Santa Rosa Junior College
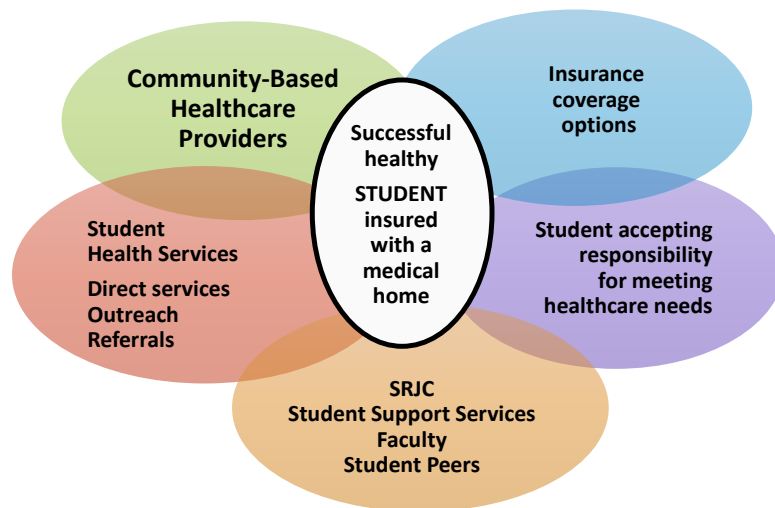## Program Resource Planning Process

Student Health Services 2019

1.1a Mission

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

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

Values:

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

Compassion, Innovation

1.1b Mission Alignment

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

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

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

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

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

1.1c Description

Student Health Services is described via a Board off Trustees approved "Health Services Plan". Allowable scope of services, staffing minimum requirements for supervision, and appropriate use of Health Fee funds are 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, services 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 programs and services provided are focused on student retention and success.

By providing free access to individualized healthcare services on two campuses, many health barriers to student success are addressed early, and effectively. 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.

The health promotion and outreach functions of the department 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. SHS has organized and sponsored many college events in collaboration with various academic and student service departments, in order to increase student engagement campus-based activities, provide educational forums and bring visibility to health related issues as connected to student success.

Student Health engages in a variety of risk management processes in support for the District. Leadership for the Crisis Intervention Resource Team (CIRT) is provided, offering 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. Environmental health issues, communicable disease control and disaster preparedness are other areas of SHS support provided.

1.1d Hours of Office Operation and Service by Location

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

Student Health Services currently 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 2019 Hours of Operation:

SANTA ROSA CAMPUS

Race Building Office Hours:
Mon - Thurs. 8:30 AM – 5:00 PM
Fri. 8:00 AM - 12:30 PM
(Closed Fridays during June/July)

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

Plover Hall Office Hours:
Mon - Thurs. 8:30 AM – 5:00 PM
Fri. 8:00 AM - 12:30 PM
Closed Fridays during June/July)

Services for Individual Students:

Mental Health Counselors   Monday through Friday

PETALUMA CAMPUS

Richard W. Call Building Office Hours:
Mon. - Wed. 9:00 AM to 5:00 PM

Services for individual students:
Nurse Practitioner   Mon. - Wed.
Mental Health Counselors   Mon. - Wed.
* Petaluma Health Center   Tuesdays
(FAM-PACT reproductive health services)
* Redwood Community Health Coalition   *Variable*
(Medi-Cal/ACA enrollment)

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

1.2 Program/Unit Context and Environmental Scan

Other programs/units

Describe any changes in the social, business, cultural, educational, technological or regulatory environment that could impact your program/unit over the next three years.*Writing Tips: The purpose of this section is to convey to the reader the "big picture," highlighting any aspects of the social, business, cultural, educational, technological, or regulatory environment that may impact your program/unit over the next three years or that provide insights into future trends.*

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

FISCAL ENVIRONMENT

1. **The Sonoma County wildfires in 2017 are still impacting services, programs and the economic dynamics of the local environment significantly.**
2. **The steadily declining student enrollment at SRJC** continues to create significant fiscal challenges for the college community. Due to a combination of factors, the college is in the process of "right sizing", with a minimum of 15% cuts in academic programs and District budget over the next two years. Extra State funding has kept the college solvent after the Fall 2017 fire disaster in Sonoma County, and stabilization funds.
3. **New funding formulas for CCCs in California** are being implemented this year, and significant adjustments are being made at the college in regards to consolidating and adjusting services to maximize base revenue by the new benchmarks. This is impacting the organization and funding of Student Support services. (SSSP, Equity, Basic Skills = SEA)

4. **Health Fee Revenue** for Student Health Services (credit student headcount x Health Fee) has dropped over the last few years, as a result of the enrollment drops. Considered the base funding for the program, expenses outweighed the revenue significantly, with the reserve fund depleted, and dependency on District funding emerged in the 18-19 fiscal year for the first time since 1990-91.
5. **Health Fee COLA** has been allowed Spring 2019, increasing by a dollar, resulting in about $55,000 additional revenue per year for SHS.
6. **Employee expenses,** i.e. salaries, benefits, pension contributions and health benefits, have increased significantly. Whereas a reduced FTE of permanent staff has occurred, salary and benefits increases are still exceeding income. 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.
7. **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. There is legislation pending though at the State level to provide relief to employers obliged to these high rates of contribution.
8. **BOND money** is now available for new buildings, facility planning, and technology at the college, with construction and planning projects in full bloom. Yet, a recurring paradox is playing out again at SRJC: If you don't have enough money to have support staff and people to work in the buildings, or maintain them, or to integrate technology projects, how can you plan appropriately?
9. **Other SHS Department Fiscal:** MAA funding has dropped due to a change in Federal and State reimbursement policies/procedures. Two grants utilizing Mental Health Services Act state funds and a one-time Mental Health Support Allocation are now in place for 2018-2020. This supports operations and infrastructure for mental health treatment, outreach and stigma reduction.
10. **Health Promotion** Clinical services and health issue outreach has been diminishing in light of the extensive funding for mental health outreach, and finding funding sources to support the whole department in a balanced fiscal manner is ideal.

SRJC COMMUNITY
1. **Access Issues as related to SRJC Enrollment Trends -** shifts in location of student coursework, with increases in online and evening attendance, impact SHS's program planning in regards to an appropriate level of access to the scope of our services.
2. **The online student population** has been growing so significantly, and is now the second largest "location" of students at the college after the Santa Rosa Campus. The impact of the newly emerging Statewide online college is putting uncertainty on how this impacts our enrollment locally.
3. **Petaluma Campus enrollments** have shown drops. 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, with a very promising future with developing a building trades learning center. Major community need after the fires.
4. **Non-credit student enrollment** has grown. 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.

5. **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 particular consciousness around income inequality, immigration, discrimination and other significant social justice issues are apparent in the current student population, and activism has been modeled, supported and present as a "norm" among our student population (i.e. homelessness and housing costs, food insecurity issues, transportation barriers, and other various social justice issues). Refreshing! Free transportation options, food pantries, and plans to build a dorm on campus are all outcomes of this movement.
    - The Student Empowerment Academy as formed with SHS grant funds has taken off and is thriving in the 19-20 year. The hope is that this is a sustainable model, with a collaborative Student Employee training model in Student Services to support student development, work experience skills and better prepare our community to provide trauma informed care.

FEDERAL, STATE, COUNTY FUNDED HEALTHCARE

California remains a leader in ACA implementation and MediCal expansion, protection of undocumented immigrants, and committing to higher education. The Federal climate is the antithesis of this, and the tension is difficult for many. Basic needs and rights are being highly politicized. Sonoma County is struggling significantly maintaining its infrastructure after the wildfires, as many people have moved out, and the property tax base for the County reduced significantly, resulting in rolling cutbacks across the infrastructure of the County government. This has resulted in increased homelessness, hunger and increasing income gaps that impact the social determinants of health for our students and community.

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) Students clearly have improved access to ongoing mental health services in the community.
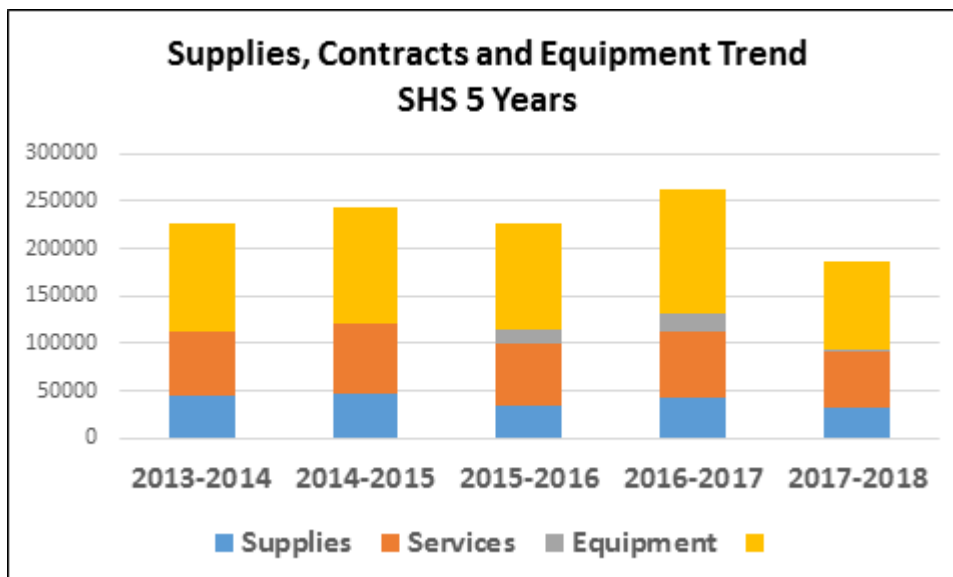4) Undocumented students, in Sonoma County, will have access to expanded MediCal coverage.

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

4) SHS's ongoing relationships with the local healthcare system are critical, particularly towards improving access to services for our students.

2.1a Budget Needs

Student Health Services has been cutting supplies and services significantly over the last several years, in response to revenue limitations linked to declining enrollment and associated Health Fees collected from students. Costs have increased, so the reductions in product are disproportionate to the reductions in end costs. The chart below shows the five year trend.

Supplies, Contracts and Equipment Trend
SHS 5 Years

Legend: Supplies, Services, Equipment

Years: 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018

Supplies have been cut each year fairly steadily, this year by another 17% (medical supplies for students as part of the provision of health services). This results in SHS pulling back on the clinical scope of services, such as no longer providing some prescription medicines for students free of charge related to their illness. We have analyzed drug costs in the community and selected a reduction of in-house medications that should have the least financial impact on students. Office supplies cover three facilities, so there is some redundancy in materials. Consolidated facilities would help some, and it would be useful to have some supply funds increased eventually, as these cuts directly impact students.

Contracts: With SHS's software maintenance agreement at $27,000 per year, the Health Fee fund increasingly is having difficulty absorbing this cost. In 2016-2018, a combination of grant funds, District funds, and Health Fee funds have been pieced together to meet this obligation. The other 5000s are essential, such as our physician contracts, equipment maintenance and graphics bills.

 A note on the software contract:

* This provides the most secure option for data management in SHS's healthcare environment, handling protected health information with the highest level of network security.

* We moved our functions to the cloud for our software product in 2017, providing savings to the District, as IT no longer needs to maintain a server, manually upload data or provide local support. This did increase the cost which now is being carried by student health fees.

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

2.1b Budget Requests

Rank	Location	SP	M	Amount	Brief Rationale

2.2a Current Classified Positions

Position	Hr/Wk	Mo/Yr	Job Duties
Health Promotion Specialist	30.00	12.00	Coordinate PEI Grant activities, classroom presentations, community liaison work, suicide prevention trainings, CIRT member, health awareness and outreach activities. Plan, implement and evaluate health promotion programs. Certified trainer for many MH curriculums.
College Nurse Practitioner	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
Medical Assistant	32.00	12.00	Clinical and administrative support functions, front office reception in Race Building, intake, direct care, medical records support, subpoenas, Faxes, etc. supervises 5-6 student employees.
College Nurse Practitioner	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
College Nurse Practitioner (VACANT April 2019)	30.00	12.00	Direct individual services for acute illnesses and injuries, immunizations, screenings, referrals, and health education. Public health consultations and prevention services for the college community. Administrative support tasks, as assigned.
Medical Assistant	40.00	12.00	Clinical and administrative support functions, direct care, medical records and technology support, medical supplies maintenance and ordering, front office reception, intake, supervises student employees. CPR-1st Aid trainer.
Health Services Specialist	40.00	12.00	Administrative support functions, purchasing, accounting/fiscal, payroll, SAI claims, Incident Reports, front office reception, intake, student employee supervision.
Health Promotion Specialist	17.00	12.00	Coordinate PEI PEERS, classroom presentations, suicide prevention trainings, health awareness and outreach activities, community liaison work
V -Health Services Assistant	40.00	12.00	VACANCY - support to the Director, diverse department admin support
V -Medical Assistant	40.00	12.00	VACANCY - providing clinical and administrative support to Petaluma Campus functions

2.2b Current Management/Confidential Positions

Position	Hr/Wk	Mo/Yr	Job Duties

	40.00	12.00	
Director, Student Health Services Vacant 5-20-19	40.00	12.00	Administrative oversight of SHS budgets and programs, personnel supervision, CIRT and MAA Coordinator, college-community-state liaison, disaster planning, District policy and procedure development, contract supervision and clinical and program quality assurance. District communicable disease control.
Manager, SHS-Mental Health Programs	40.00	12.00	Administer mental health programs, mental health grants oversight, supervise mental health internship site, SPS and PEI (Prevention and Early Intervention-MHSA) personnel supervision, CIRT, college-community-state liaison, District policy and procedure development, program quality improvement.

2.2c Current STNC/Student Worker Positions

Position	Hr/Wk	Mo/Yr	Job Duties
c PEI FUNDED Student Health Aide pool	72.00	12.00	Peer student mental health support acitvities; health promotion
a HF FUNDED PE Licensed MH Provider pool	19.00	11.00	Provide individual and group supervision for mental health interns, training, direct services
a HF FUNDED STNC Mental Health Interns pool	120.00	10.00	Provide direct mental health services, (crisis intervention, individual, couples, group therapy), presentations on mental health topics.
a HF FUNDED CNP STNC backfill pool - assorted	3.60	11.00	CNP duties - backfill hours for CNP Sick, Vacation, Jury Duty, etc.
a HF FUNDED Student Health Aide pool	100.00	12.00	Reception and intake for 3 facilities, support administrative and outreach functions.
b EQUITY FUNDED Student Health Aide pool	10.00	11.00	Student peer community health work, assist students in accessing support
d ATHLETICS FUNDED CNP STNC pool - project	6.25	4.00	Direct individual services to support Athletic screenings and exams, providing medical clearance for SRJC athletes to participate in sports competitions. Episodic work..
b EQUITY FUNDED CNP STNC backfill pool project	2.50	11.00	Direct services acute illnesses and injuries, CNP backfill to perform case management work.
a HF FUNDED CNP STNC backfill pool vacancy 4months	30.00	4.00	STNC backfill vacancy April - September 2019
e MH Grant FUNDED Student Employees	20.00	11.00	Attend trainings by SEA Academy and admin support to grant as needed

2.2d Adequacy and Effectiveness of Staffing
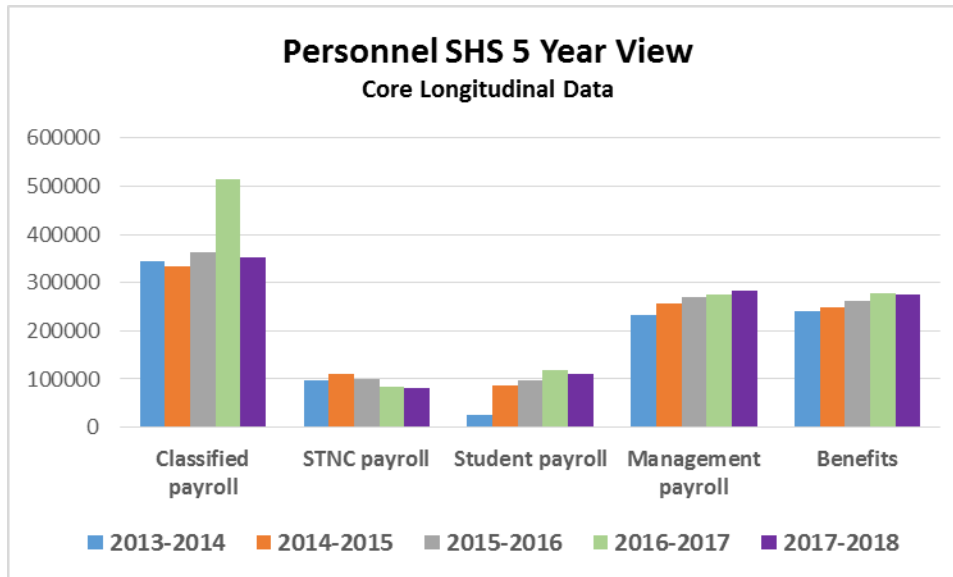
In this section:

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

SHS does not currently have sufficient staff to maintain mandated level of services, staffing for three facilities, and meet the demands of SRJC student health needs.

Being a department without District funding, each year staffing cuts have been part of our attempt to sustain itself, and adjustments/additions in assigned duties to the remaining staff has reached capacity. SHS has gone from 5 FTE in clinical and administrative support staff to 2.8 FTE in the last 3 years. The daily student service operations and keeping three facilities open has been challenging, given that the department has provided over 8000 professional service visits in the last year. (Nurse practitioners, physicians, mental health

providers and more). This has been the priority for the department, and remains a priority: serving the students right in front of us. Certain administrative projects have fallen by the wayside. For example, an updated inventory and accounting for all of the District's First Aid kits has not been done in 4 years. Various projects such as MAA program support work, supporting the Athletics department with medical clearance communications with coaches, web page updates,

The needs of the students have not decreased by any measure. There also have been small net decreases in the Nurse Practitioner positions over the last 5 years.

Personnel SHS 5 Year View
Core Longitudinal Data

Classified payroll	STNC	Student Employment	Management	Benefits
Same permanent staff costs as 5 years ago, due to significant permanent staff reductions.	No compensatory increase, net decreases over 5 years. Includes mental health assista	Increased, addition of PEERS and additional support for three facilities	Reductions 2019-20 with Director roll over.	Increased despite significant permanent staff cuts.

- In 2018-2019, 2.0 FTE positions were considered "lost" as they were not filled when vacated: Health Services Assistant and Medical Assistant/Petaluma.

- Additionally in the Spring of 2018 - 2019, the Director is retiring and one of the three College Nurse Practitioners is leaving, moving out of State.

- In 2019 - 2020 it is anticipated that the other two College Nurse Practitioners will be retiring as well, essentially all the nurses in the department leaving within a 14 month time frame.

- Clinical providers are very difficult to recruit, Master's prepared nurses to begin with, but also with Nurse Practitioner certification. There is a shortage in Sonoma County, and the pay scales for these providers is significantly higher in the community as compared to the District's pay scale for these classifications. The expansion of MediCal under ACA has put nurse practitioners in high demand by community clinics to meet the demand for increased access, with corresponding pay increases.
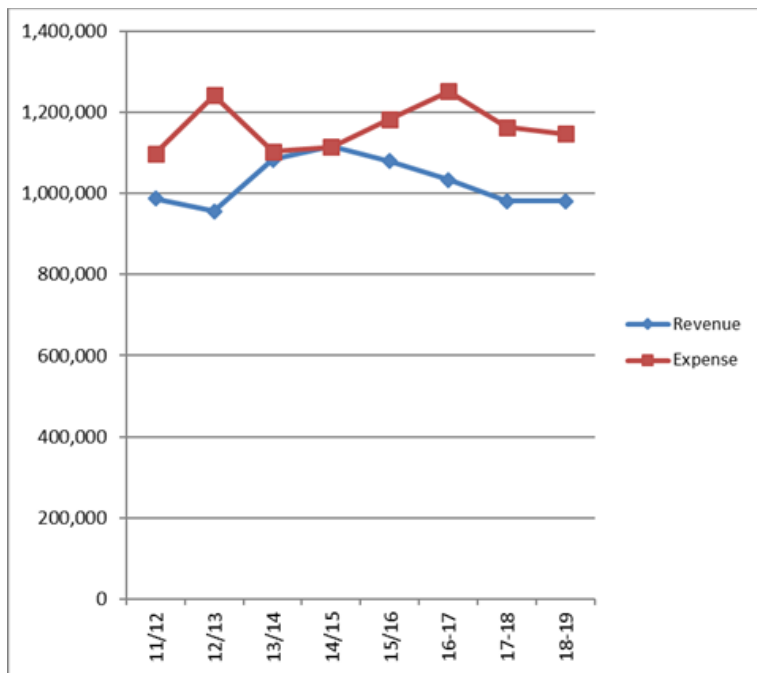
- Reductions in permanent staff are all in the Clinical Services area, with the NP practice a mandated service the District is obligated to maintain through legislative directive.

- The reclassification of classified staff several years ago increased our classified payroll costs. Conversion of ongoing STNC to permanent position accomplished.

- Having three facilities to maintain standard District office hours on has put significant pressure on the department to "keep its doors open".

Whereas the software company provides some support, the customization of the system to enable adequate reporting functions for various grants and student outcome measures relevant to SRJC is a complicated task. In the past, there was a dedicated Medical Assistant that coordinated all things related to the system. The SHS department now has an internal Tech Workgroup of assorted permanent staff, that meets regularly. The loss of dedicated labor has made the work for the department less efficient.

- Cost efficiencies have been deeply embedded in our department structure and function:

    - Mental health services are provided by a combination of essentially unpaid practicum students and modestly paid psychology interns. The internship model's costs are primarily for the licensed clinical psychologists that supervise them.

    - Our student development program, employing up to 16 students/year, is a combination of work experience in a healthcare setting, student peer health advocacy training, and student success coaching. Their work in the department is critical.

    - Developing relationships with outside agencies has leveraged a healthy scope of our services for students, combined with grants. This places a much higher need for administrative support in the department to manage the diversity of these functions, including MOUs, invoicing, reporting, scheduling, and contracts.

    - Leveraging technology to reduce workload for humans.

The department was fiscally self-sufficient for 25 years, leveraging reserve funds each year for fluctuations. At the end of 17-18 the Health Fee reserve fund was depleted, and revenue does not cover the costs of the department as needed currently, despite the cuts made already.
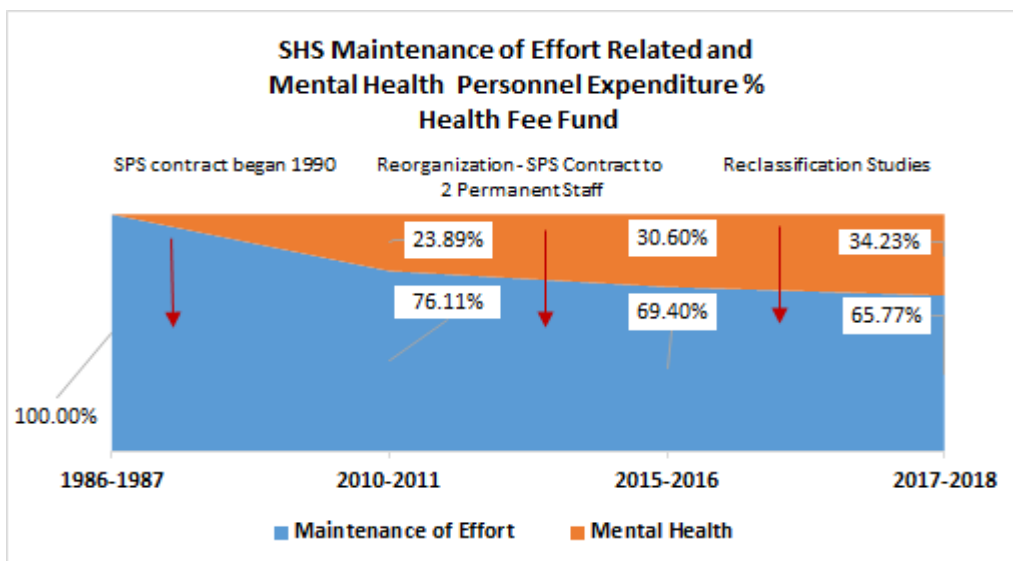
SHS Health Fee Revenue and Expenses 2011 - 2018

Applicable Education Code Law: 76533, 2(e)

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

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

Short Term Fiscal Solvency

- Carrying classified vacancies as they occur, and cutting FTEs when positions roll over has been the default strategy. It hasn't been strategic in that the declining working conditions in the clinical services area does not provide incentive for providers to work at the college, combined with lower salary than that available in the community.
- The perception of mental health services being a priority for students has impacted the decisions to preserve as much of the current level of services as possible. At some point, the balance of student services provided by the Health Fee may need cuts in mental health. Fortunately, mental health has procured much more money through allocations and grants, so the possibility of this being funded by sources outside the Health Fee are promising, and restoration of lost clinical resources is possible.
- A reorganization of service delivery into one facility on the Santa Rosa Campus is needed. This will achieve greater staffing efficiencies by one front staff reception person, who has assumed administrative duties related to a critical vacancy/position loss.
- Race is questionably large enough to house all of our current level of DIRECT student services. Facility revisions are needed to stay there, until it is possible to obtain one larger facility under the same roof for all SHS functions on the SR Campus.
- The District provided support for the back casting of Federal reimbursements under the MAA program, and assisted with the software contract in 18-19. The ability of the District for this flexibility relies upon the disaster fire relief funding provided. Future support will depend upon use of the changing funding formula, under student services.

SHS will continue chasing new revenue; Successful outcomes for the 18-19 year have included an AmeriCorps grant, portion of the Cal Fresh Outreach grant, a 2-year competitive mental health program grant 18-20, and a separate mental health allocation from the State for CCC mental health services. Efforts to sustain the County mental health grant are active, as their new 5 year plan funding is emerging at the end of this year.

BACKGROUND ON STAFFING REQUESTS

Director, SHS - VACANCY This is a mandated position by Education Code, i.e. all health services supervised by a Master's prepared Public Health Nurse. Vacancy 5-19, with recruitment efforts being launch immediately is requested.

College Nurse Practitioner - VACANCY This is one of two CNP positions assigned to the SR Campus clinical services. It is a 0.75 FTE position and critical for operations and meeting mandated services. STNC pool nurses are being requested to backfill this vacancy until the Director is hired and pursue recruitment for a start date in early Fall 2019.

Health Services Assistant previous VACANCY This position is central to the administrative functioning of the department, and functions as an assistant to the Director, as well as working on several District Support functions outlined in Maintenance of Effort. These duties have been distributed to the three remaining administrative support staff, with the Director assuming most of the buget related work.

Medical Assistant previous VACANCY Shifting the Petaluma Campus Medical Assistant to the previous Santa Rosa Campus vacancy was made to meet operational demands. Petaluma has about 10% of the student utilization as Santa Rosa, and hours were cut there to Monday through

Wednesday to adjust the program accordingly. A rotating staffing plan for Petaluma Campus coverage is the current approach to keeping the Petaluma office's door open. This could be replaced by a reduced FTE Medical Assistant position as funding permits.

Long Term Fiscal Solvency

California legislation initiatives

The new funding model, moving towards block grants for Student Services makes it possible for the District to have more flexibility and apply funds to student Health Support Services locally. There are no state dollars designated to specifically support health services in CCCs, with the exception of the one-time Mental Health allocation for 2018-2020. There is momentum to shift funding from the State Mental Health Services Act to provide a regular stream of fund to higher education sites for prevention. Basic needs initiatives (social health) are being funded to some extent, and those colleges with health centers are providing greater access for students than those without health centers. Legislatively, having a steady stream for the full range of health services, including nurse directed clinical services, is a more evidenced base approach, providing integrative services for physical, mental and social health needs of students. This has been brought forward a number of times legislatively, without success, yet the emerging universal health care access model in California, with supportive leadership from the new governor, makes this an opportunity for significant lobbying in this direction. Having students pay out of pocket, at an unsustainable amount to meet their true needs, is a major barrier built in to the infrastructure of the CCC system. CCC students do not have equitable access to health support services at each college. HSACCC is actively working on solutions with various partners.

Additional/ External Funding Sources - Future Prospects

County and State MHSA funds

Kaiser community benefit grant

Continuing alignment and funding of SHS work via the Equity Program.

Expand MAA and LEA billing program, direct billing and expanding the MAA pool of participants

Fund raising via the Foundation, Student Health Services unrestricted fund in place for receiving.

New emerging grants

Advocacy for CCC base funding for health centers on its campuses.

Local Health Fee Policy - remove any fee waivers granted by SRJC that exceed those required by Education Code (non-credit, dual enrollment, etc.)

2.2e Classified, STNC, Management Staffing Requests

Rank	Location	SP	M	Current Title	Proposed Title	Type
0001	ALL	01	02	Health Services Assistant	SAME	Classified
0001	ALL	01	02	Student Health Aide	SAME	Student
0002	ALL	01	02	Assorted	SAME	STNC
0003	Petaluma	01	02	Medical Assistant	SAME	Classified

2.3a Current Contract Faculty Positions

Position	Description
	NOT APPLICABLE

2.3b Full-Time and Part-Time Ratios

Discipline	FTEF Reg	% Reg Load	FTEF Adj	% Adj Load	Description
	0.0000	0.0000	0.0000	0.0000	NOT APPLICABLE

2.3c Faculty Within Retirement Range

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

2.3e Faculty Staffing Requests

Rank	Location	SP	M	Discipline	SLO Assessment Rationale

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

STUDENT HEALTH SERVICES TECHNOLOGY AND SOFTWARE NEEDS

Current Environment:

In addition to standard network connections to the College's Outlook, Escape and Student Information (SIS) systems, the Student Health Services department **utilizes a software system (Medicat) specific for healthcare information processing.** Permanent employees, contractors, student workers and psychology interns utilize the system for management of student appointments, to document student 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, via a regular schedule of uploads from SIS, when demographic student information populates selected fields in Medicat. Up to 45 separate users shared the department's 34 desktop computers and 6 laptops, located in three different facilities on two campuses, and used during outreach events. The current District policy is to replace hardware every 7 years.

The Medicat system was moved from a dedicated server on site in SRJC's IT department, to a web - based remote server system provided by our software contractor, in 2016. This improved network security as the company provides the highest level of HIPAA certified security. This also was a cost savings for IT, but increased the cost of the system, which was then transferred to the Student Health Services budget. An annual contract of $26,000 is linked to the annual service contract.   Additional software functions were added as part of the migration, including confidential communication between students and providers, self-check-in capacity in the health centers, online student health with appointment access 24 hours/ 7 days a week, and more. All of these technology functions are compatible with reducing workforce labor in SHS as part of "right sizing", as well as achieving the highest standards of confidentiality from both a technical, and operational perspective. These functions are slowly being phased in to the workflow, as facilities, hardware support and database management by SHS staff allows.

ITG REQUESTS

LAPTOPS   As facilities merge and change function, our hardware configuration needs adjusting with additional mobile laptop computers to maximize access to a large part-time workforce. As mental health counseling is moving into the Race Building on the Santa Rosa campus, some of these laptops are for use in confidential counseling sessions (to review student answers to intake questionnaire for use in a session, without having a desktop computer as the vehicle with lost eye contact) These items also will support us having mobile workstations in a facility that will

be very crowded as we merge our direct services, and expand our flexibility on how to maintain access to our health information system bymany providers through the day. Health promotion activities also may use these computers. Five have been requested.

PETALUMA MEDIA

T**he video recording technology at the Petaluma Campus site** for SPS services is old and unrepairable with several attempts. Having a new system set up in this room is needed, as linked to the supervision and training activities of the mental health intern program.

PERMANENTLY INSTALLED KIOSKS IN RACE

T**he ability to utilize appropriate technology for our program relies upon a revision to have permanently installed kiosks at the intake point for students.** A significant challenge for implementation of the student self check in module is the limited capacity for the Race Building facility to incorporate 3-5 student self check in kiosks/workstations. As all direct professional services are being migrated to the Race Building, this is becoming an acute challenge. The self check in module allows for students to complete their health history and health screening questions in a confidential manner prior to their first visit. The program's task of providing for integrative case management of student health needs depends on this capacity. Temporary mobile computers are being piloted currently.

PRINTERS

The department also has a mix of laser and ink-jet printers in-house to support functions for both the clinical work, health promotion materials and administrative work. There is one Kyocera in each of the SHS facilities, but an additional 8 printers support the work of the department. As IT support for these printers as they fail, is not available, efforts are being made to consolidate functions and eliminate paper processes whereever possible.   Additional resources are needed to fully meet the printing needs of the department, though. Minimally **the Race facility needs to add another Kyocera unit with color printing capacities.**

Other forms of technology utilized within the department include large interactive media screens in meeting rooms in SR, a lobby based media screen for educational displays, and video recording set ups in mental health counseling rooms to support adequate supervision and training of the graduate student mental health interns providing services. Classroom clickers are maintained for classroom presentations.

SHS Technology 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.

Budget/Financial Strategies

o   ITG Bond Fund Revenue: District/Bond support is critical. Whereas the facility is priority, any needed tech/hardware items will be requested via this route.

o   Instructional/Non-Instructional Equipment Funding as appropriate

o   Health Fee revenue – Resources as available

o   External and grant funding as available for projects upgrading our technology capacities.

STUDENT HEALTH SERVICES OTHER EQUIPMENT NEEDS

With a significant portion of the department's function being healthcare services delivery, there are a number of equipment needs required for the practice. The department has purchased and maintains equipment such as audiometers, vision screening machines, blood pressure monitoring equipment, otoscopes, microscopes and more.

STUDENT HEALTH SERVICES FURNITURE NEEDS

The lobby furniture in the Race Building's first floor, between Dental and SHS, is 20 years old, in poor repair, and is difficult to maintain cleanliness with. A request for replacement of this furniture is longstanding. The lobby itself, though, may be part of a facility remodeling project needed by the SHS department for its front office area, and the purchase of appropriate furniture should be part of the overall planning process for this project

2.4c Instructional Equipment Requests

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

Rank	Location	SP	M				0	$0.00	$0.00			
0001	Petaluma	01	02				0	$0.00	$0.00			

2.4d Non-Instructional Equipment and Technology Requests

Rank	Location	SP	M	Item Description	Qty	Cost Each	Total Cost	Requestor	Room/Space	Contact
0001	ALL	01	02	ITG Bond Fund 14" Dell laptop	5	$1,400.00	$7,000.00	Susan Quinn	Race Building SHS	Chad Delaca
0002	Petaluma	04	02	ITG Bond Fund Video recording Mental Health	1	$2,900.00	$2,900.00	Bert Epstein	Petaluma SHS SPS room	Bert Epstein
0003	Santa Rosa	04	02	ITG Bond Fund Intake kiosks Race Building for SHS	5	$1,000.00	$5,000.00	Susan Quinn	Race Building	Cindy Dickinson
0004	Santa Rosa	04	02	ITG Bond Fund Replace Lobby seating - safety & ADA	1	$25,000.00	$25,000.00	Susan Quinn	SHS Race Building 1st Flr Lobby	Cindy Dickinson

2.5a Minor Facilities Requests

Rank	Location	SP	M	Time Frame	Building	Room Number	Est. Cost	Description
0001	Santa Rosa	04	07	Urgent	Race Building - 1st Floor SHS	SHS Lobby front reception	$50,000.00	Remodel front reception area / lobby in Race to provide 4-5 self check-in stations for students
0001	Petaluma	04	07	1 Year	Petaluma Call SHS department	613	$0.00	Back up electricity for vaccine refrigerator during power outages
0002	Santa Rosa	04	07	Urgent	Race Building SHS department	4012	$0.00	Back up electricity for vaccine refrigerator during power outages

2.5b Analysis of Existing Facilities

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

The greatest need for Student Health Services is to have <u>one</u> facility on the Santa Rosa Campus that houses the clinical, mental health, health promotion and administrative support functions in our department, to improve effectiveness, efficiency and an integrated health support 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. Measure H funding is being sought for a solution to our facility problems.

SHS resources have diminished to the point that a merging of direct professional services for students will need to be consolidated sooner rather than later, with an anticipated Summer 2019 start date. The Race facility is the only option for this on the Santa Rosa Campus due to the required infrastructure of the facility (numerous rooms with running water, confidential spaces, etc.) The facility cannot accomodate other department functions, though, including additional rooms for fiscal and District support work, additional confidential spaces for mental health intern supervision sessions, the Prevention and Early Intervention program under the county MHSA Grant, and space for managers on site of the practive to provide needed supervisory support to the providers. Student lay down areas when sick, and space for the frequently requested breast milk pumping areas also are not met with Race alone.

An **immediate remodeling is needed to convert the Race facility into a functional option for merged clinical and mental health services, incorporating available technology and more efficient space utilization to meet the current needs.** The space is very small to accommodate the various direct services offered to students. The front reception area needs to be adjusted to have student self check in kiosks or stations, and convert the floor space into a more efficient use for changed reception functions, creating more confidential space as possible, and support a full transition into a paperless operation. Such a remodeling project has associated hardware and furniture implications that are mentioned in other parts of this PRPP.

A minimum of **5 confidential rooms for overflow functions in SHS in Plover is needed;** the adjacency to the service delivery area is critical for supervisory and risk management issues, and with a large temporary work force (interns, STNC, Student Health Aides) space is needed for them to do work that is not a direct service delivery (documentation, admin projects,

Petaluma: This facility meets the utilization and safety needs for SHS operations adequately, and all of the space is not fully utilized at all times. The design of the front reception area, with a window and locked door between the public and staff supports lower staffing levels for safety. The lobby has been converted into a temporary Basic Needs Resource Center, and Conference Room 609 serves the department well for meetings, including tech connection for videoconferencing. As the Petaluma Student Services facility plan is being developed, it is clear that SHS will remain peripheralized in its

location, which may be contributing to the lower utilization rates by students on the campus. Trying to partner with an appropriate student service in the adjacent space in the Call Building hopefully will optimize a volume of traffic into the area to increase SHS visibility and support student needs efficiently. The lobby is conducive to computer workstation for check in areas for SHS.

Refrigerator back up electricity

Small refrigerators are maintained in the clean labs of both health centers, for storage of vaccines and some medications. Refrigerators also are maintained for storage of lab specimens when indicated. (Requirement for refrigeration of labs in SHS is very limited). As the vaccines purchased by the department are expensive, and need to have their temperature steadily maintained to preserve efficacy, the department is vulnerable during power outages, risking the loss of thousands of dollars of vaccines. The original Race Building plans included generator back up for the outlet that the vaccine refrigerator is plugged in to, but was recently confirmed that this is not functional presently. The Petaluma health center's clean lab refrigerator also does not have this capacity.
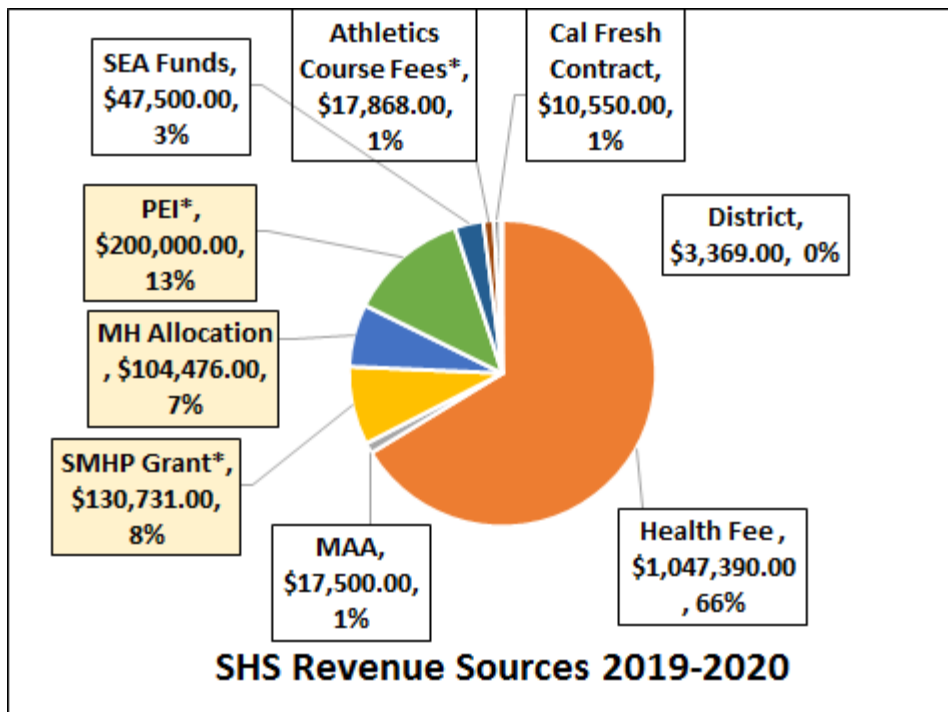
3.1 Develop Financial Resources

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

SHS has dedicated a lot of resources towards diversifying revenue sources over the years, as Health Fee revenue has not covered expenses since 2012. The Health Fee reserve fund has been depleted now, despite cutbacks each year in personnel, supplies and equipment. Each funding source has its associated administrative overhead work, in the form of invoices, reports, proposals, outcome monitoring, and communications with grantors. Greater efficiencies could be achieved with a simpler and more streamlined consistent revenue stream.

All Revenue 19-20	
Health Fee	$950,000.00
MAA	$20,000.00
SMHP Grant	$130,662.00
MH Allocation	$104,476.00
PEI	$200,000.00
Equity Funds	$47,500.00
Athletics Course Fees	$17,868.00
Cal Fresh Contract	$10,573.00
District	$3,369.00

$1,484,448.00

SHS Revenue Sources 2019-2020

- SEA Funds, $47,500.00, 3%
- Athletics Course Fees*, $17,868.00, 1%
- Cal Fresh Contract, $10,550.00, 1%
- PEI*, $200,000.00, 13%
- District, $3,369.00, 0%
- MH Allocation, $104,476.00, 7%
- SMHP Grant*, $130,731.00, 8%
- MAA, $17,500.00, 1%
- Health Fee, $1,047,390.00, 66%

These funding sources are applied in varous ways as appropriate to the funding goals. Maintaining permanent staff positions has been a high priority, though the losses experienced in staffing cuts has not always been strategic, in that they are unplanned departures by staff or retirements.

Personnel	Health Fee	SEA/Equity	SMHP	Athletics	PEI	CFO	MH $
Director	$165,539						
Manager	$56,165		$19,991		$15,232		$99
New CNP 0.75 9 months	$78,720						
CNP 0.75	$68,045	$33,515					
CNP 0.75	$82,643					$10,550	
MA 0.8	$85,745						
MA 1.0	$106,080				$6,783		
HSS 1.0	$109,895		$12,211				
HPS 0.75					$94,570		
HPS 0.45					$37,180		
Doctors	$20,000				$3,000		
STNC CNP	$19,611	$5,000	$6,000	$2,250			
STNC Interns	$2,399						
PE	$40,900		$51,220				
Students	$91,125	$5,072	$11,125	$5,466	$45,563		

Long Term Fiscal Solvency

California legislation initiatives

The new funding model, moving towards block grants for Student Services makes it possible for the District to have more flexibility and apply funds to student Health Support Services locally. There are no state dollars designated to specifically support health services in CCCs, with the exception of the one-time Mental Health allocation for 2018-2020. There is momentum to shift funding from the State Mental Health Services Act to provide a regular stream of fund to higher education sites for prevention. Basic needs initiatives (social health) are being funded to some extent, and those colleges with health centers are providing greater access for students than those without health centers. Legislatively, having a steady stream for the full range of health services, including nurse directed clinical services, is a more evidenced base approach, providing integrative services for physical, mental and social health needs of students. This has been brought forward a number of times legislatively, without success, yet the emerging universal health care access model in California, with supportive leadership from the new governor, makes this an opportunity for significant lobbying in this direction. Having students pay out of pocket, at an unsustainable amount to meet their true needs, is a major barrier built in to the infrastructure of the CCC system. CCC students do not have equitable access to health support services at each college. HSACCC is actively working on solutions with various partners.

Additional/ External Funding Sources - Future Prospects

County and State MHSA funds

Kaiser community benefit grant

Continuing alignment and funding of SHS work via the Equity Program.

Expand MAA and LEA billing program, direct billing and expanding the MAA pool of participants

Fund raising via the Foundation, Student Health Services unrestricted fund in place for receiving.

New emerging grants

Advocacy for CCC base funding for health centers on its campuses.

Local Health Fee Policy - remove any fee waivers granted by SRJC that exceed those required by Education Code (non-credit, dual enrollment, etc.)

SHS Grant Funding 18 - 20

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	Susan Quinn	Under-	$47,500	None required	No	Ends June 2016	January 2015-June 2016	None

	Equity Funds		represented SRJC student populations						
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.**

- Work with the Health Services Association of CCCs on statewide advocacy efforts to identify and support funding streams from the State to CCC health centers. Discussions currently on mandated health services at all CCCs with State funding stream, and legislation specifically for mental health services at CCCs through MHSA funds.

- Continue to access any Technical Assistance MHSA / CCC funding for local trainings, access to products such as Kognito, or other tools for prevention work which may be available.

- Watch closely for Sexual Assault Prevention grants, probably Federal, that could come down through either the State, or the Dept. of Education. This would assist the college in meeting Campus SAVE Act mandates. Online educational products are available for purchasing, to meet orientation education mandate. Advocate for State support funding for CCCs to achieve mandates.

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

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

- ACA, MediCal and CalFresh benefits for students: MOU and/or grant to assure enrollment access on campus.   Redwood Health Coalition lead agency.

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

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

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

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

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

3.2 Serve our Diverse Communities

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

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

- Dialogue has occurred in the Student Health Services Advisory Committee as we consider policy change on the Health Fee and non-credit students accessing healthcare in our established health centers. The fee at this time is not preferred

by the administration as it may impact noncredit enrollment. Noncredit students receive benefits of the Health Fee, such as communicable disease control, online learning activities, extensive community resources, and may access the ACA enrollment and reproductive health services provided on campus via MOUs with outside agencies.

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

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

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

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

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

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

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

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

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

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

A note on Staff diversity:

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

3.3 Cultivate a Healthy Organization

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

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

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

Challenges identified:

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

Department Responses:

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

communicating with each other; case reviews to highlight challenges and stimulate conversations. A weekly block of time has been set aside when these providers can meet for quick case consults, on an as needed/desired basis.

- **Department Planning Meeting/February** – This meeting typically has included all of the CORE staff plus all other professional staff, i.e. licensed mental health providers, psychiatrist, physicians, STNC PEI staff, for program planning purposes (once per year). There have been some challenges in maintaining this timing, as it is held on PDA day, but alternative times for this particular layer of professionals meeting has not been forthcoming.

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

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

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

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

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

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

SHS - ONGOING STAFF DEVELOPMENT RESOURCES/ACTIVITES:

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

2. **All Staff:**

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

b. **Monthly All Department Meetings** - have provided staff development activities and opportunities to learn more about assessment data, quality improvement processes, cultural diversity, presentations from other departments and student learning communities and other topics.

c. **The District's Staff Development Program** - Staff attend seminars during PDA days and online resources are also utilized.

d. **Web-based Continuing Education** - These offerings, mostly free, have been made available to staff for clinical, mental health, health promotion, software training, administrative, and college health issues, via the numerous professional organizations, memberships and contractual agreements we have, as well as free offerings via the Chancellor's Office and other grant funded initiatives.

e. **Conferences, Community Events -**

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

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

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

3. **Clinical Providers**

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

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

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

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

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

STAFF DEVELOPMENT PLAN

- **Continue with ongoing internal staff development activities for our learning communities, which** take a significant amount of resources and time, but consistent with our student development model, our workplace training programs, and quality assurance objectives.

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

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

- **Continue integrated student employee trainings** - All student employees are expected to be an informed "first contact" for students seeking health services. A strong training program with "CORE" concepts of working in a health services setting is critical, along with content on a broad spectrum of health related issues. CPR, QPR, First Aid, Mental Health First Aid, Title IX Sexual Assault Prevention, Confidentiality, Bystander Interventions, Cultural Sensitivity and more.

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

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

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

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

3.4 Safety and Emergency Preparedness

Student Health Services and Crisis Intervention Resource Team information included:

Illness and Injury Prevention Program (IIPP)

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

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

Safety Trainings

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

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

- CPR, AED and First Aid.

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

- Needle-stick safety training.

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

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

- District's Sexual Assault Response procedures (Title IX mandates) and Clery Act reporting requirements.

- District's incident reporting process and response flowchart.

- Building and Area Safety Coordinator training.

- Disaster response training.

- Standardized Emergency Management System training (SEMS).

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

- Assorted disaster/emergency tabletop exercises.

- FEMA training.

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

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

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

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

Building and Area Safety Coordinators

Name	Building	BSC Area	ASC Area	Department	Area of responsibility	Management Support
Chad Delaca	Race Bldg. – SR	x		SHS	Race 1st Floor - West Wing	Bert Epstein
Toni Bacigalupa	Call Bldg. – Pet		x	Student Affairs/SHS	Call Building	Bert Epstein

B-CARE Team (formerly known as the CRISIS INTERVENTION RESOURCE TEAM)

SHS staff participate in this District multi-disciplinary team, which administratively lands under the Student Health Services department. 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 16 members, by position, from District Police, DRD, Academic Counseling, and SHS.

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 B-CARE 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).

- Some staff members drive electric cars

- 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
National College Health Assessment Survey			x			x

2018-2019 SLO Assessment

Spring 2019 is the time frame for administering the National College Health Assessment Survey, in line with a three year cycle of assessment. Many benchmarks are embedded in this survey for our department to examine trends in the health status

of our students, suggestive of the impact of SHS programs, and/or the direction needed for our programs moving forward.

This year Student Health Services decided to move from the paper based version of this survey to the online version of the survey. Most colleges across the nation utilize the online format; our concern was mostly about the expected return rate for our commuter college environment, which typically is lower. Despite that, we gave it a try, and worked with ACHA and SRJC's Office of Institutional Research to distribute the survey during the last two weeks of February and the first week of March. An accompanying incentive was identified for participation (iPads) with broad marketing of the survey to students.

SRJC successfully reached their goal of 1000 students completing the survey. Though only 800 students was required for valid results, (due to the downsizing of our college), our students came through and completed this rather long and personal survey about their health status, behaviors, perceptions, and outcomes.

The data has arrived, and the process of analysis by the SHS team will begin. Included are basic results, trends, and demographic breakouts and cross tabs for a variety of indicators: ethnicity, age, gender, single parents, and more. Reports will be presented in a number of ways, beginning with the Student Health Services Advisory Committee in Fall 2019. A PDA presentation may be indicated once additional data breakouts are accomplished for a more meaningful dialogue with college staff and faculty. The data is used in social norm marketing to students, reports to college and community partners, for use in applications for funding and grants, population risk assessment and more. Results also are posted on the SHS web page.

It is hoped that the OIR will be able to insert this data into a cross relational database (Tableau?) where the data will be more accessible to the college community, for enhanced infusion into course curriculums, increased understanding of the health needs of our students, and student research projects.

Program Follow-up for SLO from 2017-2018

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

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

Analysis: Sleep is an area of greater knowledge deficits for students, they are very interested in the material, and responded well to the information presented.

PROGRAM FOLLOW UP: UNIVERSAL SCREENING OF STUDENTS COMING TO THE HEALTH CENTER FOR SLEEP DISTURBANCES, WITH EDUCATIONAL/MOTIVATIONAL INTERVENTIONS FOR BEHAVIOR CHANGE TO IMPROVE SLEEP STATUS. PILOT IMPLEMENTED SPRING 2019.

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.

Students share 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. Some courses are now requesting this training each semester/year, such as the A.D.N. students, Vet Tech, and the Human Services Counseling courses. Pre and post surveys are collected from all training participants, and learning outcomes are measured. These outcomes are tracked with new methodology as required by the County Grant funding these trainings.

4.1c Student Learning Outcomes Reporting

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

4.2a Key Courses or Services that address Institutional Outcomes

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

4.2b Narrative (Optional)

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

In Spring 2019, the NCHA survey was completed again, meeting both department and institutional learning outcomes assessment. This significant undertaking provides a rich collection of data on the health challenges of SRJC students, and analysis and dialogue will occur over the course of the entire three year period between assessments, depending on the particular program component addressing prioritized student needs. A re-assessment due Spring 2022.

The development of the program's integrated care and case management model is being informed through ongoing student learning assessments, and projects designed to measure the impact of this type of care on the experience of students is an area that is promising over the next few years.

5.0 Performance Measures
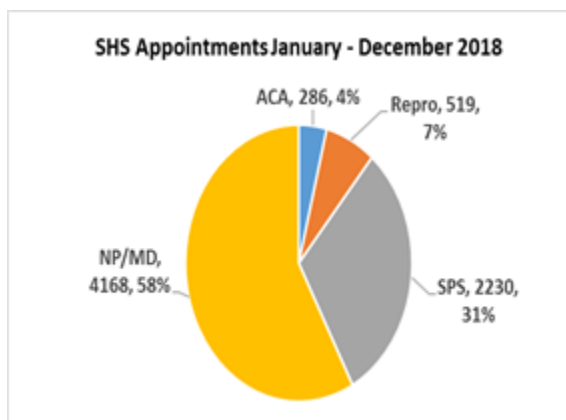
STUDENT HEALTH SERVICES PERFORMANCE MEASURES

A time of change is an opportunity to step back and evaluate the role of the SHS department in the health of the SRJC college community. How can we have the greatest impact on the health of the students overall? As resources are becoming more limited, and a focus on efficiencies and effectiveness, this question is important. And the changing culture of SRJC students is as is the awareness of what SRJC students specifically need to support their success as students in a changing culture.

From the perspective of a public health model, population based prevention interventions have a positive health impact on more students, with much less cost. These include health related social norms marketing campaigns (substance use), skills training (navigating the health system, asking for help), policy work (sexual assault prevention) and communicable disease control efforts. One on one professional visits for physical or mental health will perhaps have a greater impact on an individual student, yet is a much more expensive activity, and often involves treatment for conditions that could have been prevented. This service is critical to maintain, though, at some level, as this is the safety net for many students, where serious and high risk conditions otherwise would go unrecognized and/or treated. Resources spent this way, though, on a small percentage of students, needs to be adequately balanced with health programs that impact the community's population overall.
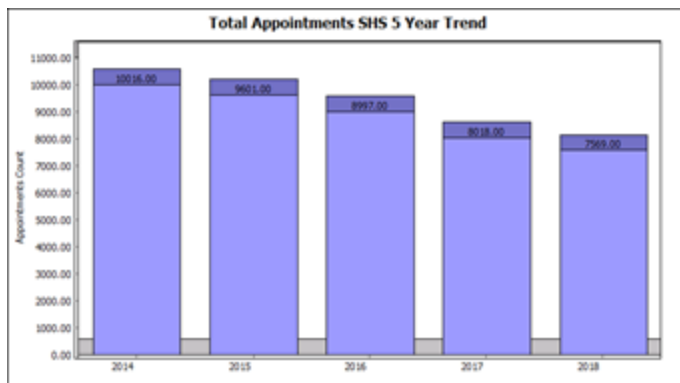
Clinical Prevention – Integrated Service Model as best practice

Three years ago, SHS started a project to bring the various direct services available for individual students together in a more student centered program, with nurse practitioners and mental health providers working more closely together, communicating more, and increasing student access to in-house service referrals, with an Integrated Behavioral Health model beginning in fall 2018.

Nurse practitioners currently are providing about 68% of *SHS provided* individual services. The short 15 minute appointment to address one acute physical condition is becoming less frequent. The providers are spending considerable more time with students, both in the exam rooms and with follow up communications. Up front screenings are being expanded this year, beyond the very high risk factors assessed (suicide, homicide, safe living environment), thus will assist the student and provider in having a more focused conversation about various health conditions and vulnerabilities (example: sleep disturbances, substance use patterns, access to social supports) impacting their student experience.
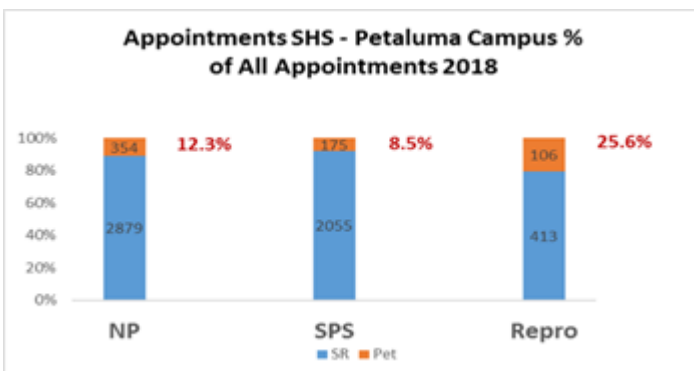
Mental health services on the other hand, have been providing a series of contacts with students in the form of solution focused, brief therapy, since individual mental health counseling services began in 1993. The integration and blending of these two practices and culture enhances the learning environment for everyone, through diverse approaches addressing student needs. Many mental health needs of students can be effectively addressed with a nurse practitioner visit, as well as all SHS visits identifying and responding to student financial aid and social support needs as well.

Total Appointments SHS 5 Year Trend

Student Psychological Services Clients 07-08 to 18-19

Fewer students are accessing the clinics in SHS (enrollment drops, etc.) so the timing is good to not have these changes impact student access disproportionately. The number of students seen at SPS is increasing though. A jump from 236 students seen in 07-08, to 573 students in 18-19, represents growth of more than 140% in student headcount in just over a decade. (Wildfire effect 17-18)
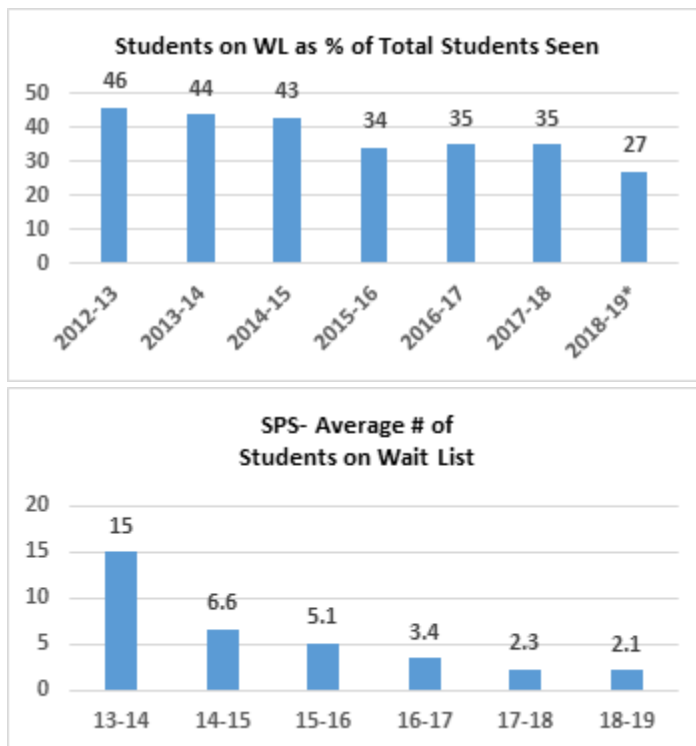
Petaluma and Santa Rosa Campus Utilization Data 2018

Petaluma hours were reduced and condensed, but utilization stayed steady from 17 to 18. Those visits still represent a small proportion of the overall visits to SHS health centers. The goal is to provide a consistent service for Petaluma that meets student needs.

Appointments SHS - Petaluma Campus % of All Appointments 2018

SPS uses a prioritization system for those students on the wait list. Thus, students with more urgent concerns are seen in ongoing therapy sooner.
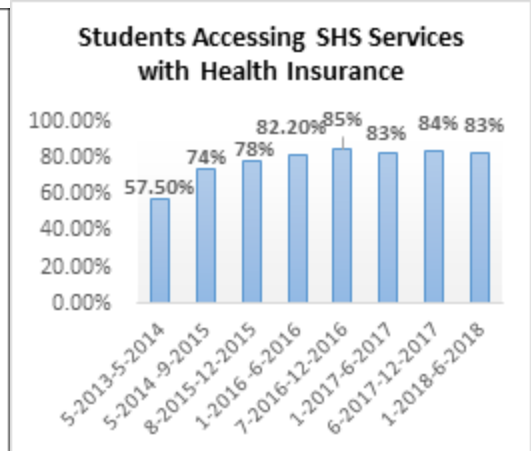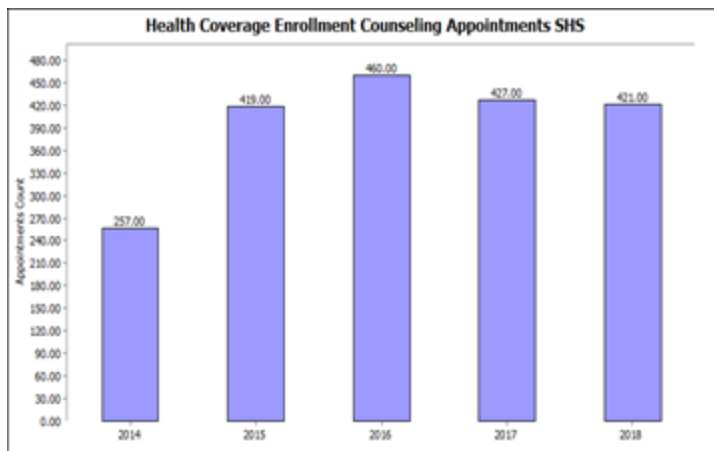
In the last several years, refinements in the SPS triage system reduced both the number of students and the time spent on the "wait list." This reflects continuing improvements to efficiencies at SPS

Students on WL as % of Total Students Seen

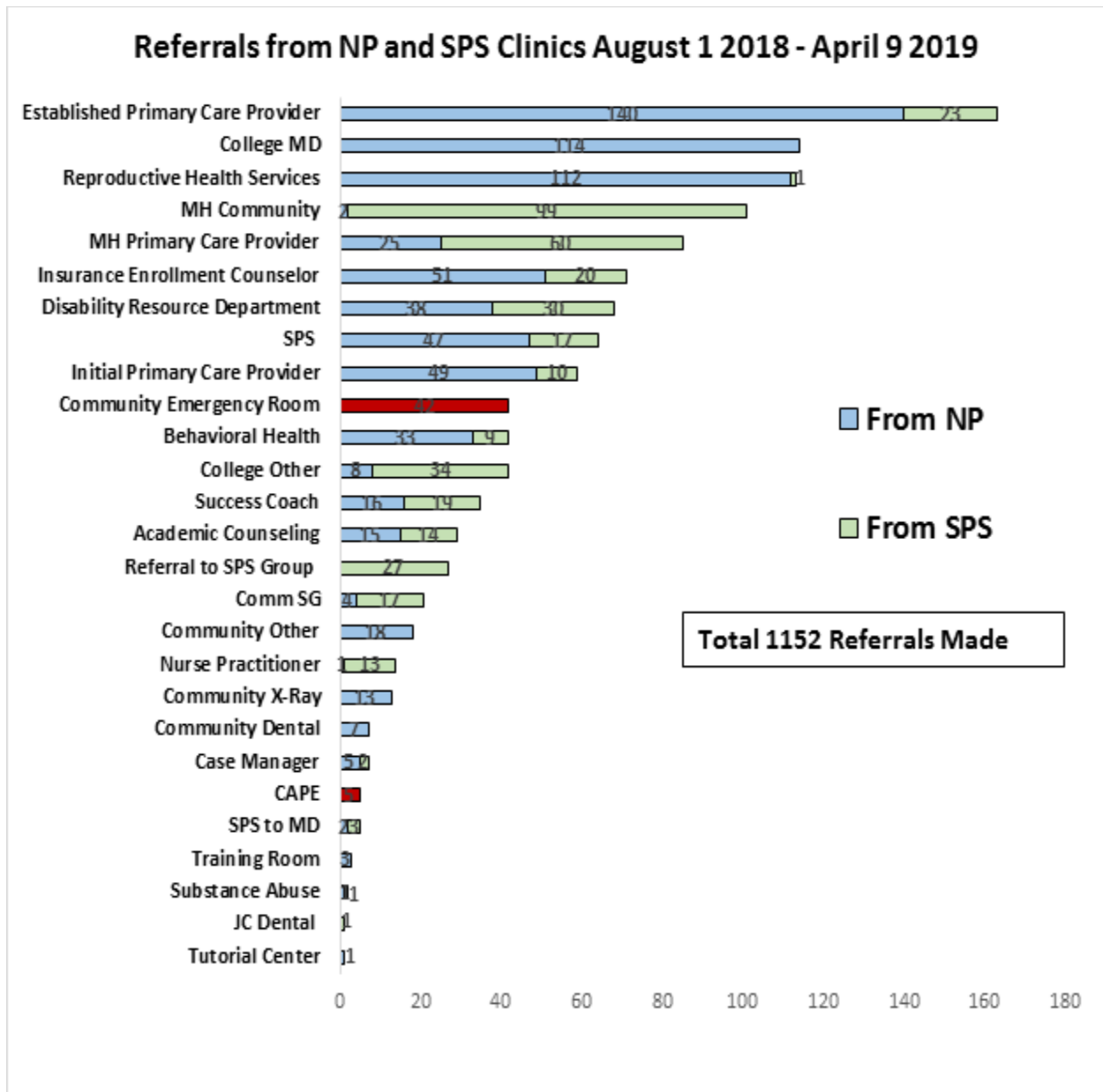**SPS- Average # of Students on Wait List**

Having co-located clinicians and mental health providers *not* working in the same facility has challenged the SHS program since 2012. The need to physically integrate services for better continuity of care between providers is being addressed. Having one access point to all health support services will improve the student experience tremendously, and provides a more conducive environment for the seamless and warm handoffs to other supports available on site. In 18-19, a post doctorate MH intern has been working in the NP clinic site in Race, and starting this summer (2019) the two facilities will be merging as much direct service as possible into the one Race facility on the SR campus.

Referrals

SHS is not intended to be the longitudinal medical home for our students; the vision of a student with full medical coverage, and established with a primary care provider in the community becomes an important goal for our work. Immediate short term goals for addressing acute health conditions, combined with navigation assistance for continuity of care for the student are often the work being done in the case management model. This is often done via referrals, starting with enrollment in health coverage plans for students without health insurance. The work of SHS has been very active in this realm, especially after the Affordable Care Act rolled out, significantly changing the environment of access for community college students. SHS has always brought a higher percentage of uninsured students in, compared with college wide and community norms, and having certified enrollment counselors on site has contributed significantly to accomplishments in this area.

Health Coverage Enrollment Counseling Appointments SHS

Students Accessing SHS Services with Health Insurance

One benchmark to indicate success with the strengthening of a student's support network for health, is to monitor referrals being made by providers from within SHS. The SHS medical records database has good data on referrals being made, and this is being utilized as both a quantitative and qualitative measure of success.

Referrals from NP and SPS Clinics August 1 2018 - April 9 2019

From NP

From SPS

Total 1152 Referrals Made

Our internal referral success rates are being monitored on a regular basis.

Internal Referral Success Rates:

NP → MD   NP → Repro   NP → SPS   NP → CM/BH   SPS → MD

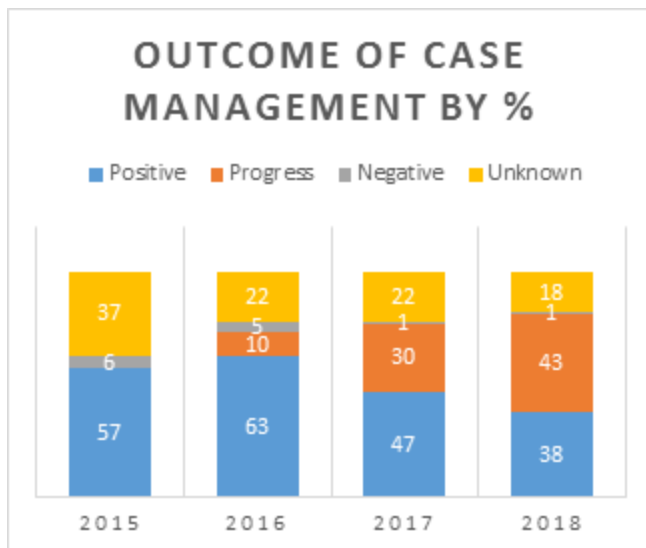|	2017	2018
NP → MD	66%	69%
NP → SPS		38% Fall 18 only - 61%
NP → Case Manager/Behavioral Health Provider		Start Fall 2018
NP → Sexual/repro	53%	65%

The program has also looked at how effective SHS's referrals are to other college support resources, as well as referrals to community based healthcare services. The college is in the process of reorganizing internal student support services with a high turnover of personnel in the coming years. The Sonoma County healthcare community has, and is, changing rapidly as well. SHS's goal is to facilitate the mobilization of needed support services as smoothly as possible; knowing exactly what agency and/or provider will best meet their needs, and those that do not have extremely challenging access issues. Staff work with SRJC departmental staff, as well as staff from community resources often to improve the referral process, and experience for SRJC students.

College Referral Success Rates: Not Currently Tracked Consistently/ Develop Systems

NP/SPS → DRD   NP/SPS → Academic Counseling   NP/SPS → Success Coaches   NP/SPS → College Other (what is other?) CalFresh, Financial Aid, Food Pantry, Transportation supports, Housing, Student Support Center
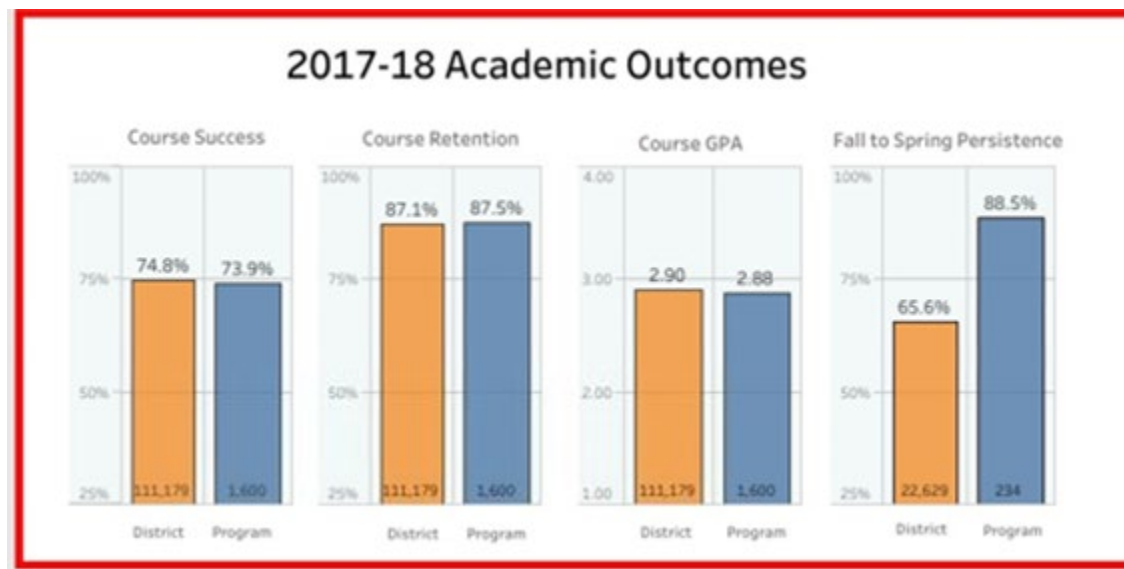
Case Management Outcomes

A cohort of students that have been identified as being at high risk through SHS's universal screening program, and served by individual professional service visits, is being followed for data linked outcomes. Students with Academic Risk, Safety at Home, Suicidal thoughts, and Suicidal intent, are included in this cohort. Data has been analyzed in terms of meeting the goals of an individualized risk intervention plan, as well as meeting the college's broader equity goals of closing educational gaps in specific populations. This data has been very useful and is laying groundwork for a clearer data connection between SHS supports and positive academic outcomes, especially as longitudinal trends and data emerge.

OUTCOME OF CASE MANAGEMENT BY %

Legend: Positive | Progress | Negative | Unknown

Year	Positive	Progress	Negative	Unknown
2015	57		6	37
2016	63	10	5	22
2017	47	30	1	22
2018	38	43	1	18

Source SHS electronic medical records

Note: refinement of criteria defining "Positive" and "Progress" occurred beginning with the 2017 – 2018 academic year.

In 2018, students at Academic Risk were referred to the Student Success Coaches for a more focused intervention.

2017-18 Academic Outcomes

	Course Success	Course Retention	Course GPA	Fall to Spring Persistence
District	74.8% (111,179)	87.1% (111,179)	2.90 (111,179)	65.6% (22,629)
Program	73.9% (1,600)	87.5% (1,600)	2.88 (1,600)	88.5% (234)

Source Office of Institutional Research

Based on the data regarding Academic Outcomes, the most significant outcome where SHS cohort students vastly exceeded district averages was **Fall to Spring persistence**. This supports the consistent data showing SHS as being an effective retention program. Of additional note, when looking just at the students identified with high academic risk in the SHS cohort, their persistence was 91%, well above the other Equity programs.   Students also reported feeling supported and guided by the program.

The data benchmarks of demonstrating effectiveness are emerging, though, as more information is being collected now about our student risks, and longitudinal outcomes of student success for students served become available, these may evolve further in years to come.

STUDENT SUCCESS AND ACCESS REPORTS FOR ALL STUDENTS SERVED IN SHS HEALTH CENTERS
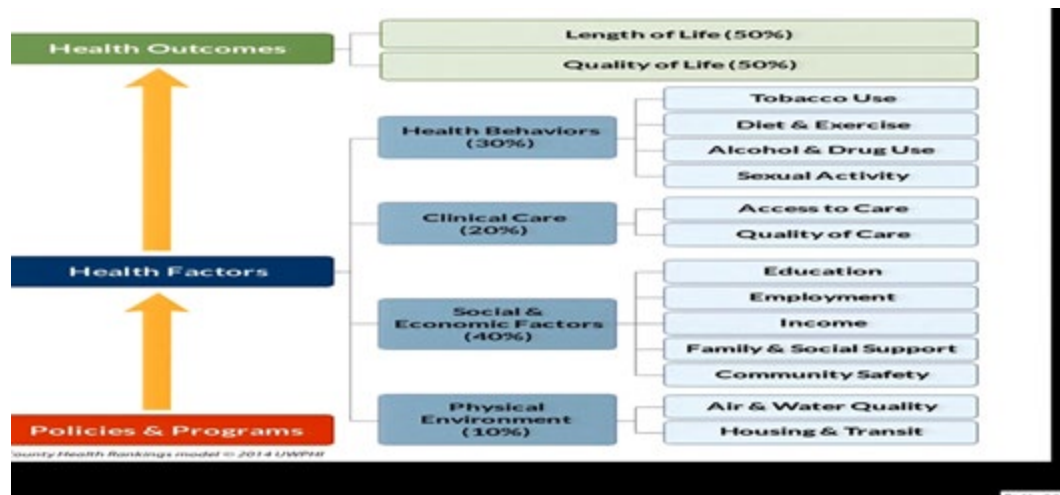
OTHER NOTES ON INDIVIDUAL SERVICES:

Sexual and Reproductive Health Services – a priority service for support services in the community college, having free and convenient access to birth control options is a significant factor in supporting student success. Studies show unintended pregnancies frequently result in students ending, or delaying their educational pursuits related to the particular impact this has on a student's life. Services have been available in SHS's health centers on an ongoing basis through partnerships with local community clinics. Providing services on campus, and enrolling students in either the FAM Pact or MediCal program to pay for the services AND establishing the student at the local FQHC as a medical home, has been extremely helpful for students. As local clinics are now under significant financial stress, this partnership is under review as financially viable in our Santa Rosa site, and discussions/negotiations are in process. The scope of services provided by them also includes diagnosis and treatment of sexually transmitted infections, HIV testing, Hep C testing, and free condoms. The service emphasizes strongly the educational component and have participated in many outreach and health promotion activities at the college as well. Whereas this partnership has always been the best option for SRJC, should this dissolve for reasons out of our control, the option of becoming a billing provider under Fam PACT is a valid consideration.

ACA and CalFresh enrollment counseling services: Significant energy has gone into developing a variety of relationships to secure this service on campus. Regarding health insurance and MediCal enrollment, the big push after ACA occurred between 2013 and 2016, and enrollment counselors have been present on campus. Budget cuts, and local grants running out on this particular initiative does threaten continuance of this service for student on campus, again with conversations in process.

The success in obtaining a Cal Fresh outreach grant in 2018 has propelled the service of Cal Fresh enrollment into new realms on campus, with trained personnel and peer support leaders placed in our Resource Centers, food pantries, and student life areas. A yearlong grant with AmeriCorps provided the basic groundwork for Cal Fresh outreach programming at the college, and their experiences taught the college much about how to move forward with this initiative, thanks to these remarkable student service members.

Services outside the clinical sites: Community Health Programming

SRJC's culture in the last five years has shifted significantly, in terms of understanding that our student's success depends on many factors, including their environmental, social and economic conditions, as well as the behavioral choices students made in their lifestyle. The emergence of the Basic Needs initiative was reinforced significantly at SRJC following the Tubb's fires in 2017, with funding, focus and a strong response for getting basic needs met for all of our community members. The collaboration and shared vision and effort across the college created many new relationships and partnerships, as community health programming took off.

County Health Rankings model © 2014 UWPHI

Health promotion has been the primary form of "out of clinic services" for SHS for many years, in the form of events, workshops, tabling, classroom presentations and sponsored speakers. The content has changed over the years, depending on priority health needs for students, and/or the resources available to provide services outside the clinical setting.

Since 2010, when SRJC received funding specifically for **preventive mental health programming**, SHS became a leader in creating and providing a student mental health peer support program, the PEERS Coalition, at the direction of newly created Health Promotion Specialist positions. This has expanded both the amounts of service provided in the community, and the type of health promotion methods being used to reach the larger student population.

Meeting students where they are. This can mean many things, and SHS has tried new approaches on this over the years.

Online students are the fastest growing student population at SRJC with over 6000 students in this cohort. A strong presence on line has been developed by SHS, including an extensive website, several online activities for students (Kognito, Student Health 101 Online magazine, online mental health screenings, educational videos, community health resource listings, and more recently, a student – provider confidential communication portal. It continues to be a challenge for equitable access to services by these students, and beginning conversations have been initiated regarding the use of remote mental health counseling and telemedicine options.

PEERS setting up their base of activities in the SR Campus Intercultural Center, is planned for Summer 2019. This will geographically place these well trained student health ambassadors in a nexus of student learning communities and activities, to enable work with social norming, curriculum infusion into planning events, and having the space for more informal peer to peer conversations about health, mental health, and positive strategies to support health and student success.

Spanish speaking therapy has been offered in SHS for about 20 years now, based in the health centers, and this year, the therapist on staff now is co-locating over to Mi Casa, a support center for Hispanic students. This is a hub of educational support activities, including mindfulness practices sessions.

Other "out of clinic" services have included **immunization and TB clearance clinical services for the Windsor Public Safety Training Center**, so that paramedic and EMC students can meet the requirements for their clinical training sites.
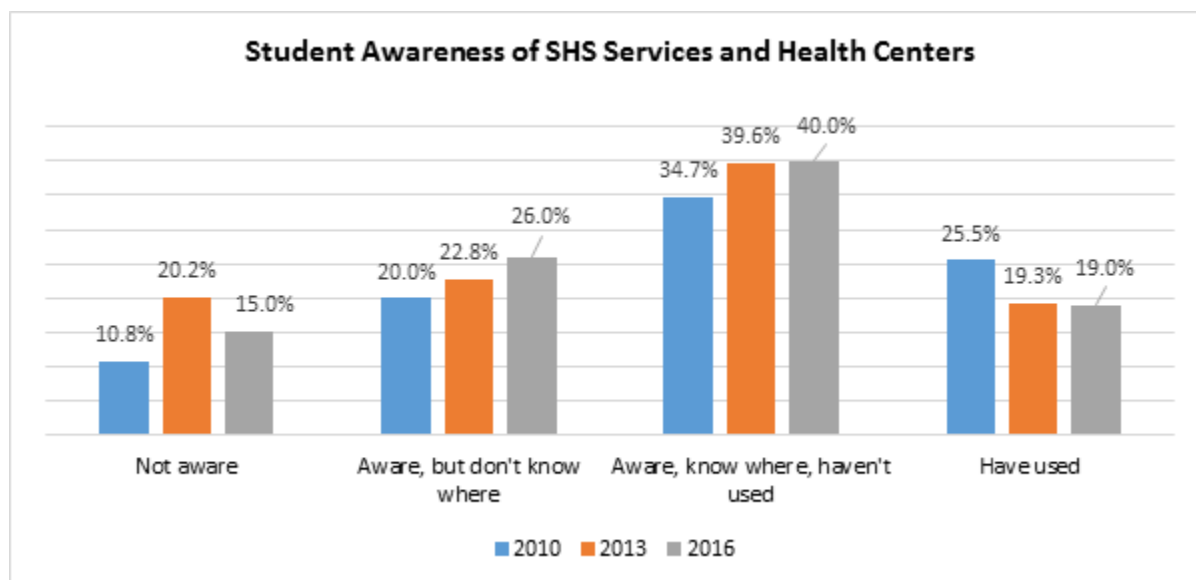
Our relationship with the Athletics department in **providing all athletes their medical clearances** is a step outside of our normal clinical practice, with separate funding, and an immersion in the culture, special needs and the "welcoming" process of over 600 athletes each year before the Fall and Spring

semesters. It is a tradition that has provided SHS with a unique position to screen large numbers of newly arriving out of area students for basic needs, and provide a welcoming experience for large numbers of men of color, who frequently are needing the educational gap closed, as well as normalizing the choice to seek healthcare for a variety of issues.

For the last two years, the SPS program has worked with a local graduate training program to offer a co-located **sports psychology intern in the Athletics department at SRJC.** This has been a very successful endeavor, with strong participation by the athletes and their faculty and coaches.

A significant benchmark is the **awareness level that students have about the health support services available for them. F**aculty partnerships are key in this effort, and the majority of students accessing services are referred from a faculty or staff member. The number of classroom presentations increases this awareness, as does outreach marketing strategies that are well thought out, and based on data.

This one question is asked of students every three years, with the 2019 data pending. The fluctuations could be affected by multiple variables, and currently the perplexities are how to best communicate overall department service messages consistently to the entire student population.

Whereas the specific benchmarks to collect data on regarding health promotion and marketing activities has been changed often in the last 6-9 years, following is both the template and the date collected from the 2018-2019 year. There were significant reductions in staff available for presentations in 17-18 as funded by the PEI MHSA grant program, when trends are considered. A return to more of a "team" effort on this across the disciplines in SHS (as was done pre MHSA grant), appears indicated in terms of resource shifting. Social media efforts are not as far reaching as hoped for, and surprisingly, recent feedback indicated our large bulletin board posters have attracted student attention to our programs.

June 2018-May 2019	End of Year Totals Contacts	
Classroom Presentations; total students reached	Total for the year	Total Classroom presentations
SHS Overview	767	22
Student Health & Success	1428	15
QPR	342	13
Faculty Presentations	23	2
STI/Repro	61	3

Substance	0	0
Gender Expression	0	0
Classroom Totals	2621	55
Enrollment Totals	0	

Tabling & WOW	
Tabling	112
WOW	491
Food Distribution	3860
Faculty folders	203
Tabling & Totals	4666

SHS Website		
SHS Website		
Web Bounce Rate %		
Online Screenings		
College Response	211	
Kognito - vets	12	
Kognito - LGBTQ	27	
Kognito - at risk	61	
Online Screenings Total	311	
Social Media		
Peers Facebook Engagement	0	Likes: 369
Posts	0	
New Page Follows	1	
SHS Facebook Engagement	0	Likes: 301
Posts	0	
New Page Follows	21	
SH101 Facebook		Likes: 290
New Page Follows	15	
SRJC FaceBook		
SHS specific posts for year	32	
SHS Videos		Total Views
SHS Video views Year Total	1,100	4,900
It's On Us Video views Year Total	1,300	5,000
Asking for Help Video views Year Total	86	401
Other Social Media (list below)	0	0
Social Media Total	2486	
SRJC PR		
Insider	0	
Bearfacts	35	
Total Publications	35	
EVENTS		
SHS Events for 17-18		
SHS Events Totals	422	
SRJC Events for 17-18		

SRJC Events Totals	534
Workshop - PEERS	
Peers Workshop totals June-May	250

OTHER SIGNIFICANT COMMUNITY BASED HEALTH WORK BY SHS DURING 18-19

The following department projects and activities represent a mix of innovative clinical, "outside the clinic" work, along with advocacy, engagement and collaboration with outside agencies towards best practices in policy development, enforcement of policies, and broad public health population based assessments, interventions and evaluations. Together, they represent a multifaceted approach towards supporting student health, and the health of the community.

☐ **AOD PREVENTION TASK FORCE**
☐ **B-CARE TEAM, FORMERLY KNOWN AS THE CIRT TEAM.**
☐ **STUDENT EMPOWERMENT ACADEMY**
☐ **IMMUNIZATION / FLU CLINICS**
☐ **RESEARCH**
☐ **ENGAGEMENT WITH LOCAL AGENCIES**
☐ **ENGAGEMENT WITH STATE WIDE AGENCIES**

AOD PREVENTION TASK FORCE:

SHS has been closely involved in the student club "Students for Recovery" for the last two years, and has been able to participate in a national grant the club received to develop resources on the SRJC campus. This has been a powerful student movement, and has inspired a number of new programming efforts. SHS called together a group to assist in coordinating this emerging energy and to reactivate a workgroup that receded into the SRJC background several years ago.

Goals:

1) Ensure that SRJC campus meets the guidelines as stated by the Drug-Free Schools and Campuses Act (DFSCA)

2) To increase the collaborative efforts among different departments at the college to further support consistent enforcement of promoting and maintaining an alcohol and drug free educational environment; to include; District Police, Student Conduct, Student Life, Human resource, Title IX, Student Health and Student Psychological Services – B-CARE team on campus

3) Student Health will increase screening of Substance Use with our new Self Check in module, with this increased self-reported data- we plan to have increased screening tools for clinicians to work with in assisting students address substance use- examples are BASICS and E-checkup.

4) Exploring drug and alcohol prevention programs such as EverFi that includes an evidence based Alcohol EDU on line teaching tool for incoming students

5) Increase the amount of outreach education around substance use with some increased focus on the use of cannabis products

6) Establishing further educational and outreach events utilizing Behavioral Health PsyD Post Doc Intern

7) Partnering with Athletics Department, the Student Empowerment Academy and other student groups in increased social norming around pro-health messages and shifting cultural attitudes toward drug and alcohol free activities.

8) Review the data from our most recent ACHA survey to look at rates of Alcohol, Cannabis and Other Drug Use to help determine best messaging to get out on campus

9) Increase the resources both on line and in house around AOD treatment

10) Formulation of a student focus group to assist with preferred messaging to the current student population around these issues

11) Forming a closer collaboration between SHS and the Human Services Instructors involved in AOD classes

The Student Health Services staff have also made progress on tobacco use education by participating with the local Public Health Prevention program. We obtained updated materials related to e cigarettes and vaping and organized staff education on motivational interviewing to assist in reducing the negative impacts of tobacco and other substances.

BEHAVIORAL CONSULATION, ASSESSMENT, RESPONSE, AND EDUCATION (B-CARE) TEAM (formerly CIRT)

Formerly known as the Crisis Intervention Resource Team (CIRT), the **Behavioral Consultation, Assessment, Response & Education (B-CARE) Team** has the primary mission to avoid crises before they occur. The multi-disciplinary team accomplishes this through prevention, early intervention and response to concerning or inappropriate student behavior, in order to mitigate risk to the campus community and allowing all students to safely pursue their academic goals. The components of the team name demonstrate its purpose and activities:

B E H A V I O R A L

Consultation **|** offering personal or group consultation to address difficult student behavior

Assessment **|** analysis and evaluation of reported behavioral concerns and threats

Response **|** coordinating a professionally diverse group of SRJC staff to respond and provide appropriate intervention and referral

Education **|** workshops, and trainings on handling distressed, disruptive, and dangerous campus situations

 Recently, our college community has prioritized the development of empowering solutions to safety and security concerns held by students, faculty and staff. The **B-CARE Team** responds to these issues and concerns through the reports it receives almost daily from the SRJC community. The **B-CARE Team** includes representatives from Academic Counseling, Disability Resources, District Police, Human Resources/Title IX, Student Complaint Resolution, Student Conduct, Student Health Services and Student Psychological Services. The administrative oversight of this group is under the Director of Student Health Services.

Team Structure and History: This team was initially formed in 1990, and since then has been providing this scope of services, with the objective of supporting student retention through mobilizing resources early, before crises threaten their academic success. The team has developed over the years, expanding in numbers of members as more human resources are needed to accomplish this kind of intensive casework, diversifying the team more by discipline and skill sets, and spreading 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 B-CARE/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 B-CARE, include students that are exhibiting distressed, disruptive or dangerous behavior. Originally limited for faculty and staff reporting, it represents a trigger for academic failure, and/or may be impacting the learning environment for all of the other students in the classroom setting. This behavioral risk management approach leads to further assessment of the student, and when high risk thresholds are reached, a full threat assessment process is initiated, to assure safety issues for the student and community are addressed effectively in a timely manner.

B-CARE 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 interfaces with the District's Health and Safety Committee (shared governance), via the District Police Chief and Director, SHS positions.

B-CARE Accomplishments 2017-2018

- B-CARE increased outreach on the Maxient on-line reporting capability started in Fall 2016, resulting in a greatly increased number of such reports, for student of concern connected to mental health issues, conduct, and Title IX.
- B-CARE members provided a number of trainings to departments across the college, including topics such as De-Escalation, Dealing with Distressed, Disruptive, and Dangerous Students, and Active Shooter exercises.
- Several threat assessment trigger points were reached for full threat assessment this past year. Questions and clarifications have been identified to assure the balance of student safety and right to privacy/confidentiality. Sub-groups of B-CARE began working on refining threat assessment protocols.
- The prevention work being done by B-CARE is significant, yet it hard to document the outcomes on this, i.e. the absence of escalation to dangerous situations within the community, and students that have gotten back on track to be successful at SRJC.

Future Plans and Direction:

- There is a huge influx of new faculty and staff that have no awareness of B-CARE, reporting procedures, or supports available to them, including trainings. This has been identified as a priority, to get out into the college community more with trainings for all different kinds of student support needs and reporting options during 18-19 by B-CARE team members. With the name change, there is effort underway to re-brand and refocus. Both print and online materials will be revised and promoted/distributed.

- Continued development of the Maxient reporting system, expanding to more reporting groups (including promotion of students making reports)
- Refinement of trainings for the team is another future area for work.
- **Discussion about having a full time dedicated case manager/coordinator/administrator at the college to oversee the whole of risk management at the** college, working with the Safety Committee, B CARE, Business Services and the Maxient reporting system has come up often. This would vastly improve the effectiveness of these response teams, identify risk earlier perhaps, and navigate some of the more challenging aspects of case management with time dedicated to do it well (legal consults, threat assessments, organizational/policy work, etc.)

STUDENT EMPOWERMENT ACADEMY

As part of SRJC's grant proposal for 2018-202, a plan was outlined to expand student employee trainings on campus, with a focus on front line student workers in Student Services, and better prepare them for serving students with trauma informed care, with standardized basic trainings.

SHS has committed resources and developed well a student development program over the years, employing 8 – 16 student employees each year, for more in depth work experiences. Orientation for several days, along with weekly training and group supervision meetings are required, and many of SRJC's most exemplary student leaders have emerged from this rich pool of empowered student health ambassadors. The grant language hoped to expand this model farther out into the college community.

In August of 2018, the Student Empowerment Academy was launched, the result of a collaborative planning process with diverse student employee supervisors, towards developing the curriculum for a "Boot Camp" and a series of training sessions. Student employees from numerous service areas, as well as student government leaders, convened, and a large cohort of students developed beautifully through the Fall semester, in shared learning, and support networking. On average, about 40 student attend each session. As some departments are requiring their students to attend, with payment for their time from within their budgets, this well may be a truly sustainable model for the college, which meets multiple objectives. Evaluations are in place with a regular ongoing program improvement process as this is entering its second year in 2019-2020. Highly successful program. A recent increase, though, in student hourly wages at the college from $12 to $15 an hour may impact the commitment departments make towards this type of student employee training.

IMMUNIZATIONs, FLU CLINICS, AND COMMUNICABLE DISEASE CONTROL

Student Health Services work in the public health sector includes education, prevention and mitigation of communicable disease breakouts. SHS has established partnerships with outside vendors and agencies to supplement the flu vaccines provided for students and staff on campus, with good outcomes. SHS provides select immunizations, which frequently are accessed by students that have immunization requirements related to their academic program (Health Sciences, Athletes). Outreach and promotion of immunizations, and communicable disease preventive practices are offered by SHS as well. NCHA data is showing positive outcomes, in that in the SRJC populations immunization rates are increasing.

RESEARCH- POPULATION BASED ASSESSMENT

The National College Health Assessment (NCHA) survey is administered by SHS every three years. Many benchmarks are embedded in this survey for our department to examine trends in the health status of

our students, suggestive of the impact of SHS programs, and/or the direction needed for our programs moving forward.   Supplemental questions were developed with input from Student Health Services Advisory Committee. This is the first year for on-line survey implementation.

An adequate sample of students was achieved over a three week time period, and the data has just been returned to SRJC. This data will shared with the college community, AND community stakeholders across Sonoma County, as this is the most rigorous snapshot of the health needs of young adults and college students available, to support program planning. Signs of a traumatized population are evident at first glance, most likely related to the Sonoma County Firestorms of 2017. This recent environmental scan of health issues will inform a variety of health and human support service plans accomplished in coalitions, partnerships and collaborations with local agencies in the community.

ENGAGEMENT WITH LOCAL AGENCIES

SRJC SHS has established relationships with a number of local health and human service providers and agencies. This has been leveraged for increasing access to services for SRJC students, support health promotional campaigns, enter into shared learning environments, and represent SRJC as a stakeholder in decisions being made at the agency level. Partial list:

- Behavioral Health Sonoma County - MHSA Sonoma County Plan
- Mental Health Board – Sonoma County, representation by SRJC student
- Human Services – Sonoma County: Cal Fresh provider number and collaboration
- Redwood Empire Health Coalition – grant participation with enrollment counselors
- Santa Rosa Community Health Centers – Medical and Cal Fresh enrollment counselors, Sexual and Reproductive Health Services on site, health education/promotion collaborations
- Petaluma Health Center – MediCal and Cal Fresh enrollment counselors, Sexual and Reproductive Health Services on site, health education/promotion collaborations
- Sutter Health – physician contract
- Sports Medicine – physician contract and reduced physical exam rates
- Prevention Partnership – Dept. of AOD Coalition for Sonoma County
- Sonoma County Office of Education – MAA program participation, linked with K-12 administrators
- Covered Sonoma – steering committee to close gaps in access to healthcare in Sonoma County

SRJC SHS sponsors a Mental Health Networking event each year on the SRJC campus, inviting local providers and agencies to gather for information sharing, learning opportunities (some with CEUs) and an ability to better understand each other's accomplishments and challenges.

ENGAGEMENT WITH STATEWIDE ACTIVITIES/AGENCIES

SRJC is a leader within the California Community College system for many of its Student Services programs. It is known for innovation, effectiveness of programming, and a willingness to move out into the system for sharing, visioning and educating.

Student Health Services is one of these departments, and has established strong relationships with the Chancellor's Office, the CCC Foundation, CARS technical consulting firm, Sonoma County Office of Education, Health Services Association of California Community Colleges, Mental Health and Wellness Association of CCCs, and the American College Health Association. SRJC has been referenced as well, in several articles and publications discussing issues of importance to community college administration. Even a trip to the White House, for participation in a panel discussion on increasing health coverage in

community college student populations, highlighting SRJC's work occurred in early January 2018 (still Obama).

- Positions on boards of the professional organizations have been frequent.
- Presentations at conferences and meetings.
- Contributes local data collection systems developed at SRJC for use across the State.
- Video project, educating on health services in CCCs across the State, was completed by SRJC 18-19, towards advocacy for funding and development of student health support services at all CCCs at the State level.

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	1) Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies 2) Quarterly fiscal reports on expenditures status. 3) Work with HSACCC and MHWA re: Health Fee legislative advocacy / reform impacting funding 4) MAA- continue participation, and stay informed on needed changes in the LEA direct billing option to increase revenue 5) Work closely with the District on MOE and other funding issues, SHS accountability, and future budget adjustments as needed. 6) Team meetings, consistent and efficient, towards necessary program planning changes linked to budgetary restrictions. 7) Reduce preventable stressors and set reasonable goals for staff in SHS that match the resources available.	Ongoing and Quarterly Reviews	1) All discretionary expenses cut 2) Partially met 3) Participation in HSACCC meetings, SRJC contributed content to a video to assist in advocacy efforts statewide for health services. 4) MAA back casting paid for by District. Continued MAA, holding on LEA Attended LEA MediCal billing meetings in Sacramento, 5) In dialogue with District administrators on imminent SHS budget deficit and downsizing plans 6) Discussed with team throughout the year, with adjustments made as needed. Networking frequently chasing money. 7) We are still here! Health Fee COLA 2019, MH Allocation, SMHP Grant, Cal Fresh, Equity stable
0002	ALL	04	02	Technology Development and Applications in SHS	Technology Workgroup Activities 1) Coordination of implementation plans with Medicat (portal, self-check-in) 2) Analyze and continually assess workflow impact/changes and organize effective staff training, 3) Database QI checks (coding effectiveness, user periodic audits for documentation use) 4) Further develop a solid base of super-users 5) Applying additional software functions logically and with due process review. 6) Address department's hardware needs and challenges for smooth functioning, utilize bond funds as appropriate.	Ongoing	1) Ongoing, delays 2) Ongoing 3) Database management work extensive by TWG this year. Learning processes for all and QI processes for appropriate code designations and use identified 4) Super users developing more skills! 5) Self Check In coming soon. 6) Hardware needs addressed with District supports
0003	ALL	01	02	Program Quality Improvement in SHS	Quality Improvement Workgroup Activities 1) Leverage funding to create a defined, sustainable and effective risk case management service in SHS a) Improve referral and case management outcomes in high risk students. b) Use of portal for secure messaging – students understand how to use portal	Ongoing	1) Awarded new 2 year state grant for mental health services. a) Funding through Mental Health for Behavioral Health Post Doc located in medical clinic allowed for high risk students to be seen during same visit. Improved positive/progress outcome rates. b) Increased use of portal for contact of high risk and forwarding lab results. May need

					c) Students with identified risk of academic failure will be linked with student success program staff d) Work with OIR towards linking SHS served students with unique student success outcome tracking e) Post –doc role development and evaluation of integrated practice, focus on students with behavioral health issues. 2) Quality improvement related to staffing continuity efforts and standardized guidelines a) Will increase number of chart reviews to 30/month. Focus will be encouraging feedback and learning standards for positive response to new electronic intake process expanding baseline data on students. 3) Implement NCHA Spring 2019 a) update optional questions reflective of current student health concerns b) oversee project implementation to meet research integrity standards 4) Build internal tool for quality improvement and cross functional training based on AAAHC mode		tutorial on self-check in to describe portal use. c) Student success coaches welcomed students with academic risk for support and assistance. d) Report from OIR indicates improvement in student retention. Students reported high rates of being guided and supported in success. e) Post doc visited college departments to research ways to improve cultural competency in department. Completed updated referral list for services. Internal meetings to discuss how to best maximize time in clinic. Determine some booked appointments and some open times best mix. Daily posted hours of availability on dry erase board. 2) Loss of third nurse practitioner creates possible quality gap. a) All acute visits by STNC NPs were reviewed for quality and need for follow up case management. New review criteria related to in depth self-check in screening needs development. 3) Completed – electronically for first time! 4) Decided to create central data file of documents based on PRPP outline – completed.
0004	ALL	01	02	Student Development / Student Employees and Student Leaders	Student Development Workgroup for 18-19 1) SHS SDWG to meet regularly for both internal student development issues and planning, as well as assuming a leadership role for the new SMHP Grant 2) Provide quality SHS student employee training and supervision to: • Adequately cross train for operational supports as part of initial training, and • Adjust for changes in technology and role. (Self-check in, portal, etc.) • Assure understanding and practice of department and college guidelines, policies and procedures. 3) MH Grant objectives - SHS provides leadership, resources and collaboration facilitation for expansion of select health	Summer Ongoing	1) SHS SDWG has continued to meet bi-monthly to develop trainings for student employee development in coordination with the Student Empowerment Academy (SEA). SHS student employees participate in weekly trainings provided by SHS and SEA. 2) In anticipation of the department's consolidation into one Santa Rosa facility, many of the Student Health Aides have been cross-trained in medical and mental health reception duties. These efforts will continue and broaden during the Summer Semester and subsequent academic year. Due to delays in implementation of new technology, SHA training on the self check-in will commence by the end of Spring Semester 2019.

					related student trainings for a larger cohort of student employees, and student leaders. • Student training/meeting schedules 18-19 • -Emphasis on cross training • -Soft skills: inclusion, training, evaluation • -assign admin/operational support work to student's highest skill level as appropriate		3) SHS has had an active role in designing and implementing SEA trainings for SRJC student employee cohorts this year. SEA offered trainings that related to student physical and mental health. The majority of SHS student employees have attended the SEA and SHS trainings and have reported that these trainings have increased their skills for serving students seeking services. SHS student employees who have displayed mastery of foundational SHA duties have been assigned higher level admin/operational support projects.
0005	ALL	01	02	Health Promotion	Health Promotion/Outreach Workgroup 1) Develop 18-19 monthly communications plan, marketing, messaging priorities, sequencing, timelines, explore thematic applications 2) Leverage AmeriCorps students optimally for Fall outreach and program infrastructure building for 18-19 3) Collaborate with VP Student Health on activities related to SRJC student health. 4) Consider revival of the Student Health Outreach Worker as student employment resources permit 5) Review methods to reach students re: SHS and health resources, with more efficient use of emerging technology (apps, online, institutional partners more, move upstream) 6) Collect intake data in health centers to determine how students learned of SHS resources to support outreach strategies. 7) Support accurate collection of outreach/HP data into benchmark tracking documents to evaluate program effectiveness.	Summer Ongoing	1) Workgroup met regularly 2) Done, trainings expanded to other student groups, AmeriCorps added to student development efforts in January 18, integration of trainings and expanding student cohort identities with progress. Training exceptional by PEI. 3) Done with meetings, emails, communications 4) Done 5) PEERS attended regularly, VP Student Health resignation mid-year. 6) Challenged by year's circumstances, SHAs outreach work not especially captured well in our data, or in coordination with outreach team. 7) Student assignments with higher skills levels made, as appropriate to the student's experience in SHS. Supporting basics of operations into their work is essential.
0006	ALL	08	02	SHS Department Health: Communication, Relationships, Coordination and Efficiencies	1) Continue / strengthen the CORE staff facilitated meeting model , with regular meetings 2x per month 2) Engage staff in development/completion of an SHS Operations Manual (see QI) 3) Cross training as possible: working in different locations, different tasks for greater shared understandings 4) Develop concept paper outlining SHS functions and facility needs for both Santa Rosa and Petaluma campuses, as related to further downsizing needs in the		1) CORE meetings occurred all year 2) Central documents file created in S drive. Operations manual still a goal for 2019. 3) More cross training has occurred across the department. SHAs working in multiple intake sites. Interns learned more about intake in Plover, NPs shared changes in practice to all STNCs (newsletter, meetings) case management meetings also informed cross discipline. 4) Will continue with space and downsizing plan in summer 2019. See PRPP section on Facilities.

				future and reorganization plan. Include the perspective of succession planning 5) Continue Chaos Busting interventions with individual students, colleagues and within the college community 6) Maintain/develop MOUs for obtaining critical services on campus for students and sustainable working relationships with healthcare agency partners in Sonoma County. 7) Work within the college community to maintain, strengthen and/or initiate relationships for collaboration in the best interest of the students. 8) Individuals and the team will commit to Gratitude Practices for the coming year.		

6.2b PRPP Editor Feedback - Optional

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6.3a Annual Unit Plan

Rank	Location	SP	M	Goal	Objective	Time Frame	Resources Required
0000	ALL	00	00				
0001	ALL	07	02	SHS Funding Stabilization	Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies 2) Quarterly fiscal reports on expenditures status. 3) Work with HSACCC and MHWA re: Health Fee legislative advocacy / reform impacting funding 4) MAA- continue participation, and stay informed on needed changes in the LEA direct billing option to increase revenue 5) Work closely with the District on MOE and other funding issues, SHS accountability, and future budget adjustments as needed. 6) Team meetings, consistent and efficient, towards necessary program planning changes linked to budgetary restrictions. 7) Reduce preventable stressors and set reasonable goals for staff in SHS that match the resources available.	Ongoing with Quarterly Reviews	Administrator and Staff time Administrative support time to assure all fiscal tracking systems are in place and operational for fiscal accountability and analysis. (Escape, internal Excel tracking) Student Health Services Advisory Committee Awareness and dialogue with HSACCC and MHWA and CCCCO on legislative initiatives for Health Fee reform MAA/LEA Coordinator meetings, trainings, work with Accounting and SCOE on invoicing, IT for MC data match, software enhancements, State DHS meetings PRN Accounting / Escape reports and analysis for regular multi-budget monitoring audits Local, state and national networking meetings/conferences to learn of new funding opportunities.
0002	ALL	08	02	SHS Department Health: Communication, Relationships, Coordination and Efficiencies	1) Continue / strengthen the CORE staff facilitated meeting model , with regular meetings 2x per month 2) Engage staff in development/completion of an SHS Operations Manual (see QI) 3) Cross training as possible: working in different locations, different tasks for greater shared understandings 4) Continue interventions with individual students, colleagues and within the college community to promote health, clarity, needed structure and anxiety reducing communications in an environment of significant organizational change. 6) Maintain/develop MOUs for obtaining critical services on campus for students and sustainable working relationships with healthcare agency partners in Sonoma County.	Ongoing	Administrative and staff time Administrative support time and labor Scheduling finesse

					7) Work within the college community to maintain, strengthen and/or initiate relationships for collaboration in the best interest of the students. 8) Individuals and the team will commit to Gratitude Practices for the coming year.		
0003	ALL	04	02	Technology Development and Applications in SHS	Technology Workgroup 19-20 Activities 1)Coordination of implementation plans with Medicat (portal, self-check-in) Deploy Self Check In, run reports, analyze/adjust DB PRN 2) Analyze and continually assess workflow impact/changes and organize effective staff training, 3) Database QI checks (coding effectiveness, user periodic audits for documentation use) 4) Further develop a solid base of super-users 5) Applying additional software functions logically and with due process review. 6) Address department's hardware needs and challenges for smooth functioning, utilize bond funds as appropriate. Assure safe and timely moves of hardware within new SHS locations with facility adjustments.	Ongoing	Administrator and Staff time: Workgroup time/interface with CORE IT engagement Medicat consulting time as needed Health Fee and BOND Grant and BOND funding leverage STNC backfill / support
0004	ALL	01	02	Student Development / Student Employees and Student Leaders	Student Development Workgroup for 19-20 1) SHS SDWG to meet regularly for both internal student development issues and planning and to develop student training/meeting schedules 19-20. 2) Provide quality SHS student employee training and supervision to: -- Adequately cross train for operational supports as part of initial and ongoing training. -- Develop procedures and adjust workflow to address changes in technology and SHA role. (Consolidation of services, self-check in, portal, etc.) -- Assure understanding and practice of department and college guidelines, policies and procedures. -- Assign admin/operational support work to student's highest skill level as appropriate.	Summer Ongoing	Administrator and Staff Time Administrative Support time Health Fee, SMHP Grant, PEI and SEA funding coordination

					3) MH Grant objectives – SEA Academy---SHS provides leadership, resources and collaboration facilitation for expansion of select health related student trainings for a larger cohort of student employees, and student leaders. 4) Continued assessment of departmental needs for student employees related to right sizing and implementation of new technology at front reception. 5) Examine shift to Work Experience paid internships for SHS student employees, to reflect the technical skills and experience they obtain in SHS, as well as generating credit.		
0005	ALL	01	02	Health Promotion	Health Promotion/Outreach Workgroup 19-20 Analyze NCHA data to determine health topic needs and interests in health promotion support. Develop plan for events, workshops, web and social media postings for 19-20; measure contacts, and outcomes as possible. Collaborate with VP Student Health on activities related to SRJC student health. Review methods to reach students re: SHS and health resources, with more efficient use of emerging technology (apps, online, institutional partners more, move upstream) Analyze intake data in health centers to determine how students learned of SHS resources to support outreach strategic planning Lead/coordinate SHS web page maintenance and updates	Summer Ongoing	Staff time for workgroup, organizing, preparing for and providing health promotion services Coordinated funding of health promotion program from shared revenue sources Student support labor; SHAs and SHA-PEERS
0006	ALL	08	02	Program Quality Improvement in SHS	Leverage funding to create a defined, sustainable and effective risk case management service in SHS Improve referral and case management outcomes in high risk students. Use of portal for secure messaging; students understand how to use portal	Ongoing	Administrator and Staff Time Administrative Support time Funding coordination

					Work with OIR towards linking SHS served students with unique student success outcome tracking Post doc role development and evaluation of integrated practice, focusing on students with behavioral health issues. Quality improvement related to service continuity efforts and standardized guidelines Focus will be encouraging provider feedback and learning standards for positive response to new electronic intake process expanding baseline data on students. NCHA follow-up: Analyze data and report to all constituent groups for dialogue. SLO's for 19-20 accomplished Workflow processes in SHS related to changes in technology reviewed, re: paper use, records retention, streamlined processes and further integration of technology into office methods		STNC backfill / support