified for follow up. The two areas that failed to meet 100% satisfaction with students (though still in high 90's) included access to behavioral health appointments and confidentiality at the front desk. These issues were discussed both with the Quality Improvement workgroup, and at a CORE staff meeting. Proposal for a student electronic appointment check in module, already part of the technology plan, would aid with confidentiality.   It was recommended that some of the positive statements from students be used in website materials to help reduce any stigma or barriers to health center utilization.

REFERRAL TRACKING FOR 2015-16

New processes were developed towards implementing a more effective 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.   (As noted earlier in Sections 4 and 5)

As this represents the students most at risk for suicide, hospitalization, violence and/or poor clinical outcomes, it was a high priority for the department's quality improvement to identify how to strengthen the link between these students with interventions and on-going care. Through a Continuous Quality Improvement model of plan-do-study-act, staff explored Medicat (EMR) processes, built templates for easier and more complete documentation of referrals, and came to consensus on process of recalls and follow up.

The SLO planning team, Medicat planning team, and the Quality Improvement team, collaboratively developed a process whereby data from the EMR could be retrieved to get base-line information and then a means of measuring process improvement.   The EMR system now alerts front office, clinical and mental health staff regarding students at risk. It is also sending reminders to staff at set intervals to assist in checking in on the student's progress.

To further support a strengthened referral process, staff researched and distributed information to internal providers and students about resources and access times in primary care settings in Sonoma County. Due to the success of ACA, greater enrollments have led to a variety of reductions in access for new clients at the various primary care sites. Having specific information to educate students on what to expect in their referral process increases the likelihood of a successful referral.

The team is eager to take these pilot results and develop this function of the SHS program further. As only 43% of students had documented completed referrals, there is much still to learn about the barriers to having serious health issues addressed, and what SHS can do to support the process. However, limitations based on resources may constrain this objective. (See section 4.) A case manager position could help do full assessments with these students and support student connection with wrap-around student success services.

TRAINING / SUPERVISION

 Clinical Training/Supervision/Outcomes 14-15

Two clinical staff attended an on-line Audiology training and became both became a certified School Audiometrist.

Clinical practice review activities for 2014-2015 included:

• 	**MD consult meetings**/review of UTI, Low back pain, evaluation of wrist and hand injuries, athletic exams including when to refer, and common dermatology complaints, suicidal / homicidal / domestic violence risk assessment and referrals to SPS/CAPE (our 2 integration meetings with SPS).

• 	**MD clinic summary** of student visits (all students are referred by NPs to the MD clinic) is distributed to all NPs for review, to be aware of clinical outcomes, next steps, and to identify students needing specific follow up (case management).

• 	**Updated Standardized Procedures**: formulary, labs as needed.

• 	**Ebola outbreak response** – adopted policy and procedure. Staff trained in use of protective equipment.

• 	Updated and created **new health education handouts.**

• Developed/reviewed specific **Clinical Guidelines** with audit against 4 standards of each: UTI, low back pain, and reviewed drafts of tuberculosis screening, dizziness, and emergency contraception management.

• SLO project included defining clinically at risk students; review, refinement, and training of all NPs on educational talk points for clinical visits for UTIs, anxiety and URIs. Learning outcomes very positive! (See section 4.)

2015-2016 PLAN -Monthly clinical review topics are planned for the following areas for specific practice review:

September	Tuberculosis / infectious disease/norovirus
October	Migraines/headaches
November	Allergies/review anaphylaxis protocols
December	Dermatology– varied & use of topical steroids,
February	Contraception/ECP/LARCs outreach
March	Dizziness/Vertigo
April	Orthopedic topic(s)
May	Acute Abdomen

There are three specific "topics" that need dialogue with the physicians that are not diagnostic specific, but have more to do with the Standardized Procedures document and system quality assurance. These will be leveraged for discussion at the MD consult times, and/or additional meetings called for consultation. These areas are: Procedures and Consent –Labs and CLIA –Formulary

Mental Health topics- NPs will attend didactic trainings with the SPS interns 3-4 times per year for shared learning; and engage in case consultation times with the mental health providers weekly as needed.

SPS Intern Training/Supervision/Outcomes 14-15

Student Psychological Services provides a wide variety of trainings for interns. As can be seen from the list of training topics provided during 2014-2015, this is an excellent learning experience for the SPS interns, not only due to the quality of the didactic portion of the internship program, but also because of the diversity of the student population being served, and diversity of mental health issues addressed at SRJC.

2014-2015 SPS Intern Trainings:

- CAPE (Crisis, Assessment, Prevention, Education Team) —Sonoma County Behavioral Health, Karin Sellite, LCSW
- Working with Latino Clients—Rafael Flores, MFT
- Brief Therapy MRI-- Christopher Schirle, MFT
- Ethical Issues in the College Setting—Michael Pinkston, PhD

- Mindfulness & Anxiety—Ariella Popple, PhD
- Brief Therapy MRI, Part 2-- Christopher Schirle, MFT
- Working with LGBT Clients -- An Affirming Approach—Kris Spangler, MFT
- Brief Therapy MRI, Part 3 - Christopher Schirle, MFT
- Working with Couples—Jim Matto-Shepard, PhD
- Drugs and Alcohol—Cynthia Berman, PhD
- PTSD—How to Diagnose, Best Treatment Options—Georgia Meyer, PhD
- CCAPS (Counseling Center Assessment of Psychological Symptoms outcome instrument) Webinar – Ben Locke, PhD
- ADHD - Ron Welch, MD
- Hip-hop Therapy —Derek Vigon, MA
- ACT (Acceptance and Commitment Therapy) --Alex Lapinski, MA
- Codependence—Tim Carroll, PhD & Sandra Seligson, PhD
- Anxiety Disorders – Maryellen Curran, PhD
- Evidence Based Therapy - Bert Epstein, PsyD
- Eating Disorders— Lynn Lamb, PsyD
- Mindfulness-- Tim Carroll, PhD
- Sexuality—Jim Matto-Shepard, PhD and Felicia Matto-Shepard, MFT
- Vicarious Trauma and Self-Care—Cathleen Read, LCSW
- Incorporating Yoga Practices into Therapy – Jennifer Yang, MA
- Thought Records: Advanced Techniques ---Tim Carroll, PhD
- An Experiential training in programmatic analysis and development: Looking at
- SRJC\SPS relationship to diversity & look for opportunities for improvement—Trudy Vandell, PsyD
- Treating Obsessive-Compulsive Disorder (OCD) – Alicia Woodworth, MA
- Medication and Therapy—Naomi Granvold, MD
- Accessing Affect in Clients in Brief Treatment--Peter Dunlap, PhD

Each of these trainings are evaluated by the interns on a 1-5 Likert Scale, with 1 defined as "significantly below expected competency" and 5 defined as "significantly above expected competency. The average of the rankings for the year was 4.03, showing that interns rated the trainings above expected competency.

2013-2014   SPS Intern Evaluations

SPS Interns are evaluated at the end of the Fall and Spring semesters by their supervisors on a wide range of criteria, sorted into three categories as well an overall evaluation score. As seen in the chart below interns on average received a score between 3 and 4 at the end of the fall and between a 4 and 5 at the end of the spring, showing advancement in all categories.

Likert Scale:
3: Meets Expected Competency
4: Above Expected Competency
5: Significantly Above Expected Competency

Clinical Assessment and Training		Professional Roles and Skills		Supervision		Overall Evaluation	
Fall	Spring	Fall	Spring	Fall	Spring	Fall	Spring
3.42	4.42	3.42	4.42	3.58	4.5	3.58	4.5

Student Employee Training/Supervision/Outcomes 14-15

In 2014-2015, the "Student Development Workgroup" was launched, to begin collective work on improving the training, supervision and learning outcomes of the 16+ student employees that work in SHS each year. Accomplishments include:

1) Reviewed and implemented optimum hiring criteria to increase employment retention.

2) Infused weekly student employee cohort meetings with structured training, teambuilding activities, and shared group supervision by facility based supervisors.

3) Integrated Student Health Aides (health center services based) and Student Health Aides: PEERS Coalition into shared training/meetings, with educational activities involving a variety of SHS professional staff. (Student Health Aide = SHA)

4) Student employees attended BACCHUS Certified Peer Educator and Mental Health First Aid trainings.

5) QPR Suicide Prevention training was provided to all student employees, some were trained as trainers.

6) Dovetailed student employee meeting topics as related to department Outreach topics each month.

As a result of the Student Development Workgroup, significant integration of the SHA and SHA: PEERS Coalition employees has occurred. The weekly training/meeting topics have centered on designated departmental outreach themes and have included education and training on the following topics: Cross Cultural Communication, Anger Management and Women's Health, Sexual Assault Awareness, Emergency Response, and Stress Reduction. A strong cohort is developing between the two groups, largely due to these activities along with the monthly All Department Meetings where additional interaction occurs.

SHA Orientation and Training outcomes show a high degree of proficiency in all areas of training in all sites based on the "Orientation Checklist – Routine Procedures" which breaks the job down to the essential skills required of each employee.

100% of SHAs with 200 hour evaluation were recommended for raise based on job knowledge, quality of work, dependability, cooperation, productivity, judgment, initiative and attendance.

Five SHAs and 2 PEERS participated in Work Experience Classes which broadened their skill base and work proficiency as a direct result of accomplishing significant work within the department. Projects this year have included inventorying and updating the MSDS binder, combining and purging duplicate electronic health records, creating an outreach bulletin board, research and education on various disease processes and tests, deepening understanding of the Family Pact Program and how it effects our students with reproductive health needs, and inventorying/ordering health related educational pamphlets with NCHA survey data on what students want information on.

Provider Integration Programming

Work has been done during 2014-2015 to increase interactions between the nurse practitioners and mental health providers, in the interest of better service to the student, through integrated communication, assessment and treatment information sharing, and case management discussion. Two meetings occurred, and at each, much was revealed about ways to improve the department's system processes, and brought awareness to each provider the value of working with the whole student. Ideas were gathered by the providers on ways to incorporate this kind of activity more regularly into the rhythm of our department. Beginning in March, weekly NP/MH meetings began periodically, as a pilot, with good feedback. (Also see Section 3 – Health Organizations)

Plans for next year include initial face to face interactive time at orientation of the new MH interns, several designated shared trainings linked to the SPS intern didactic trainings, and regular consultation times set aside for case discussion. Use of email, remembering to look at available E.H.R. information, and more phone calls also suggested.

PROGRAM DEVELOPMENT ACCOMPLISHMENTS, GRANT OUTCOMES

MHSA Grant funding- County

The County funded MHSA Prevention and Early Intervention (PEI) Program's funding increased from $100,000 to $200,000 in 2014-2015. This expansion allowed the PEI program to continue the PEERS Coalition project at SRJC, previously funded by an alternative MHSA grant for startup and piloting (~$120,000 per year).   The County conducted a MHSA community planning process during 14-15 to determine which programs would get ongoing and/or increased funding, and SRJC was selected for both continuation and an increase to absorb the PEERS Coalition pilot, partially due to the impressive student-led programming under the Campus Based Grant 2012-2014, and SRJC's capacity for impact on Transitional Aged Youth.

The **deliverables of the PEI grant for 14-15**, including two separate areas of work, delineated below, were accomplished. In the contract for 2015-2016, all PEI grant deliverables are integrated into one program scope.

2014-2015 PEI:

- Continued Crisis Intervention Resource Team participation and program development

- Provide QPR and Kognito At-Risk online training to SRJC students and staff

- Promote on-line mental health screenings to SRJC students

- Psycho educational interventions in classrooms

2014-2015 PEERS:

- Recruit and train student PEER workers (converted to student employment model)

- Develop and present PEERS Coalition Workshops

- Host a Spring Wellness Fair, a Mental Health Collaborative Event and additional outreach activities at the College

See the health promotion/outreach table earlier, which includes the numbers of activities and students reached related to grant activities.

2014-2015 Challenges:

- Budget Forecasting – SRJC was not able to complete/execute the County MHSA contract until June 26th, 2014, due to delays on the part of the County. (SCBHD staff did verbally share with us that we would be receiving the additional money as early as April '14, but they could not commit until later).

- 2-month late start-up of the PEERS program – staff not hired until August, just as Fall classes started. This delay impacted the capacity to deliver a strong outreach presence targeting new SRJC students during the first weeks of the Fall semester.

- Fiscal realignment – with new baseline revenue figures for the full PEI program, adjustments to the scope and priorities of the PEI program were needed, as well as re-examining changes to the original sustainability model (i.e. link with specific academic programs for internships not forthcoming).

MHSA Grant Funding – CCC-SMHP Sustainability

SRJC was awarded an extension of the CCCMHP-CBG grant into 2014-2015 (MHSA funding) with **deliverables** to specifically explore sustainable models for a peer-health support program.

1.) Explore UC/CSU resources and trainings for longitudinal program sustainability. Attended UC Best Practices in Mental Health Conference and chose a few programs to research further: UC Davis Each Aggie Matters campaign, UC Irvine Step-Up and Green Dot Bystander intervention programs

2.) Explore Evidence-based and/or promising practices for Peer Education and/or Bystander Intervention programs and purchase as desired. In January 2015 we hosted a BACHHUS Certified Peer Educator training. Representatives from 6 CCCs attended. From SRJC a diverse group of student leaders attended including student representatives from PEERS, Associated Students, Black Student Union, Community Health Worker Program, and Police Cadets. PEI staff now owns a facilitator manual for BACHHUS training and plans on training future student leaders on campus. PEI staff members also attended a Green Dot Bystander Intervention training at UC Irvine.

3.) Identify SRJC academic programs for sustainable academic support for PEERS program. We hired a curriculum specialist who completed research, met with program coordinators on campus, and created a course proposal that has been submitted for review in the Health Science Department. The course is "Peer to Peer Mental Health Promotion" and will be taught in the Community Health Worker program.

4.) Obtain additional funding for ongoing PEERS programming. Our strong partnership and responsiveness to requests from Sonoma County Behavioral Health has kept our PEERS program included in their MHSA funding plan. We also applied and received a $1,000 mini-grant from CalMHSA to promote Mental Health Month events in May as a lime green ribbon partner school.

5.) Complete 2012 – 2014 PEERS Coalition Project Manual. The PEERS Coalition project manual is complete. A downloadable a PDF version of the manual is available at this link: http://www2.santarosa.edu/f/?nAVxyRSX. The link was posted on the California Community Colleges Student Mental Health program website to be shared with all CCCs, providing guidance on program start up considerations.

Plans for PEI Program Based On Sustainability Exploration:

- The PEI Program will develop '**Each Bear Cub Matters'** as an umbrella program for bystander intervention, inclusive of suicide, substance abuse and sexual assault prevention; this would be a localized version of the statewide Each Mind Matters Campaign.

During summer 2015, PEI staff will work with SHS and Student Affairs staff, and define the goals and structure of the program, including SRJC collaborative / coalition partners, scope of program activities, branding, marketing and communications planning, and develop a website (SHS branch) that will allow SRJC students and staff to learn and access information and resources.

- PEI staff will move "Peer to Peer Mental Health Promotion" course proposal through curriculum review and further develop the course to launch in Fall 2016., This course will:

  o Provide a credit course for any SRJC student to learn about suicide, substance abuse, sexual assault prevention and mental health first aid.

  o An effective "credit stream" avenue to prepare students to work as peer community health workers in SHS. Recruiting more CHW students as Student Health Aide PEERS would strengthen the program.

  o Could assist in reducing overall stigma at the college around mental health, as a variety of students gain knowledge and skills that ripple out throughout the educational and social environment.

  o Open the pathway to expand the Community Health Worker programs' curriculum, with the long term goal to add a new CHW – Mental Health Certificate to the college. This supports workforce development/pathways for future mental health workers.

EQUITY PROJECT

SHS received $20,000 from the college's Equity Funds, beginning in November 2014, as a late add on to the first year roll out of the Equity Plan, to pilot work in the department addressing students at risk for poor academic performance.

Scope of SHS's Equity Plan work:

GOAL 1: Initiate more aggressive case management / follow up with students accessing Student Health Services in identified risk groups, to assure health-related needs have been adequately met so they may continue in school and academically thrive.
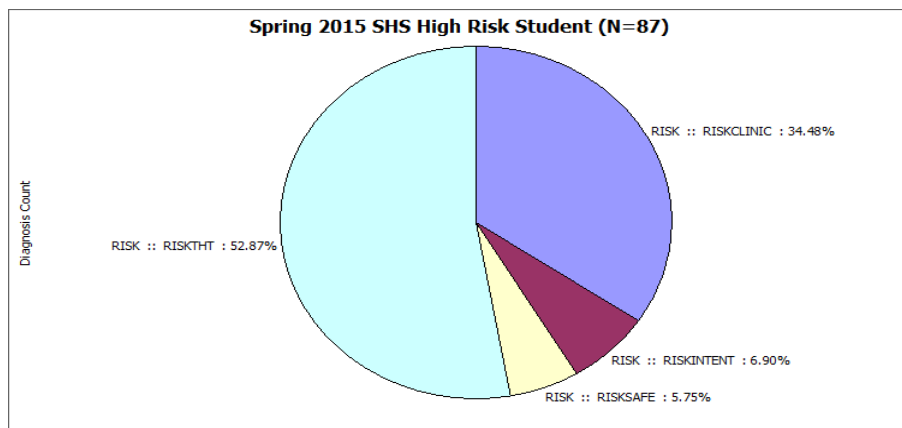
o   Adjust/revise coding in SHS's system software to "flag" students with high risk health issues, to assure systematic and regular monitoring of care provided, referrals made to other support services, and desired outcomes achieved.

ACCOMPLISHED – A SHS workgroup developed a plan, set it up in the software system, and trained all providers in documentation procedures.

o   Providers will:

1) Track alerts on needed "recall appointments" and phone call follow ups.

2) Phone call follow-up for appointment "no shows", track.

3) Generate reports on identified at-risk students referred to additional support services.

4) Coordinate/track completion status of referrals made and document.

Preliminary Results: After one semester, data showed that 56% of students reported having completed the agreed upon referral for follow up, most of which were to off-campus healthcare resources. This is lower than hoped for, and perhaps not too surprising. Students in high risk, high stress situations such as these identified, may not be absorbing information well, could be disorganized in thinking, clearly are in crisis, may be having difficulty with time management to accomplish the additional task, and so on.

As part of the risk identification for all SHS staff, new codes were implemented: RISKINTENT for suicidal intention, RISKTHT for suicidal thoughts, RISKSAFE for concerns about feeling unsafe in one's living situation (e.g., domestic violence), and RISKCLINIC for higher-risk clinical issues. By putting these and associated codes into the electronic health records system, all staff are alerted anytime a student with these concerns returns to any clinic and site of Student Health Services. The breakdown of concerns is listed below.

Spring 2015 SHS High Risk Student (N=87)

RISK :: RISKCLINIC : 34.48%
RISK :: RISKTHT : 52.87%
RISK :: RISKINTENT : 6.90%
RISK :: RISKSAFE : 5.75%
Diagnosis Count

GOAL 2: Every student coming to Student Health Services that does not have health insurance will receive significant efforts towards educating them, and providing opportunities for them to obtain this critical financial support.

- o Affordable Care Act information provided during open enrollment period.

- o Referrals to on-site health insurance enrollment counselors.

- o Referrals for Medi-Cal enrollment year-round.

ACCOMPLISHED: In addition to collecting health insurance data from every student accessing SHS services, with immediate intervention with information for those without health insurance, SHS staff conducted phone outreach for ACA enrollment appointment scheduling and referrals in the health centers to 582 students, pulling contact information from our internal database. 187 distinct students received insurance enrollment services onsite, and many others were referred to ACA enrollment sites off campus, due to scheduling conflicts. The Equity funded activities complemented a broader program plan scope for ACA access for SRJC students including activities and service provision under an ACA mini-grant from the Redwood Health Coalition.

DISCUSSION: RISK MANAGEMENT OF STUDENTS WITH SERIOUS HEALTH ISSUES: Whereas the cohort of students in our at-risk group for Spring 2015 is not large (estimate 36 students with RISK codes) the amount of staff time to follow these students aggressively is significant, for these 4 identified risk factors, due to the acute nature of these 4 identified health risk conditions. This project could expand to screen for substance abuse issues and other health issues linked strongly to academic success (sleep difficulties as an example). Another approach could be added on as well: have our software system pre-identify each student coming to SHS that is on academic probation (through an upload, as possible) and the department can provide a more thorough health screening and follow up service as indicated Both of these approaches take additional time by the providers, i.e. nurse practitioners and mental health interns, which translate into added resources to support these activities.

The team is eager to take these pilot results, and develop this risk-management function of the SHS program further, to improve upon the quality of services provided, and support the student success initiative at SRJC. The intensity of labor associated with this work is a particular challenge for the department, as the level of personnel resources are severely challenged due to funding. This program activity is linked to supporting student success, yet these kinds of health risks (suicide, homicide, unsafe home environment, life-threatening illness) are not being recognized as directly relevant to a student's academic performance, retention, or completion. Defining acceptable pathways to access funding for case management work addressing health barriers through SSSP/Equity is a challenge many California Community Colleges are struggling with.

AFFORDABLE CARE ACT

As part of the second year of an Affordable Care Act initiative at the college, Student Health Services became an integral member of the County-wide effort to expand the number of individuals with health insurance, and the nation-wide effort to focus efforts on the 18-25 year old demographic group, contributing to ACA success. *(NOTE: SHS's Student Learning Outcome assessment from 13-14 indicated*

that personalized contact either face to face or by phone is more effective than email or social media outreach. The strategy/program plan for ACA outreach was changed due to this finding.)

- o SHS developed an MOU and small grant contractual agreement with the Redwood Coalition of Health Centers, with specified goals and activities identified.

- o Equity funding support was also received to complement activities in the department's ACA outreach efforts, linked to reducing the financial risk students carry by not having health insurance.

- o **Two ACA educational and outreach events** to educate, refer and enroll students in health insurance. SHS staff including PEER educators conducted two outreach events; one prior to the start of open enrollment and a second event at the beginning of January. Purpose of the events was to educate, refer and enroll students in health insurance and Medi-Cal. Speakers from the Young Invincibles, Santa Rosa Community Health Centers and Petaluma Health Center informed students and faculty of the enrollment time periods, the kinds of insurances available, and the fact that there would be some scheduled on-site enrollment. The second event was January 10 at both campuses - SUPER SATURDAY. This event reached approximately 80 individuals in Santa Rosa and in Petaluma.

- o **SHS staff conducted strong ACA outreach efforts** via other methods; through media (flyers, mailers, Bear Facts, Facebook postings, website information), distributed via the ALL STAFF email system and included in the Insider reaching over 2500 staff.   Information also was distributed via classroom presentations, and other forms of face to face encounters inside and outside the health centers.

- o **CECs provided enrollment services on the two campuses,** coming from Santa Rosa Community Health Center, Redwood Coalition of Health Centers, Petaluma Health Center and West County Health Centers.

- o **3 SHS staff have become certified educators.** One of the educators completed the certification in enrollment as well*.*

- o **Student Health Aids conducted phone outreach** for ACA enrollment appointment scheduling and referrals in the health centers to 582 students, with contact information pulled from our internal database with health insurance status data. 187 distinct students were served onsite, and many others referred to ACA enrollment sites off campus, due to scheduling conflicts.

OUTCOMES:
- o Quantifying the impact SRJC SHS has made in achieving enrollment goals in Sonoma County is difficult to capture. Currently, Covered California itself has a "source of referral/enrollment site" data point, which was set up to include SRJC as one of the local sites. Data will be forthcoming soon on these outcomes.

- As most SRJC students seeking insurance are eligible for Medi-Cal coverage, the percentage of students covered by MediCal, and the changes over the last 3 years, is of particular interest.
    - In Sonoma County from 2014 to 2015 increases in Medi-Cal alone has been over 61% in all age groups
    - As part of the MAA program, SRJC student database is cross matched with the Medi-Cal system database, twice per year, with reports on the percentage of SRJC students in their system that qualify for MediCal coverage. This doubled with ACA implementation in California :

        12.35% Spring 2013   and   **21.62%** Spring 2014
- NCHA data collected in Spring 2016 will survey insurance status of students, additionally showing trends from 2013, when ACA rolled out.
- Internal reporting via Medicat (health information system) on changes in health insurance coverage in those students seeking care in SHS may demonstrate impact as well.

FUTURE PLANS:

- As part of the SHS vision, work will continue in strengthening the skill sets of individual students in navigating the health insurance and healthcare coverage system in Sonoma County, and increase health access literacy in the overall student population.

- Summer 2015, SHS will pilot a monthly co-located Medi-Cal and ACA enrollment worker on the Santa Rosa Campus, and we will be monitoring the student demand and utilization of this service, designed for those currently un-insured or changing their insurance status through a qualifying event for ACA.

- SHS staff will continue to participate in the "Covered Sonoma" ACA planning group and informational meetings, as SRJC's role is acknowledged as valuable both in terms of reaching uninsured populations, and educational interventions on health insurance and healthcare access.

- Locally, SLO assessments, educational outreach, and continued relationships with external funding to support our work are planned.

CRISIS INTERVENTION RESOURCE TEAM (CIRT)

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

This team was formed in 1990, and for 25 years has been providing this scope of services, with the objective of supporting student retention through mobilizing resources early, before crises threaten their academic success. The team has developed over the years, expanding in numbers of members for a few reasons: more human resources needed to accomplish this kind of intensive casework, diversify the

team more by discipline and skill sets, and spread a wider net of trained faculty/staff consultants throughout the District. All staff perform work related to the team's functions in addition to their regular role and job at SRJC. It is not a committee, but a functional workgroup based on positions in the college. In 2014, the group was placed in the college's organizational chart under Student Health Services, as SHS staff have chaired or co-chaired the group since 1990, and has budget authority over the annual $1,800 budget allocated by the District. Thousands of faculty/staff consultations and student interventions have been provided by CIRT members over the years, in addition to the regular training activities offered each year, at PDA days, department meetings, and new employee orientations.

Students of concern, or at-risk students, as framed by CIRT, include students that are exhibiting distressed, disruptive or dangerous behavior and currently referred only by faculty and staff, as it represents a trigger for academic failure, and/or may be impacting the learning environment for all of the other students in the classroom setting. This behavioral risk management approach leads to further assessment of the student, and when high risk thresholds are reached, a full threat assessment process is initiated, to assure safety issues for the student and community are addressed effectively in a timely manner.

CIRT serves as an informational nexus point that intersects with student conduct code proceedings, police/crime reporting, threat assessments, at-risk students needing referral to disability, health or other support services, sexual misconduct proceedings, referral to County Psychiatric Emergency Services, and other support interventions as needed.

The need for clear case management documentation is increasingly important, to support best outcomes for the student, and to assure the District's risk-management responsibilities. The team has struggled with this over the years. See the technology requests included in this PRPP to better meet the needs of the District and students in this matter. The administrative work and time needed to track cases, set up meetings and take notes, save emails, file Behavioral Incident reports, coordinate trainings, consult with faculty, among other tasks, is significant. Technological support could alleviate some of this, and a paid case manager support person also would be very helpful.

During the 2014-2015 year, several key CIRT team members left, with new ones coming in. (District Police Chief, Petaluma Dean of Student Services, DRD Psychologist/Specialist, Academic Counselor) The need for the team to take the time to integrate and train the new members is important, to assure effective team functioning, and to fully understand and clarify the roles and skills set that each member contributes to the process.

CIRT GOALS 15-16

1) In-house team trainings, tabletops, process review

    a. CIRT procedures in general

    b. Online form reporting system of review

    c. Threat Assessment triggers and procedures

    d. Staff/faculty trainings

2) Develop a clear CIRT Communications Plan

      a. Outgoing

          i. Link with SSSP/Equity/Early connect trainings

          ii. Staff emails, schedule, content, who

          iii.   Develop a branded logo for CIRT to put on bookmarks, brochure, web

          iv.   Look at video production, demonstrating intervention techniques to support staff/faculty training

      b. Internal messaging among CRT members, emails, T-Drive, other?

3) Technology Development

      a. Online Reporting

      b. Web page – Drupal, online reporting, add videos?

      c. Software system for case documentation and at risk student tracking

          i. Criteria, demos, evaluate, purchase, implement

DISTRICT SEXUAL ASSAULT/MISCONDUCT PREVENTION PROGRAM DEVELOPMENT

Background: SHS facilitated a task force/workgroup at the college during 14-15, that assessed the District's needs to reach compliance with the new laws regarding sexual misconduct under the Campus SAVE Act, Clery, VAWA and State legislation. The workgroup also included representatives from District Police, Human Resources, Student Conduct, Academic Counseling, and Athletics. A shared drive was created for the group to be able to collaboratively share information and work on various documents related to the project.

The group began meeting in March 2014 and determined that updating the college's sexual assault and the sexual harassment policy was the first priority, and this dominated much of the work done during the 14-15 year. The complexity is/was significant, as multiple policies at the college are being impacted by multiple new laws at the State and Federal level, with new ones coming out still. A new policy was developed, with legal counsel, which is going through the shared governance process now, with approval anticipated prior to the July 1, 2015 date requiring compliance.

Implementing the regulations, in addition to stringent mandates on reporting and case investigations, requires a significant college-wide effort towards prevention activities, including prescriptive information and dialogue at all established college orientation activities, an annual campus climate survey, trainings, and educational activities permeating the college.

As the workgroup initially focused on policy development, SHS staff contributed the following towards developing and expanding the college's educational and prevention efforts during 14-15:

- Student Health 101 (online magazine for SRJC students) offered articles on sexual assault prevention, including topics of bystander intervention and consent in every monthly issue

- Notification and Mandate activities

- worked with the Academic Counseling department to get mandated prevention information included in the new Student Guide (Summer 14)

- updated slides for the on-line orientation for new students (Summer/Fall 14)

- notification language drafted for the College Catalogue, re: sexual assault policy

- applied to Foundation for funding to create new SAP educational materials but did not receive the grant

- created a 2 page sexual assault prevention handout that was distributed widely at orientations including Student Athlete and International Student Orientations (Fall 14)

- SHS, District Police, and Verity collaborated to provide sexual assault prevention presentation to approx. 350 athletes at their orientation in August, 2014.

- SHS offered a variety of events during April – Sexual Assault prevention month:

  - PEERS Workshop in April focused on Sexual Assault prevention, sponsoring an interactive theatre workshop (April 15)

  - *Consent Means an Enthusiastic Yes* — workshop to explore the new Yes Means Yes definition of consent (Fall 14 and Spring 15)

  - Two productions of *Vagina Monologues* on campus were co-sponsored by SHS. These productions carried a theme of bystander intervention through video clips and information in the program on how everyone can get involved in reducing sexual violence. (April 15)

  - SHS student workers made the *It's On Us* pledge and wore t-shirts to promote this bystander intervention program created through the White House Initiative. (April 15)

- A SHS staff member attended Green Dot Bystander Intervention training at UC Irvine., exploring best practices in prevention programs. The Green Dot strategy is evidence-based in reducing sexual misconduct in high schools, and currently under a study for the impact at colleges *NOTE: SRJC would need to commit more staff & training time to become an official Green Dot school, but the overall concept of effective bystander intervention can be integrated into our current health promotion efforts. A localized way to share the message of bystander intervention could fit under the Each Bear Cub Matters umbrella.*

Program Development

The college critically needs dedicated human resources to meet the full scope of the multiple mandates, which includes a broad-based and multi-faceted prevention program. Minimally, having a qualified, part time staff person to coordinate activities to meet the District mandate is needed.

- **Publications -** A comprehensive informational product (paper, online, web) that outlines the college's reporting policies and procedures, options for students wishing to report an incident, definitions of the behaviors and scope of sexual misconduct, educational and service referral information, and more, needs development asap. A brochure template is being considered for easy adaptation to the SRJC environment.

- **Orientations –** Assuring all orientation materials are in compliance with the full mandates for required information (along with recommended approaches for optimum educational impact) is needed. SRJC is expanding methodologies and locations of orientations, as this is included in the SSSP mandate now, so assuring consistent quality/compliance in this area is important. *A locally developed video for use in all District orientation activities would support standardization and quality control as the mandate is achieved.*

- **SA Prevention Planning, Implementation and Evaluation workgroup**.

  o During June 2015, a meeting of interested and engaged staff and faculty is planned, to work on the development of a comprehensive sexual assault prevention plan for SRJC. Representatives from Academic Counseling, KAD, Administration, and Faculty have expressed an interest to work on this.

  o In line with promising practices and federal requirements, the plan will include strategies to improve the college climate around sexual misconduct, harassment and assault (measured by annual surveys), and where bystander intervention becomes the cultural and social norm.

  o Determining an effective campus climate survey instrument for SRJC is needed.

  o Specific educational programming for various target populations, constituent groups and the college's mandated reporters, as well as mobilizing resources to implement the educational activities, is included in the scope of work for this group.

  o Recommended college processes to assure appropriate oversight, college wide dialogue, and annual evaluation of SAP efforts will be made to the administration. Discussion will include whether there should be an ongoing committee, and what would be the composition and leadership.

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, 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	1) Met - carried MA vacancy most of the year, other cuts 2) Met - converted to MAA PCG system, training time, continued activity 3) Met - $100,000 x 3 yrs added to contract 4) Met - Equity and ACA mini grants. Foundation account
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 ->	1) Met- ACA task force, community clinic outreach, MH MediCal coverages 2) See SLO project outcomes 3) Web,. Facebook, postings, handouts at events, 4) ACA enrollment on site
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 ->	1) Met, monthly workshops, WOW, on the ground outreach 2) Met, 3) Course proposal under CHW program, Bacchus, MHFA, QPR, Bystander program models 4) Partially met? Foster Youth, Gateway, LGBTQ 5) Met, Train the Trainer, 400+ Met, Train the Trainer, 400+ 6) Not met 7) Met, info distributed via faculty packets, 150 trained 8) CIRT online developed, pending launch, emerging concept of Every Bearcub Matters as bystander model

					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 ->	Met 1) SSS completed 2) Medicat coding systems established 3) Standardized procedures/clinical guidelines updated, MD consult outcomes 4) CCAPS outcomes pending vendor implementation 5) Baseline data obtained, effectiveness evaluation pending. Clinical / SPS meetings x 2, established weekly consultation times. 6) County training, HSACCC training 7) Pilot Spring semester screen for suicide, homicide, domestic violence, health insurance, smoking)

					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 ->	Partially met 1) Partially met -Dialogue continues. Athletes got info in August. Standard methods continue - Student Guide, some slides in online orientation. 2) Not met, preliminary work pulling NCHA data and pulling existing educational materials together. Not implemented at intake. 3) Met, more use of Bear Facts 4) ACA, Sexual Assault, Repro Health, Mental Health
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 ->	1) Met - criteria established for PEERS and for SHAs 12/16 stayed this year, rolled over into year 2: 4 students moved into 2nd year 2) Met - frequent PEERS/SHAs integrated meetings and trainings; supervision topics addressed, with greater efficiency, as well as "bonding time" provided for the cohort. Topics Ex: suicide, substance abuse, SAP, measles, responding in an emergency, etc. Linked to department's monthly "health education themes". 3) Met - Student Development workgroup met through the year, coordinated recruitment, hiring, training, supervision, and planning activities for student employees.
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	Summer->Fall -> Spring ->	1) Met 2) Met 3) Met 4) Met Still one vacant position to hire into, but the "Gang of 10" has had a very good year together.

					enhanced overlap time between all direct care providers (Interns, PE, NP, MD, MA) 4) Continue team-building social activities		
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 health conditions, and following up on recommended actions to improve health/access resources in the community.	Summer->Fall -> Spring ->	1) Met (See section 4)
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 ->	1) Met 2) Met 3) Partially met 4) Met - face to face more effective
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 ->	1) Met 2) Met 3) Met (plus high risk exposure situations) 4) Met 5) Met - (Great Shake out mock drill semi-disaster with rainstorm) 6) Met - Norovirus/Ebola/Measles scenarios, PP plan developed, did not participate in tabletop. 7) Not met 8) Not met

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 (AGAIN) during 14-15. Yet personnel expenses continue to increase with health benefits, COLA salary increases, and the anticipated increase in student employment hourly wages. How can we effectively increase revenue, reduce expenses, and maintain program quality and integrity?
ALL	ANNUAL DEPARTMENT PLANNING PROCESS CYCLE SHS has not been staying ahead of the curve and in synch with the college's planning and activity cycles as well over the last few years, resulting in preventable staff stress, unccordinated communicatons withing the department, missed opportunities for leveraging other events for SHS outreach communications, and a shifting of SHS sponsored events/workshops to a heavy Spring load, (as opposed to Fall when new students are arriving on our campuses). This shift competes/conflicts with other workload variables that occur each Spring. What are specific things SHS needs to do to better align its planning and communications activities with the rest of the college, reasonably considering human resources, necessary timelines for implementation, and other calendar driven job expectations predefined by the District?
ALL	DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY As this focus area is in direct response to NCHA assessment data, and the SHS outreach program is going through organizational development and expansion since 2010, this remains an important issue and question. There is one more year before the 2016 NCHA survey will re-assess on this outcome, and the quality of the Fall outreach program to new students in 2015 will be of special significance. What are the most effective methods of delivering prioritized health information (not department information) to large numbers of students, which can address NCHA assessment findings and assist the college in meeting mandates around this?
ALL	SEXUAL ASSAULT PREVENTION Student Health Services has engaged in periodic sexual assault prevention educational activities for decades, and has participated in the initial workgroup to analyze and recommend on policy and procedures with multiple new laws and mandates for a comprehensive District wide prevention and intervention program. The scope of the work needed by far exceeds SHS's capacity to dedicate resources to this process, but does have the intellectual capital, connections and resources to advise on how to get a prevention program set up. The department is invested in seeing a good District plan emerge, and will participate, as possible, as the compliance date approaches (July 1, 2015). Meanwhile, SHS must take care of its own internal business, such as developing a specific training program for new incoming staff this summer, having informational handouts ready as part of our own service, and assuring we have procedures for the care of sexual and relationship violence patients accessing our confidential services. How can the District effectively develop and implement a college wide prevention program plan, addressing sexual misconduct and relationship violence, and meeting the legal mandates and intent of the new laws going into effect July 1, 2015? What is the appropriate role, and level of resources from SHS to support this activity?

6.2b PRPP Editor Feedback - Optional

We have an amazing team in Student Health Services, 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 here, and have an appreciation for the unique opportunities available to support our students in their journey. Part of our challenge is channeling all this wonderful new energy into effective programming.

FUNDING STABILITY

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. Correspondingly, Student Health Services must continue to look at every way we can improve efficiencies around our staffing work plan,

until our enrollment based revenue flow has increased sufficiently to add staff for projects and work we'd like to do, towards maintaining a robust health program at SRJC.

REVENUE INCREASES

SHS has been successful in maintaining external funding from the MAA federal reimbursement program, PEI - MHSA funds from the County and two smaller one-time grants from the college's Equity Fund, and the County's ACA grant. Any funds supplementing the Health Fee 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 is in place.
- A $1 COLA allowance during 2016 is probable.
- Some rumors of Ed. Code changes increasing the Health Fee limit.

Future Directions:

- Policy: Expand Health Fee to Non-Credit students.
- Articulate broadly SHS's remarkably demonstrable role in student success and retention, which may help bring in funding available for these initiatives.
- Seek external funding with a focus on partnering with other lead agencies in the community on health related grants.
- Consider fund raising initiative/outreach leveraging newly established Foundation account.

EXPENDITURE REDUCTIONS

- Preserving salaries/benefits of existing permanent staff is the priority, with other required expenses for basic operations.
- Salary savings for the vacant Medical Assistant during 14-15 has worn out its welcome, and some level of reinstating this is needed to address service, clinical support and front office coverage demands. Planning to begin with STNC support, and work towards solid sustainable solutions.
- We need to maximize the efficient use of personnel to achieve safe work environments, quality service delivery, and fiscal efficiencies. Enhancing good communication, good planning, evaluating workload assignments to reduce any duplication of efforts, and team building will help. Technology applications could reduce workloads of some individuals, allowing for reduced STNC/Student employment. The reclassification review process could potentially help refine duplication of efforts as well.

ANNUAL DEPARTMENT PLANNING PROCESS - Developing and Implementing a More Effective Department Plan for 15-16

An unavoidable "silo-ing" effect has occurred since 2010 on two fronts that has had an impact on the department's planning cycle. The establishment of two facilities in 2011 on the Santa Rosa Campus added to the pre-existing challenge of bridging the Petaluma/Santa Rosa campus planning process. When previously housed together, with more face to face time, and

the social norm strong that "the plan" was in place by the end of May/early June for the following year, well-coordinated department wide plans were developed with a timeline that mirrored the college's process. The other silo effect emerged when an expanded "Health Promotion" service function for the department became its' own entity (not inherent work for all SHS staff), and is primarily centralized in the grant funded PEI program. This makes great sense to utilize grant resources in this way. Yet with its expansion and increased funding with student peer employees, the planning process rhythm, including training, coordination with CORE staff for impact review, and input on the scope/methods has been difficult to integrate. Returning to a well-coordinated "annual plan" considering the Clinical, SPS, Health Promotion and Administrative/District functions and resource demands, is needed.

Points to consider:
- **Fall outreach to new students -** Thousands of new students reach campus during the Fall semester (many now arriving in the Summer for Counseling 270 classes). These students minimally need health information on sexual assault prevention, substance use, and how health impacts their success as a student (early retention messaging). Having SHS's support activities clearly outlined for the year when delivering this message is an effective and efficient use of resources.
- **Effective use of limited resources during high work demand cycles driven by the District -** Some deadlines and clear placement in time of certain college functions are known well in advance, and are in our control, and some are not. We need to consider what we do have in our control, with good critical thinking about resource issues, and plan accordingly. (Examples: patient service high demand periods, budget and invoicing deadlines, web updates, evaluations, PRPP, hiring and training cycles, "coverage" issues, ACA open enrollment dates, Student Elections, community events on campus, etc.) The feng shui of SHS events/activities overlapping with the complex multitasking of other job duties needs attention.
- **SHS staff stress levels/healthy organization**: A feeling of always trying to catch up and get ahead of things, is manifesting earlier in the year, with more last minute scrambling to implement add-ons to the plan (with unanticipated impact on others).

DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY

For 15-16, a system of data organization to compare health information dissemination methods side by side needs to be developed, so that trends can be monitored on a year to year basis, as well as evaluating best use of our internal resources towards this effort. The way to do this is not clear, but a start is to clearly identify the benchmarks and propose an integrated system for 15-16, and collate data on an ongoing basis.
Definition: actual health information about an issue (at what threshold? More than a sound byte?); *information about SHS is not health information dissemination.*
- Measurement of *numbers of students* reached by all the different methods of health information delivery utilized by SHS (Bear Facts, Web, Facebook # of "hits", versus classroom presentations, events, WOW outreach, health center visits, etc.) Demographics helpful, if possible. (SID would do.)

- Materials/Content review of best information to release, representing a full scope of health issues, with priority topics clarified and emphasized. (Link timing of topics within SHS plan to align with other communications from media, district events, etc.)
- Determine ways to get feedback from students on effectiveness of SHS methods used, other than face to face, (which have evaluation forms.) If not imbedded feedback/evaluation, perhaps focus group, or other feedback mechanisms. NCHA supplemental question?
- Identify procedures for rapid dissemination of health information (for communicable disease outbreak, for instance).
- As online supports and videos are developed by SHS (sexual assault prevention imbedded in online orientation course, as an example) how can this be evaluated for effectiveness on a longitudinal basis?

SEXUAL ASSAULT PREVENTION

The District is implementing policy and procedures to achieve compliance with various mandates and laws passed recently as related to sexual violence and misconduct. The actual implementation of these are the biggest challenge, and July 1st, 2015 is the expected compliance date. Student Health Services has been involved in the research, writing and development of these documents. It seems the college is anticipating the ability to meet this mandate without any new resources. National analysis of the resource impact of each of the mandates on higher education institutions notes whereas each sexual assault allegation takes a lot of time by 1-2 individuals to investigate, the mandate to address broad campus climate issues through a rigorous multifaceted educational intervention is the most resource heavy element of the new mandates. Every staff member and student not only needs to be a recipient of "information imparting" about college policies and resources, but also needs time dedicated for interactive, face to face activities to flush out cultural and gender-based biases, values, attitudes about relationship violence, that impact the accessibility of the college for individuals.

Given the current state of SHS resources, it is most important that we initially focus our staff time inwards on our own department's procedures, and develop our own training program for SHS staff during 15-16. SHS is uniquely identified as the location of confidential counseling at the college, without reporting mandates, and specific responsibilities and duties to provide culturally sensitive and compassionate care, accurate information and effective referrals to students. As we have many new staff members each year, assuring the appropriate training modules and tools are in place before Fall semester is critical, as well as monitoring/tracking high risk students for outcomes as the first year rolls out.

With that said, Student Health Services has a major role in the college wide prevention initiative, but will be able to dedicate little additional time towards this, again, given our current state of resources. The college needs to develop a "Sexual Violence and Misconduct Prevention Strategic Plan" with identified Outcomes, Goals and Activities, with appropriate input by front line stakeholders. This could be an initial task force, identifying/requesting the need for dedicated SAP staff to coordinate plan implementation, development of a localized video/training module for use at all SRJC orientations (as mandated), the purchase and implementation of educational software products to document numbers of students/staff trained

around relationship violence (SRJC customized?), identify a campus climate survey instrument (mandated), identify and develop resources for implementation, review and develop publications and notices (print and web) and determine methods of evaluating the effectiveness of the preventive interventions. Once this plan is developed and implemented an ongoing review of the plan's effectiveness, on at least an annual basis, will be necessary, presumably by an identified group and/or process. At least a half-time coordinator position could be justified, if not more, towards meeting these prevention compliance directives.

SHS will imbed sexual assault prevention learning activities into existing activities, such as classroom presentation topics, consultation with academic counselors on orientation content, discuss at CIRT meetings and integration with CIRT outreach, sponsoring some educational activities on the issue each year, and incorporating appropriate information into the possibly emerging bystander intervention program (will include sexual assault, suicide and dangerous substance use).

6.3a Annual Unit Plan

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0001	ALL	07	02	SHS Funding Stabilization	1)Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies, closely monitor revenue & expenditures, and implement COLA adjustments as allowed in 2016. 2)Policy work as indicated re: non-credit Health Fee 3)Work with HSACCC re: Health Fee legislative advocacy / reform 4)MAA- continue participation. 5)Explore/pursue options for Grants, SSSP and/or equity funds-work with administrators 6)Continue exploration of other external funding sources aligned with SHS vision, pursue as appropriate 7) Explore options for District support funds as needed, beginning 16-17, as related to District support work done by Health Fee paid employees.	Ongoing	Administrator and Staff time: Time/participation in HSACCC legislative initiatives for Health Fee reform MAA Coordinator meetings, trainings, work with Accounting and SCOE on invoicing, IT for MC data match Work with SSSP/ Equity programs to identify work in SHS appropriate for funding, obtain data from IT as necessary Local, state and national networking meetings/conferences to learn of new funding opportunities.
0002	ALL	01	02	Rigorous continuous quality improvement activities for risk management support for the District, compliance with healthcare laws, and achieving best-practice healthcare and student success outcomes.	1) Dedicate time for a department planning retreat in early June to evaluate, adjust and establish a shared understanding and clear plan for activities during 15-16, to increase program effectiveness, reduce preventable stressors, and set reasonable goals that match the resources available. 2)Continue referral outcome tracking project for high risk students, as resources allow, to identify and mitigate barriers to access to services within and outside SHS and support student retention. 3)Training/Supervision activities of NPs/MH interns with regular chart reviews, Medicat reports as appropriate. 4)Guideline development for consistent standard of care/ quality review of select conditions. 5)Obtain CLIA certification for clinical/lab services	Summer->Fall -> Spring ->	Administrator, staff and contracted MDs time QI workgroup/staff time Back Office Medical Assistant Race
0003	ALL	01	02	Effectively disseminate health information to students and staff	1) Implement new method of documenting health information dissemination activities by SHS, for improved capacity for evaluation 2) If funded, work with Media Services, STNC, District SAP workgroup to produce Sexual Assault Prevention video for use in all orientations at SRJC	Summer->Fall -> Spring ->	Staff time/SHS Outreach workgroup SSSP or other funding for SAP video , with District staff engagement Grant funding for SH101 online magazine

					3) Apply systems to expand health imformation dissemination to each student coming into the health centers 4) Focus on promoting, advocating and delivering classroom presentations and Student Health 101 5) Coordinate Facebook postings to share a broad range of health information 6) Include health information in Bear Facts postings		
0004	ALL	01	02	Increase SRJC student access to healthcare on campus and in the community	1)Continue multifaceted approach to outreach on department information and functions, with "health and student success" message, to faculty, staff and students (including online students); track all data possible on outreach contacts, and evaluate most effective methods. 2)Maintain/develop MOUs for critical services on campus working relationships with agencies (RH, ACA, other), and 3)Develop referral fast tracks to community HC services as possible to serve students at risk. 4)Update and maintain "navigating Sonoma County's healthcare system" and referral information, for providers, as well as web postings and handouts for students.	Summer->Fall -> Spring ->	Administrative and Staff time for outreach activities (coordinate with SHS outreach workgroup) Community partnerships, meetings and communications with agencies Staff time for research, web updates, document prep
0005	ALL	01	02	Implement NCHA survey / SLO assessment	1)Designate STNC personnel to coordinate 2)Obtain HSACCC Consortium agreement 3)Purchase NCHA Surveys 4)Develop sampling pan with assistance of OIR (when Fall classes posted) 5)Revise letter to Faculty & Predisent's letter 6)Format/purchase supplemental questionnaires from SRJC OIR, coordinate numbering with ACHA 7)Send Letters to Faculty (begin as soon as sections identified) 8)Organize and train distributors 9)Administer Survey 10)Send completed surveys to OIR and ACHA,	Summer->Fall -> Spring ->	Staff time STNC Research Technician Office of Institutional Reserach support and staff time Purchase ACHA contract Faculty/Student time carved out of classrooms
0006	ALL	01	02	The SHS student employment program will : 1) achieve identified learning outcomes and the ability to demonstrate appropriate work skills. 2)SHAs feeling connected and supported by peers and supervisors in SHS	1) Establish Student Development workgroup schedule for 15-16 (all student employee supervisors) 2) HIRING: Review and align job descriptions identify optimum criteria for hiring, and recruit efficiently and effectively, considering employment retention potential (1-2 years)	Summer->Fall -> Spring ->	Funding for student employment (Health Fee, grant, other as possible) Student development workgroup time SHS staff time supporting trainings, feedback, and program support

				3)deliver high quality, cost effective training and supervision of student employees with an efficient use of staff time	3) TRAINING a) Identify/review work skills objectives, training topics, and learning outcomes for students, establish the 15-16 training plan, achieving maximum overlap of training times between the various SHA categories. b) Include a range of teambuilding activities, health related learning activities, and college engagement activities for student meeting times throughout the year, Include other SHS and college staff as relevant. 4) ASSESSMENT/EVALUATION: a) A short learning outcomes and training evaluation tool will be developed, for students to complete at the end of each student meeting/training. b) Skills demonstration will be assessed by individual supervisors, incorporating criteria from the student employee evaluation form, with 1:1 meetings as needed. c)All student employees will complete an evaluation of their supervision/employment experience in May 2016		Work Experience faculty
0007	ALL	01	02	Launch and maintain new SHS website, evaluate student experience	1) Complete content updates in new structure and launch Summer 2) Establish quarterly dates for entire webpage review for needed updates; with content review by assigned staff/workgroups. 3) Develop staffing plan to review/provide updates 4) 5 staff trained in Drupal over the year 5) Add SHS orientation video to website homepage. 6) Update Sexual Misconduct webpage to District mandates and current information. 7) Identify web resources specific to online students.	Summer - >Fall - >Spring	Funding for student employment (Health Fee, grant, other as possible) Administrative and staff time IT Drupal training for more SHS staff All staff and/or workgroups with update areas of responsibility
0008	ALL	06	02	Staff will participate in prioritized staff development and training activities	1) Training content for SHS providers on SRJC's sexual assault prevention policies and procedures will be developed, and provided to all providers before Fall semester. 2) Permanent staff will attend all or a portion of the ACHA national conference in SF May 2016, this may be contingent upon external funding supports to offset Health Fee	Summer->Fall -> Spring ->	Staff time, in collaboration with Title IX Officer and deputy, to develop clear training content Resources for conference attendance: staff development, HF, grants, District (to avoid out of pocket expenses for staff)

					costs (professional development fund applications, mini grants, etc.)		
0009	ALL	04	02	Implement technology development projects	1)Medicat - review and refine database structure 2) Software upgrade (July) 3) Chart shredder/medical records retention policy (June) 4) Incorporate new functions as possible with existing software to support staff efficiencies and QI, 5) Plan as appropriate for implementation of self-check in module, move to a hosted web server, as budget allows	Summer->Fall -> Spring ->	Funding: Medicat software maintenance agreement Staff time IT support time
0010	ALL	06	07	Maintain a safe work environment and improve the department's disaster response preparedness	1)Maintain a safe work environment by: a)Regularly scanning the department for hazardous conditions, responding to and communicating hazards appropriately. b)Pursuing facility improvements related to ergonomic, safety and security concerns, as outlined in Section 2.5b. c)Assuring safe staffing levels are maintained at all times the department is open. d)Implementing infection control and cleaning practices at all facilities on a regular basis. 2)Improve the department's disaster response preparedness by: a)Ensuring SHS staff assigned to disaster response roles and Safety Leader positions participate in trainings by the District b)engaging in localized disaster activities, as outlined in the Disaster Service Worker and Area Safety Leader/Building Safety Coordinator roles. b)Pursuing advanced disaster preparedness webinar(s) focusing on medical/MH operations for all CORE staff. c)Providing epartment training in the START method of medical triage	Summer->Fall -> Spring ->	Staff time Training resources Funding for facility repairs and requests
0011	ALL	01	02	Develop and launch Bystander Intervention Training program for students, faculty and staff	1)Develop program plan for 15-16, activities, marketing materials, and outreach plan 2)Implement online reporting SOC form (CIRT web page) 3)Each Bear Cub Matters launch (events, materials, program features) 4)Offer Mental Health First Aid training for new student employees, Bacchus training for student leaders, QPR TTT and Gatekeeper trainings in classrooms	Summer->Fall -> Spring ->	Grant funding (staff, trainings and materials) SHS Staff time/support SHS Student Development and Outreach workgroup collaboration Sexual Assault Prevention workgroup

				5)Participate in District's Sexual Assault Prevention workgroup towards development of an effective strategy for college wide outreach		