

Santa Rosa Junior College

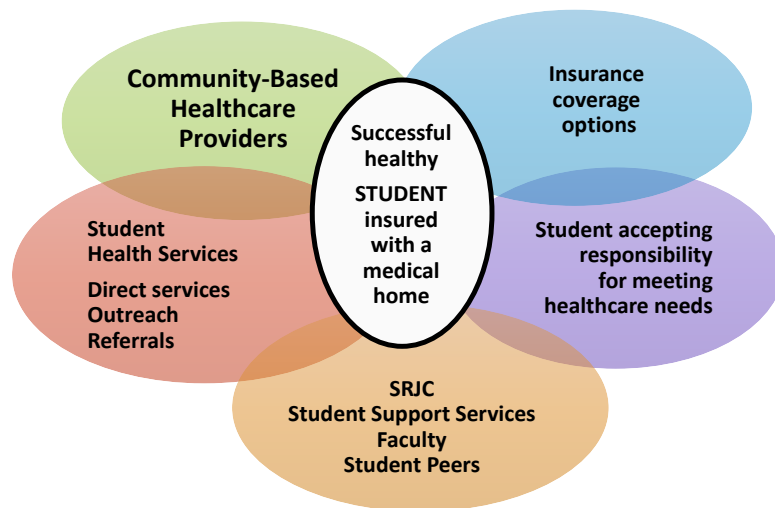
Program Resource Planning Process

Student Health Services 2016

1.1a Mission

The Student Health Services Vision is:

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



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

Values:

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

Compassion, Innovation

1.1b Mission Alignment

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

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

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

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

1.1c Description

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

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

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

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

Student Health Services Alignment with SRJC's Student Success Goal

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

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

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

Student Health also leads the Crisis Intervention Resource Team (CIRT), which provides support to faculty in addressing distressed, disruptive and dangerous behaviors in students so they may get back on track with their academic performance and success. CIRT has been promoting faculty engagement with students, and early intervention and referrals for support services at SRJC for 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 vaccination clinics, and the Wellness Fair. Sexual Assault Prevention activities 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 cultural diversity awareness and communication this past year.

1.1d Hours of Office Operation and Service by Location

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

Spring 2016 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*
(*FAM-PACT reproductive health services*)

Wednesdays and Thursdays

* *Redwood Community Health Coalition*

Mondays and Tuesdays

(*Medi-Cal/ACA enrollment*)

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*
(*FAM-PACT reproductive health services*)

Tuesdays

* *Redwood Community Health Coalition*

Every other Wednesday

(*Medi-Cal/ACA enrollment*)

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

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

1.2 Program/Unit Context and Environmental Scan

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

FISCAL Context and Scan

- 1) **The declining student enrollment at SRJC** continues to create significant fiscal challenges at SRJC. Peaking at 37,146 students in Spring 2001, and dropping to 26,735 in Spring 2013, SRJC has experienced a 28% loss in enrollment numbers, which drives State funding formulas for SRJC.
- 2) **Health Fee Revenue:** Closer to home, enrollment drops represent a corresponding loss of base revenue for Student Health Services (credit student headcount x Health Fee). The current sustainable staffing/budget/program plan relies upon about \$1,300,000 per year now, and Health Fee revenue is capturing around \$1,000,000 per year. A “structural deficit” exists.
- 3) **As to the “why” of enrollment drops**, the prevailing theory is due to the excellent employment opportunities available in Sonoma County, and a strong economy. Other perspectives suggest this could also be impacted by high cost of living in Sonoma County (housing, transportation, food, healthcare without insurance costs) requiring multiple jobs to survive, and difficult or impossible to juggle with college attendance. This is a prevailing perspective also as it relates to problems with retention and completion in our student population.
- 4) **The college’s status with the Accreditation Commission** is precarious, flagged as being at risk financially, with less than a 5% reserve balance anticipated in 17-18, due to a structural deficit in the budget.
- 5) **Additional course section cuts** are now being planned for 16-17, to address the District’s fiscal infrastructure problem, which may result in additional drops in enrollment.
- 6) **Employee paid retirement benefits** are increasing dramatically, as they are being phased in over the next 5 years. This has a significant impact on the budget – District, Health Fee, categorical/grant programs, everyone... STRS was 8.5% in 2013, and is in the process of being phased up to 20% by 2020. PERS is similar. The added costs just for this on an annual basis is 0.5 FTE of a Medical Assistant position.
- 7) **Categorical program funding** (SSSP, Equity, CalWORKs, EOPS, and DSPS) has had unprecedented amounts of money flowing in from the State, with very prescriptive allowable uses. What it doesn’t fund is much of anything related to health support for students, and it doesn’t cover college costs for administrative overhead.
- 8) **District –vs- Categorical/Grant Money** This dynamic seems to have contributed to a perceptual divide between the “haves and have nots” within certain areas of the college, and a silo-ing effect of sorts. It mirrors a bit the dialogue of income equality very active in

the U.S. socio-political dialogue recently. Efforts are being made to have Student Services and Academic Affairs work more closely on projects to avoid some of this, yet other groups as well are impacted and struggling in supporting selective expansion at the college (HR, Facilities, Finance and Administration, etc.)

- 9) **BOND money** is now available for new buildings, facility planning, and technology at the college, in significant amounts, which is badly needed. Yet, a recurring paradox is playing out again at SRJC: If you don't have enough money to have support staff and people to work in the buildings, or maintain them, or to integrate technology projects, how can you plan appropriately?
- 10) **Other SHS Department Fiscal:** MAA funding is also dropping due to a change in reimbursement policies/procedures. Other funding sources are relatively small, yet some Equity Funds were received this year that are helping desired student support project work within SHS. See Section 2 for more information.
- 11) **Seems a critical question for the college, and SHS is this:** Are we leveled out at an enrollment number of 25,000 to 27,500 students longitudinally? If so, we should count on this for a sustainable baseline budget plan, and how do we get there from here?

SRJC COMMUNITY – Context and Scan

- 1) **Access Issues as related to SRJC Enrollment Trends** - shifts in location of student coursework, impact SHS's program planning in regards to an appropriate level of access to the scope of our services, inclusive of health center based professional services, health education, health support information and an online presence.
 - a) **The online student population** has been growing so significantly, that it is now the second largest "location" of students at the college with 6,420 students Spring 2016, a 16.4% jump from last year.
 - b) **Petaluma Campus enrollments** have shown rapid drops over the last five years, from 6,322 students in Spring 2009, to 4,873 students in Spring 2015, a 23% loss. Originally built to accommodate over 10,000 students, the re-purposing – re-visioning of the Petaluma Campus's role at SRJC is being given considerable energy.
 - c) **Classes in the Evenings** - all locations are showing a surge in these numbers over the last two years, after a big drop about a decade ago, with over 8,000 students on the Santa Rosa Campus this semester (Spring 2016), as an example, with room to grow more before semester's end.
 - d) **Aggressive outreach to increase international student enrollments** has been funded with measurable success, with 180 students this Spring (up from about 60 student two years ago). SHS engages with these students frequently, and policies and strategies regarding health and healthcare are being addressed around the expansion of this population.
 - e) **Non-credit student enrollment** has grown, particularly the Older Adults courses in senior living settings, and at the Southwest Center. Whereas non-credit students currently do not pay the Health Fee, this is an emerging population of interest as Health Fee policy changes are being considered. Expanding on-site services to Windsor, Shone Farm, Southwest Center, and other clusters of student presence is a challenge for SHS to consider, as our resources are struggling to maintain our current presence on the Santa Rosa and Petaluma Campuses.
- 2) **Student Success and Equity Initiatives**

- a) The community college initiative at the Federal level, combined with the Student Success and Equity initiatives at the State level with significant new funding streams, are transforming the California Community College system. This is a fundamental shift into a "matriculated" population of students, focused on an educational goal, to be accomplished within a given amount of time, regardless of whether it is transfer, a degree, or certificate. Targeted efforts of assuring equitable access to disadvantaged groups is an integrated part of the State's (and SRJC's) commitment to support our students. 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.
 - b) Health (physical, mental and social) was not an identified factor in the above initiatives, and linking access and success to health has been, and will continue to be an uphill battle to utilize funds streaming from these sources. SHS is actively engaged in articulating how our work aligns with the broader goals of the institution and also working with HSACCC on communicating this on the statewide level.
- 3) **Emergence of Student Learning Communities** over the last several years, through a combination of variables, a burst of diverse learning communities have been born, and robust student engagement and activism has occurred.
- a) Equity funding, SSSP funding and HEP grant funding have given economic support to spaces, materials, staff, and events for particular student groups.
 - b) CalWORKS grant on "learning circles" has explored and is moving on core elements of learning communities and providing guidance for any configuration of learning circle formation regardless of identification alignment with external funds.
 - c) Certain courses are infusing service, engagement, and advocacy in a way that results in visibly impactful activities on campus.
 - d) A particular consciousness around income inequality and other significant social justice issues are apparent in the current student population, and activism has been modeled, supported and present as a "norm" among our student population (i.e. homelessness and housing costs, food insecurity issues, transportation barriers, and other various social justice issues). Refreshing! And hard to keep up with all the group's activities, and facilitate them working together collaboratively and not in more narrowly defined silos.
 - e) For SHS this is a particular challenge for the PEERS Coalition. The concept of the student led efforts to "coalesce" various student groups periodically to join in learning, discussion, and networking around HEALTH is a pretty exciting challenge, and a tough one given the many diverse student groups working on issues so closely aligned with elements of health. How to expand into appropriate student roles to strengthen a health/mental health coalition?

FEDERAL, STATE, COUNTY FUNDED HEALTHCARE – context and scan

As the Affordable Care Act (ACA) is expanding implementation across the nation, the healthcare system is in a significant state of flux. Central to the intention of this legislation is to increase the number of individuals that have health insurance or coverage under the Medi-Cal program, and to increase access to coordinated primary care through a "medical home". California has been a leader in ACA implementation, and has enrolled millions of individuals

that previously did not have access to basic services into coverage plans. This is an excellent outcome, and the impact is clearly being seen in the student population accessing Student Health Services; the chances a student will actually take the steps to seek needed healthcare beyond our scope have improved significantly, with the financial barrier removed.

Situation Updates:

- 1) Within Sonoma County, the necessary expansion in the number of providers and services has not kept up with the demands for access by the newly insured.
- 2) Establishing a primary care provider (PCP) in the community clinics has long appointment waits, i.e. 1-3 months to stabilize an individual's medical home.
- 3) A significant change recently is the addition of many mental health providers to the MediCal network in Sonoma County, so students clearly have improved access to ongoing mental health services in the community.
- 4) Sonoma County also has opened up the long awaited new mental health crisis stabilization unit, a much improved option for students in a significant mental health crisis requiring hospitalization and/or close monitoring.
- 5) As International Students have demonstrated a particular challenge in being able to access needed healthcare services in the US (uninsured, do not qualify for any government subsidized care) a policy change requiring them to have health insurance, to the minimum ACA standards for policy coverage, starts with the Fall 2016 semester. This will address a huge access gap within our student population, and will definitely support their success here at SRJC.
- 6) Undocumented students, in Sonoma County, will have access to expanded coverage through the community clinic system, and legislatively, efforts to expand to all California undocumented citizen are being made.

Role of SHS in This Environment

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

2.1a Budget Needs

- **SHS Revenue and Expense Trends**
- **Strategies to Address Fiscal Instability**
- **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 (73% in 2015-16) is from student Health Fees collected from credit-enrolled students. Federal MAA reimbursements each year feed the Health Fee fund as well.

The drop in enrollment (credit headcount generating health fee revenue) combined with the salary and benefits increases for permanent staff has decimated the Health Fee fund over the last few years

Baseline Health Fee Expenditures currently exceed baseline Health Fee Revenue by at least \$200,000 a year, and growing. .

Given the current course, the Health Fee fund reserves will be depleted by 2017-2018, with any deficits landing on the General Fund and/or significant personnel and program cuts are needed.

As a result of this, the District has generously offered to provide needed support before this point is reached, maintaining the Reserve Fund at 15% of current annual operational costs.

Here is the trend for the last five years with projections through the 2017-2018 fiscal year.

<i>Fiscal Year</i>	<i>Health Fee Revenue</i>	<i>MAA Revenue</i>	<i>Total Revenue</i>	<i>Expenditures</i>	<i>Annual Balance</i>	<i>Reserve Balance</i>
2010-2011	\$1,013,717	\$125,891	\$1,139,608	\$1,091,100	\$48,508	\$608,250
2011-2012	\$987,809	\$117,118	\$1,104,927	\$1,098,095	\$6,832	\$615,120
2012-2013	\$955,820	\$80,544	\$1,036,364	\$1,226,903	\$190,539	\$424,580
2013-2014	\$928,604	\$79,987	\$1,008,591	\$1,103,843	\$95,252	\$329,330
2014-2015	\$1,087,424	\$112,123	\$1,199,547	\$1,114,834	\$84,731	\$414,000
2015-2016*	\$1,076,257	\$87,700	\$1,037,700	\$1,243,364	\$173,084	\$240,980
2016-2017*	\$1,010,124	\$80,000	\$1,090,124	\$1,253,712	\$155,942	\$122,640

2017-2018*	\$1,017,770	\$70,000	\$1,087,770	\$1,300,000	\$212,230	
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Assumptions

- 16-17 a one-time 3% drop in credit enrolled headcount factored in due to credit course cuts.
- MAA will decrease due to new time survey methods, and VP Student Services removed from cost-pool 6/30/16.
- No Health Fee COLA allowed through 17-18 (would provide additional \$53,000 in revenue)
- Staff PERS/STRS health benefits increases continue and not fully factored in

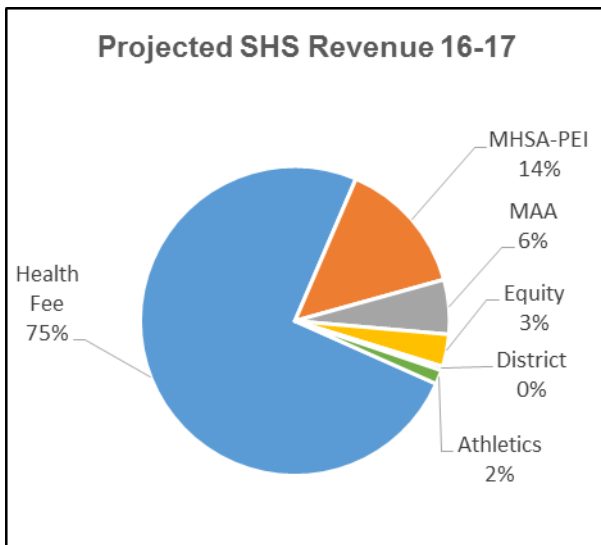
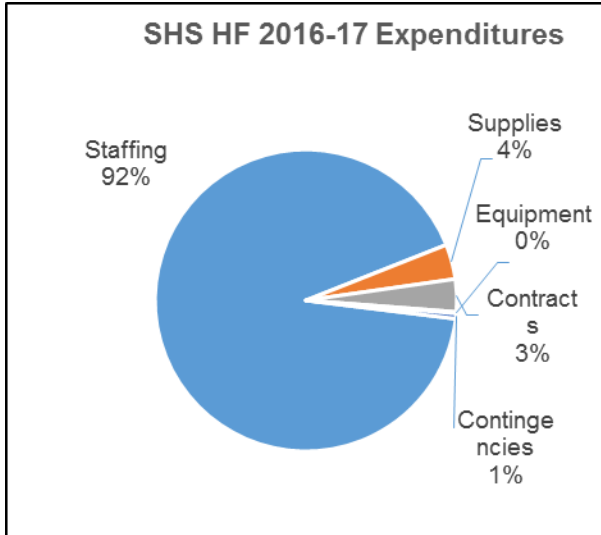
Note: An SRJC policy change during 15-16, to NOT BLOCK REGISTRATION FOR STUDENTS OWING MONEY UP TO \$100, will have a significant impact on the Health Fee revenue line item, as deferred Health Fees can go unpaid for a much longer time period, and if the student leaves, is potentially never paid. The amount of lost revenue this fiscal year is difficult to estimate, but will be significant. This policy will be reversed in 16-17, so some lost revenue will be regained. Actual revenue numbers for 15-16 and 16-17 have been kept steady with original projections to keep a steady baseline, and it hopefully things will balance out and is "close" by the end of the 16-17 fiscal year.

Significant adjustments have been made already to offset Health Fee fund expenses, with little to no room for additional discretionary cuts in the remaining 23% of Health Fee expenditures.

- **A 14% reduction in Health Fee funded Classified positions has been carried for almost 2 years now** -1.0 FTE Medical Assistant vacancy, impacts operations, temporary out of class work for NPs, compromises capacity for potential new revenue stream through direct MediCal billing (see strategies below)
- **Nurse Practitioner positions all have been all reduced to 0.75 FTE** via position rollovers/hires since 2013.
- **S/B cost shifts have been made** >\$20,000/yr. to MHSA Grant, and Athletics (student course fees)
- **Supplies budget has been reduced almost 50%** from \$76,000 to \$36,000 over the last five years. This has narrowed clinical service offerings for students (and a deeper cut visible when inflationary costs factored in).
- **Shifting of resources from Petaluma to Santa Rosa** – implemented Petaluma service closure on Fridays, cut Wednesday evening services, and re-assigned Medical Assistant 12 hours per week to Santa Rosa campus. No additional salary savings. Petaluma continues to receive resources at a level higher than those received from health fee revenue collected from Petaluma students. Further Petaluma Campus cuts could push the limit on “tipping point” for effective access.
- **Our STNC/PE staffing plan** remains the most cost effective approach to providing direct mental health services via an internship training program;

Additional adjustments to reduce costs is limited here, to maintain requirements.

- **Physician contract services** (\$23,000/yr.) required to oversee NP practice.
- **Equity** \$47,500 15-16 with rollover for 16-17 – **non-supplanting funds**, yet “Release time/STNC backfill” approach results in about \$8000 savings to Health Fee fund.



Maintenance of Effort

Obviously, the Health Fee fund is in a precarious position. The reserve fund is reaching a critical shortage and the red flag moment of the fund not containing 15% of SHS’s annual operating budget. The deficit infrastructure is pushing the program up against Education Code law describing a District’s mandate to apply “Maintenance of Effort” support.

Applicable Education Code Law: Health Services Maintenance of Effort states “level of services provided in 1988 must be maintained by the District if Health Fee revenue does not cover the costs”. SRJC’s level of service in 1988:

- Nurse Practitioner services, acute care management and crisis intervention, communicable disease control, in-house lab work, prescription medication dispensing (free), physician contract oversight

- Health education/promotion
- Medical records maintenance
- District support services, including Incident Report records.

Student Psychological Services and the Crisis Intervention Resource Team did not exist in 1988, i.e. legally does not need to be maintained under Health Fee funding, indicating these SHS functions would be front line for cuts.

Base SPS operations now represent about **32% of Health Fee dollar expenses**, i.e. Asst. Director/Psychologist, Health Services Assistant in Plover, internship training program costs, and Spanish speaking therapist. (Supplies, memberships, travel, software and Director overhead not factored into cost analysis, thus represents an even larger percentage all things considered.)

NOTES ON OTHER ONGOING REVENUE SOURCES:

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 for 13-14 and 14-15.
- The methodology for future 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 invoices is still not fully known. The assumption being made is that MAA revenue will be slightly lower than previous years due to the new method (projected in the \$80,000 range).

Athletics Course Fees

- Student Health Services provides comprehensive health screening and exams to all SRJC athletes. Over 500 athletes are screened each year, and Education Code forbids Health Fee dollars being spend on this. A course fee is added to each Athlete course to fund this service. It is difficult to audit specifically for fiscal compliance, but the need to increase funding to SHS for these services was clear. In 15-16, an increase to \$37.50 per athlete was made to the course fee. This money is partially being applied to funding a percentage of our Health Services Assistant's S/B, who coordinates the services and provides administrative support, with STNC nurse practitioner, physician hours and the Athletic Trainers overload for concussion screening.

It may require additional increases, or a drop of this service, if we cannot achieve greater efficiencies of time in the service delivery.

- SRJC is one of very few community colleges that provides this service for athletes through the health centers, 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. SHS recently included health insurance enrollment services with aggressive outreach to athletes (reduce SAI policy costs) and provides sexual assault prevention information, and screens all athletes for significant mental health issues. .

MHSA Grant Funds

- County funding continues with \$200,000 per year. MHSA expenditures throughout the County have expanded significantly 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.

THE REVENUE CHASE (see also Section 3.1)

With ongoing efforts to stabilize SHS funding, discussions locally with administration, the Student Health Services Advisory Committee, the Dean of Student Success and Equity, and on a statewide basis working with the Chancellor's Office, the CCC Foundation, the CCLC and the Health Services Association of CCCs, have helped bring awareness to the infrastructure problem and identify various potential ways to support Health Services. This problem is being experienced across the State, as the fundamental funding structure for health centers is extremely limiting as outlined in the State Education Code. The Chancellor's Office does not have a dedicated Health Services representative, and as this is not a mandated service, it is not a high priority legislatively to change the Education Code. The inherent concept, though, of only students paying out of pocket for this support, through the health Fee, is discussed at times as being just wrong, i.e. State/District funds should be paying for this on some level. Any discussion of making health services mandated or categorical at this point does not have strong support by key constituents, though. Longitudinally, Education Code revisions are indicated, but in the meantime, health support services locally are strapped financially, and there is significant pressure to expand only mental health services specifically. The efforts to do so are resulting in decisions by several colleges that are in frank violation of the Education Code. SRJC, fortunately has a high level of integrity around this, with a clear Board approved Health Services plan, an oversight President's Advisory Committee, and a very support Board of Trustees and administration.

As the fiscal crisis is peaking, several strategies have emerged through local conversations.

SIX FISCAL STRATEGIES TO ADDRESS THE STUDENT HEALTH SERVICES FISCAL CRISIS:

Strategy One: Health Fee Policy change: (short and long term) eliminate Health Fee waivers granted by SRJC Board of Trustees that are above and beyond those

required by State Education Code law. Statewide norms indicate that SRJC is an outlier on this, providing additional Health Fee waivers.

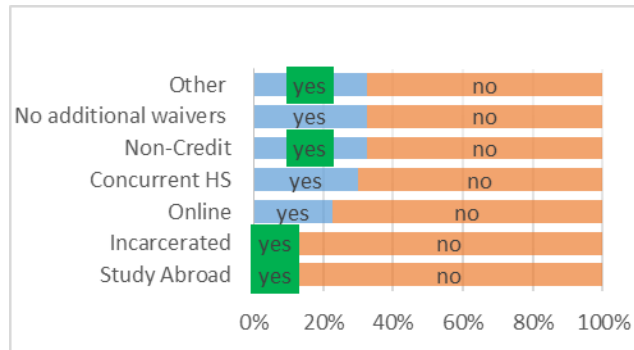
CURRENT SRJC POLICY:

Exempt Students as required by Education Code

1. Students in approved apprenticeship programs; and,
2. Students who depend exclusively upon prayer for healing in accordance with a bona fide religious sect, denomination, or organization.

Other Exempt Students as Approved by the Board

1. Students enrolled under District-approved agency contracts and/or agreements;
2. **Students enrolled in overseas programs approved by the District; and,**
3. Students who are in an incarcerated status; and,
4. **Students enrolled only in non-credit courses.**



Statewide Norms for Health Fee Policy – Waivers Granted 2014-2015 HSACCC Annual Survey

- Whereas District Boards may waive health fees for any student population group they choose, **some Districts correspondingly provide backfill funding to the Health Fee fund for lost revenue due to these policies;** various approaches identified, including S/B towards Director or targeted staff positions, block funding linked to losses, tech support, and other.
- **SRJC staff, faculty, administrators and students increasingly are perceiving and talking about the Health Fee as a “health services access” fee, and if a student will “never use the health center” they shouldn’t pay the fee.** This conversation has cropped up within the last two years as applicable to online students, high school enrollment students, students with health insurance, students living in Marin County, and even Windsor / PSTC students. This misinformed and surface perception as to the implications of granting additional Health Fee waivers is threatening to the survival of the SHS program if momentum is gained in this direction.
- **The public health funding model is embedded in the Education Code,** with a capitated fee for all students, or a TAX if you prefer the term, where services benefit the health of the entire community.
- **The emerging concept of “totally free” attendance at SRJC makes the mandated Health Fee a particularly conspicuous line item,** particularly if a

student group that pays no other fees experience a change by have this added as an “only” fee.

- **Work being done by staff funded by the Health Fee benefits all students, including those that currently do not pay the fee.** Examples: increase online health services presence, expanding fully accessible services by outside agencies into the existing health centers, addressing District wide safety, risk management, communicable diseases, disaster prep, and the provision of open access health education and promotion activities. This model is set up in a way that credit enrolled students are subsidizing some services for other students receiving a Health Fee waiver, regardless of any financial impediments this may create for low income credit enrolled students, or the impact the mandated health fee may have on credit enrollment (historically, has had no impact)

The Student Health Services Advisory Committee recommended a focus, and research on the impact of removing the Non-Credit student from allowed Health Fee waivers.

- **Estimate of Health Fee Revenue generated if all non-credit only enrolled students** pay the full health fee (15-16 numbers) = **\$250,000.**
- **Survey of non-credit students** administered Fall 2015, asking desire for access to individual provider visits in the existing health centers, healthcare insurance coverage, access to community healthcare resources, and financial impact if the \$19/\$16 Health Fee was charged for their attendance at SRJC. **Brief Summary:** Sampling – Largest participation was from the Southwest Center ESL classes, which represents about a third of all noncredit-only enrolled students. Older Adult classes/faculty chose not to participate, which is the fastest growing segment of SRJC’s non-credit courses. The survey found, though, that the health fee is not a significant financial barrier for most students surveyed, and health insurance coverage and access to healthcare in the community is better than expected. After discussion, Academic Affairs requested a repeat of the survey, to survey a larger sample of students, and include a question exploring what negative impact on enrollment a health fee would have if the Health Fee amount was reduced, and obtaining information from students in the Older Adult classes. This is in process for Spring 2016 implementation, with hopes this can be accomplished before the end of the semester.
- **Constituent group dialogue so far:**
 - Student Government (mostly in favor of policy change if other funding is not forthcoming, but a new student government is come in for 16-17),
 - ESL Department (mixed on policy change),
 - Academic Affairs (initially against policy change, now open to explore reduced Health Fee for select non-credit students) has asked to REDO THE SURVEY to make sure Older Adults are in the mix and an incremental health fee question is included. Currently in progress.
- **"Split" waiver policy language discussed**, but not thoroughly explored. Examples: Waive only Older Adult Class students, charge only Southwest Center

Non-Credit students (revenue = ~\$36,000/yr.), charge a portion of the Health Fee.

- **Current recommendation: Pursue N/C student removal from waivers in 5.4P only if other fiscal strategies are not forthcoming to address the SHS deficit starting with the 2016-2017 fiscal year.**

Strategy 2: District funding (short term transitional)

- As noted above, **the District has agreed to maintain the Health Fee fund reserve at the 15% of annual operating budget level**, determined at the end of each year. This has been partially due to the anticipation of the Maintenance of Effort trigger, and is preventive in nature.
- Whereas District funding is less than 1% of the SHS budget, existing accounts include CIRT team funding (~\$2000), and District Safety- first aid kit maintenance (~\$1500). Reimbursement for staff TB clearances provides ~ \$3500 per year (apply to STNC NP costs - labor).
- It is fully acknowledged that the District also is experiencing a dramatically negative dynamic, which is very similar.
- District funding provided can enhance grants that operate on “MATCHING FUNDS” basis. Of particular note: a law is moving rapidly, utilizing Proposition 63 Funds to match, dollar for dollar, District efforts to address access to mental health services. Choosing how to apply District funding with a clear qualification could leverage this well. Example: Provide % of Student Health Services staff S/B that operate on the CIRT team.

Strategy 3. Leverage Equity SSSP as possible (existing short term, longer term / ongoing as possible)

- As noted before, the language of the law in these two categorically funded programs makes the link with health support services a bit of a challenge.
- No supplanting is allowed, so any application of funds requires creative programming concepts.
- Li and Genevieve have been very supportive within the constraints of their requirements, for one time projects.
- The SHS Equity funds for 15-16 have been leveraged into an emerging, acceptable model of “universal screening and case management support” for at risk students in the health centers. This model was presented at the SSSP/Equity conference in Sacramento and was well received. \$47,500 has been allocated for SHS this year –allowable Health Fee offsets within this already calculated, accompanied by re-engineering of job assignments/duties for student employees/STNC.

Strategy 4: Explore direct MediCal billing to the State under the Local Educational Agency branch of MediCal. (Longer term, i.e. 2-3 years out, and ongoing)

- **Recent state meetings with the Department of Health Services and the Chancellor’s Office are indicating a green light to have CCC health centers**

bill directly for qualified services provided to students currently enrolled in the MediCal program.

- Services by licensed providers only (i.e. NPs, MDs, Licensed mental health providers, NOT SPS interns)
- Reimbursement rates being adjusted, unclear on potential until exact % of MediCal enrolled students served in SHS are confirmed.
- SHS has worked significantly towards increasing the SRJC student MediCal enrollment rates, with on-site enrollment specialists working two days a week with uninsured students. This is an increasing service population for us, and will be for several years until the larger healthcare community addresses the problematic MediCal access issues occurring.
- We already participate in the MAA program linked to this branch of Medi-Cal, as part of the SCOE consortium/MOU. The scope of this MOU/contract could be expanded, or another outside 3rd party biller could be contracted to facilitate.
- **To move forward on this strategy, infrastructure support is needed, with additional one-time costs outlined.**
 - **Filling the current Medical Assistant position!** (Current cost estimate: \$85,000/yr for full time) A rough guesstimate is that reimbursements could cover the cost of this position, plus some, within two years of initiation. This position and classification provides the area of knowledge and the labor necessary to develop the department's software system adequately to support billing functions, and the administrative overhead to process insurance billing, tracking and follow up. This scope could be appropriately assigned within the next Medical Assistant hire.
 - **Software upgrade** (including shift to "web hosted server" by our current vendor, where their IT support is familiar with insurance billing, and impact on District/IT support needs reduced
 - This shift to the web-hosted server also provides secured online communications between students and healthcare providers, increasing equitable access to online services.

Strategy 5: Increase MHSA funds (short and long term/ongoing)

- County MHSA funding potentially could be expanded, but the ability to offset Health Fee expenditures, and ineligibility to be applied to direct mental health services or supplant any service already existing, makes this a challenge to apply in a practical way to the Health Fee fund crisis. Increasing the S/B percentage of the Assistant Director Mental Health Programs is the most effective application, but a hard one to justify to the County with any legitimate argument.
- See new bill re: matching funds to enhance mental health services, discussed in **District Funds** strategy above.

Strategy 6: Private Funding/Donations/Grants (short and/or long term)

- **A Foundation Account** was set up last year to "receive donations" in the interest of supporting the Student Health Services department. No specific criteria has been established in regards to what the funds would be used for,

and no active marketing to donors has been pursued. With Foundation support, and time dedicated by SHS administrators to this project, a campaign to seek significant donations to support the health of our students until health center funding is stabilized somehow, is of worthy consideration.

- **Continued participation in community healthcare planning meetings** brings SRJC to the table in County-wide strategic planning activities, and positions us for any appropriately available grant funding, hopefully large enough to warrant pursuit. (ACA steering committee, Prevention Partnership, Health Action, MHSA Learning Circles, etc.) Takes admin time.

CORE DATA ANALYSIS

99.9% of SHS revenue is from restricted funds. SHS's expenditures were 1.08% of the entire District budget in 14-15, including the MHSA-PEI grant services. The non-personnel costs were only 0.83% of the District's total, demonstrating the heavy load of funds for personnel in SHS.

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 4 years.

SEE 2.2d for Staffing/Personnel Budget Discussion

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.

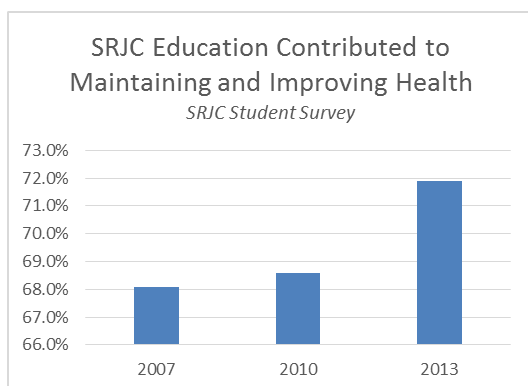
National College Health Assessment Survey:

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 was administered in the Spring of 2016, so the effectiveness of some of our programming is currently being assessed.

Student Services Survey

This survey is implemented every three years, most recently during the Fall of 2013. And schedule again for Fall 2016. 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, and balancing this effort with the need to maintain other operational needs of the department. Results from the Fall 2016 survey will be interesting to see if the significant increase seen in 2013 continues as a trend.



Meeting Identified Needs (Individual Students and College Community):

The ability of Student Health Services to address all of the health issues identified in students via the NCHA survey and fully respond to the predominant problems presenting in students to our health centers, is unrealistic, given the limited resources available through the Health Fee. Prioritizing these issues, in terms of impact on academic success, 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 longitudinally.

2.1b Budget Requests

Rank	Location	SP	M	Amount	Brief Rationale
0001	ALL	07	02	\$65,000.00	Maintain the Health Fee fund at 15% of annual operational costs to prevent Maintenance of Effort law implementation.

2.2a Current Classified Positions

Position	Hr/Wk	Mo/Yr	Job Duties
Health Promotion Specialist	30.00	12.00	Coordinate PEI Grant activities, classroom presentations, community liaison work, suicide prevention trainings, CIRT member, health awareness and outreach activities. Plan, implement and evaluate health promotion programs.
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 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
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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 activities; health promotion
HF Professional Expert: Licensed MH Provider	25.00	12.00	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	12.00	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	12.00	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 athletics 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 some 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 other 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 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 our Standardized Procedures. 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 food insecurity due to economic challenges. She also acted as liaison with the Redwood Coalition of Health Centers for funding ACA activities at SRJC, including outreach events and scheduling enrollment counselors.

- **Medical Assistant:** The MA researches community resources and updates/manages SHS resource documents, lead person for SHS Facebook page, is a CPR, First Aid and QPR instructor, acts as a backup to the Building Safety Coordinator. Starting in Fall 2014, due to the full time Medical Assistant vacancy on the Santa Rosa Campus, the Petaluma MA has been reassigned for 12 hours per week in SR, to support medical supply and pharmaceutical inventory and ordering functions, and other needed 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.

Health Fee: No additional core services/personnel funded by the Health Fee will be cut in FY 16-17. 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. ***Please see discussion of the "Maintenance of Effort" law in Section 2.1a that may determine specifically what personnel cuts in the future may be needed, once the Health Fee fund is depleted***

Prevention and Early Intervention: As the program is still adjusting to the new baseline revenue budget of \$200,000 per year, and personnel costs are increasing, the staffing plan for PEI, assignment of critical duties for the various levels of skills/expertise required for the work assigned, and maintaining an effective group of SHA-PEERS in the program is a current strategic discussion. . An effective staffing plan adjusted to a sustainable level is the challenge.

NEW PERMANENT POSITION NEEDS, REQUESTS

- **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 had 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 the program plan. (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 STNC hours, as backfill for permanent staff only, for illnesses and vacations. Since 2014, STNC NP funding has been offered from Equity Funds, to backfill the permanent staff to allow time for case follow-up for identified at-risk students. It is a promising practice in SHS, but Equity Funds have are not guaranteed beyond the 16-17 fiscal year.

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 challenging 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.
 - Strategies taken 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.
 - 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.

- PEI student employees during 15-16 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.
- Periodic weekly supervision groups integrated all student employees into in-common trainings and supported cohort peer support and cohesion
- 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.
- **SEE ANNUAL UNIT PLAN GOAL FOR STUDENT EMPLOYMENT IN SHS FOR 16-17**

Student Health Services selected CORE data

* FTE Category	FTE 13-14	14-15	Change notes	District Total	% of District Total
Total Expenditures	\$1,338,427	\$1,390,860	+3.9%	---	1.11%
FTE-C - Classified	9.475* incorrect 8.85 correct	7.5	-18% Medical Assistant vacancy		2.33%
FTE-ST - STNC	2.537	2.57	High compared to District	78.54	3.97%
FTE-SS - Support Staff	18.0168	18.7399	High compared to District – increase due to PEI add-ons	683.71	2.79%
FTE-SW - Student Workers	6.0498	8.67	Increase due to PEERS added to SW	179.63	3.43%
Average Classified Salary per FTE-C	\$48,714	\$61,086	Filled CNP vacancy	\$48,338	103.46%
Average Management Salary per FTE-M	\$115,901	\$127,780	Full year average, step increase, Dir. longevity, doctoral stipend	\$74,328	156.33%
Salary/Benefit costs as a % of total budget	84.49%	86.93%	Plus physicians (higher than this)	74.09%	112.5%
Non-Personnel \$ as a % of total budget	9.02%	9.39%	No real cuts possible here, includes MDs, software contract	12.25%	68.59%
Restricted Funds as a % of total budget	97.89%	99.75%	No General Fund use	13.66%	833.3%%

2.2e Classified, STNC, Management Staffing Requests

Rank	Location	SP	M	Current Title	Proposed Title	Type
0001	ALL	01	02	HF Medical Assistant -vacant-when funding allows	Critical Operational support	Classified
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
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
0015	ALL	01	02	Equity 7.5% College Nurse Practitioner S/B	Equity Project - At - Risk Students	Classified
0016	ALL	01	02	Equity STNC CNP backfill for Equity Project	CNP backfill /At-risk	Classified
0017	ALL	01	02	Equity -Student Health Aides	Equity Project - support	Classified
0018	ALL	01	02			STNC
0019	ALL	01	02			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
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2.4b Rationale for Instructional and Non-Instructional Equipment, Technology, and Software

IN THIS SECTION

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

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 2016, 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.

Goals

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

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

INSTRUCTIONAL EQUIPMENT REQUESTS

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, and health 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 is needed for special events. Appropriate technology in the area will support student learning.

RACE ROOM 4006 - HEALTH RESOURCE ROOM FLAT SCREEN MONITOR 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). Currently, unreliable tabletop projector, a stand alone screen, with many cords creating trip hazards makes the tech environment more of a challenge than supportive to the learning process.

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 institutional effectiveness and quality improvement in the clinical practice.)

- ✓ **Self-Check-In Module** - an expansion of our Mediat 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. It also supports improved effectiveness of screening students for significant health conditions.
- ✓ **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. This also may improve access for health support services by the online student population.
- ✓ **Hosted Server Migration** - Request IT evaluation and support to migrate Mediat software system from on-campus server based system, to hosted server system by Mediat, assuring the security of the system, and explore capacity for District/Bond fiscal support for contracted maintenance agreement.
- ✓ **Create Capacity for Access to Mediat 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 Mediat 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 with intranet capacity. This challenge would be addressed if we migrated to a hosted server contract.

Installing video recording equipment into two rooms being used for SPS therapy sessions is being requested to support the mental health internship program's supervision needs, to allow case review between intern and supervisor.

Furniture Requests

REPLACE RACE LOBBY SEATING SYSTEM

This furniture is 16 years old, and has had heavy use over the years, as it serves as a waiting area for both SHS student-patients, and community members waiting for Dental Programs appointments. The furniture has bolts that loosen often, and there are no seats that are wide

to accommodate larger individuals. This represents both a safety issue, and an ADA compliance issue. The District has pursued exploration and quotes of possible furniture replacement.

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:

- Identify best methodologies 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 Mediat 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, hire vacant MA position when funding available).
- Maintain ongoing access to necessary, effective technology resources for all department workers to provide ongoing student work experience training, health education, staff development activities and support effective meeting spaces, (hardware, software, media equipment).
- Continue software maintenance agreement, 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

- 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.
- 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.
- Health Fee revenue – Resources, including the “Reserve Fund” have decreased significantly, with deficit budgets 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 a significant expense in SHS every year. Not a good source of revenue currently.
- 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

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.).**WAS PURCHASED IN 15-16 UTILIZING SSSP FUNDS, IMPLEMENTATION IN PROCESS**
- **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.)
THIS WILL BE INCORPORATED INTO THE MAXIENT PRODUCT PURCHASED
- **CIRT Web page:** Drupalize the CIRT web page, add locally produced or open access videos to supplement staff/faculty training objectives.
CONVERSION IN PROCESS TO BE COMPLETED BY JUNE 2016.

Implementation of the software is in progress, and appropriate interfaces with the various systems at the college is needed to assure the most effective recognition, response and referral of students of concern to the appropriate college support resources.

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	\$6,000.00	\$6,000.00	Susan Quinn	4006	Susan Quinn
0001	Santa Rosa	01	02	Media Screen for Race Room 4017 (large)	1	\$6,000.00	\$6,000.00	Susan Quinn	4006	Susan Quinn
0001	ALL	01	02	Medicat software enhancements	1	\$15,000.00	\$15,000.00	Susan Quinn	4017	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	\$15,000.00	\$15,000.00	Susan Quinn	SHS Race	Susan Quinn
0001	Santa Rosa	04	02	Video Recording Equipment	2	\$5,000.00	\$10,000.00	Susan Quinn	SHS Plover SPS	Susan Quinn
0002	Santa Rosa	04	02	Health Resource Room technology install	1	\$6,000.00	\$6,000.00	Susan Quinn	SHS Race Room 4006	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
0004	Santa Rosa	04	02	Elevated workstation desks - ergonomic	3	\$5,000.00	\$15,000.00	Susan Quinn	SHS Race, Plover	Susan Quinn
0005	Santa Rosa	04	02	Media Screen with Sound- Race Room 4017 (Lobby)	1	\$6,000.00	\$6,000.00	Susan Quinn	SHS Race	Susan Quinn
0006	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	Race Building - Student Health Services	Race 4006	\$1,000.00	install appropriate electrical support to install already purchased flat screen monitor for South wall of room.
0002	Santa Rosa	04	07	Urgent	Plover Hall	Room 558	\$500.00	Install screen for projection in workroom SPS
0002	Santa Rosa	04	07	Urgent	Plover Hall	Room 557	\$6,000.00	Plover retrofit to compensate for loss of 540. Unknown costs. 1-2 computer workstations moved from workroom to open center office space
0003	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.
0004	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.

0005	Santa Rosa	04	07	1 Year	Race Building - 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.
0007	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...
0007	Petaluma	04	07	2-3 Yr	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.
0012	Santa Rosa	04	07	Urgent			\$0.00	

2.5b Analysis of Existing Facilities

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

Strategic Goal Alignment: Improve Facilities

The greatest need for Student Health Services is to have one facility on the Santa Rosa Campus that houses the clinical, mental health, and health promotion programs that operate in our department to achieve effectiveness, efficiency and 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 tremendous 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 converted into Equity program offices, resulting in a loss of dedicated space for our SPS intern trainings, groups, and supervision activities.

As a result of this loss, SHS has had 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, into a meeting room including technology projection. Given the increased frequency of use of this room, space in the area outside of that room needs to be converted to cubicles to provide office space for displaced workstations, as well as line-of-sight supervision for student workers.

Two of the dedicated therapy rooms in SPS do not have video recording functions, and having this is particularly supportive to the quality of the services being provided by mental health interns. Recorded therapy sessions are reviewed with the intern and licensed mental health provider supervisor, and the program would benefit from this technology addition. (requested in non-instructional equipment)

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 would provide capacity for a computerized appointment intake process for students utilizing computer kiosks or stations. Technology advances suggest alternatives may be possible for these student “check in functions”, but any wireless approaches to transmitting confidential health information is a critical consideration. Migration of the software to the cloud, as provided by the software vendor has all of the security measures in place.

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.

As the Petaluma Campus is evolving, Student Health is now rather isolated from the center of student activity and impacts visibility and utilization of the service. As a new Student Center is being conceptualized for the campus, having a new student health center included would provide increased access to this support service for students.

3.1 Develop Financial Resources

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

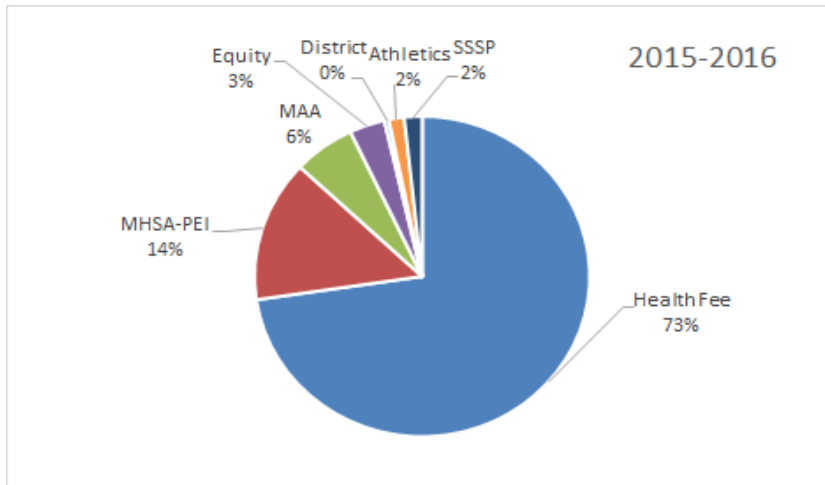
- **Pursue alternative funding sources including grants, partnerships, and scholarships to support our diverse communities and students.**

SHS engages in significant efforts to diversify its financial resources beyond base student Health Fee revenue, and has successfully leveraged access to Mental Health Services Act funds, receives Federal reimbursement for Medi-Cal Administrative Activities

engaged in by SHS staff, and secured Equity funding to provide services for at-risk students. Other small grants have been successfully obtained in the past.

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

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



SHS Grant Funding 15-16

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

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

- **Work with SRJC constituent groups to consider Fee Policy change to remove non-credit students from the Health Fee waiver. Also consider further increases to Athletics course fees to pay for SHS work done with athletes.**
- **Continue appropriate requests from Student Health Services for Equity Funds and/or Student Success funds to support case management of at risk students**

seeking services in SHS, and supporting financial risk reduction for low income students with ACA and MediCal outreach.

- **Pursue fundraising activities from private donors, working with Foundation staff. Identify targeted student population and/or student health support need as linked to requests.**
- **Watch MHSA funding closely - statewide higher education direct funding is included in emerging legislation and SRJC is well qualified for grant applications, with the exception of identifying college dollar for dollar match for any granted funds.**
- **Explore, pilot as appropriate, direct LEA billing for provider MediCal covered services in the SRJC health centers. Identify infrastructure support needs, logistics, and evaluate sustainability.**
- **Explore and request District funding as appropriate to support SHS, and leverage as matching funds for other grants.**
- Continue to access any Technical Assistance MHSA / CCC funding for local trainings, access to products such as Kognito, or other tools for prevention work may be available.
- Watch closely for Sexual Assault Prevention grants, probably Federal, that could come down through either the State, or the Dept. of Education. This would assist the college in meeting Campus SAVE Act mandates. Online educational products are available for purchasing, to meet orientation education mandate (not anymore, etc.). Advocate for State support funding for CCCs to achieve mandates.
- Monitor and either apply for funding or partner with County Health Services, Prevention and/or Public Health divisions, for projects linked to disaster planning, communicable disease control/vaccines, alcohol and other drug prevention activities, etc.
- Apply for technology development funds under Measure H or any other appropriate funding sources to address the long-standing need in SHS to provide online health services, and purchase software modules that improves efficiencies and quality of care in the established health centers.
- ACA: MOU and/or grant to assure enrollment access on campus. Redwood Health Coalition lead agency.
- Maintain connection with the Center for Well Being, which has had nutritional counseling grants associated with the prevention of obesity and diabetes, and smoking cessation support services.
- Scan for Tobacco grants to provide diverse smoking cessation services (nicotine replacements, mental health counseling support in the form of staff hours?)

- Consider research based mini-grants available through the American College Health Association and Pacific Coast Health Association, which SRJC are members in.
- Consider SAMHSA, Garrett Lee Smith and Jed Foundation grants (Federal) for mental health and substance abuse related grants.

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

3.2 Serve our Diverse Communities

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

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

- Dialogue 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 has continued to develop. Students, staff, adjunct faculty and community members have accessed enrollment counseling services provided in the health centers. Educational outreach is done. The information and skills shared with this work contributes to the lifelong skills of learning how to navigate the rather complicated healthcare system in this country.
 - Working with students around their health related behavioral choices contribute to lifelong learning, including communication and relationship skills, substance use, contraception, nutrition, exercise, and recognizing signs of acute and chronic health conditions needing intervention.
- **Provide relevant career and technical education that meets the needs of the region and sustains economic vitality:**

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

A note on Staff diversity:

- SHS actively recruits diverse staff with demonstrated skills in multicultural responsiveness. As two thirds of our workforce is in the form of STNCs, PEs and student employees, our process for hiring into these positions each year takes particular care in assuring we achieve a diverse group of employees. With the awareness that front desk staff literally are the “face” of SHS, we seek to hire Student Health Aides that represent a broad range of diversity (and have been very successful in doing so). Mental health interns, selected annually, also are considered in terms of their ability to contribute to the diversity of SHS’s staff. The ability to hire bilingual-Spanish licensed/certified healthcare workers is increasingly challenging, as the broader healthcare community is expanding rapidly due to the demand for services with the coverage expansions under the Affordable Care Act, and every health care agency is targeting bilingual-Spanish workers, making it very competitive in an environment when

there clearly are not enough bilingual licensed health care workers to begin with. It is a crisis within the local healthcare community.

3.3 Cultivate a Healthy Organization

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

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

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

Challenges identified:

- Staff work in three different facilities, spread over two campuses; the geographical divide is a constant challenge to overcome to avoid silo-ing of perspectives, program activities and isolation from each other.
- Staff work in different professional disciplines (clinical, mental health, health promotion, administrative support) and integrating these all into a well-coordinated service, serving the whole student is important.
- With 35+ temporary workers 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:

- **Department workgroups (initiated in 14-15) are formed each year** that have members from each geographic/discipline area participating, focusing on concrete program functions and activities. These have included:
 - ✓ **Medicat Software/Technology Workgroup** – Addresses software issues, database management, and supporting technology related activities.
 - ✓ **Student Development Workgroup** – Planning and support workgroup of all SHS student employee supervisors, sharing information, considering overlapping training needs and integration of Student Health Aides and Student Health Aide - Peers
 - ✓ **Quality Improvement Workgroup** - Pulls together the many quality improvement processes in SHS into a more cohesive plan, identifies benchmarks and goals, and initiates and/or maintains evaluation processes. Student satisfaction survey, SLO assessment projects incorporated learning on health

conditions during visits, and evaluation of the effectiveness of our referrals have been focus areas recently.

✓ **Outreach/Health Promotion Workgroup** – This group organizes the many health education and promotion activities, events, presentations and SHS marketing projects, with many accomplishments. The goal for this workgroup is to be more inclusive of all disciplines/health topics in department outreach activities, with CORE support and input, and application of resources in the most effective activities and reaching targeted populations with prioritized health information. (The PEI program and PEERS have assumed much of the department's health promotion activities, and coordinating is a major challenge.)

✓ **Annual Adjustments** - Adjustments to SHS workgroups are made based on the upcoming year's Annual Goals.

- **All-Staff Meetings Once a Month** - Most employees are able to attend, though SPS staff, and STNC nurses are not well represented. Department-wide informational updates, trainings, and fun interactions are becoming more frequent.
- **Facilitated Meeting Model** – Applied to most department meetings, this engages all staff in some role related to the meeting topics, structured agendas, running the meetings and committing to a shared understandings of ground rules.
- **Clinical and Mental Health Providers Meetings** – Nurse practitioners and mental health staff have been meeting more frequently, with dialogue on best practices for referring and communicating with each other; case reviews to highlight challenges and stimulate conversations. A weekly block of time has been set aside when these providers can meet for quick case consults, on an as needed/desired basis.
- **Department Planning Meeting/February** – This meeting typically has included all of the CORE staff plus all other professional staff, i.e. licensed mental health providers, psychiatrist, physicians, STNC PEI staff, for program planning purposes (once per year). There have been some challenges in maintaining this timing, as it is in conflict with PDA day rules, but alternative times for this particular layer of professionals meeting has not been forthcoming.
- **Student Employee Meetings** – Held weekly, several objectives are met: assuring a strong student employee cohort and learning community, integrating our different classes of student employees; dedicated training and supervision time, and increase effectiveness in department communications. These meetings are evolving nicely. (Also see professional development notes on this below.)

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

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

SHS places great emphasis on its hiring practices and has successfully recruited outstanding permanent staff, with a majority of the permanent positions turning over in the last 4 years.

Each year, an additional 15+ employees are recruited for student worker positions, SPS mental health internships, and other assorted STNC positions. SPS also has been very successful in hiring exceptional individuals to work with us, and achieving a well-rounded and diverse workforce.

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

SHS - ONGOING STAFF DEVELOPMENT RESOURCES/ACTIVITIES:

1. **Student Health Services regularly provides staff development opportunities for the rest of the college community** - For example, CIRT, QPR suicide prevention training, Health Promotion events and classroom presentations, PDA day seminars, etc., are hosted by SHS. Many are approved for Flex Credit. Engaging SHS staff in presenting these programs is a staff development opportunity for them, as well.
2. **All Staff:**
 - a. **Mandated Trainings** - Confidentiality and Safety Training (review emergency handbook, evacuations, reporting emergencies, workplace safety) are done at an all-department meeting at the beginning of every Fall semester when new student workers, mental health interns and STNCs begin work for the academic year.
 - b. **Monthly All Department Meetings** - have provided staff development activities and opportunities to learn more about assessment data, quality improvement processes, cultural diversity, presentations from other departments and student learning communities and other topics.
 - c. **The District's Staff Development Program** - Staff attend seminars during PDA days and online resources are also utilized.
 - d. **Web-based Continuing Education** - These offerings, mostly free, have been made available to staff for clinical, mental health, health promotion, software training, administrative, and college health issues, via the numerous professional organizations, memberships and contractual agreements we have, as well as free offerings via the Chancellor's Office and other grant funded initiatives.
 - e. **Conferences, Community Events** -
 - i. **Continuing education events**, such as CPR/1st Aid Trainer certification courses, public health trainings, diversity trainings, etc. are encouraged with use of release time and registration fee support, as staffing and funding permits. CEUs for licensure often offered.
 - ii. **Attend and/or sponsor community healthcare agency events** to support current and accurate information about services and increase understanding of expert content, provide networking opportunities to support student access and referrals, and encourage engagement in local health planning processes.
 - iii. **Periodic attendance at college health and clinical conferences are** approved as staffing and funding permits, providing release time and/or travel funds.

3. Clinical Providers

- a. **Mandated trainings for all clinical providers** occur each year in July, including needle stick safety, blood borne pathogens, mandated reporting, as well as a review of clinical guidelines, documentation requirements and procedures, changes in Standardized Procedures, referring to other healthcare services and updates in providing health insurance coverage support. Additional meetings with all nurse practitioners have been added in this year, with plans to continue perhaps quarterly meetings for policy and procedure updates.
 - b. **MD consultation meetings** (eight per year with pre-determined clinical topics) include an educational component into the process (all CNPs/MAs). Whereas the primary objective of these meetings is linked to continuous quality improvement, didactic elements contribute to the staff development of our clinicians. (See Section 5.)
 - c. **Online clinical references (“Up-To-Date”)** have been purchased for each permanently employed nurse practitioner, with access shared for STNCs. This tool provides immediate access to evidence-based clinical treatment protocols, medications, resources, health education handouts, and research on hundreds of clinical conditions. Each time a provider accesses this reference online (which is available in the exam rooms with patients, as well as NP offices), the provider earns CEU learning activity credits that support license renewal requirements.
4. **Mental Health Interns** - Weekly trainings are part of the internship training program, offering 1-2 hours of didactic training on assorted mental health topics and skills, with 36 sessions each academic year. These are conducted by either the SPS staff, including Professional Experts, or by invited guest speakers from the community.
 5. **Student Employees** - Weekly meetings with training topics, including operational issues and basic skills, (Medicat, office procedures, etc.) as well as health related topics such as emergency response, cross cultural communication, conflict resolution, women’s health, sexual assault prevention, and stress reduction.

2015-2016 STAFF DEVELOPMENT Highlights:

- Sponsored Northern California BACCHUS training, attended by SHS staff. Many other community college staff, students and community members attended as well.
- Sponsored/attended Mental Health First Aid training.
- Sponsored QPR Train the Trainer session at SRJC, open to SHS staff, SRJC and community members.
- HSACCC’s annual statewide conference attended by Director, providing conference opening presentation on Statewide research projects re: student health.
- ALL CORE STAFF ARE ATTENDING THE ACHA CONFERENCE! Huge accomplishment, the best possible staff development activity for SHS staff that only comes around every 7-10 years. In early June, looking forward to it. Thanks to Equity funds.

STAFF DEVELOPMENT PLAN FOR 2016-17

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

3.4 Safety and Emergency Preparedness

Student Health Services and Crisis Intervention Resource Team information included:

Illness and Injury Prevention Program (IIPP)

An annual department-wide Student Health Services meeting in August, aligned with the SPS intern orientations, provides all staff the basic information on facility evacuation procedures, fire extinguisher sites, Area Safety Coordinators for each facility, emergency procedures, when and how to notify District Police, the Department Safety Plan, SHS's role in disasters, the SHS

emergency phone tree, hazard recognition, and reporting injuries and incidents. These topics are also covered in more depth during various department meetings throughout the course of the year, including additional mandated training topics for specific employees.

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

Safety Trainings

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

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

- CPR, AED and First Aid.
- Blood borne pathogens training (including the use of PPE).
- Needle-stick safety training.
- Mandated reporting requirements for communicable diseases, child abuse, elder abuse, suicidal and homicidal threats, sexual misconduct, etc.
- QPR (Question, Persuade, Refer) suicide prevention training.
- District's Sexual Assault Response procedures (Title IX mandates) and Clery Act reporting requirements.
- District's incident reporting process and response flowchart.
- Building and Area Safety Coordinator training.
- Disaster response training.
- Standardized Emergency Management System training (SEMS).
- Crisis intervention, and response to distressed, disruptive and dangerous individuals.
- Active shooter tabletop exercises (District provided in February of 2016).
- FEMA training (District provided in March of 2016).

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 2016, new STNC College Nurse Practitioners familiarized themselves with the document, as we responded to healthcare provider trainings for Zikavirus, Tuberculosis and Viral Meningitis, communicable disease issues that emerged over the year. Clinicians and Medical Assistants were fit-tested for respirators (PPE) in alignment with pandemic response preparation.

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

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

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

Building and Area Safety Coordinators

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

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

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

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

3.5 Establish a Culture of Sustainability

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

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

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

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

Promote Social and Economic Equity in the Communities We Serve:

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

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

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

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

4.1a Course Student Learning Outcomes Assessment

4.1b Program Student Learning Outcomes Assessment

Student Learning Outcome (SLO) Statements

As a result of Student Health Services interventions:

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

- 3) Students will demonstrate personal responsibility by taking actions to improve their health, and the health of others.
- 4) Students will demonstrate skills in accessing and utilizing healthcare resources on campus and in the community.
- 5) Students will demonstrate increased self-awareness, confidence and communication skills.

Department Plan for Regular Cycle of Assessment

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

SLO ASSESSMENT PROJECTS 2015-2016

The department assessed SHS Student Learning Outcome statements 1 and 5 for the year, as follows.

- 1) **Students will maintain and improve their health.** This learning outcome is assessed every three years with the comprehensive National College Health Assessment survey. This is a population based measurement of behavioral health choices and outcomes, health status of the students, and beliefs. Trends, comparisons, demographic breakouts identifying at - risk students, and much more is derived from this assessment tool. Currently being administered (Spring 2016), the target sample size is 1000 students, obtained through random sampling of credit courses, and convenience sampling by those selected course faculty members. Results will be obtained in May or June. A supplemental questionnaire was also administered, with in-common questions asked by other CCCs administering the survey in Spring 2016, and SRJC will provide collected data to the HSACCC - NCHA II Consortium to support research on health and community college students. Once the data is obtained, analysis and dialogue will occur, starting in the 16-17 academic year, with assorted constituent groups and incorporated into program planning.

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

The assessment method for this learning outcome was the “end of therapy” service evaluation by students being seen in SPS for individual, group and couples therapy during the Fall 2016 semester. On this form, students are asked “Since receiving counseling, have you noticed any improvements in your...” with eight different functional areas, including self-awareness, confidence and communication skills.

Results:



Scale: 1- Much Worse 2- Somewhat Worse 3- About the Same
4- Somewhat Better 5- Much Better

Additional Analysis:

- 24 students completed the survey; 14% of students seen in SPS during the Fall 2016 semester for individual, couples, or group therapy.
- Over 62% of student respondents who attended therapy at SPS report a greater ability to function in school or work.
- 75% of student respondents who attended therapy at SPS report a greater ability to pay attention and concentrate
- Over 91% of student respondents who attended therapy at SPS report an increase in their physical or emotional well-being.

Written comments by students:

- “I felt more confident that I could do well in my school work.”
- “I applied myself more to my work, and I procrastinated less. Therapy helped me set priorities and get accustomed to new habits.”
- “Having stability in my relationship allowed me to focus on my studies.”
- “The therapy made me feel more confident about my educational plans, and my performance has gotten better.”

Discussion: Clearly students that seek mental health counseling and choose to complete the survey report improvement in all the areas being tracked by the SLO, as well as all other areas asked about. These students have a high level of satisfaction with therapy outcomes, and the therapists are effectively addressing these specific areas of functioning in their sessions (either directly or indirectly). As the sample represents only 14% of the students seen during the Fall, though, the results cannot fully represent the entire population served.

Change: Efforts to have improved participation by students in this ongoing evaluation of service outcomes are needed. Having alternative access to the survey via tech, or at a different point in time before ending therapy may be helpful. As the new mental health interns are oriented in August, perhaps this could be emphasized more, and discussed with them as to how to improve the percentage of students completing the evaluation. And, to share these results with them, and support them in continuing the great work!

PLANNED SLO ASSESSMENT FOR 2016-2017

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

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

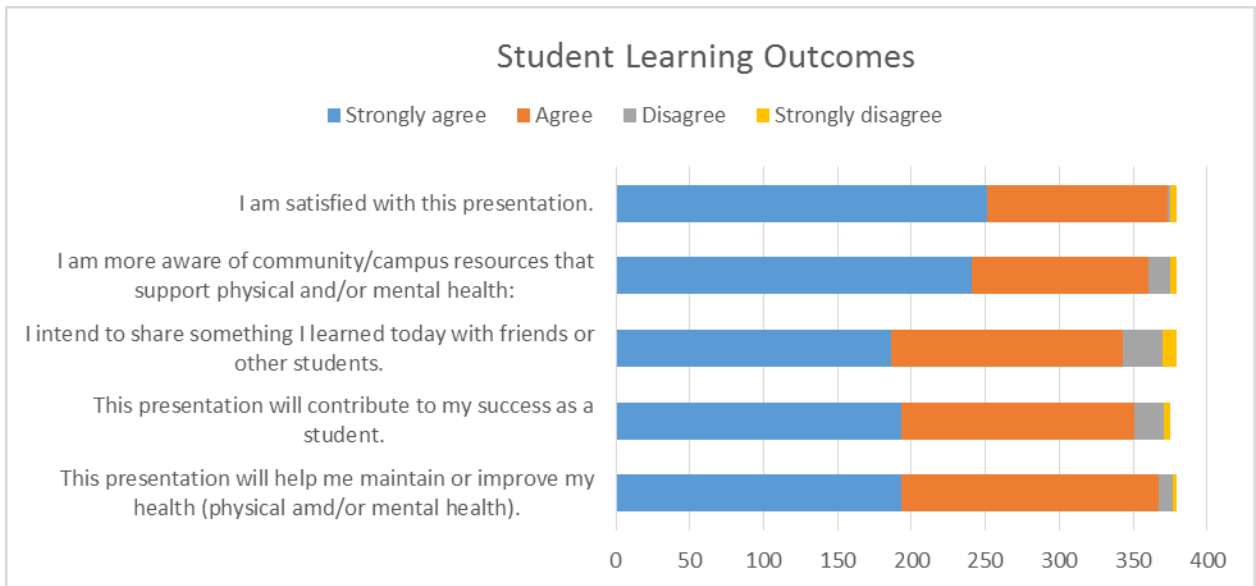
A specific assessment plan will be developed over the summer, and it most likely will be linked to our current Equity Project, working with high risk students being referred to various support services.

Other Learning Assessment Activates 2015-2016

Classroom Presentations and Workshop Evaluations

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

During Fall 2015, 30 classroom presentations and workshops were offered by SHS staff. The outcomes reported by students in these classes are as follows:



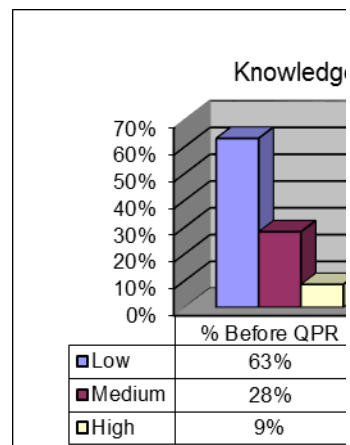
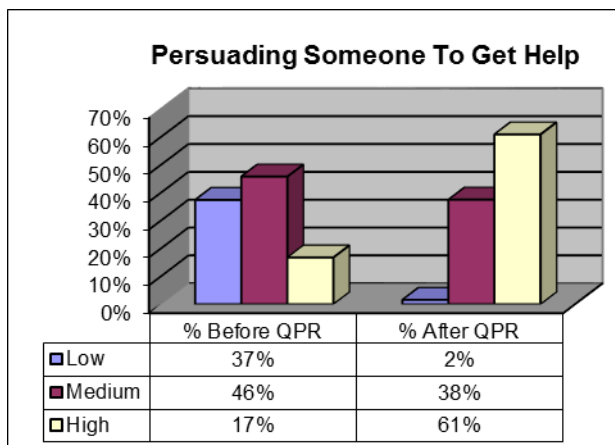
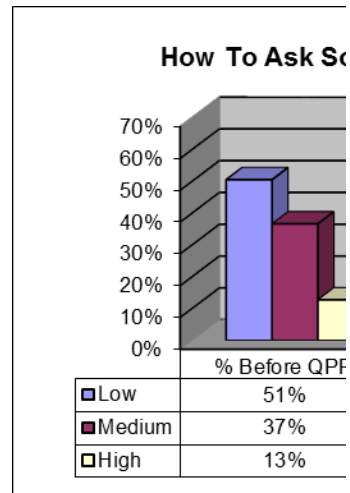
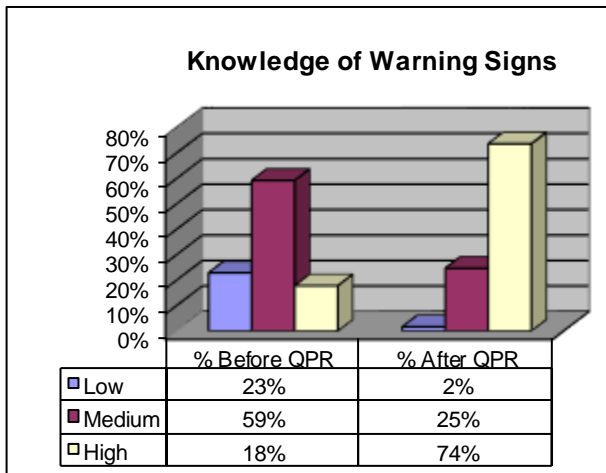
Students shared behavioral change goals on the evaluations, as a result of what they learned from the presentation, and included a broad range of health changes, such as learning how to get better and more sleep, strategies for coping with stress, changing diet and exercise habits, and ways to improve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

QPR Suicide Prevention Trainings

The PEI Program selected the evidence based QPR Suicide Prevention Gatekeeper Training as a key suicide prevention component, beginning in 2010. During Fall semester 2015, 8 presentations were done in classroom settings, with 261 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. Pre and post surveys 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 2015, as current results not completed yet)

QPR 2010 – 2014 Pre & Post Survey Results

1,847 Students and Staff trained



As part of a MHPA-CBG grant in 2014-2015, SHS helped develop a course proposal to be included as part of the Community Health Worker program, that includes QPR, Mental Health First Aid, and other bystander education for students. In 2015-2016 this course was approved by the curriculum committee and will be offered to CHW and other interested students Fall 2016.

4.1c Student Learning Outcomes Reporting

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

4.2a Key Courses or Services that address Institutional Outcomes

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

4.2b Narrative (Optional)

SHS has done a regular cycle of assessment of its Student Learning Outcome statements for many years, many resulting in program changes as a result of multidisciplinary and collegial dialogue.

In 2015-2016, the NCHA survey was completed again, meeting both department and institutional learning outcomes assessment. This significant undertaking provides a rich collection of data on the health challenges of SRJC students, and analysis and dialogue will occur over the course of the entire three year period between assessments, depending on the particular program component addressing prioritized student needs for educational intervention. A survey of SPS therapy outcomes also was analyzed, in regards to learning outcomes on confidence, self-awareness and communication skills, another SLO in common with Institutional Learning Outcomes.

5.0 Performance Measures

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

Petaluma Campus, Student Development, Quality Improvement Processes,

Grants and Program Development (MHSA, Equity, CIRT, Title IX)

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**

INTERNAL: 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.

EXTERNAL: In addition to maintaining, but reducing the more traditional approaches to campus communications via paper means, efforts have been made to expand online and social media venues to improve SHS's outreach activities and communications to both students and faculty in the last few years. These efforts contribute to District efforts to achieve equitable access to student services by all students, including online students. SHS's recent expansions include:

- Facebook accounts (three maintained – SHS, PEERS, SH101)
- Bear Facts utilization regularly (online newsletter) for primary student outreach method for events, with health information dissemination
- Student Health 101, an online student health magazine.
- Mobile health information carts, called the “Wheels of Wellness” that staff bring to various locations for outreach purposes.
- An “online activities” section on the new SHS web page.

The SHS webpage- has been completely redesigned, migrated to the Drupal web environment and launched during Fall Semester 2015. This was a collaborative SHS workgroup effort that involved an in-depth review of the site, planning for content and design, staff training, and further development of materials, resources and links. The Drupal content management system enables designated SHS staff to directly perform edits without having to go through IT or any third parties. Needs identified through student feedback led to, amongst other things, the development of informational banners, addition of a new department video, and direct access to social media pages. Feedback from students, staff and faculty on the new Drupal website has been very positive.

Student Access, Success and Completion Data

- 9.5 % of credit enrolled students accessed Student Health Services in 2014-2015, showing a decrease from 12% in 2013-2014.
- Students that access healthcare in the health centers continue to be more successful in persistence, degree and certificate completion, and course success than the average District student, some significantly so.
- The demographics of students accessing health services show much larger percentages receiving financial aid, higher numbers of students with disabilities, and more students of color than in the overall SRJC student population.
- Men continue to be significantly underserved, as do students enrolled in online courses only. These two populations continue to be a target for increasing access.

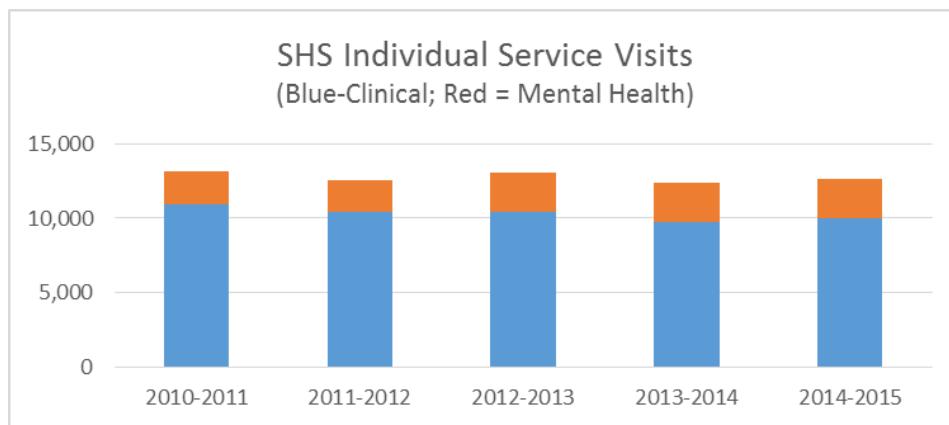
Gender	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	Notes
Male	36.37%	37.67%	43.65%	Target to increase
Female	62.36%	61.91%	55.38%	
Unknown	1.28%	0.42%	0.97%	
Age Group	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
< 20	23.04%	25.47%	20.64%	
20-24	37.40%	37.99%	28.25%	64.46% ≤ 24 yrs. old
25-29	14.30%	15.00%	14.31%	78.46% ≤ 30 yrs. old
30-34	7.86%	7.57%	8.75%	
35-39	4.40%	3.93%	5.58%	
40-50	6.68%	5.09%	8.01%	
50+	6.31%	4.96%	14.48%	
Ethnicity	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
White	51.79%	49.48%	52.07%	Under District
Asian	4.52%	4.89%	3.67%	Over District
Black	4.16%	4.70%	2.36%	More than 2x District
Hispanic	28.57%	31.87%	32.03%	0.16% Under District
Am.Indian /Alaskan	0.61%	0.58%	0.66%	0.08% Under District
Pacific Islander	0.73%	0.45%	0.35%	Over District
Filipino	0.73%	1.00%	0.84%	Over District
Multi-Ethnicity	4.80%	6.25%	4.25%	Over District
Unknown	4.10%	0.77%	3.77%	
Disability	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
Primary Disability	11.66%	12.97%	6.96%	Significant Access Group
Secondary Disability	4.28%	2.74%	1.30%	
Financial Aid	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
Not Received	33.91%	33.71%	66.78%	More than 2x District
Received	66.09%	66.29%	33.22%	
BOG Waiver	64.27%	63.72%	32.2%	
PELL Grant	31.60%	29.65%	11.14%	
Other	14.09%	14.94%		
Progress	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
Persistence				
Enrolled in Fall	89.77%	90.60%	69.66%	
Persisted to	88.13%	87.92%	68.56%	
Did not Persist	11.87%	12.08%	31.44%	
Course Completion				
Degree Applicable				
<i>Attempted</i>	81.25%	86.05%	78.51%	
Successful	79.11%	79.08%	72.87%	
Academic Success				
Degrees	9.90%	10.01%	3.65%	Significantly higher
Certificates	3.28%	2.51%	1.42%	Significantly higher
Enrollment Location	2013-2014 SHS%	2014-2015 SHS %	2014-2015 District %	
Online ONLY	0.97%	0.26%	4.1%	Target Population
Santa Rosa ONLY	69.03%	57.66%	43.41%	
Petaluma ONLY	3.76%	2.7%	6.21%	
Santa Rosa & Petaluma	19.16%		18.74%	
Santa Rosa & Other	5.89%	9.59%	8.6%	Increased & > District

Utilization Data and internal benchmarks in Student Health Services

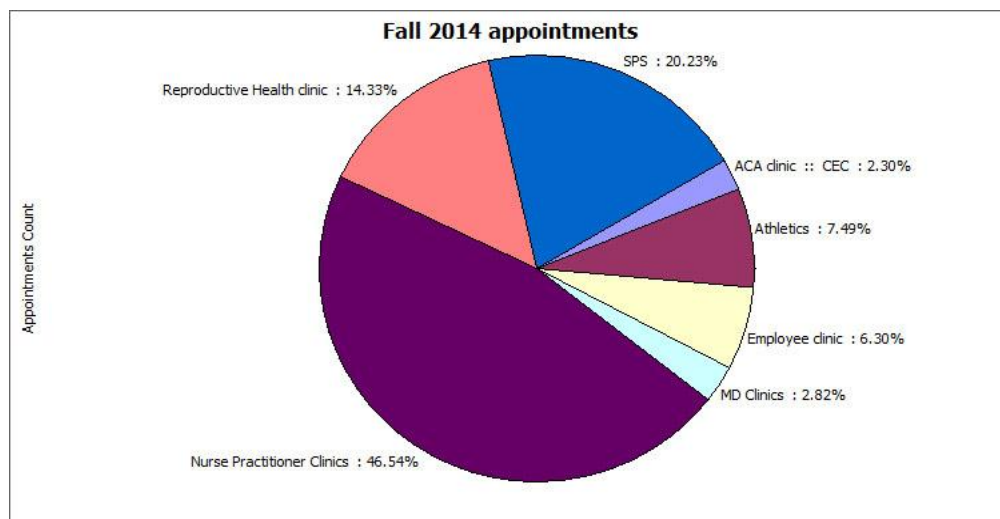
FACT BOOK: SHS BENCHMARKS

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 SHS staff and the Student Health Services Advisory Committee as part of program review and budget development.

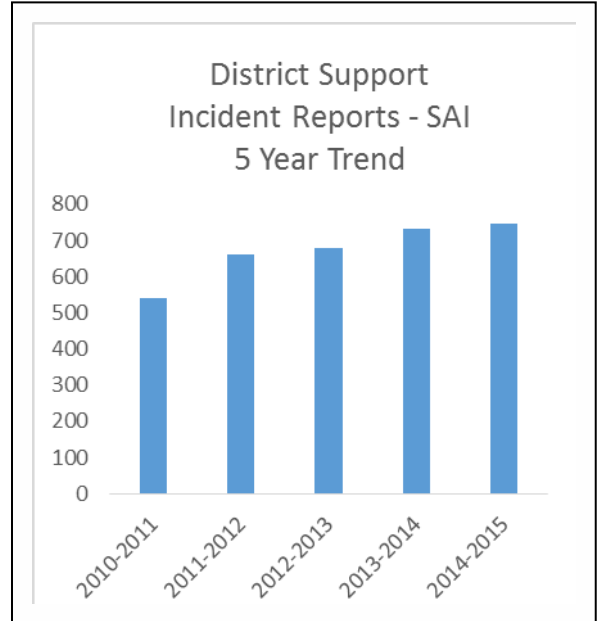
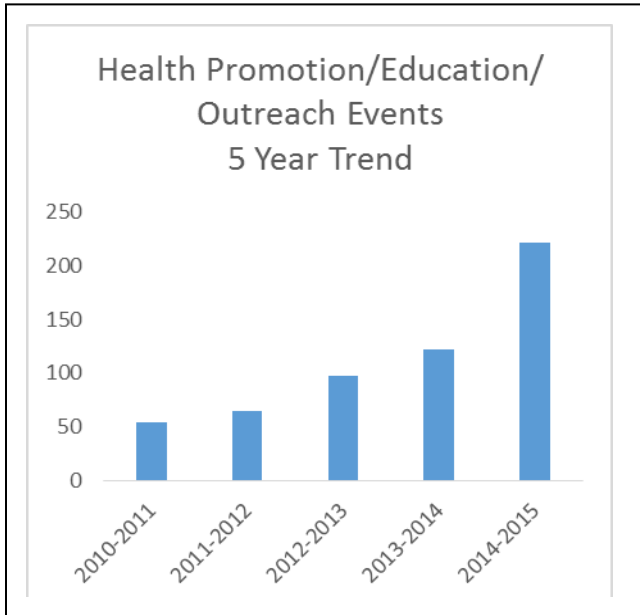
Fact Book statistics over a five-year time span indicate small fluctuations in total individual professional service visits, varying by cluster of appointment types. Visits in 13-14 showed a slight drop, with some regained in 14-15, partially due to the addition of health insurance enrollment clinics.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



Of the appointments included in the 14-15 statistics above, the following graph represents the distribution of appointment types across the department during Fall 2014, with the Nurse Practitioner, MD, Employee, and Athletics clinics representing about two-thirds of the student contacts.



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.



CLINICAL SERVICES

1) Communicable Disease Control:

Immunizations/TB

~40% of SHS clinic visits are specifically for TB screening and Immunizations, consistently over the last 5 years. During 2014-2015, 529 immunizations and 1067 Tuberculosis skin tests and clearances were provided.

The number of immunizations being provided by SHS has dropped significantly, though, over the last 5 years, presumably due to SRJC enrollment drops with a smaller service population, and due to the national and local health insurance coverage and preventive care initiatives since 2010. The Affordable Care Act has increased access.

NCHA data from 2013 indicates that the SRJC student population remains highly under-immunized. Current status will be known when NCHA data being collected this Spring is available.

About 250 flu shots are provided in the health centers each year. SHS purchases these and passes the cost on to students. The County has not been providing free vaccine, and a grant to fund this via the Foundation was denied.

2015-2016 Communicable Disease Issues at SRJC and SHS Response

Tuberculosis- An active case in a newly arrived International Student briefly exposed students and staff to tuberculosis early Fall. SHS staff worked with students, faculty and administrators, in consultation with the Public Health department and the situation was contained quickly and effectively.

International Student pre-matriculation health requirements policy development- As a result of the tuberculosis case, follow-up meetings with the International Student program administrators identified a policy change, adding a requirement for tuberculosis clearance and proof of adequate immunizations/immunity to communicable diseases before beginning SRJC classes. The IS program is growing rapidly, and CDC/ACHA recommendations were applied to the policy. (Will begin Fall 2016)

SHS examined and modified its internal rigor on prevention and response to communicable diseases of particular concern:

Motivating disease outbreaks over the last year included the Measles outbreak in California, Ebola Virus outbreak internationally, and the annually anticipated Influenza outbreak, combined with lower immunization rates locally in California and a growing International Student population.

A policy application of immunization requirements for all SHS staff was phased in, with all new job announcements now outlining that MMR proof of immunity is required upon hire.

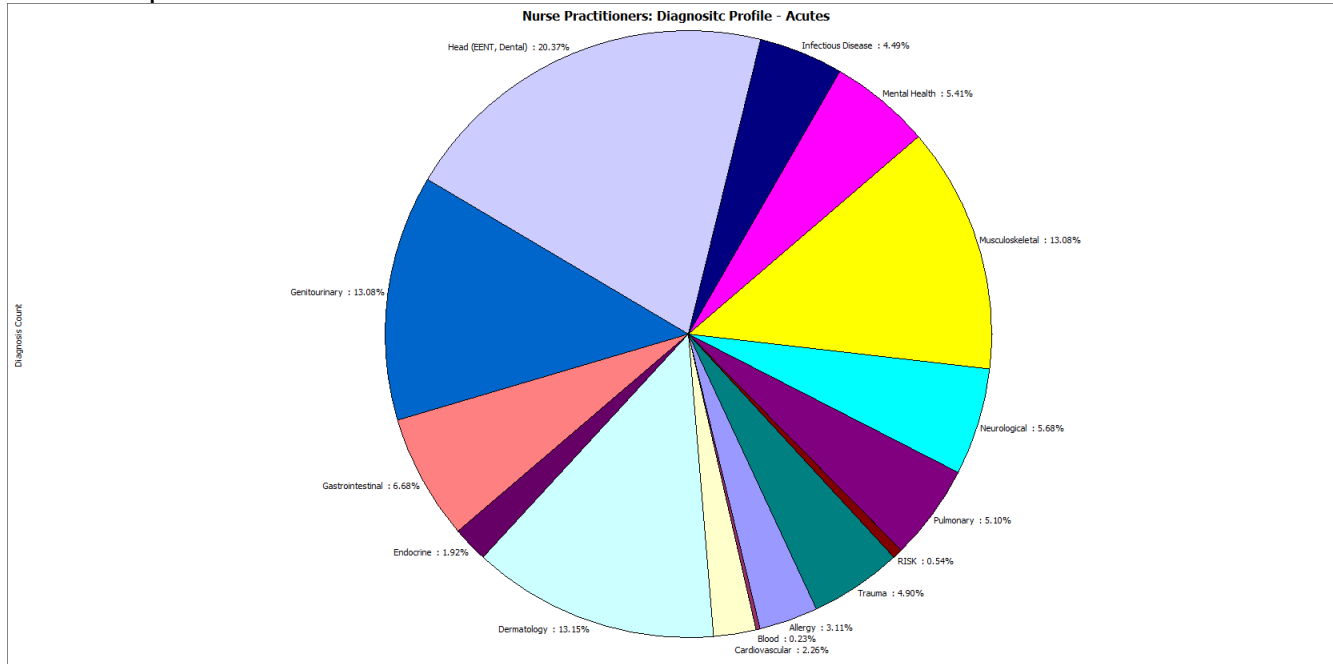
Front office intake procedures were enhanced, and all appropriate staff trained, to quickly screen and identify serious acute symptoms of highly contagious diseases to trigger infection control procedures. Signage in front reception areas added.

All clinical staff received/updated mask fit-testing, in collaboration with EH&S.

Suspected Ebola virus protocols clarified, and trained to, in collaboration with Sonoma County's Public Health department.

2) Acute Illnesses and Injuries

There has not been a significant shift in the diagnostic profile. Visits typically are for conditions such as UTIs, muscle sprains/strains (occasionally fractures), pregnancy testing/emergency contraception, headaches and other neurological complaints, back pain, skin conditions and upper and lower respiratory infections, often a manifestation of communicable diseases. The number of students with psychosocial distress, with or without medical complaints, continues to be high in the nurse practitioner clinics.



Associated with clinical care services, during 2014-2015

- Emergency contraception 84
- Laboratory Tests 1035
- X-Rays 106
- Prescription medications only 1485
- Medications (all types) 2173

3) Referrals

Referrals within Student Health Services

73% success rate of **MD clinic** referrals.

59% success rate of **Repro clinic** referrals

30% success rate of **SPS clinic** referrals

SPS referrals are less successful than desired, with 70% of students with specifically identified mental health needs being seen by a nurse practitioner, but not mental health provider. This is a significant number of students. (This data supports the design of the Equity grant project)

Discussion:

- ❓ Stigma towards getting mental health services is one reason
- ❓ Access: Can't set up an SPS appointment at the time of referral. initial appointments are either first come first serve at a specified time of the day, or by special arrangement, This may not be compatible with packed calendars for students.

- ☐ Access: (Santa Rosa Campus) Geography... a new front desk, a different building, different people, like starting all over again. ONE FACILITY COULD ADDRESS THIS TO SOME EXTENT
- ☐ Access: (Petaluma Campus) no drop ins every day or appointment times available.
- ☐ Different intake process for NP and SPS appointments, have to answer different sets of questions and some duplicative.

Other Referral Notes:

Number of referrals from NPs to the MD clinic has gone down over the last year, perhaps corresponding to fewer NP visits, a higher “confidence” level of clinical work by our newer and very experienced NPs, and/or student “no-show” rates being affected by something (MD clinic times-access; motivation, etc.)

Thirty five emergencies with referrals to and Emergency Room were handled during 2015.

Due to the initiation of the Equity-funded pilot project for Case Management of High Risk Students in SHS, both the number and type of referrals being generated from the Clinical and SPS clinics is increasing, but with the added value of improved referral outcome tracking. **SEE EQUITY**

4) Athletics Services

536 athletic screenings were completed in the 15-16 year. The physical exam requirements for non-contact sport athletes expanded at SRJC during 14-15, and the college nurse practitioners have begun doing full physical exams on new athletes on the non-contact sports teams. The NPs receive training and support from the 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. Screening for suicide, homicide, domestic violence, and academic risk also was added during 14-15 (part of Equity project), along with vigorous health insurance coverage screening, referral and follow up. A protocol for working with the athletics department and disability resources department for baseline concussion screenings and management of acute concussions is followed, and reviewed at least annually.

5) Reproductive Health – FamPACT Services – Provided by Outside Agencies

Combining visits in Santa Rosa and Petaluma, 1,658 visits were provided on the two campuses, and the numbers are slowly going down over time. Service population demographics clearly is heavy with low income (79%), Hispanic (44%) women (79%). This clinic also shows the highest retention result in persistence success. Non-credit students also access this service.

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

health outreach to assure an adequate stream of students come in to use this service.

Outreach to increase reproductive services include improved signage, wheels of wellness outreach with improved materials. Website updates list Reproductive Health Services prominently.

6) Community Health Work Expansion by Clinical Staff

Since January 2014, a significant expansion of SHS clinical provider engagement in community health work within SRJC has occurred, strengthening the department's visibility throughout the college. This work also has increased connections between Sonoma County resources and SRJC. Outcome measurement is not specifically benchmarked on this imbedded function for SHS clinicians as Public Health nurses, though some of it is captured in the "Outreach" data, such as the classrooms presentations that have been done.

Here are some additional accomplishments:

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. **This Faculty outreach activity** not only allowed face to face and personalized connection, especially with new faculty, but provided an up to date packet outlining services, SHS referral procedures, faculty staff development opportunities linked to student health, and how to request classrooms presentations from SHS.

As one of the Medical Assistants completed SRJC's **Community Health Worker Certificate program**, engagement and links between SHS and CHW have been strengthened, and projects required by students in the program have been accomplished from within SHS. This increased visibility is strongly desired, in particular as it relates to the evolving PEERS work in SHS.

Envisioned, developed and launched by the Petaluma NP, the established weekly **Free Food Distribution** on the Petaluma Campus via an MOU with the Redwood Empire Food Bank has reached many students and staff, and has become an imbedded campus activity combining services and education regularly with other campus activities, while addressing food insecurity. Organized volunteer staff and student supports hopefully can sustain this at the campus for as long as the need persists.

Strong liaison relationship established with the **International Students program**: policy work related to health, including prematriculation health requirements, and development/selection of newly required mandated health insurance policy for SRJC. Presents information at all orientations/events, designated "NP referral" for International Students from IS staff. SHS NPs identified International students, particularly female students, as needing support to share previous experiences of assault or threats to safety.

Leadership to establish an ongoing **support group for LGBTQ students** at SRJC, every Thursday evening, as provided by the community agency Positive Images; coordinated on-campus facilitation via SRJC's LGBTQ Advisory Committee members, arranged facilities and on-campus marketing.

Assured transition of the **AA meetings** on the Santa Rosa campus was accomplished when their location was disrupted Summer 2015. Advocated and arranged for a new location, worked with Bertolini staff and student leadership to transition from SHS front office supports, and continued marketing for the group into 2015-2016.

Collaborate with **CalWORKS on a grant to increase access to specialty healthcare services** in the community by identifying community dentists, optometrists and audiologists that will provide free or low cost services for students with emergent needs.

Increased presence at **SHS/SRJC outreach events and activities** – Annual Wellness Fairs – multiple activities done, PEERS workshop presenters, facilitator at “Escalation” workshop, presence at the Wheels of Wellness out on campus, tabling for college wide events, Foster Youth “Independent City Event”, “Community Circles” Event, “Community Healthcare Worker” Event, Super Saturdays outreach, the first LumaFest, and many more.

As linked to developing response and referral resources for the Equity project’s academic risk screening question, the nurse practitioners researched and visited many student support departments, met staff, familiarized themselves with service details, and organized the information into a brief **SRJC Student Support handout for students screening positive for high academic failure risk**. This fieldwork complemented the attendance by many SHS staff at the two Student Success workshops provided for all Student Services staff during 2015, with cross-department information sharing activities.

The Petaluma nurse practitioner has continued to attend meetings held by **Sonoma County’s Affordable Care Act Steering Committee, “Covered Sonoma”**, providing consistent visibility of SRJC, and representing SRJC student needs in various ways. This was pivotal in obtaining ongoing enrollment specialist services in SHS health centers via an MOU with the Redwood Health Coalition. This also provides a perspective for the committee that is from outside the community clinic system, and sharing the SRJC student experience in terms of wait times, enrollment challenges, PCP and mental health provider access etc. contributing to the focus and activities of the committee overall.

The state has funded an expansion of Medi-Cal coverage to undocumented students. SHS will work with EOPS, Puente, Student Intracultural Center (My House) in Petaluma, and Financial Aid to identify undocumented students to assist in obtaining health coverage.

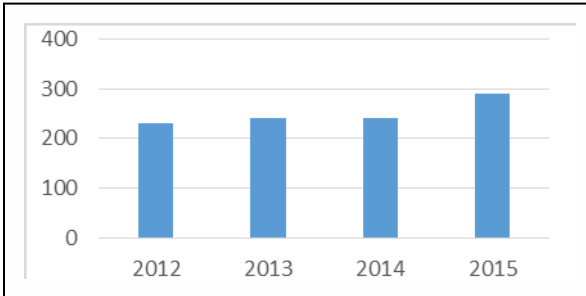
The nurse practitioners have participated more in the **SHS student employee meetings**, contributing to the student development goals for SHS this past year, providing training on emergency response, infectious diseases, sleep and stress, triage of common visit types, yoga and herbal therapy, and more.

A new **Clinical Practicum MOU between SRJC /SHS and Dominguez Hills** has brought two BSN students to SHS to complete their Public Health clinical work, engaging in learning around communicable disease control, and population based health assessment and program interventions. SSU Nurse Practitioner practicum students have not been coming more recently, and the intent is to reach out and strengthen this relationship, as it is a longer placement, and contributes more support for the NPs than the BSN practicum, though it also ideally will continue, depending on NP time available.

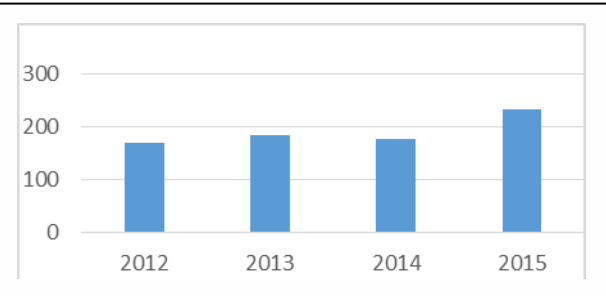
STUDENT PSYCHOLOGICAL SERVICES

Over the last four years, the number of students seen at SPS has remained steady, but in 2015, this jumped up to almost 300 students served during the 2015 calendar year. The delivery of Spanish speaking mental health services reaches between 25 and 30 students per year.

Unduplicated Headcount of Students Seen



Drop-In Sessions Seen



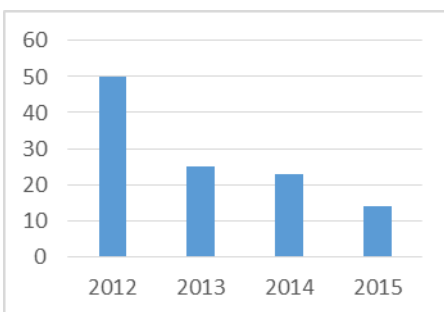
Fall 2015 particularly showed a spike, when there was a 19% increase in students seen overall, and a 32% increase in students seen for a drop-in session, reflecting a greater number of students in crisis being seen, particularly early in the semester. This change may be due to a number of external events during early Fall semester 2015— a campus sexual assault, the Oregon Community College shooting, and the Lake County fire. Meanwhile, the ability to accommodate the demand is a reflection upon the ability to deliver service to more students through greater internal efficiencies and external referrals.

Access to Services: the “Wait List”

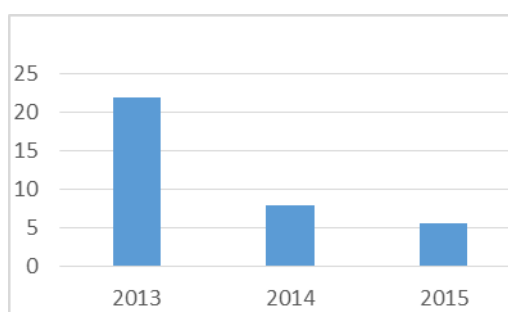
SPS uses a prioritization system for those students on the wait list. Thus, students with more urgent concerns are seen in ongoing therapy sooner.

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.” Fall 2015 semester figures include:

Maximum students on Wait List



Average students on Wait List



The number of students placed on the waitlist was constant from 2014 to 2015. Of note, the number of students referred from DRD requesting ADHD assessments doubled.

The average number of calendar days from first contact (drop-in) to ongoing services (for those student who were placed on the wait list) has fallen consistently, meaning greater access:

2011-2012: 62 2012-2013: 29 2013-2014: 18 2014-2015: 18.6 Fall 2015: 16.6

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. In 2014-2015, SPS made 164 referrals. In just the Fall 2015 semester alone SPS made 111 referral to the community, another large jump. This substantial increase reflects both greater focus on referral, as well as more attention to data entry of these referrals. In Fall 2015, most referrals were to community mental health clinics (81), followed by community mental health private practitioners (13), community doctors (9), supports groups (3), and Community Substance Abuse Treatment (3). The success of these referrals is being tracked only for the highest risk students/conditions. Sonoma County is working hard at increasing local access to Medi-Cal covered mental health services in response to the huge increase in this service population, including many SRJC students, due to the expansion of eligibility under the Affordable Care Act. A significant increase in the number of mental health providers available to refer to has occurred in the last year.

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.

The top social environmental problems, as in past years, were relational problems, followed by academic problems, and economic issues.

HEALTH PROMOTION SERVICES

During 2015-2016, an Outreach Workgroup continued with members from both campuses and all disciplines, with a focus on improving the effectiveness of health information dissemination across the college. This requires a multifaceted approach, with a general sense that classroom presentations are 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.

Previously, the only benchmark consistently monitored for health promotion was the number of classroom presentations and workshops, and included in SRJC's Fact Book. As the SHS program and technology has evolved over the years, and the diversity of health promotion and outreach methods have "burst" into many activities, a system to track and evaluate the effectiveness of these methods

clearly was needed. During 2014-2015, a “matrix” of data collection was initiated, reflecting all of the time and efforts linked to both department outreach and health promotion. Refinements were implemented before the Fall 2015 semester, and a semester’s worth of data has been collected.

In the last year, SHS produced a short video that outlines the individual healthcare services available in SRJC health centers, and was attached as a link imbedded in the department’s new web page that was sent out to all staff in August. This represents, though, the difficulty in evaluating the “reach” and “effectiveness” of a particular outreach method towards student awareness, and self-referral into the health center for services. Dialogue on this has suggested that “web page hits” could be counted, with no information as to how many people may have seen it for each run, and gathering data from students when they come in to the health center to ask them how they heard about SHS.

Student Health Services Health Education, Promotion and Department Outreach Activities

FALL 2015:

Classroom presentations:

SHS Marketing	Number delivered	# students
Classroom Presentations: SHS marketing Brief SHS (<15 “) includes class tours to site, orientations, etc. (SHS Video: 5 known classrooms =312 contacts)	21	763
Health Information Dissemination		
Classroom Presentations: Health and Student Success	12	175
Classroom Presentations: QPR	8	261
Classroom Presentations: other	7	959
Totals	51	2,247

All methods of health promotion and department outreach/marketing:

Activity Type	# Activities	# Individuals
Classroom Presentations:	Total:51	Total:2,247
Educational/Service Events: Food Bank Fall 16 wks. =2486 Athletics Orientation (participants)= 350 ACA sign ups SR + Pet = 127 Fall Wellness Fair x1= 338 SHS sponsored educational events: Bacchus Training = 11 Mental Health 1 st Aid = 12	Total: 6	Total: 3,324
Open Workshops PEERS x2 = 191 Fidget to Focus = 6 Take back the Night Support = 4 Volleyball Team Group = 20	Total: 5	Total: 221

Faculty and Staff – Information about SHS, Health and Student Success SHSACx2 = 27 Faculty Folders = SR 230 PET 12 Pet. Faculty forum = 20	Total: 191	Total: 191
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Tabling at “outside events” and WOW activities: Super Saturday; Petaluma 114, Santa Rosa 280 = 394 Ask me table = 3 Welcome Week: SR 145, Pet 205 = 350 (WOW and some other contacts not available)	Total: 5	Total: 747
Bulletin board health educational themes Total themes: 4 (summer safety, welcome, men’s health, stress & sleep) # boards posted: about 10	Total: 4	N/A
Oak Leaf articles we facilitated on health topics: PEERs October Workshop, Wellness Fair, PEERs Dec workshop, Movember, Sexual Health, Interview with Kit	Total: 6	N/A
Social Media Activities – Online (SHS marketing and health information dissemination)		
Online MH screenings: anxiety = 53, depression = 95; bi-polar = 24, eating disorder = 25, PTSD = 16, Alcohol = 6; (duplicated headcount)	Total: 1	Total: 219
Kognito (3 modules) Vet – 5, At Risk– 11, LBGTO – 3	Total : 1	Total: 19
Student Health 101 (5 months + orientation issues w/customized pages)	Total: 5	Total: 3034
Facebook postings and likes and engagements SRJC SH 101: Likes only: 214 PEERs = 104 / 225 SHS = 44 / 162 Posts: 179	Total: 3 (accounts)	Total likes:601 (duplicated headcount)
Instagram PEERs: 79 followers		79
Bear Facts submissions (SHS dept. and event marketing)	Total: 18 weeks (Fall semester) with 42 different topic submissions	Total potential views at 28% open rate: 156,240
Insider submissions	Total: 4	Total:
All Staff emails sent SHS beginning of year/semester x 1 Susan SPS yellow card/referral information x 1 (Bert) Other related to Outreach events (x2 Stephanie)	Total: 6	N/A
Media Screen submissions: (6 locations in Bertolini, Plover, Doyle Library, Petaluma) 5 standard + 1or 2 for upcoming events/promotional. Fall semester: 8 promotional slides.	Total: 13 slides	N/A

Effectiveness of the health promotion and outreach efforts in SHS

Organizing labor effectively around the broad range of outreach and educational activities continues to be a challenge for SHS into the 2015-2016 year, yet significant improvements and accomplishments are clear.

- **SHS's Web Page** has been successfully converted to Drupal, with a complete redesign with content development, through the efforts of this year's Web Development workgroup. This site is our central repository of health information, resources, online activities and department information, and is critical for the work of the Health Promotion function in SHS, as we know students increasingly are online. 4-5 SHS staff have been trained in how to update content on the site, and the maintenance of this site is logically absorbed by the Outreach workgroup. Some one-time unfinished business includes loading pictures and bios for our staff, creating a link to the new Sexual Assault Prevention video, make an internal Drupal "updating procedure" manual, and have an evaluation of the site by non-SHS affiliated students for feedback. Review of content for needed updates and examination of web hits on a quarterly basis is an ongoing function.
- **Fall outreach to new and returning students** remains an important early intervention strategy for SHS, towards letting them know of our services, communicating health related social norms at the college, awareness of health issues related to academic success, and in supporting early student engagement. SHS accomplished some resource shifting to earlier in the 15-16 year, as planned.
 - SHS participated in meetings with the Student Life committee in July to assist in coordinating activities across the campus, and align SHS's themes and events with those of the college and other student groups.
 - A Fall semester calendar was developed with event titles and released by early August.
 - A new Bertolini site "event planning" procedure, with online requests emerged during Fall 15, increasing efficiencies and project tracking for each event.
 - Student Life expressed an interest in having large events very early in the semester, i.e. August and September to best support student engagement by new SRJC students. A consolidation of some previous events (Student Information Day and First Oaks) into Welcome Weeks at each campus was a successful transformation into a greater focus, with SHS participation.
 - SHS Fall lineup included:

- Two PEERS workshops, which showed increased attendance from last year. The time shift to 4-6 PM may have helped, as well as having on the same evening adjacent to the large LGBTQ support group on the Santa Rosa Campus.
 - Annual Wellness Fair, which happened about 11 weeks into the Fall semester. It was well attended and achieved the collaborative goals for the event. The theme of “Seven Realms of Wellness” has consistently worked well as a conceptual frame that both unifies and diversifies, and represents an integrated model of health. As this event has occurred several times now, a template for planning it is established, and should be easier to plan and implement each year.
- SHS participated in numerous events primarily sponsored by other groups during the Fall, such as a “Take Back the Night” event, LumaFest, and more.
- The PEERS started earlier in 15-16, as compared with 14-15, with the full team arrived and orientation beginning in early August. For 16-17, the recruitment, hiring and training cycle has been moved to late Spring and Summer, so the student employment team will be fully trained and operational by early August. The Summer is when SRJC has many new students attending Counseling 270 classes, the Welcome Center is open, and the Student Life and Student Government leaders are on campus, having their retreat, engaging in learning activities and planning for the year. This is an optimum time for SHS student employees to build relational foundations with each other, and with other student leaders.
- **Classroom presentations** continue as an excellent and quality health promotion activity, with the added benefit of consistent evaluation of student learning outcomes. **See Section 4.1b for learning outcome assessment.** The QPR and Health and Student Success presentations have become firmly established in the culture of the Health Sciences and Counseling department courses, and as the curriculum for these are well developed, it takes much less time for presentation prep, thus efficiently applied from a resource perspective, and adaptable for an expanding application in other academic departments. Having additional SHS staff mobilized to do these two presentations is needed, as the PEI program coordinator does most, and takes a significant amount of her time.
- **Social Media** data shows that the Bear Facts and the Student Health 101 online magazine are an effective way to reach SRJC students with SHS marketing and/or health information. Whereas numbers of students that have accessed these publications is available, it doesn’t always provide specific information on exactly what a student is reading, learning or absorbing. The SH101 magazine has excellent health information (peer reviewed) and readership momentum seems to be growing. The Bear Facts reaches more students, and has been used primarily for marketing the department and events. Three Facebook accounts, and one Instagram account are connected with SHS, and postings

have been more consistent in 15-16. Meeting with the SRJC Social Media Coordinator was very helpful and her strategies have been applied to increase our reach with FB postings, including FB analysis of who our followers are.

- The Accreditation visit in 2015 recommended that SRJC assure **equitable access to student services by online students**, and for SHS, assuring an effective social media presence is a first step towards that goal. Social Media activities, combined with the new SHS web page's section for interactive learning activities, are health promotion outlets that can specifically target SRJC's rapidly growing online learning community. We need to develop some more focused strategies on how to specifically reach online students with health information, and "services", which includes obtaining a more secure technology venue for confidential communications in SHS.
- The popular "**Wheels of Wellness**", used on the Santa Rosa Campus for a couple of years, was duplicated for use on the Petaluma Campus starting March 2016.
- **Free Food Distribution Service at Petaluma** continues to be a successful SHS sponsored activity, and many face to face contacts with students and staff are accomplished on a weekly basis. The combination of service, education, and embeddedness in the Petaluma Campus culture of Wednesday events, hopefully is sustainable for a long time, leveraging staff and student volunteers to tend to it in addition to SHS support.
- **The "Bystander Intervention" (BI) initiative** for 15-16 as outlined in SHS's goals has not moved forward as expected this year for a number of reasons. Initial concerns regarding both the defined scope and branding of an initiative delayed an early launch. Linked to SHS's Student Learning Outcome of students taking responsibility for improving the health of self AND OTHERS, what has emerged is the concept of a broad "umbrella" BI program that can be inclusive of training interventions to take in diverse situations. (Substance abuse, sexual assault, suicide, violence, bullying, harassment, early signs of major mental health disorder). Pulling together and coordinating activities to develop such a program has been challenging as timelines and resource development has been slower than hoped for, such as:
 - **Online reporting system for student behaviors of concern.** Initial development of this, expanding the CIRT model to "students reporting students of concern" was delayed to utilize instead the new software system Maxient, as the online link to use. This software has been purchased and in development for a launch Fall 2016.
 - **Title IX and Campus Save Act mandates for bystander intervention training.** Human resources have not been applied towards meeting the mandate and a District Plan has not been developed, with an uncertain steering/advisory/oversight committee. A broader scope BI training

program requires engagement from a District wide coordinated effort under Title IX.

- **Suicide prevention via BI education** (QPR) continues as an important priority for SRJC, due to increased rates of suicidal ideation and attempts in the student population. QPR training, firmly established at SRJC, has a core curriculum which includes communication skills development, motivational interviewing and referral techniques, which is in common with other bystander interventions.
- **Violence prevention** in a broad sense has gotten a lot of attention this year, partially in reaction to the deadly gun violence at a community college in Oregon. SRJC had a Town Hall meeting, where dialogue was rich and diverse. Learning skills to recognize and respond to potential gun violence was part of the conversation, along with the promotion of active shooter response training. Concern was expressed often at this meeting though, regarding ways to address the underlying culture of violence, and the more common expression as sexual violence, which is integral to the sexual assault prevention training mandate.
- The **BACCHUS training** has been brought to SRJC by SHS, which is at its core a leadership training, with application to the prevention of substance abuse, though transferable to any issue.
- **Mental Health First Aid** also is a version of bystander intervention, and aligns with SHS goals best in regards to recognition and response to first onset of major mental health issues in Transitional Aged Youth. (MHSA-PEI goal)

All of these topics, with the exception of sexual assault prevention, clearly land within the scope of funding for MHSA Prop. 63 support. Some advocates are very interested in expanding MHSA support to be inclusive of sexual assault prevention. In a recent conversation with the CCC Foundation/Chancellor's Office, they are willing to forward a proposal to CalMHSA to develop a replicable program model for an expanded Bystander Intervention program, with a request for funding. This would be both an excellent opportunity to develop SRJC's internal peer support system/PEERS and clarify the questions regarding appropriate use of MHSA funds.

PETALUMA CAMPUS PROGRAM

For the 2015-2016 academic year, Petaluma Student Health Services has maintained office hours Monday through Thursday 8 AM – 5 PM. Services have included having a College Nurse Practitioner available 24 hours per week (6 hrs./day/4 days), mental health services 12 hours per week (2 days per week) and Petaluma Health Center's reproductive health clinic for 3 hours on Tuesdays.

Accomplishments 15-16 Petaluma staff engage in highly diverse activities outside direct service delivery, immersing in many facets of the Petaluma Campus culture, and performing administrative support tasks for the SHS department. Some highlights:

- Staff participated with “Covered Sonoma” a steering committee to increase health insurance coverage and healthcare access in Sonoma County. The NP facilitates ACA certified enrollment in Petaluma, currently offering two clinics per month through the Redwood Community Health Centers.
- Staff participated regularly in the monthly Student Services meetings to link with Administration, Admissions and Records, Work Experience, Academic Counseling and the Disability Resources programs.
- The newly developed Intercultural Center was a natural partner with Student Health Services related to sexual assault prevention education, discussion of domestic violence resources, and linking SHS to ESL students and Puente. SHS staff may engage in expansion of support services for Foster Youth and Veterans at this location.
- Outreach activities are coordinated with Student Affairs events- particularly “Mad Wednesdays”, which also coincides with the weekly free food distribution facilitated by Student Health Services
- Staff participated with students in the sustainability efforts throughout the college. Initiatives included trash free events, garden, working toward electronic vehicle charging stations and reducing the campus’ carbon footprint.
- Mental health and clinical staff worked with the Gateway program staff to strengthen the SHS referral relationship with counselors and faculty in this program, serving students that had dropped out from high school, and face educational challenges.
- There were many Petaluma-based events and presentations provided, including Health and Student Success, Stress Management, Infectious Disease Prevention, Affordable Care Act, Contraception, and Tobacco Cessation in classrooms, and participation in the Petaluma Faculty Forums to review SHS and CIRT services, aid referral processes and discuss Affordable Care Act enrollment activities. Summer Counseling 270 classes were an effective opportunity to let new students know about all of the health center services prior to the Fall semester. Staff participated as a panel member at the Petaluma Campus Sexual Misconduct forum, and provided services and educational outreach at “LumaFest”.
- Staff participated and assisted LGBTQ activities aimed at diversity, including a successful identification of gender neutral rest rooms for transgender individuals.
- PEER student worker participation was initiated on the Petaluma campus in January of 2016, offering a presence at select events by one student estimated at about 3 hours per week.
- Petaluma has initiated a phone app, which has reached 500 students. Staff posts information about Student Health Services’ activities and events in Petaluma on this.
- The “Wheels of Wellness” cart is in process of completion for the Petaluma Campus for more regular outreach and health information sharing with students on the Quad, and at various campus events.

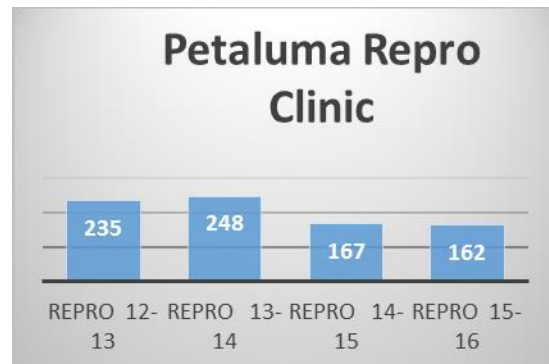
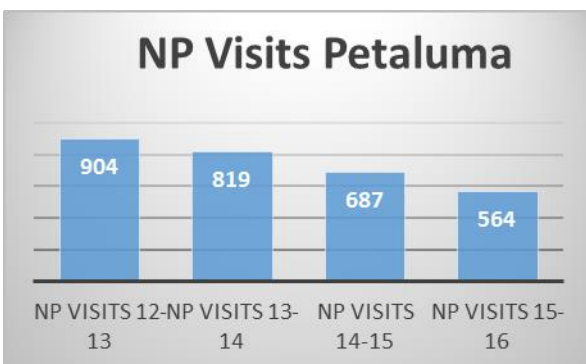
- SHS resumed meetings with the Dean of Student Services to engage in dialogue around SHS program review topics and to assure good communication.

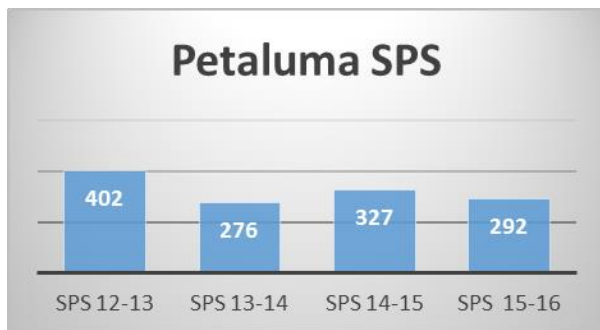
Discussion plans for next year....

- Continue to strengthen SHS relations with Gateway and faculty for immersion in classrooms and student success activities.
- Student Health Aide-PEER with primary Petaluma Campus assignment to engage with student leaders in educational outreach activities related to health, work with the Feminist’s Club, Bridges, other clubs that enhance student wellness
- Activate regular use of the WOW with student peer support to market SHS services and disseminate health information on priority health issues.
- Continue ACA enrollment co-location, collaborate with intercultural center groups to reach uninsured and undocumented students and their families, per AB75.
- Expand food distribution toward a more student-based model through student leadership association. Add Cal Fresh application on site, cooking demonstrations, and additional food donated from the community that can be distributed same day.
- Assure adequate utilization of Petaluma Health Center FamPACT services on campus to sustain this service agreement.
- Hours of NP/MH services in the health center may be reviewed for optimum utilization of SHS’s limited resources.

Challenges: Utilization statistics show continuing challenges in having Petaluma students use available health services; theories as to why include 1) location of health center is away from other student support services and from student activity centers. 2) The student population may represent higher rates of health insurance 3) students are getting good access to the Petaluma Health Center for healthcare services 4) Petaluma students spend less time on campus in general, i.e. more of a commuter student population.

SHS Mental health services, being available 2 days per week may be missing students due to limited access times. A brief review showed that 12 students requested services outside of service availability over the 8 weeks in November and December 2015. 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.





SHS'S STUDENT DEVELOPMENT PROGRAM

In 2015-2016, the "Student Development Workgroup" has been working to improve the training, supervision and learning outcomes of the 16+ student employees that are working in SHS. The staff resources dedicated to the personal, academic and professional development of these chosen student employees is significant, and a highly structure program of training and support is provided for them to support their success. During the year, efforts were focused on pulling all of the student worker supervisor's together into a workgroup and to define and coordinate better the training curriculum, and organize hiring, training, and supervisory time effectively to maximize department resources towards this effort.

Student Development Accomplishments in 2015-2016 include:

- The workgroup met consistently, strengthening the supervision component of the program.
- Shared understandings regarding optimum hiring criteria and supervision process has contributed to employment retention, with the majority of the Student Health Aides' reaching or exceeding the one year mark.
- The students working in SHS continue to represent exceptional skills, leadership, learning capacity and professionalism as workers in a healthcare environment.
- Integrated student meetings throughout the year, with rotating group supervision at these meetings contributed to an improved sense of "cohort" among the student employees, i.e. SHAs, and SHA-PEERS.

Student Development Challenges 2015-2016:

- When student employees leave prior to their year commitment, this has a significant impact on the student supervisors to go through another hiring and training cycle while the department's operations are in high gear, and needing fully operational student work support and supervisor presence.
- Some students have experienced triggering events for their own previous trauma while working in the department, as the work exposes them to students seeking care for trauma, and to necessary trainings on sensitive topics, such as sexual assault prevention, substance abuse, unintended pregnancies, relationship violence, etc. This can take a lot of personal counseling time between supervisor and employee, which is not always available given our resources and operational demands. Some discussion has occurred how to best deal with this from an accommodation perspective, hiring practices, and clear identification of

boundaries re: work and personal issues, to assure an appropriate and effective response with concern for an affected student's well-being.

Future Goals and Direction:

- The Student Development Workgroup remains effective, inroads have been made in meeting 2015-16 goals, and continuation of the workgroup is recommended for 16-17.
- Accomplishing a fully synchronized hiring timeline, with an integrated training manual and implementation plan is still in process with the goal of achieving this at the beginning of the 16-17 cycle, (May hires, and June/July basic training).
- Continue strong integrated training and supervision of all student employees, including department orientation and procedures, various bystander interventions: CPR, QPR, and Mental Health First Aid, First Aid, and Sexual Assault prevention by the end of the Summer 2016 training season.
- Assure student didactic content and informational updates on "navigating the healthcare system" by all SHS student employees, to support access goals.

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

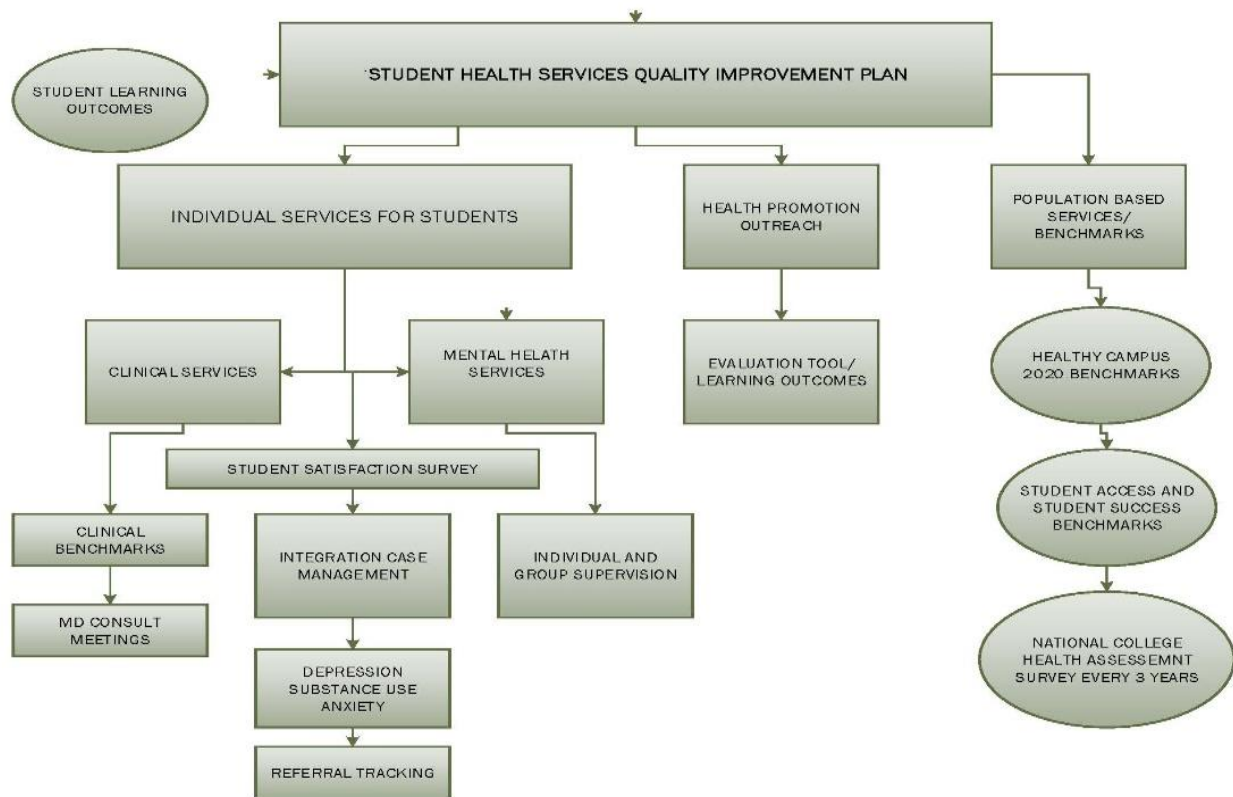
SRJC's 2013 NCHA data has continued to work for SHS over the last year, including inclusion in a successful Equity grant application, and incorporating into health informational messaging directed at students (bulletin boards, web, Bear Facts, etc.)

The three year cycle of assessment has arrived, and new NCHA is being collected as this PRPP is being written. All collected data (goal 1000) will be processed, reports received and an SPSS file available by June. Initial analysis will begin over the summer, and relevant data contributing to an evaluation of the SHS's program performance over the last three years will be reviewed.

This is the last year the specific instrument called the NCHA II will be used by ACHA. A new instrument is emerging. Whereas clean trend analysis may be impacted with this change, the questions will be similar enough to generalize on most variables within the database, when done in 2019.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

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



In 2015-2016 the Quality Improvement (QI) Workgroup accomplished a lot, and major focus areas included:

- Further integration of multi-disciplinary services within the department through QI activities
- Improve effectiveness of referral processes (provider and student learning, strengthen referral networks, improve reporting and tracking)
- Continue development of service benchmark identification and create, review, revise QI processes

Integration: Workgroup crossovers enhanced increased understanding by staff of their colleague's perspectives, challenges and work. For example, the Medicat/Technology work group assisted the QI group in improving documentation through database development and clarifying reporting options from Medicat. Front office staff worked with the QI group on clarifying use of patient information input, and use of Alerts for important department wide communications. Consultation meetings between clinical and mental health staff regarding students at risk has been strengthened over the year as well, with 2 meetings on suicidal / homicidal / domestic violence risk assessment and referrals to SPS/CAPE alcohol and drug abuse evaluation and treatment. NP/SPS staff consult times are available each Tuesday for case reviews. Challenge continues to be the lack of physical colocation for these providers, where regular/ongoing consultation is easier. Social interactions by staff off-site have occurred, which has strengthened the team.

To keep the momentum going next year, QI quarterly meetings with the outreach group will be initiated to engage in a broader review of its work, i.e. evaluation tools and capturing student learning outcomes.

Improve Referral Processes: Much of the energies of the QI workgroup this year have been going towards the development of a case management model in SHS, as outlined in the department's Equity project. This project is allowing SHS to explore the viability/sustainability of applying the best practice of universal and/or targeted screening for selected health risk factors, with a standardized intervention based on screening results. As the referrals being made for these students is integral in the SBIRT model, capturing outcomes around these has been central. See more discussion of this under **EQUITY PROJECT**

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

Internal Referrals: A goal has been to monitor and improve upon, as possible, the internal referral processes within SHS. This includes cross referrals among the different disciplines, i.e. NPs, MDs, Mental Health Providers, as well as the Reproductive Health clinic and ACA Enrollment clinic. The geographical separations between Plover, Race and Call (Petaluma) is one known barrier to effective internal referrals. As noted in "Clinical – Referrals" above, the NP referrals to the SPS clinic show the lowest success rates, at about 1 out of 3. This will be a focus area for 16-17, as it represents students with known, identified mental health issues possibly not receiving any MH services.

QUALITY IMPROVEMENT: SHS TRAINING / SUPERVISION ACTIVITIES

Clinical practice Training/Supervision Outcomes 2015-2016:

- **MD consult meetings**/review of clinical practice for Infectious diseases, Tuberculosis, Migraines/Headaches, Allergies, Dermatological conditions, Dizziness, Concussions and Emergency Contraception, including Review of Literature for Current Practices, review and updates of Standardized Procedures, Health Education handouts, Referral Resources, and Chart Reviews. Clinical guidelines developed/revised for UTI, low back pain, TB screening, headache, dizziness, and ECP.
- **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). N95 Fit Testing completed for staff safety.

- **Met with Training Room and DRD** to review concussion management protocols for both athletes and non-athletes, refining referral processes to activate student supports in a timely manner.

2016-17 - Monthly clinical review topics are planned as follows

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

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

SPS Intern Training/Supervision/Outcomes 2015-2016

Student Psychological Services provides 5 hours of group training and supervision each week for the Mental Health Interns, with a wide variety of training topics. (Individual supervision is 1 more hour per week) As demonstrated by the offerings during Fall 2015, an excellent learning experience is provided for SPS interns, through the combination of quality didactic programming, with access to the diverse SRJC student population to work with.

Fall 2015 SPS Intern Trainings:

- CAPE Team (County Crisis Team) - Karin Sallite, MFT
- Brief Therapy, MRI Brief Model (3 trainings) - Chris Schirle, MFT
- CCAPS (Outcome Instrument) Bert Epstein, PsyD & Trudy Vandell, PsyD
- Psychological First Aid – Bert Epstein, PsyD
- Psychodynamic Theory & Practices in Brief Therapy – Shanna Butler, MA
- Trauma – Georgia Meyer, PhD
- Drugs & Alcohol – Cynthia Berman, PhD
- Codependency – Sandra Seligson, PhD
- Treating Chronic Pain – Melissa Staehle, PhD
- Time Limited Psychodynamic Therapy – Gavin Shafron, MA
- Somatic Experiencing – Diana Mendelson, MFT
- Assessment and Treatment Planning – Bert Epstein/Trudy Vandell/Sandra Seligson
- Cognitive Behavioral Therapy – Andrew Bertagnolli, 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 semester was 4.15 (slightly above that from last year’s 4.03), showing that interns rated the trainings above expected competency.

Student Employee Training/Supervision/Outcomes 2015-2016

- **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.
- **Structured training, teambuilding activities, and shared group supervision by facility based supervisors.**
 - 1) Weekly student employee meetings were held and infused with structured learning activities.
 - 2) 100% of student employees with 200 hour evaluation were recommended for raise based on job knowledge, quality of work, dependability, cooperation, productivity, judgment, initiative and attendance.
 - 3) Integrated Student Health Aides and Student Health Aides-PEERS into some shared training/meetings, with educational activities led by a variety of SHS professional staff.
 - 4) **Training/meeting topics have included:** The 7 Realms of Wellness, QPR Suicide Prevention, Dealing with Difficult People, Emergency Preparedness, Domestic Violence, Common Chronic Conditions, Stress Management, Dating Violence, Sexual Health, Sleep Education, Cultural Competency, and Effective Outreach Methods.
 - 5) Student employees attended **BACCHUS Certified Peer Educator** and **Mental Health First Aid trainings. QPR Suicide Prevention** training was provided to all student employees, some were trained as trainers.
 - 6) **Three SHAs and 2 SHA-PEERS participated in Work Experience Classes** which broadened their skill base and work proficiency with the focus this course offers by goal-setting. . Projects this year have included combining and purging duplicate electronic health records, deepening understanding of the Family Pact Program and how it serves our students with reproductive health needs, delivering effective SHS services marketing presentations; maintaining staff informational packets for distribution, supporting payroll processing, accurately booking reproductive health appointments, increased understanding of the Affordable Care Act and Medi-Cal enrollment clinic, requirements and process, and maintaining legal records of outgoing faxes.

PROGRAM DEVELOPMENT ACCOMPLISHMENTS, GRANT OUTCOMES, FUTURE PLANS

MHSA GRANT FUNDING- COUNTY

The County funded MHSa Prevention and Early Intervention (PEI) Program's funding continued at \$200,000 for the 15-16 fiscal year. (Increased from \$100,000 to \$200,000 in 2014-2015 to allow the PEI program to continue the PEERS Coalition project

Accomplishments and PEI grant deliverables for 2015-2016 included:

- Continued Crisis Intervention Resource Team participation and program development (done)
- Provide QPR and Kognito At-Risk online training to SRJC students and staff (done)
- Promote on-line mental health screenings to SRJC students (done)
- Psycho educational interventions in classrooms (done)
- Recruit and train Student Health Aide: PEERS (done). With the continuity of funding PEI staff was able hire SHA-PEERS in May; limited training was provided over the summer to some, but the full team was gathered for training in early August. SHS staff also offered BACCHUS training in summer/early fall.
- Develop and present PEERS Coalition Workshops (done). With the success of PEERS workshops as compared to open topic related seminars, the focus on PEERS Workshops resulted in growing attendance.
- Host a Wellness Fair, a Mental Health Collaborative Event and additional outreach activities at the College (done) Wellness Fair during Fall semester in order to reach students earlier in the academic year had 330 students attending which was an increase from the past two Spring Wellness Fairs. The MH Collaboration Event involved a hosted lunch on the Santa Rosa Campus for Sonoma County mental health providers by SHS/SPS.
- Implement National College Health Assessment Survey (done)
- Also see the health promotion/outreach information provided earlier, which includes the numbers of activities and students reached related to grant activities.

MHSA – PEI Challenges and Questions 2015- 2016:

- This year, the PEERS workshops and affiliated campus events focused more on topics related to sexual violence, bullying, harassment, and relationship safety, which was a direct reflection of the most prevalent student health issues being expressed by the student body this year.
- A major focus of MHSA intentions are awareness/early intervention for suicide and depression and early recognition of first signs of a major mental health conditions in young adults. Outreach events and activities related to these topics in the MHSA-PEI program have decreased quite a bit over the last couple of years; Depression Screening/Awareness Event was dropped (encourage online screening), the Active Minds club dissolved, DORA model, Peers in Conversation, etc. The ability of the program to be flexible, adaptable and responsive to the community defined priorities, and to align MH outreach

activities in collaboration with other topical events is a strength, and yet the perception and experience of the work feeling as if it is drifting may be a concern to some.

- **Questions:** Is a Bystander Intervention Program applied beyond distressed, anxious, depressed, and suicidal young adults, to include issues of substance abuse and sexual assault clearly linked to MHSA prevention work? Should the PEERS Coalition's workshop topics / agenda be determined with more direction and more specific focus to align with the County's goals, i.e. suicide prevention, early recognition and response of major mental health issues, Active Minds, etc.?
- The PEI program relies heavily upon STNC staff to meet the goals of the grant. The PEERS Coordinator and two Health Services Assistants are STNC, with the PEI Coordinator the only permanent staff at a 0.75FTE time base. Role clarifications and coordination of activities to fulfill grant objectives is an ongoing challenge. Longitudinally, with three temporary staff and the SHA-PEERS changing each year as well, long term planning for the program may be under the influence of the "unknowns" as linked to the continuity of staffing from year to year.
- Having SHA-PEERS not working during Summer 15 impacted other SHS employees with added job duties towards mounting an effective health outreach campaign for new SRJC students (Summer Counseling 270 classes, Welcome Center, 350+ Fall athletes not served optimally).

PEI Future Plans and Direction:

- **Clarify PEI Bystander Intervention Program development and implementation as a PEERS led initiative**, in regards to MHSA funding. A concept paper may be submitted to the Chancellor's Office to request Cal MHSA funding and clarification on this issue. SRJC could develop a model, with the goal of replication by other community colleges. Whereas the original concept was to call this 'Each Bear Cub Matters' as a localized version of the statewide Each Mind Matters Campaign, the scope and branding of an expanded concept would deviate somewhat from this statewide campaign.
- **Support marketing of the "Peer to Peer Mental Health Promotion"** course, as linked to the Community Health Worker program. This has moved through the College Curriculum Review Committee, and could be offered during the 2016- 2017 academic year. If approved and offered, this course will:
 - Provide a 3 credit course for any SRJC student to learn about suicide, substance abuse, sexual assault prevention and mental health first aid.
 - 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.
 - 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.

- 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.

- **Leveraging resources optimally from County and State funding to have SRJC sponsor Train the Trainer workshops** for items in the course, will expand the capacity of SRJC to have instructors qualified for teach this course, and expand the course into more sections as enrollment potentially grows. TTT: QPR, MHFA, Bacchus, SAP Bystander Interventions.
- **Provide increased SHA-PEER presence in Petaluma Campus community.**

EQUITY PROJECT – GRANT

Three activities in SHS were funded by the Equity program this year.

1) Student Health and High Risk Students: A Case Management Model

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

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

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

- Increase students’ skills and ability to advocate and negotiate themselves in clinical, behavioral health and academic systems to address their needs.
- Improve the success of students to perform academically, complete courses and complete academic goals.
- Improve the accuracy and increase the scope of information SRJC SHS providers have regarding internal and external student support systems.
- Identify and address barriers to student success with individualized plans.

Clearly this project work improves the standard of care provided for students in the health centers, and ultimately improves the health of students. This depth of work previously wasn’t possible, given the level of resources available and the corresponding narrower scope of service, but with the Equity funds, the opportunity exists to develop an infrastructure, that hopefully can become sustainable, that can capture these high risk students for interventions, who may not be identified by other methods or staff at SRJC.

The process by which SHS determined risk factors to screen for was a combination of data analysis, and incorporating an emphasis on mental health issues that of are particular concern to the college community.

- National College Health Assessment Survey Data – identifying priority health needs for SRJC students
 - ✓ Suicidal thoughts and intent
 - ✓ Homicidal thoughts and intent
 - ✓ Relationship violence
 - ✓ Lack of health insurance coverage (access issue, financial risk issue)
- Significant clinical / emergency/ crisis events occurring (concussions, unintended pregnancies, major medical conditions, etc.)
- SRJC’s Locally Identified Gaps in Academic Achievement- informing priority target populations for academic risk
 - ✓ SHS asks for self-perceived risk for Academic failure during semester – Likert Scale – “high” + “very high” +

Accomplishments related to this project in the 15-16 year include:

- Established SBIRT protocols of response to each risk factor
- Train all providers in implementing protocols
- Provided backfill staffing to assure providers had the needed resources/capacity to provide follow up interventions outlined in the protocols
- Developed internal software:
- Codes established to uniquely identify high risk students, with associated alerts, recalls, and medical record documentation templates
- Worked with IT to upload Academic Probation data, as well as relevant student demographics
- Developed outcome reporting procedures utilizing internal software
- Developed intake screening procedures for appointment intakes; trained all front staff (Medical Assistants, Health Services Assistants, Student Health Aides)

Spring 2016- Ongoing Activities - In Progress

- SHS’s Continuous Quality Improvement Workgroup, utilizing a model of “plan-do-study-act”, meets regularly to:
 - monitor workflow and provide process evaluation
 - monitor reports and review student referral outcomes
 - referrals being made within SHS and College (Mental Health-NP-MD, ACA enrollment, DSPS, Academic Counselors, etc.)
 - referrals being made to outside agencies and community providers

- analyze the effectiveness of follow –up communication methods in reaching students
- Case Reviews brought to provider meetings (SPS and Clinical consults)

Preliminary Findings as of April 5, 2016

Aggregate Demographics

- 1997 students were screened
- 256 Students (12%) were identified as within the High Risk Student cohort
- These students made 585 visits to SHS; 2.5 average face to face contacts
- Academic Risk: 46% of Positive Screens; ; 14.5% on Academic Probation or Dismissal Status
- Suicidal Thoughts: 33.5%, Clinical Risk 14.3%, Suicidal Intent 4% , Unsafe Relationship 2.5%
- Men at much higher risk for suicidal intent and clinical risk (concussions, major injuries)

Process Outcomes

- Warm handoffs–most effective. Provides stigma reduction and supports help-seeking behavior in students.
- Referrals to community to establish longer term care appropriately takes longer, is more difficult to track with students, and healthcare system access barriers are apparent, impacting success of students reducing their risk factors (i.e. obtaining health insurance, identify primary care provider/medical home, establishing community therapist)
- SHS provides “bridge” services as safety net, and tracks until student has “arrived”
- Follow-up communication with students is very challenging with SHS’s current technology options, relying upon phone calls and/or additional face to face appointments with students, which always aren’t followed through on by the students. Secured email communications and texting are specialized functions with protected health information, and SHS currently does not have this capacity.

Data Outcomes

- 42% of cases are resulting in known, positive referral/treatment outcomes via SHS work.
 - 45% of cases are “unknown” or in “voicemail exchange mode”, indicating methods of communication with students are barriers to effective case management
 - Longitudinal cohort group data on retention, educational goal achievement and academic performance is possible, through the future use of student access and success reports. May want to consider, with defined time span to measure these longitudinal outcomes, i.e. 3-6 years?
- 2) **Equity funded Staff Development and Training** – SHS staff will be attending the distinguished American College Health Association’s Annual Conference, which is being held in San Francisco this year in late May. This is the most comprehensive gathering of college health professionals nationally, representing the full spectrum of

providers (physicians, NPs, nurses, psychologists, psychiatrists, health educators, prevention specialists, and student peer health educators), the most recent college health research, and hundreds of presentations on various college health program designs across the United States and Canada. The goal is to attend any and all seminars pertaining to equity: closing educational achievement gaps, addressing health disparities, increasing cultural sensitivity/responsiveness, exploring innovative program models for addressing mental health needs of students, technology applications, effective outcomes reporting, and more. The team will debrief in early June, report to the Equity Committee on the initial take-aways, and have the gained knowledge inform future program development by the SHS team.

3) Equity funded Faculty/Staff survey regarding perceived mental health needs of students, and desired training and supports.

This activity has not been implemented at this time. The large NCHA survey project in SHS has been consuming, and the department has had two other survey projects as well. An STNC was sought to assist in early January, but all promising candidates took other positions. SHS has met with Equity staff, and this project will be rolled over into the Fall of 2016 for completion, as doing this earlier in the year is actually a better time. This survey was a request generally in response to increasing concerns about the mental health of students at our college, in the midst of several sexual assaults and gun violence in Oregon, the Town Hall meeting during early Fall 2015. The survey will assess what SRJC staff and faculty know about supports and resources available to them to mobilize when they identify a concerning student, what their professional development needs are (content on mental health of students, preferred methods) and to replicate an NCHA question asked of students, as to what the faculty perceive as significant health related barriers as related to their student's academic success.

CRISIS INTERVENTION RESOURCE TEAM

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

Team Structure and History: This team was initially formed in 1990, and for 26 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: more human resources needed to accomplish this kind of intensive casework, diversify the team more by discipline and skill sets, and spread a wider net of trained faculty/staff consultants throughout the District. All staff perform work related to the team's functions in addition to their regular role and job at SRJC. It is not a committee, but a functional workgroup based on positions in the college. In 2014, the group was placed in the college's organizational chart under Student Health Services, as SHS staff have chaired or co-chaired the group since 1990, and has budget authority over the annual \$1,800 budget allocated by the District. Thousands of faculty/staff consultations and student

interventions have been provided by CIRT members over the years, in addition to the regular training activities offered each year, at PDA days, department meetings, and new employee orientations.

Function: Students of concern, or at-risk students, as framed by CIRT, include students that are exhibiting distressed, disruptive or dangerous behavior 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, referral to Sonoma County Psychiatric Emergency Services, sexual misconduct/Title IX investigations, academic integrity proceedings 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.

Accomplishments 2015-2016:

Technology Development

- SSSP funding has purchased an excellent software system designed to collect documentation and support case management functions for not only students of concern, but cases of academic integrity, student grievances, Title IX cases, and Student Conduct Code cases. Set up of the software is in process, with a goal to activate this by the end of the Spring semester. This includes the capacity for all staff, faculty and students to do online reporting of concerning behaviors/incidents, and the fields/elements of this report have been developed by the CIRT members.
- The CIRT web page is in the process of being transitioned into Drupal, and some additions to the web page have been identified once updated/active.

Trainings

- Internal team trainings in 15-16 have primarily been accomplished through the very full caseload of the CIRT team, and the cross discipline learning that occurs through the processing of how each situation is handled. The new police chief has been oriented. Effort is being made to mobilize more team members proactively to handle cases outside the constructs of Student Conduct. Several threat assessment trigger points were reached for full threat assessment this past year. The prevention work being done is significant, yet it hard to document the outcomes on this, i.e. the absence of escalation to dangerous situations within the community.

- Some team/department trainings have been provided to faculty and staff requests, as well as PDA trainings. Seems fewer requests this year. The attention on the Active Shooter trainings, the Town Hall meeting in response to the Oregon CC shooting, and a tremendous swell of attention towards sexual assault prevention has provided many opportunities for the CIRT team to communicate its' presence and functions, and the intersection of all these "safety and violence prevention" activities at the college demonstrates how imbedded CIRT is in meeting the critical needs of our students and college community, in collaboration/coordination with various departments.

Communications

- Not many specific goals reached this year: no new CIRT logo, bookmark, or brochure developed.
 - Webpage, as is, is being migrated to Drupal, no significant additions. .
 - Few all-staff emails out, and no new video produced.
- Resources for these activities are very limited.

Future Plans and Direction:

The coming year will be focused on full implementation of the software system Maxient. Converting the documentation system for CIRT related cases, with integration of Title IX, Threat Assessments, Conduct Code hearings, and Academic Integrity will be challenging. Work with IT is needed to assure information from SIS, and ideally the new Starfish system to successfully implement Maxient. Opening up to the online reporting of students of concern is a longstanding goal that also will part of this implementation project. CIRT has no real administrative supports on an on-going basis, but SSSP has funded some STNC support this year to assist in setting the system up. Hopefully in 16-17 resources will be adequate to achieve the goals of this major technology project.

SEXUAL MISCONDUCT / SEXUAL ASSAULT PREVENTION

Student Health Services has continued to participate in District efforts to provide the infrastructure to fulfill the Title IX, and Federal and State prevention mandates applicable to sexual violence, harassment, and bullying, domestic violence and stalking within the college community.

Accomplishments 2015-2016:

Policy

After much work by the Human Resources VP and the Dean of Student Conduct and DSPPS, in July 2015 the SRJC Board of Trustees approved the District' Policy and Procedure for the **Prevention of and Response to Sexual Assault, Sexual Harassment, Domestic Violence, Dating Violence and Stalking**

District Policy (<http://www.santarosa.edu/polman/2govern/2.15.pdf>) and District Procedure (<http://www.santarosa.edu/polman/2govern/2.15P.pdf>)

Human Resources/Position:

A position request originally for a part-time prevention specialist in SHS was under serious consideration, but at the President's Cabinet level was converted to a full-time prevention and investigation position in Human Resources. The position has been approved, and in recruitment now.

Student Health Services Prevention Activities/Accomplishments

- **Sexual Misconduct Prevention and Education Partnership (SM-PEP)**

meetings were organized by SHS over the last year, inviting a broad circle of stakeholders to organize efforts and resources effectively to move forward with the District's prevention program. As the Title IX Coordinator, the VP Human Resources is taking leadership, she will be determining next steps for this workgroup/committee/task force, in consultation with the President, towards establishing this group more formally as the oversight, coordination and evaluation group for the District's Title IX program.
- **Educational and outreach activities:**
 - SHS received SSSP funding to design and produce an SRJC specific sexual assault prevention video, based on the "It's On Us" campaign. The video has been completed, and will be launched with Sexual Assault Prevention activities in April. This also will be positioned for use in all established Orientation activities at the college. Appropriate formatting for web and online use is being pursued currently.
 - SHS sponsored and/or participated in numerous sexual assault prevention activities and events.
 - Series of PEERS Coalition workshops related to healthy relationships, sexual assault and bystander interventions
 - Several "Take Back the Night" events, in collaboration with the Feminists United Club, on both the Santa Rosa and Petaluma Campuses.
 - Tabled and promoted the "It's On Us" theme at a Fall Football game
 - Student Psychological Services formed a support group for sexual assault survivors this year.
 - Student Health 101 (online magazine for SRJC students) offered articles on sexual assault prevention, including topics of bystander intervention and consent in every monthly issue
 - Distributed the SRJC Sexual Assault Prevention and Response brochure at many events and from the department's "Wheels of Wellness" cart.
 - SHS staff participated in the college's Educational Forums on Sexual Assault, after an on-campus assault during Fall semester.
 - Provided online information on sexual assault and care for survivors, on the SHS web page.
- **Collaborative Partnerships**
 - Verity participated in the college open forums and at select events on our campuses
 - Sonoma State University attended the last Prevention Partnership meeting at SRJC, sharing information on their program and exploring collaborative possibilities between the two institutions.

SRJC's Office of Institutional Research has identified an instrument to implement for a campus climate survey, being piloted this year, which will provide data to consider as benchmarks for the outcomes of the Title IX prevention program at SRJC, as it is developed. Several CCCs are participating in this pilot, and the survey is inclusive of other campus climate issues, such as LGBTQ and Veterans supports.

CHALLENGES/UNMET NEEDS

Publications/Notifications/Web Page

Whereas an SRJC booklet has been developed for distribution that has most of the key information in it, a more comprehensive informational product (available via paper and online/web) that outlines in more detail some of the statistics and dynamics of sexual violence, and more information on bystander interventions, needs development. An official Title IX web page also is needed, as SHS's web posting is more limited, with a focus on sexual assault information and resources for aftercare.

Trainings

- **Meaningful SAP training at all established student orientations**
 - Because of SRJC's diverse orientation methodologies, and by many different staff in various departments, this is a significant challenge to accomplish.
 - There is no mechanism in place currently assuring all orientations are in compliance with the mandate for providing the required training (with recommended approaches for optimum educational impact).
 - There is a new product being developed by the Chancellor's Office to have an appropriate online Title IX training through the newly emerging statewide student portal. May be implemented as soon as Fall 2016, but depends on SRJC's movement on linking to this portal.
 - Staff utilizing the locally developed SRJC SAP video need supportive training or guidelines to assure use of it includes interactive learning activities when engaged in face to face orientation sessions with students, and assure their ability to meet the needs of students triggered with the information and/or the mandated reporting responsibilities for students disclosing reportable events to them.
- **All staff, faculty and administrators need training**, and the strategies to accomplish this have not been adequately identified, as well as the resources to do so.

It is clear that the trend is that colleges are meeting the mandates through leveraging technology. There are several excellent online training products, with the interactive element embedded, which provide all the required information, and the hope is that the newly emerging CCC product will equal this in quality and effectiveness in meeting the mandate.

All of the above items will be better addressed with the leadership of the new manager being hired to coordinate the Title IX Prevention and Education program. Looking forward to having this person on board!!

6.1 Progress and Accomplishments Since Last Program/Unit Review

Rank	Location	SP	M	Goal	Objective	Time Frame	Progress to Date
0000	ALL	00	00				
0001	ALL	07	02	SHS Funding Stabilization	<p>1)Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies, closely monitor revenue & expenditures, and implement COLA adjustments as allowed in 2016.</p> <p>2)Policy work as indicated re: non-credit Health Fee</p> <p>3)Work with HSACCC re: Health Fee legislative advocacy / reform</p> <p>4)MAA- continue participation.</p> <p>5)Explore/pursue options for Grants, SSSP and/or equity funds-work with administrators</p> <p>6)Continue exploration of other external funding sources aligned with SHS vision, pursue as appropriate</p> <p>7) Explore options for District support funds as needed, beginning 16-17, as related to District support work done by Health Fee paid employees.</p>	Ongoing	<p>1)Health Fee - reduced discretionary expenditures</p> <p>2)Policy 5.6 (Health Fee revenue) changes discussed by various constituent groups, SHSAC and others, non-credit course survey. Continue efforts with modified proposals.</p> <p>3) HSACCC/ statewide advocacy efforts:emphasis on State funding/Categorical funding/Equity-SSSP funding to support health services; Health Services Ed. Code intact, no COLA this year; expanding CCC MediCal billing and advocated for law for MATCHING funds related to mental health moving forward smoothly.</p> <p>4)MAA- continued participation. \$\$ received post audit, new invoicing procedure with SCOE, moving forward.</p> <p>5)SSSP and Equity funds obtained during 15-16</p> <p>6) and 7) Funding Strategies developed, meeting with VPs, multifaceted</p>
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.	<p>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.</p> <p>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.</p> <p>3)Training/Supervision activities of NPs/MH interns with regular chart reviews, Medcat reports as appropriate.</p> <p>4)Guideline development for consistent standard of care/ quality review of select conditions.</p> <p>5)Obtain CLIA certification for clinical/lab services</p>	Summer->Fall -> Spring ->	<p>1) June Retreat, 15-16 program plan, and QI workgroup established to oversee and track QI activities in SHS.</p> <p>2) Equity funding received, project development continued, good progress made, additional program needs identified.</p> <p>3) Training, Supervision and Interdisciplinary case management/consultation meetings occurred throughout the year.</p> <p>4) Several guidelines developed over the year.</p> <p>5) Not done.</p>
0003	ALL	01	02	Effectively disseminate health information to students and staff	<p>1) Implement new method of documenting health information dissemination activities by SHS, for improved capacity for evaluation</p>	Summer->Fall -> Spring ->	<p>1) Tracking system improved this year, data collection still spotty.</p>

				<p>2) If funded, work with Media Services, STNC, District SAP workgroup to produce Sexual Assault Prevention video for use in all orientations at SRJC</p> <p>3) Apply systems to expand health information dissemination to each student coming into the health centers</p> <p>4) Focus on promoting, advocating and delivering classroom presentations and Student Health 101</p> <p>5) Coordinate Facebook postings to share a broad range of health information</p> <p>6) Include health information in Bear Facts postings</p>		<p>2) SAP video produced and done, with SSSP funds.</p> <p>3) Marginally done, paper not an effective means, obtaining a secured email communications with students, to forward handouts and/or information is a preferred method for students.</p> <p>4) Classroom presentations: Increased significantly Fall 2016</p> <p>5) Facebook posting diverse, good quality and with regularity</p> <p>6) Bear Facts: a few educational items included with marketing postings. Flyers are used, which often don't have info on them</p>	
0004	ALL	01	02	<p>Increase SRJC student access to healthcare on campus and in the community</p>	<p>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.</p> <p>2)Maintain/develop MOUs for critical services on campus working relationships with agencies (RH, ACA, other), and</p> <p>3)Develop referral fast tracks to community HC services as possible to serve students at risk.</p> <p>4)Update and maintain "navigating Sonoma County's healthcare system" and referral information, for providers, as well as web postings and handouts for students.</p>	<p>Summer->Fall -> Spring -></p>	<p>1) Multifaceted approach continues, with somewhat better focus for effective modes in 15-16. Data needed is when students come in, to ask them what got them to come here if from an external source.</p> <p>2) MOUs maintained, no net new</p> <p>3) Some relationships strengthened. MediCal MH improved by addition of new providers per ACA parity. Community health centers struggling, with hires for establishing a new PCP, but acute care access at clinics adequate.</p> <p>4) Done, newly asking "how long to get an appt. to establish a PCP?" with variable responses depending on location. some resources need updated 2x a year, due to dynamically changing environment.</p>
0005	ALL	01	02	<p>Implement NCHA survey / SLO assessment</p>	<p>1)Designate STNC personnel to coordinate</p> <p>2)Obtain HSACCC Consortium agreement</p> <p>3)Purchase NCHA Surveys</p> <p>4)Develop sampling plan with assistance of OIR (when Fall classes posted)</p> <p>5)Revise letter to Faculty & President's letter</p> <p>6)Format/purchase supplemental questionnaires from SRJC OIR, coordinate numbering with ACHA</p> <p>7)Send Letters to Faculty (begin as soon as sections identified)</p> <p>8)Organize and train distributors</p> <p>9)Administer Survey</p> <p>10)Send completed surveys to OIR and ACHA,</p>	<p>Summer->Fall -> Spring -></p>	<p>1 through 9 all done. Included Supplemental Survey Questions. Being prepared for send off.</p>
0006	ALL	01	02	<p>The SHS student employment program will :</p>	<p>1) Establish Student Development workgroup schedule for 15-16 (all student employee supervisors)</p>	<p>Summer->Fall -> Spring -></p>	<p>1) Workgroup: Done, establishing regular communication among all SHS student employee supervisors, lateral learning on the strengths and challenges of both supervisors</p>

				<p>1) achieve identified learning outcomes and the ability to demonstrate appropriate work skills.</p> <p>2) SHAs feeling connected and supported by peers and supervisors in SHS</p> <p>3) deliver high quality, cost effective training and supervision of student employees with an efficient use of staff time</p>	<p>2) HIRING: Review and align job descriptions identify optimum criteria for hiring, and recruit efficiently and effectively, considering employment retention potential (1-2 years)</p> <p>3) TRAINING</p> <p>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.</p> <p>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.</p> <p>4) ASSESSMENT/EVALUATION:</p> <p>a) A short learning outcomes and training evaluation tool will be developed, for students to complete at the end of each student meeting/training.</p> <p>b) Skills demonstration will be assessed by individual supervisors, incorporating criteria from the student employee evaluation form, with 1:1 meetings as needed.</p> <p>c) All student employees will complete an evaluation of their supervision/employment experience in May 2016</p>		<p>and students within the cohort, and moving closer to standardizing proficiencies for work in SHS as a whole.</p> <p>2) JOB DESCRIPTIONS Closer 15-16, much improved 16-17</p> <p>3) TRAINING More SHA and SHA-PEERS overlapping trainings and cohort development activities, training/orientation manuals developed more for implementation in June 16.</p> <p>4) ASSESSMENT/EVALUATION systems developed, implemented, continue with CQI in mind. May 2016 evaluation of their experience pending.</p>
0007	ALL	01	02	Launch and maintain new SHS website, evaluate student experience	<p>1) Complete content updates in new structure and launch Summer</p> <p>2) Establish quarterly dates for entire webpage review for needed updates; with content review by assigned staff/workgroups.</p> <p>3) Develop staffing plan to review/provide updates</p> <p>4) 5 staff trained in Drupal over the year</p> <p>5) Add SHS orientation video to website homepage.</p> <p>6) Update Sexual Misconduct webpage to District mandates and current information.</p> <p>7) Identify web resources specific to online students.</p>	Summer -> Fall -> Spring	The web site has been launched, internal staff trained in Drupal, webpage reviews in place, video uploaded. Title IX page deferred to HR and Prevention position. Online activities section imbedded.
0008	ALL	06	02	Staff will participate in prioritized staff development and training activities	<p>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.</p>	Summer->Fall -> Spring ->	<p>1) All SHS staff trained in required SAP procedures and best practices</p> <p>2) All CORE staff attending ACHA in MAY</p> <p>3) See Section 3 of PRPP for full list of many activities</p>

					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 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 ->	1) Database structure refined, meeting Equity reporting needs 2) Software upgrade done 3) Chart shredder installed and charts shredded, 4) QI functions linked to database management improved. 5) Searching for funding for self check in and OSH.
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 department training in the START method of medical triage	Summer->Fall -> Spring ->	1) Done 2) 5 staff participated in ASL, BSL, SIMS/NIMS and EOC Disaster trainings over the year. Safety trainings internally, and participation in evaluations and drills accomplished. No advanced medical EOC training done No START method of triage for SHS staff
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)	Summer->Fall -> Spring ->	No branded BI program launched. BI trainings as "stand alones" by situation have been done (QPR, Sexual Assault, DV, AOD) over the course of the year. Name/scope questions, in dialogue with MHSA.

				<p>4)Offer Mental Health First Aid training for new student employees, Bacchus training for student leaders, QPR TTT and Gatekeeper trainings in classrooms</p> <p>5)Participate in District's Sexual Assault Prevention workgroup towards development of an effective strategy for college wide outreach</p>	<p>New course being offered in Fall encompassing most of the BI topics with training embedded. Will be part of CHW program, open to all students, and moving into a mandated course for SHA-PEERS in 17-18. Expands BI training throughout the college, without a "branding" per se.</p> <p>No SOC online form, but Maxient software implementation in progress</p> <p>MHFA, Bacchus, QPR TTT, One LOVE, trainings throughout the year for SHS staff. SM-PEP meetings periodically via SHS leadership, moving into a more formalized structure under the Title IX officer.</p>
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6.2a Program/Unit Conclusions

Location	Program/Unit Conclusions
ALL	<p>FUNDING STABILITY</p> <p>SHS's fiscal crisis is peaking, and multifaceted work to stabilize funding and procure new revenue streams is the highest priority for the department. See Section 2 for an outline of strategies. Progress and momentum is noted this past year, and 16-17 will be critical towards finding sustainable fiscal solutions.</p>
ALL	<p>ANNUAL DEPARTMENT PLANNING PROCESS CYCLE, COORDINATION OF ACTIVITIES</p> <p>This is particularly a priority as SHS is in the midst of a significant resource crisis. We need to continue efforts to increase efficiencies and group focus due to the complex, voluminous and diverse work done by the department. Strategies implemented in 15-16 have been useful: Integration of multidisciplinary energies, coordination of activities, staying well ahead of the curve through planning processes and clarifying roles and responsibilities with equitable distribution of work. This will allow us to maintain our current scope (possible amount reduced), and continue the standard of excellence we uphold. Workgroups, CORE meetings and integration activities with specific goals identified remain key.</p>
ALL	<p>COMMUNITY HEALTH WORK</p> <p>In 15-16, the expansion of diverse learning communities at SRJC and SHS's engagement with community members (students, faculty, administrators and community agencies) with physical, mental and social health issues has indicated the power of our community health work, and SHS's great capacity to make an impact on the health of the overall college community. 16-17 is potentially a year where SHS can identify specific goals to target populations more effectively, as foundational relationships have been established, new NCHA data is available to support prioritized health interventions, and the internal Health Promotion workgroup evolves. Our positive visibility in the community also contributes towards support for our funding pursuits.</p>
ALL	<p>IMPROVE TECHNOLOGY AND DATA COLLECTION METHODS</p> <p>Many aspects of this program review indicate a need to improve technologies and methods applied to be more effective and achieve our goals.</p> <ul style="list-style-type: none"> * Increasing access to health support services by online students * Improving case management follow up with students for very high risk mental health and clinical health issues (secured email communications) * Showing evidence and outcomes related to Equity projects, health promotion activities (moving online more) and clinical care. * Improving clinical care via remote access by providers to medical records for urgent and emergency situations off hours. * Support development of new revenue streams through database development and supports with software vendor via remote server. (expanded Medi-Cal LEA billing) * Have appropriate technology in department areas supporting optimum learning experiences for students, as this function has expanded significantly, and technologies are inadequate. <p>With Measure H, Instructional Technology funds, and possibly Equity funds, SHS hopefully can leverage resources to meet this critical need in SHS.</p>

6.2b PRPP Editor Feedback - Optional

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6.3a Annual Unit Plan

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0001	ALL	07	02	SHS Funding Stabilization	<p>1)Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies, closely monitor revenue & expenditures, implement COLA adjustments as allowed</p> <p>2) Continue policy ground work re: Health Fee waivers and amounts.</p> <p>3)Work with HSACCC re: Health Fee legislative advocacy / reform</p> <p>4)MAA- continue participation, consider LEA billing options; pilot PRN</p> <p>5)Explore/pursue options for Grants, SSSP and/or Equity funds</p> <p>6)Explore external funding sources aligned with SHS vision, work with Foundation</p> <p>7)Implement available options for District support funds, towards prevention of Maintenance of Effort activation.</p>	Ongoing	<p>Administrator and Staff time:</p> <p>Time/participation in HSACCC legislative initiatives for Health Fee reform</p> <p>MAA/LEA Coordinator meetings, trainings, work with Accounting and SCOE on invoicing, IT for MC data match, software enhancements</p> <p>Work with SSSP/ Equity programs to identify work in SHS appropriate for funding, obtain data from IT as necessary</p> <p>Local, state and national networking meetings/conferences to learn of new funding opportunities.</p>
0002	ALL	08	02	Continuous quality improvement - implement a robust plan to maintain and improve program effectiveness.	<p>1) Dedicate time for a department planning retreat time in June to establish a shared understanding and clear plan for activities during 16-17, to increase program effectiveness and set reasonable goals that match the resources available.</p> <p>2)Establish CQI workgroup and goals to systematically address</p> <p>* benchmarks and evaluation process for each program component: clinical, SPS, health promotion, student development, Equity, PEI.</p> <p>* infuse dialogue on integration/coordination of activities for increasing program effectiveness</p> <p>* data collection methods, reporting, data analysis towards CQI</p> <p>* Student Learning Outcome assessments</p>	<p>Summer</p> <p>Ongoing</p>	<p>Administrator and Staff time:</p> <p>Workgroup time</p> <p>Data analysis and reports</p> <p>SLO Assessment implementation</p>
0003	ALL	01	02	Increase SRJC student access to healthcare on campus and in the community	<p>1)Continue multifaceted approach to outreach on department information and functions, and health support resources available in the college and broader healthcare community.</p> <p>2)Maintain/develop MOUs for critical services on campus working relationships with agencies (RH, ACA, other), and</p> <p>3)Develop referral fast tracks to community HC services as possible to serve students.</p> <p>4)Update and maintain informational supports for "navigating Sonoma County's</p>	Ongoing	<p>Administrative and Staff time:</p> <p>Outreach activities (coordinate with SHS Health Promotion/Outreach workgroup)</p> <p>Community partnerships, meetings and communications with agencies</p> <p>Research, web updates, document prep</p>

					healthcare system" with referral information for providers, and web postings and handouts for students. 5) Collect intake data in health centers to determine how students learned of SHS resources to support outreach strategies.		
0004	ALL	04	02	Pursue funding, and implement technology development projects in SHS	1) Establish technology workgroup and goals for 16-17 * monitor progress on SHS technology requests * support development of software upgrade implementation plan as indicated * review Mediat database integrity and effectiveness, implement changes as indicated, provide training leadership, liaison with support services (Mediat, IT) 2) Engage in discussions with appropriate administrators to identify funding and implementation support for SHS technology needs.	Summer Ongoing	Health Fee, Bond funds, other as available Staff time for workgroup, operational support and projects IT support time
0005	ALL	01	02	Strengthen SHS's community health promotion program, engaging in student learning communities, classrooms, events and activities to improve the physical, mental and social health of individuals and the community.	1) Establish Health Promotion/Outreach workgroup and 16-17 goals, identify scope of work and strategies to optimize coordination of dept. resources 2) Develop and implement health promotion / outreach plan for 16-17 * Incorporate priority health promotion activities derived from NCHA data * Assure provision of early health promotion outreach to new students (orientations, early Fall, Welcome activities) * Balance available resources for internally sponsored activities, with engagement in predictable District wide community events * Assign/align staff resources with diverse learning communities to engage in health promotion activities 3) Maintain and improve data collection and outcome monitoring 4) Review inventory of department presentations/PPT for classroom use, standardize and improve as needed, link with current NCHA data and/or recent citations/resources, to support academic excellence 5) Maintain and develop SHS web page, support staff Drupal training, consider short video links (spend resources developing in house and/or link to existing resources)	Summer Ongoing	Staff time for workgroup, organizing, preparing for and providing health promotion services PEI grant and Health Fee funding support for materials, contracts External grant funding as available and outside agency supports

					6) HP/O workgroup to Integrate periodically with other SHS workgroups to coordinate work: QI activities, student development activities.		
0006	ALL	01	02	Continue strengthening the Student Employee/Student Development Program in SHS	1) Establish Student Development workgroup and goals for 16-17. 2) Develop training schedule for 16-17, (Summer, Fall, Spring). Include in Student Employee Manual with any associated support materials. Coordinate with CORE group and outside resources for input/participation. 3) Identify/review/implement/supervise student work skills objectives, learning outcomes and evaluation. Coordinate activities. 4) Evaluate job descriptions, recruitment methods, and hiring/training process in preparation before Spring 17 recruitment cycle.	Summer Ongoing	Funding for student employment (Health Fee, grant, other as possible) Student development workgroup time SHS staff time supporting trainings, supervision Work Experience faculty
0007	ALL	04	02	Address SHS Facilities Needs, engage in Facilities Planning process	1) Work with facilities planning groups articulating SHS needs 2) Develop concept paper outlining SHS functions and facility needs for both Santa Rosa and Petaluma campuses	Ongoing Spring	Staff time, administrative support
0008	ALL	01	02	Equity Funded Project - Continue development and implementation of Screening and Case Management work with high risk students	1) Apply Equity funds optimally to support desired outcomes 2) Train new students on intake procedures and project support tasks 3) Continuous evaluation of established protocols of response and referrals for students identified with significant mental health, safety and physical health risks, adjust accordingly (work with QI group) 4) Review data and outcomes of case management work, prepare reports for Equity program (may be partially linked to SLO project) 5) Explore methods to improve provider-student communications, including incorporation of new software options as available	Ongoing	Equity funding Staff Time: NP release time with STNC backfill, student employee support, Provider time for student follow up communications, administrator supports Software / data management supports
0009	ALL	01	02	Implement Student Learning Outcomes assessments	1) Review NCHA data collected Spring 2016, analyze trends, priority health issues, demographic breakouts, and prepare report for dialogue with various constituent groups 2) Design SLO assessment project for 16-17 and implement. Analyze data and engage in dialogue, adjust programming as appropriate (link to Equity project as feasible)	Summer Summer-- Fall--Spring	Staff time, administrative support

0012	ALL	00	00				
0012	ALL	00	00				