

## Comprehensive Student Services Program Review Criteria- 2017/2018

### Note to Preparers:

Please complete this form that includes the Program Review criteria for the comprehensive student services program review. One of the major functions of Program Review is to ensure that all work units of Evergreen Valley College are aligned with its goals. The college's goals are set forth in its Mission and Strategic Initiatives, which are expressed in the narrative below.

College data- 3 years- is provided in this template. If you need additional program relevant data, please email the Dean of Research, Planning and Institutional Effectiveness.

Additional information, including a submission timeline (**Due December 1<sup>st</sup> for feedback**) and samples of recent Program Reviews, are available on the college website <http://www.evc.edu/discover-evc/institutional-effectiveness/program-review>. If you have any questions, please feel free to contact any member of EVC's Institutional Effectiveness Committee (IEC).

After your submission to IEC, members of the committee will provide feedback to assist you in preparing a final version. The review committee will consist of IEC members and an optional external reader of your choice. The review committee will make a recommendation and your Program Review will precede to College Council and the EVC President for his/her final approval. Completed/approved Program Reviews will be eligible to participate in resource allocation through the College Budget Committee.

### Evergreen Valley College's Mission:

With equity, opportunity and social justice as our guiding principles, Evergreen Valley College's mission is to empower and prepare students from diverse backgrounds to succeed academically, and to be civically responsible global citizens.

### Strategic Initiatives:

1. Student-Centered: We provide access to quality and efficient programs and services to ensure student success.  
Areas of focus are:
  - Access
  - Curriculum and programs
  - Services
2. Community Engagement: We will transform the college image and enhance partnerships with community, business and educational institutions.  
Areas of focus are:
  - Increase visibility
  - Develop strategic partnerships
  - Building campus community
3. Organizational Transformation: We create a trusting environment where everyone is valued and empowered.  
Areas of focus are:
  - Communication
  - Employee development
  - Transparent Infrastructure

**Department/Program Name: Student Health Services (SHS)**

**Year of Last Comprehensive Review: 2014-2015**

**Year of Last Mini Review, if applicable: Annual Report - October 2017**

**Preparers' Name(s): Janice Assadi**

**Area Dean: Victor Garza**

### **Overview of the Department/Program**

1. Provide a brief summary of your program, including program components, function and purpose. Please include a brief history and discuss any factors that have been important to the program's development.

Student Health Services provides Medical, Case Management, and Psychological services to currently enrolled students. Intact physical and mental health is important for students to succeed academically.

The purpose of providing these services on campus is to quickly meet the needs of students, without having to leave campus, so they can continue to attend class. There are many students who do not have health insurance, and our services are very cost-effective for them to receive care and treatment. The addition of a Case Manager (CM) has been an important enhancement to the department. The CM intervenes in crisis situations as they occur in the lives of students, and the CM assists students to gain access to appropriate on campus and community resources. The CM also manages Maxient reports for Students of Concern and offers support and guidance for staff and faculty as they interact with students.

Program Review reports from 2003 and 2008 have been reviewed. Program Review reports from further back have not been found by the current director; therefore, the history is limited to the past 14 years. From these previous reports, it appears that SHS has existed on the EVC campus for at least 40 years since 1977, and maybe since the campus opened in 1975. It is not clear when mental health services started being offered, but the reports state they were available in 2003, at the very least. In Fall-2002, two interns were hired to provide 16 hours per week of counseling. Nurses were hired to work in the clinic, as opposed to the Medical Assistants that are hired now. Nurses hourly rates have increased so dramatically over the years, so hiring nurses is no longer feasible. Student workers were working in the clinic in 2003. The budget allowed Health Services to remain open from 8:00 a.m. until 8:00 p.m. four days per week.

Issues that have been resolved since the 2003 report:

- BOG Waivers no longer affect collection of the health fee.
- Students have bus passes, which improves transportation to campus.
- The MAA Program has been established as a funding source, rather than just being an idea.

Issues that have not been resolved since the 2003 report:

- Small clinic space with the need for counseling rooms
- Need for a permanent Nurse Practitioner (NP) to meet the medical needs of students during the day and evening hours. Having a NP classified as Adjunct Faculty limits that number of hours they can work. This has forced SHS to choose a time frame that appeals to most students, which are day-time hours.
- Marketing campaign for SHS is challenging. Many students (65.2 %) were unaware of SHS in 2003.

- Lack of funds to hire a health educator to increase health knowledge on many topics, including drug and alcohol awareness. SHS wanted to plan a monthly health-emphasis topic.

2. Please provide an update on the program's progress in achieving the goals (3 years) set during the last comprehensive program review.

Our three broad goals set forth in the last program review were related to the three categories of Mental Health, Outreach, and Department Improvement. The specific goals from the 2014-2015 Program Review are underlined with bold font and the description that follows describes how the goal was met.

a. Mental Health

- **Train EVC students and employees about Mental Health awareness and which appropriate actions they should take when a distressed student is encountered.** Kognito training has been promoted at PDD, in class presentations, during orientation events, through a campus-wide e-mail, and at tabling events. SHS does not have control over whether employees or students participate in the training, but we continue to promote the importance of and the easy access to this training.
- **Distribute the Distressed Student Handbook to EVC employees.** The Distressed Student Handbook was edited and updated. About 125 copies of the Distressed Student Handbook have been distributed at two Dean's Meetings, two Division Meetings, to the DSP Department, during two PDD trainings (Assisting the Emotionally Distressed Student: Interventions and Guidelines and a Forum for classified staff about how to address students in distress or disruptive students), and to individual employees during consultations about students. The plan is to have online access to the handbook, so there will be an ability to update it as needed, without the cost of re-printing and the difficulty of re-distributing.
- **Gather information about establishing a Behavior Intervention Team (BIT) as an official college entity.** A Behavior Intervention Team (BIT) was started during the Spring-2017 semester, but the team was suspended until training could be provided to members. There were concerns about liability.
- **Submit a relevant job description and find funding to hire a Crisis Counselor/BIT Chair.** The goal of hiring a Case Manager (CM) for student support was met. We hired a person with the correct credentials and experience to deal with crises and provide updates and information about Students of Concern to the BIT, when deemed necessary. A Case Manager is not bound by the same strict confidentiality regulations as a licensed therapist; however, confidentiality is maintained as thoroughly as possible. The sub-goal of having the CM be a year-round employee in order to serve students during intercession and summer has not been met. The union requested that the CM be given an 11-month assignment, but that was denied by the district.

b. Outreach

**Make presentations in department meetings and classrooms to educate faculty and students about the services offered in our department, to support the student body regarding sensitive topics (immigration, sexual assault, student death), and to promote Kognito training and Student Health 101 online magazine.**

Since 2014-2015, SHS has made many presentations to employees and students to promote knowledge of our department, services, and resources or offer support to students in crisis.

**MENTAL HEALTH PRESENTATIONS, OUTREACH & SUPPORT**

- Helped coordinate and presented at EVC's Sexual Assault awareness/screening events
- Organized support groups/ discussion forums for students during post-election period

- Provided seminar on suicide assessment/prevention to interns
- Provided QPR (Question, Persuade, Refer) suicide prevention training to Student Health Services
- Assisted the Veterans department for PDD on Suicide and Prevention for Veterans
- Provided workshop for the Trio program
- Provided classroom presentations on mental health and resources
- Presented at Dean's meeting on crisis protocols
- E-mailed Deans and Administrators a tip sheet on how to deal with distressed students
- Presented at Language Arts Division meeting on mental health resources and how and when to refer students.
- Assisted with ASG meetings to provide mediation for conflict, helped with problem resolution, communication skills, and team building activities.
- Offered support related to sexual assault when "The Hunting Grounds" film was shown on campus twice.

#### **PHYSICAL HEALTH PRESENTATIONS & OUTREACH**

- 19 Classroom Presentations about SHS
  - 2 additional classroom presentations on health-related topics (nutrition/exercise & cold/allergies)
  - **Work to engage students in the activities our our department through monthly e-mails, message board announcements, and bulletin board displays.** SHS has promoted the department through announcements on Grad Guru, slides on the Counseling Department TV monitor, participating in the "Lunch and Learn" presentation to other Student Services Departments, creating new bulletin boards outside our clinic, creating informational sandwich boards, placing table signs in the cafeteria to advertise flu shots, Kognito, and Student Health 101 (SH101), and setting up an information kiosk in the library, which provides health information to students in another area of campus. SHS applied stickers to the brochures to point students to our department for further information and services.
  - Student and Employee e-mails have been sent to advertise flu shots, Kognito training, and SH 101. (View Kognito and Student Health 101 data under the SLO section.)
  - Student Health 101 online magazine is available to EVC students, and there are new articles every month. Advertisement is difficult, because there has been no progress from the college to allow the Student Health 101 vendor to send out e-mails on our behalf. SHS Director has brought this topic up for discussion multiple times in various meetings.
  - Training has been offered on sending student e-mail blasts, so more employees in the Student Services Division are able to assist with e-mail blasts, which is a big improvement in communication.
  - **Coordinate with community vendors to schedule their campus visits to present information, resources, and assistance on health-related topics.** SHS has coordinated with community agencies to provide information, resources, and services to students, such as health insurance application assistance, HIV and STD testing and information, mental health resources/training, Crisis Text Line, free mammograms for students who qualify, and Family PACT program for birth control and STI testing/treatment.
- c. Improvements in Department and on College Campus
- **Develop a SHS Satisfaction Survey and purchase a "comment box."** SHS has a student satisfaction survey that is given to students to fill out and place in the "comment box." Survey results are tabulated every semester.
  - **Transfer to use of Electronic Health Record (EHR).** SHS is fully using an Electronic Health Record (EHR) system for appointment scheduling, medical charting, medical orders, lab results, and billing. The student

portal module of the EHR system is currently in the development stages and is expected to be rolled out for student use in Spring-2018.

- **Transfer all department forms to electronic versions.** All SHS forms have been electronically updated.
- **Develop written medical procedures, protocols, and standing orders.** SHS has written protocols for Nurse Practitioner Agreement, Nurse Standing Orders, OSHA Compliance, Lab Compliance, Data Safety Sheets, and Influenza Vaccination Protocol.
- **Expand available vaccines for students.** SHS offers the following vaccines to students: Influenza, Tdap, MMR, HPV, and Hepatitis B as available.
- **Expand department hours to increase student access.** SHS has increased the hours of operation with the installation of a full-time classified employee as the SHS Office Assistant. The clinic is open 5 days a week for a total of 42 hours. SHS has scheduled off-set lunch hours, so the office can remain open during the lunch hour for student convenience and increased access. The office only closes for staff meetings or special trainings.
- **Increase the number of smoking cessation resources and community partnerships, with an effort to move toward a smoke-free campus or toward enforcing the use of designated smoking areas.** SHS has obtained a variety of smoking cessation resources from community agency partnerships. The clinic Nurse Practitioner and Registered Nurse are Certified Smoking Cessation Facilitators for the Ash Kickers Course offered through Breathe California. SHS has participated in The Great American Smoke Out Event for several years. SHS is coordinating with the Smoking Cessation Student Ambassador to provide information to students about the hazards of smoking.
- **Request Business Services to send an employee to be certified as a Notary Public.** This goal was not met. At the time it was written, our department was applying to update their Medi-Cal provider status, and we had to pay for a notary several times and coordinate a trip with the VP of Administrative Services to a notary office. This service has not been needed recently, but it still seems like a good campus goal.

3. Please state any recent accomplishments for your program and show how it contributes to the College's mission and success.

SHS is using a new Electronic Health Record (EHR) system, and SHS is in the process of implementing a secure student medical portal where they can contact the medical provider through secure messaging, receive lab test results, fill out medical questionnaires, receive health education, provide feedback through a satisfaction survey, and receive appointment reminders. This contributes to the College's mission through supporting Strategic Initiative #1 by being student centered and promoting efficient access to our department and the students' medical information.

SHS re-hired the mental health counselor from funding outside of the health fee. This contributes to the College's mission by providing an opportunity to receive support for students who are struggling. This is in line with Strategic Initiative #1, by being student centered and allowing access to mental health services that are affordable and convenient. This will promote student success.

4. Please describe where you would like your program to be three years from now (program goals) and how these support the college mission, strategic initiatives and student success.

The goals for SHS over the next three years are:

- a. To promote Student Health Services on campus to increase awareness of the program.

- Class presentations
- Program orientations
- Flyers on campus
- Student e-mail blasts
- Grad Guru announcements
- Tabling events on various health topics
- Faculty members highlighting the program on their class syllabi or during class announcements at the beginning of each semester.

*This goal and the related objectives support the College Mission Statement, because students who are aware of Health Services and who have the opportunity to access care will be more likely to succeed academically when they are physically and mentally healthy.*

*This goal and the related objectives also support the Strategic Initiatives by using a variety of student-centered communication methods to promote the services available to support students and their health.*

- b. To increase student use of the Student Health Center, as evidenced by increasing the number of appointments made per year.
- Increase student use of the government Family PACT program, which offers free birth control and free Sexually Transmitted Infection (STI) testing and treatment for qualified students. An increase in use will be determined by an increase in government reimbursement. As a reference point, the Family PACT Program reimbursement for the last two academic years was:
    - 2015-2016 (\$2006.99)
    - 2016-2017 (\$2823.99)
  - Develop a partnership with the Lion's Club to offer assistance with purchasing eyeglasses for students who qualify for the vision assistance program.
  - Promote the availability of hearing exams.
  - Promote information about applying for free mammograms for students who qualify, through a program at El Camino Hospital.
  - Purchase a massage chair that students can use during scheduled appointments to decrease stress, fatigue, and pain.
  - Student use of the online medical portal to communicate with medical providers about health concerns.

*This goal and the related objectives support the College Mission Statement, because students who are given the opportunity to have their vision and hearing needs met will be more likely to succeed academically. Equity issues are addressed by providing free glasses or free preventive health screenings to students who do not have medical insurance coverage. Students who are using birth control methods and planning when to start a family, so it doesn't interfere with their educational goals, in addition to being tested and treated for sexually transmitted infections, are learning to be civically responsible global citizens.*

*This goal and the related objectives also support the Strategic Initiatives by practicing Community Engagement as we develop strategic partnerships with the Lion's Club and El Camino Hospital to provide*

*some specific free medical services to students in need. These partnerships provide a clear pathway to access quality and efficient programs and services to ensure student success.*

c. To grow the Psychological Services part of the program

- Offer more time slots to students for mental health counseling. This goal can be achieved by entering in to cost-effective community partnerships, bringing on volunteer therapists as externs, or hiring a full-time Psychologist.
- To reduce the number of students on the waiting list to see a therapist or the length of time they need to wait to be seen.
- To have a fully functioning Behavior Intervention Team, with team members who have been trained, and for which there are funds allocated for ongoing training.

*This goal and the related objectives support the College Mission Statement, because the provision of mental health support services are necessary for some students to overcome barriers to academic success.*

*This goal and the related objectives also support the Strategic Initiatives, because they demonstrate our efforts to provide services that are student-centered with increased access as we expand availability through community partnerships. The training objectives are geared toward establishing a high quality program.*

5. Describe current program staffing by listing the current number of positions currently in the program. If the position is vacant, please indicate the vacancy.

| Position type   | Number of positions |
|---|---------------------|
| Full time faculty <ul style="list-style-type: none"> <li>• Director of Student Health Services (32 hours/week)</li> <li>• Case Manager (32 hours/week)</li> </ul> | 2                   |
| Part-time faculty <ul style="list-style-type: none"> <li>• Nurse Practitioner (21 hours/week)</li> <li>• Mental Health Counselor (13 hours/week)</li> </ul>       | 2                   |
| Full time Classified (Health Services Office Assistant)<br>40 hours/week year round   | 1                   |
| Part-time Classified (permanent)  | 0                   |
| Part-time Classified (hourly) <ul style="list-style-type: none"> <li>• Medical Director (7 hours/week)</li> <li>• Medical Assistant (20 hours/week)</li> </ul>    | 2                   |
| Administrators  | 0                   |
| Student workers   | 0                   |

## PART A: Program Quality

1. Describe the impact of the program's service offerings to the students and the campus.

The services offered by the Student Health Center are easily accessible and very cost-effective for students. The convenience of the clinic being located on campus with no charge for office visits allows students to access healthcare with little or no impact on their schedule or finances. Health Services is open 42 hours per week, including during the lunch hour. SHS has partnered with community agencies to offer no cost or low cost services for students who qualify for programs offering birth control, STI testing and treatment, mammograms, x-rays/imaging tests, health insurance application assistance, domestic violence support, mental health counseling, etc. Our Case Management and ongoing Mental Health Counseling services have been invaluable to students in crisis. Allowing students to meet with a Case Manager or counselor has allowed them to work through issues of stress, anxiety, depression, relationship problems, identity concerns, and many other problems.

2. Describe recent local, State and/or Federal changes that significantly impact the services to students.

The federal Medi-Cal Administrative Activities (MAA) Program has changed over the last several years. Only employees with specific job titles are allowed to participate, which restricts the amount of money the college can be paid through the program.

The California Community College health fee rose from \$19 per semester to \$20 per semester. This increase was a slight help for the SHS budget, but the health fee is still too low to keep up with the rising cost of salaries for physical health care employees and mental health care employees.

3. If applicable, describe a change in specific program compliance requirement with state, federal or accreditation agencies and how your program shifted their processes to ensure compliance.

Not Applicable

4. Describe how the program measures success.

- a. Student satisfaction surveys are given to patients who have had appointments in SHS.
- b. Pre-tests and post-tests are given to students before and after a class presentation. This helps determine if they learned something about the SHS program by listening to an informational presentation about the department.
- c. Observation of increased number of appointments scheduled by students.
- d. Numbers of students accessing Kognito mental health training & Student Health 101 online health magazine. (View Kognito and Student Health 101 data under the SLO section.)

5. Please review program information reported in MIS and shared with the community through the website, catalog, schedule of classes, brochures, etc. Is the program information accurate and consistent? What actions does your program take to ensure accuracy and consistency?

SHS does not provide MIS reports. However, the information provided through the website, catalogue, brochures, and flyers are ensured of their accuracy and consistency because these information sources are reviewed several

times per year by multiple employees in the department. Medical information is reviewed by our Medical Director or Nurse Practitioner, and Psychological information is reviewed by our Case Manager or Psychological Services employee. The Health Services Office Assistant keeps the information on the website up to date.

6. Describe how the program addresses the needs of the diverse student body, including students with disabilities and providing services by alternative delivery methods (for distance education students).

Some examples of how SHS has met the needs of a diverse student body are below:

- a. SHS provides a private area for nursing mothers to pump breast milk and store it, if needed.
- b. SHS provides toileting assistance for a DSP student who is wheelchair bound.
- c. SHS assists nursing students with their clinical skill improvement by collaborating with their instructors to allow the nursing students to provide flu injections to students and employees each semester.
- d. SHS provides a robust Health Services webpage with information and resources that are accessible to distance learners.
- e. SHS has provided students and employees online access to Kognito (mental health scenario training) and Student Health 101 (health magazine). These resources have been advertised to online students through e-mail blasts.

7. Describe the communication within the program, with the students served and with other departments including Academic Affairs. What is working well and what can be improved?

a. Communication Within the Program:

- We communicate through e-mail, Instant Messenger (IM) within our Electronic Health Record (EHR) system, handwritten notes, white board lists, staff meetings, online task lists, online shared folders, and verbal discussions.
- The IMs are working well, because the system has the ability to direct the reader to the exact place in the medical chart where there is a question or concern. Emails work well if they are read in a timely manner and saved for future reference.
- An area for improvement is to schedule 1:1 meetings between employees in the department as needed to discuss procedures, concerns, and frustrations. Only one person in the office works 40 hours per week year round, so communication can be difficult. Different employees are available at different times, depending on the patient load and outside meeting schedule, so pre-scheduling these meetings is important to reserve time for communication.

b. Communication With Students:

- SHS communicates with students through e-mail blasts, class presentations, orientation presentations, tabling events, school newspaper, TV monitors, electronic signs, flyers, written medical information, Grad Guru, the SHS webpage, college website, phone calls, and in-person.
- The communication is effective with the students we come in contact with, but there are many students who do not hear our class presentations, visit our tabling events, see our flyers, visit the webpage, or read our e-mail blasts.
- Improved communication could be achieved if SHS was allowed to send students texts, if contracted vendors (such as Student Health 101), were allowed to send e-mails on our behalf, if SHS was trained on how to send our own student e-mail blasts, if joining Grad Guru was mandatory, if students were assigned

a college e-mail address, and if there were electronic message boards in the center of campus, rather than just at the parking lot entrances.

c. Communication with Other Departments:

- SHS communicates with other departments through e-mail, phone calls, division meeting or committee meeting presentations, trainings, individual meeting appointments, flyers, Student Services bi-monthly meetings, and PDD.
- The communication with other departments works fairly well when everyone reads their e-mail and responds consistently. Communication generally works well, if there is a relationship between the people in the departments or if there is a specific message to communicate directly to a person in another department. However, e-mail blasts to employees asking them to promote health information to their students has not proven very effective.
- Improvement in communication between departments could be improved if other departments were occasionally invited to participate in division meetings.

## PART B: Program Access

1. How many students received program services between F13 – F16? Use the table below to review the demographics of students served and how these compare to campus demographics.

**Student Health Services data does not fit in the design of the table below, so the data is described in this section.**

Data was gathered in different ways and from different employees, depending on if it was Medical data, Psychological data, or Case Management data. SHS no longer has access to some of the systems where data was collected. The Health Services Director was hired partway into the 2013-2014 year, and data was not consistently collected that year. Some of the historical data was not able to be broken up into semester chunks since we do not have access to the systems to manipulate the dates, so the data for Fall 2016 also contains data for Spring-2017 for the Medical and Psychological data sections.

### MEDICAL SERVICES

#### 2013-2014 (Medical)

- 841 Medical Appointments
- 2013 SARS data is no longer available on gender, age, or race

#### 2014-2015 (Medical)

- 1217 Medical Appointments
- Gender: Female (67%), Male (33%)
- Age: 18-25 (51%), 26-41 (34%), 42 and above (15%)
- Race: Latino (36%), Asian (35%), White (10%), African American (5%), Pacific Islander (1%), Unknown (13%)

#### 2015-2016 (Medical)

- 2300 Student Contacts (including medical appointments, mental health appointments, presentations, outreach events, and SH 101 contacts). Statistics are based on medical appointments only.
- Gender: Female (63%), Male (37%)
- Age: 18-25 (29%), 26-41 (31%), 42 and above (40%)
- Race: Latino (38%), Asian (34%), White (14%), African American (8%), Pacific Islander (1%), Unknown (5%)

### **2016-2017 (Medical)**

- 1440 Medical Appointments
- Gender: Female (57%), Male (43%)
- Age (to match age ranges from 2014-2015 & 2015-2016) 18-25 (50%), 26-41 (33%), 42 and above (17%)
- Age: (to match college age ranges) 18-24 (46%), 25-39 (35%), 40 and above (19%)
- Race: Latino (28%), Asian (49%), White (11%), African American (5%), Pacific Islander (1%), Unknown (6%)

### **PSYCHOLOGICAL SERVICES**

#### **2013-2014 (Psychological)**

- 387 Mental Health Counseling Appointments with 2 interns (+15 employee consultation and crisis cases)
- Gender: Female (67%), Male (33%)
- Average Age: 25 (*specific age statistics were not provided by therapist*)
- Race: Latino (17%), Asian (19%), White (12%), African American (4%), Unknown (48%)

#### **2014-2015 (Psychological)**

- 414 Mental Health Counseling Appointments with 3 interns (+22 employee consultation and crisis cases)
- Gender: Female (64%), Male (36%)
- Average Age: 25-26 (*specific age statistics were not provided by therapist*)
- Race: Latino (44%), Asian (16%), White (26%), African American (7%), Unknown (7%)

#### **2015-2016 (Psychological)**

- 358 Mental Health Counseling Appointments with 2 interns (+30 employee consultation and crisis cases)
- Gender: Female (67%), Male (33%)
- Average Age: 27 (*specific age statistics were not provided by therapist*)
- Race: Latino (30%), Asian (42%), White (16%), African American (5%), Unknown (7%)

#### **2016-2017 (Psychological)**

- 406 Mental Health Counseling Appointments with 2 interns (+17 crisis cases)
- Gender: Female (65%), Male (32%), Other (3%)
- Average Age: 23.5 (*specific age statistics were not provided by therapist*)
- Race: Latino (35%), Asian (40%), White (5%), African American (2%), Unknown (18%)

### **CASE MANAGEMENT SERVICES**

#### **Spring/Summer 2016 (Case Management)**

- Student Cases: 12 (+19 staff consultations)
- Gender: Female (33%), Male (67%)
- Age: 18-24 (75%), 25-39 (17%), Unknown (8%)
- Race: Latino (42%), Asian (58%)

#### **Fall 2016 (Case Management)**

- Student Cases: 20 students with a total of 59 appointments (+21 staff consultations & 5 workshops/seminars)
- Gender: Female (70%), Male (30%)

- Age: 18-24 (25%), 25-39 (25%), Unknown (50%)
- Race: Latino (35%), Asian (25%), White (20%), Unknown (20%)

**Spring 2017 (Case Management)**

- Student Cases: 24 students with a total of 85 appointments (+15 staff consultations & 11 workshops/seminars)
- Gender: Female (67%), Male (33%)
- Age: 18-24 (75%), 25-39 (17%), Unknown (8%)
- Race: Latino (29%), Asian (46%), White (17%), Unknown (8%)

| <b>Program Demographics F13-F16</b><br><i>See note in section above.</i> |                        | <b>Pct change year to year</b> |                                |
|--|------------------------|--------------------------------|--------------------------------|
| <b>Gender</b>  | <b>Students served</b> | <b>Pct of Total</b>            | <b>EVC Headcount/Pct Total</b> |
| Female   |                        |                                | 4,748/ <b>53.9%</b>            |
| Male   |                        |                                | 4,029/ <b>45.7%</b>            |
| No Value Entered   |                        |                                | 31/ <b>0.4%</b>                |
| <b>Age</b>   | <b>Students served</b> | <b>Pct of Total</b>            | <b>EVC Headcount/Pct Total</b> |
| 17 & Below   | N/A                    | N/A                            | 474/ <b>5.4%</b>               |
| 18-24  |                        |                                | 5,262/ <b>59.7%</b>            |
| 25-39  |                        |                                | 2,071/ <b>23.5%</b>            |
| 40 & Over  |                        |                                | 998/ <b>11.3%</b>              |
| Unknown  |                        |                                | 11/ <b>0.12%</b>               |
| <b>IPEDs (Race Ethnic Classification)</b>                                | <b>Students served</b> | <b>Pct of Total</b>            | <b>EVC Headcount/Pct Total</b> |
| American Indian  |                        |                                | 47/ <b>0.5%</b>                |
| Asian  |                        |                                | 3,453/ <b>39.2%</b>            |
| Black or African American  |                        |                                | 239/ <b>2.7%</b>               |
| Hawaiian/Pacific Islander  |                        |                                | 44/ <b>0.5%</b>                |
| Hispanic   |                        |                                | 3,380/ <b>38.4%</b>            |
| Two or More Races  |                        |                                | 220/ <b>2.5%</b>               |
| Unknown  |                        |                                | 826/ <b>9.4%</b>               |
| White  |                        |                                | 600/ <b>6.8%</b>               |

- a. Based on the **students served** and percent change year to year, is the program growing or declining? If so, what do you attribute these changes to and what changes will the program implement to address them?

The number of medical appointments are growing. It is difficult to tell the year-to-year growth due to gaps in data and inclusion of different types of data that skews the numbers. Between 2013-2014 and 2014-15, the number of medical appointments increased by 376, which is a growth of 45% in one year. Between 2014-2015 and 2016-2017, the number of medical appointments increased by 223, which is a growth of 18% over two years. I believe the increase in student appointments is due to increased number of presentations about Health Services (classrooms, orientations, division meetings), increased clinic hours, and leaving the door to the clinic open, so students passing by are invited to come in.

The number of Psychological Services appointments increased 7% between 2013-2014 and 2014-2015, which was the year SHS hired 3 interns to cover the caseload. As the stipend amounts for the interns tripled in 2015-2016, SHS could only hire two interns, so the number of students seen decreased in 2015-2016 and 2016-2017 from the level it was with three interns. However, over the last 4 years, the number of counseling appointments has grown by 5%. Toward the end of 2016-2017, the therapists caseloads were at capacity (including the supervisor), so there were students who were referred to outside services, which affected the percentage of growth.

The number of Case Management appointments has continually risen since the job was created. Between Spring/Summer 2016 and Fall 2016, the number of students assisted increased by 40%. The way data was collected changed slightly because information about the number of appointments each student received began to be collected. The number of CM appointments between Fall 2016 and Spring 2017 increased by 44%. There is still a month left in Fall 2017, and SHS has already received 51 requests for CM appointments. There were other students referred from Maxient (8) and faculty members (5). That is already an increase of 167% in the number of students needing CM services since Spring 2017. One CM is unable to manage that large of a caseload. A part-time therapist was hired on 11-29-17 to assist, but this caseload is still going to be too large for both of them to manage. The student waiting list is increasing.

b. Are there any gaps in the students served compared to the college demographics?

- **SHS Gender Demographics for Medical Appointments:** Range from 57%-67% for **females**, which is above the college percentage. Range from 33%-43% for **males**, which is below the college percentage.
- **SHS Gender Demographics for Psychological Appointments:** Range from 64%-67% for females, which is above the college percentage. Range from 32%-36% for males, which is below the college percentage.
- **SHS Gender Demographics for Case Management Appointments:** 61% of the students who met with the Case Manager were female, which is above the college percentage. 39% of the students who met with the Case Manager were male, which is below the college percentage.
- **SHS Age Demographics for Medical Appointments:** Based on the 2016-2017 data, which is the only year the age ranges matched the age ranges the college used, SHS conducts fewer appointments for the 18-24 year old group and more appointments for the 25-39 year olds and the over 40 year old group. This may be due to the fact that students under 26 can remain under their parents' insurance carriers, so they are visiting their Primary Care Providers under their insurance plan.
- **SHS Age Demographics for Psychological Appointments:** The average age of students seeking mental health counseling over 4 years was between 23.5 years of age to 27 years of age. This seems to be in line with the college demographics that show that the majority of students are between the ages of 18-39.
- **SHS Age Demographics for Case Management Appointments:** 57% of the students who met with the Case Manager were in the 18-24 year old age range, which is slightly below the college percentage. 20% of the students who met with the Case Manager were in the 25-39 year old

age range, which is slightly below the college percentage. 23% of the students who met with the Case Manager were in an unknown age range, which was due to incomplete data collection.

- **SHS Race Demographics for Medical Appointments:** During a 3 year period, they range from:  
28%-38% for Hispanics, which is equal to or below the college percentage.  
34%-49% for Asians, which is slightly below the college average for 14/15 and 15/16, and above the college average for 16/17. This could be related to the fact that we had a Chinese and Vietnamese speaking student worker during 16/17, and she helped with translation.  
10%-14% for Whites, which is above the college percentage.  
5%-8% for African Americans, which is above the college percentage.  
1% for Pacific Islander, which is above the college percentage.  
5%-13% for Unknown, which is below the college percentage for 15/16 and 16/17 and above the college percentage for 14/15.
- **SHS Race Demographics for Psychological Appointments:** During a 4 year period, they range from:  
17%-44% for Hispanics, which is way below the college average for 13/14 and above the college average for 14/15. The percentages were slightly below the college percentages in 15/16 and 16/17.  
16%-42% for Asians, which is way below the college percentage in 13/14 and 14/15 and slightly above the college percentage in 15/16 and 16/17.  
5%-26% for Whites, which is above the college percentage in 13/14, 14/15, and 15/16 and below the college percentage in 16/17.  
2%-7% for African Americans, which is slightly above the college percentage in 13/14, 14/15, and 15/16, and below the college percentage in 16/17.  
7%- 48% for Unknown, which is way above the college percentage for 13/14 (probably because the data was not consistently requested from students) and below the college average for 14/15 and 15/16, and above the college average for 16/17.
- **SHS Race Demographics for Case Management Appointments:**  
34% of the students were Hispanic, which is slightly below the college percentage.  
41% of the students were Asian, which is slightly above the college percentage.  
14% of the students were White, which is above the college percentage.  
11% of the students were Unknown, which is very slightly below the college percentage.

c. Based on your findings, what interventions can the program implement to address any gaps in services?

SHS needs to reach out to male students, Hispanic students, and Asian students and ensure that they are aware of the services available.

### PART C: Curriculum- If applicable

1. Identify any updates to curriculum since the last comprehensive program review, including any new programs and indicate the six year timeline for scheduled course outline revision.

The Nurse Practitioner and Director/RN in SHS both became certified as Smoking Cessation Facilitators in December 2016 through the Ash Kickers Program under Breathe California of the Bay Area. We are ready to offer classes if students express an interest. SHS has worked with Associated Student Government and Student Ambassadors over the last several years to participate in the national event called "The Great American Smoke Out," which provided information to students about the negative effects of smoking. Anti-smoking literature and resources are available to students on campus.

2. Identify all the courses offered in the program and describe how these courses remain relevant in the discipline and real life experiences for students. Please include the list or diagram (program major sheet) of the courses reflecting course sequencing in the major and how often the courses within the program have been offered.

In Spring-2017, a new mental health resource was made available to EVC students. The program is called "Crisis Text Line," and it is a suicide prevention and stress reduction resource where students can text with a trained "listener" and discuss their problems and receive resources or a welfare check, if needed.

3. Identify and describe innovative strategies or pedagogy your department/program developed/offered to maximize student learning and success. How did they impact student learning and success?

SHS has created a video, power point, and verbal presentations to educate students and employees about the medical, psychological, and case management services offered in the department. These presentations have been given in classrooms, program orientations, division meetings, EVC Promise, Lunch and Learn, and PDD. During the classroom presentations, a pre-test and post-test are given to determine if learning has occurred after listening to the presentation.

4. Discuss plans for future curricular development and/or program (degrees & certificates included) modification.  
N/A

5. Describe how your program is articulated with High School Districts, and/or other four-year institutions. (Include articulation agreements, CID, ADTs...)

SHS has been working with Risk Management to create a Medical Consent Form for minors, so high school students or young college students can access care through SHS, with parental consent. When Risk Management releases the final document, SHS will work with Admission and Records to send out this form to all underage college students at the beginning of the semester.

6. If external accreditation or certification is required, please state the certifying agency and status of the program.

SHS must keep the following permits or licenses updated:

- Environmental Health Permit from the Santa Clara County Department of Environmental Health. This permit confirms that SHS is correctly handling the disposal of hazardous medical waste.
- Clinical Laboratory Improvement Amendment (CLIA) Certificate of Provider-Performed Microscopy Procedures from the Centers for Medicare & Medicaid Services. This permit allows SHS to accept human specimens for the purposes of performing laboratory examinations or procedures.

- Clinical Laboratory Registration from the State of California Department of Public Health. This permit allows SHS to operate a clinical laboratory.
- Medi-Cal Provider for the federal government Family PACT Program is authorized through the California Department of Health Care Services.
- Yearly calibration for microscope and audiometer.
- Confirmation of autoclave sterilization through a Quest Laboratories bacterial test.
- OSHA regulation compliance for Safety Data Sheets on all chemicals in the clinic, spill kit on site, eye wash station, laboratory binder with information on all in-house lab tests and equipment used, and signage designating exits, evacuation route, fire extinguishers, and eye wash station.

## PART D: Student Learning Outcomes and Assessment

1. List the Program SLOs, and how they relate to the GE/ILOs (<http://www.evc.edu/discover-evc/student-learning-outcomes-%28slos%29> ).
  - SHS Informational Presentations to Students – Comparison of Pre-test and Post-test Results
  - Kognito Online Mental Health Training Access
  - Student Health Services Satisfaction Survey Results
  - Student Health 101 Online Health Magazine Access
2. Since your last program review, summarize SLO assessment activities and results. Please include dialogue regarding SLO assessment results with division/department/college colleagues and/or GE areas. Provide evidence of the dialogue (i.e. department meeting minutes or division meeting minutes...)
  - SHS Informational Presentations to Students – Comparison of Pre-test and Post-test Results
    - 2014-2015: 102 students had a 48% increase in knowledge between the pre-test and post-test.
    - 2015-2016: 71 students had a 49% increase in knowledge between the pre-test and post-test.
    - 2016-2017: 160 students had a 40 % increase in knowledge between the pre-test and post-test.
    - Fall 2017: 65 students had a 39% increase in knowledge between the pre-test and post-test.
  - Kognito Online Mental Health Training Access – Minimal increase in students trained since 03/2016
    - At Risk Training for Students: 93 total (31 more trained since March 2016)
    - At Risk Training for Employees: 20 total
    - Veterans Training for Students: 7 total (1 more trained since March 2016)
    - Veterans Training for Employees: 2 total
    - LGBTQ Training for Students: 17 total (5 more trained since March 2016)
    - LGBTQ Training for Employees: 6 total
  - Student Health Services Student Satisfaction Survey Results
    - Spring 2015: Overall Student Satisfaction Score: 97% (17 surveys)
    - Fall 2015: Overall Student Satisfaction Score: 98% (13 surveys)

- Spring 2016: Overall Student Satisfaction Score: 94% (22 surveys)
- Fall 2016: Overall Student Satisfaction Score: 98 % (25 surveys)
- Spring 2017: Overall Student Satisfaction Score: 99% (22 surveys)
- Fall 2017: Overall Student Satisfaction Score: 99% (23 surveys)

- Student Health 101 Online Health Magazine Access

- From January 2015 through June 24, 2016 there were 1088 visits to the Student Health 101 magazine site, 816 of which were unique visits.
- From June 25, 2016 through December 1, 2017, there have been 585 more visits to the Student Health 101 magazine site, 523 of which have been unique visitors. This is a 54% increase.
- Mobile phone access has increased beyond desktop computer access, which was the preferred access method from January 2015 through June 2016.

*Please see a sample of attached agendas from Division meetings, Department meetings, and one-on-one meetings with VPSA and e-mail to Medical Assistant to provide evidence that discussions about SLOs have been an ongoing process over the past three years since the previous Program Review in 2014-2015.*

3. What plans for improvement or changes have been implemented to your program as a result of SLO assessment? Please share one or two success stories about the impacts of SLO assessment on student learning.

SHS increased the clinic hours of operation in the Fall of 2016. The doors were open for 9 hours per day Monday through Thursday when there was enough staff to stagger lunch hours. The doors were open 6 hours per day on Fridays, per the Student Services agreement on established division hours. The student satisfaction survey results consistently showed high levels of general satisfaction; however, the lowest scores were most often noted for “wait time to see a provider” and “hours of operation/appointment availability.”

The scores for “hours of operation/appointment availability” have improved to 99% satisfaction during 2017 since our doors have been open longer hours. Previously the scores were:

- Spring 2015: 95%
- Fall 2015: 98%
- Spring 2016: 94%
- Fall 2016: 96%

SHS scores for “wait time to see a provider” have also risen from a low of 89% in Spring 2016 to 96% in Fall 2017.

## PART E: Faculty and Staff

1. List current faculty and staff members in the program, areas of expertise, and describe how the positions contribute to the success of the program.

a. Janice Assadi, RN, PHN, Director of Student Health Services

- Oversees both the Medical and Psychological parts of the Student Health Services Department
- Manages the budget/purchasing, hires employees, interacts with college departments and committees
- Provides direct medical care to students
- Ensures compliance with all State regulations and licensing authorities

- Coordinates Medi-Cal Administrative Activities (MAA) Program
  - Works with HR to ensure compliance with the employee tuberculosis screening mandate
  - Set up and optimization of Electronic Health Record system
  - Member of the Safety and Facilities Committee
  - Provides presentations about SHS to classes, program orientations, division meetings
  - Advertisement about SHS and health events
- b. Gina Bonanno, Health Services Office Assistant
- Scheduling Appointments, Patient check-in, Patient check-out
  - Creation and updating of documents and forms
  - Invoice payment and billing submission
  - Board elections
  - Blanket Purchase Orders
  - Scanning and filing medical records
  - Office organization
  - Responsible for training and assigning tasks to student workers when they are hired in SHS
- c. Lisa Bowie, Medical Director
- Writing and updating medical protocols (Nurse Practitioner Agreement, Nurse Standing Orders, Influenza)
  - Oversight of OSHA Compliance and Lab Compliance
  - Direct patient care
  - Supervision of clinical employees
  - Co-sign charts
  - On-call for consultation
- d. Shireena Dubey, Licensed Marriage and Family Therapist
- Student therapy
  - Supervision of mental health interns as needed
  - Consultation with Case Manager
  - Employee consultation
  - Provision of workshops and presentations on campus
  - Classroom support after trauma
  - Support during planned events (DACA, Hunting Grounds)
- e. Barbara Ferrell, Nurse Practitioner
- Direct medical care (diagnosing, treating, prescribing, referring)
  - Patient education
  - Student presentations
  - Medical information (bulletin boards, student e-mails, flyers, etc.)
- f. Nalina Tirumalai, Medical Assistant
- Direct medical care (first aid, lab specimen collection, rooming patients, vital signs, immunizations, TB tests)
  - Assistant to medical practitioners
  - Inventory and supply orders
  - Autoclaving tools
  - Quality assurance testing of equipment
- g. Kari (Kara) Uy, PsyD, Case Manager
- Crisis intervention with students

- Employee consultations regarding students
- Connection to on campus and community resources
- Mental health referrals and assistance accessing the services
- Assistance with connection to various support agencies (legal, housing, food, domestic violence, etc.)

2. List major professional development activities completed by faculty and staff over the last six years. In particular with regards to students success, equity, distance education, SLO assessment, guided pathways and/or innovative teaching/learning strategies. Please also discuss department orientation/mentoring of new and adjunct faculty.

When SHS hires a new employee, we make every effort to have the previous employee that held the position train and orient the new employee. SHS has written protocols to share with new employees. SHS has a shared folder on the computer desktop with forms, documents, and information to assist the new employee. The employees in SHS work closely with new employees to show them the protocols and answer questions they may have.

a. Janice Assadi, RN, PHN, Director of Student Health Services

**2017**

- HSACCC Conference, San Diego, CA
- Family PACT Training
- World TB Day Training
- Crisis Text Line Webinar

**2016**

- Sexual Assault Symposium, Santa Clara University
- HSACCC Region 4 Meeting
- American College Health Association Conference, San Francisco, CA
- QPR Gatekeeper Certification
- Basic Life Support/CPR Certification
- Smoking Cessation Facilitator Training, Breath California

**2015**

- BIT Best Practices Certification Course and SIVRA 35 Certification
- Best Practice Treasures, HSACCC Conference
- SBIRT Drug and Alcohol Training (Screening, Brief Intervention, Referral to Treatment)
- Trauma Informed Campus, CCCSMHP
- World TB Training, Kaiser Santa Clara
- Sexual Assault Awareness Forum, Mishra Room
- Understanding Title IX and Your Obligations as a Responsible Person Training, District Office
- FERPA Training, DeAnza College
- STD/HIV Prevention Training, UCSF at VMC
- MAA Coordinator Webinar
- NaBITA Conference
- Tuberculosis Skin Testing Certification Workshop, Public Health Department

**2014**

- Hazard Communication/OSHA Compliance Webinar, Stericycle
- Women's Health and Wellness Workshop
- Women's Health Update Conference, Berkeley, CA
- ASSIST Suicide Prevention Training (6 hours), SJSU
- Family PACT Training, Oakland, CA
- Family Planning Health Worker's Certification Training
- Understanding Your Personal Work Style, Mary Beth Weider
- Summit on Sexual Assault on College Campuses, EVC
- MAA Coordinator Training
- Non-violent Communication Training

**2013**

- Mental Health First Aid (2013)
- Empowering Diverse Populations Around Health Advocacy and Community Action Within a Tobacco Control Framework: Women's Health and Wellness, Tobacco Free Coalition of Santa Clara County

## b. Gina Bonanno, Health Services Office Assistant

**2017**

- Mandated Reporter: Child Abuse and Neglect (Full Course), September 2017
- Password Security Basics (Full Course), March 2017
- BP 3720 Computer and Network Use (Custom) March, 2017
- Cybersecurity Overview (Full Course), March 2017
- AP 3720 Computer and Network Use (Custom), March 2017
- Protection Against Malware (Full Course), March 2017

**2016**

- QPR Suicide Prevention Gatekeeper Program, April 2016
- CPR/Basic Life Support SABA Training, June 2016
- SJECED HR Screening Committee Training, July 2016

**2015**

- Mandated Reporter: Child Abuse and Neglect (Full Course), August 2015
- Campus SaVE Act for Employees – Sexual Violence Awareness (Full Course), August 2015

**2014**

- CPR and AED Certification, November 2014
- First Aid (Full Course), October 2014
- Bloodborne Pathogen Exposure Prevention (Full), September 2014
- Health Emergencies, September 2014
- Pandemic Flu (Full Course), September 2014
- Student Mental Health, September 2014
- Cardiopulmonary Resuscitation (CPR), September 2014
- HIV/AIDS Awareness (Full Course), September 2014
- Family PACT Orientation and Update, September 2014

**College and Community Classes:**

- Microsoft Word Workshop, City of Santa Clara Library, Spring 2017

- ETH 042 ((APA) Asian Pacific American) Culture and Experience, Fall 2015
  - Viet 091 (Conversational Vietnamese and Culture), Fall 2015
  - CIT 10 (Computer and Information Technology Systems), Summer 2015
  - BIS 102 (Microsoft Excel), Spring 2015
  - Viet 001A (Elementary Vietnamese), Spring 2015
- c. Lisa Bowie, Medical Director
- Controversies in Women's Health Conference (yearly attendance)
  - Pri-Med: General Medical Updates (yearly attendance)
  - Musculoskeletal Conference (2014)
- d. Shireena Dubey, Licensed Marriage and Family Therapist
- 2015-2017**
- Couples Therapy Seminar (20 hours of direct training)
  - Legal & Ethical Issues in Therapy (18 hours of training in the last 6 years)
  - Crisis support/crisis text helpline Webinar for students (1 hour)
  - Transgender Health webinar- (1.5 hours)
  - Campus Sexual Assault Symposium at Santa Clara University
  - Group Dynamics and Therapy from the Tavistock Model perspective (2 hours)
  - Suicide Prevention QPR training 2 hours
  - Supporting DACA students webinar
  - Campus Shooter training (on campus)
  - Title IX training (on campus)
  - Attended Mental Health Wellness Association Spring Conference for 4.5 hours of following trainings:
    - Campus Sexual Assault
    - Applying CBT in College Counseling Setting
    - Role of Mental Health on Campus Behavior Intervention Team
- 2015**
- Trauma informed Campus Training
  - SBIRT Training (Screening, Brief Intervention and Referral to Treatment) for drugs and alcohol addiction
- 2014**
- Title IV-E: 6 hours- treating depressed youth
  - Legal and Ethical Issues in Supervision (6 hours)
  - Kognito online training models-3 modules
- 2012**
- Non-violent Crisis Intervention (6 hours)
- e. Barbara Ferrell, Nurse Practitioner
- 2017**
- Working toward Psychiatric Mental Health Nurse Practitioner Certification (Anticipated Completion 08/2018)
  - HPV & Cervical Disease: Risk-based Management of Screening Results, Institute for Public Health
  - Congress for Women's Health, Academy of Women's Health
- 2015**
- The Habits of Happy People, Institute for Brain Potential
- 2014**
- The Language of ICD-10: Specificity and Granularity, Health Stream
  - Documenting in ICD-10-CM, Health Stream

- Primary Care Updates 2, AANP
- Pharmacology for Advanced Practice Clinicians, Contemporary Forums
- Mental Health Boot Camp, Sutter Health University

**2013**

- Vascular Surgery, Sutter Health University
- Controlled Substances and Beyond: A Comprehensive Pain Overview, Stanford Hospital & Clinics
- Primary Care Updates I, AANP
- 10/12/13 7th Annual Cardiology for the Primary Care Practitioner, Stanford Hospital & Clinics

**2011**

- California STD/HIV Prevention Training Center
  - Male and Female Genital Exam Skills
  - Examination and Interpretation of Wet Preparations of Vaginal Specimens
  - STD Update for Clinicians

- 6/6/11 New Approaches to Managing Psoriasis, University of Nebraska Medical Center
- 2/22/11 Advanced Practice Nursing in the 21st Century, California Association for Nurse Practitioners

f. Nalina Tirumalai, Medical Assistant

- Completed Medical Assistant Certification July-2017 –SVAE Technical Institution
- Completed courses in Human Anatomy , Physiology, CPT/ICD Coding for Medical Assistant certification
- Currently certified in Basic Life Support/CPR
- Applied to take NCMA Certification (National Center for competency testing for Medical Assistant)
- Volunteering at Foothill Community Health Clinic as a community outreach liaison

g. Kari (Kara) Uy, PsyD, Case Manager

**2017**

- Webinar- Crisis Text Line
- BIT - Policies and practice After Post Hospitalization
- How to Assist Dreamers, DACA at EVC
- Workshop and Symposium at EVC for “Homelessness in Our Backyard”

**2016**

- Danger Assessment Certification, Asian Americans for Community Involvement, San Jose, CA
- Sexual Assault Symposium , Santa Clara University
- QPR Suicide Prevention Training and Certification, Foothill College
- Title IX, LGBTQ Webinar
- Webinar- Foundations of Behavioral Intervention Team (BIT)
- Trauma Informed Care for College Students

**2015**

- Domestic Violence and Sexual Assault Conference, County of Santa Clara, Bay Area DV Consortium, San Jose, CA
- Healing and Recovery After Trauma, Kaiser Permanente, Department of Mental Health, Walnut Creek, CA
- ADHD Assessment and Evaluation, Kaiser Permanente, Department of Mental Health, Walnut Creek, CA
- The Effects of Domestic Violence on Women and Children, Alameda County Medical Center, Highland Hospital, Oakland, CA

**2014**

- Suicide Prevention and Crisis Management, Kaiser Permanente, Department of Mental Health, Walnut Creek, CA
- Asian American Psychological Association Conference, Washington D.C.
- American Psychological Association, Washington DC

**2013**

- Sexual Assault and Domestic Violence Certification, Alameda County Medical Center, Sexual Assault and Domestic Violence Center, Oakland, California (40-hour state certified training)
- Child and Adolescent Needs and Strengths (CANS), SF General Hospital Child and Adolescent Services, West Coast Children’s Clinic, Oakland, CA

**2012**

- UCSF Psychiatry Department, San Francisco General Hospital, San Francisco, California

**2011**

- Forensic Psychology and Civil Commitment Practice , Alameda Country Medical Center
- John George Psychiatric Pavilion, Oakland, California (2011-2012)
- Seeking Safety: A Treatment for PTSD and Substance Abuse, Therapeutic support group facilitator
- California Center of Excellence for Trauma Informed Care, Santa Cruz, California
- Attachment, Self-Regulation, and Competency (ARC): A Framework for Intervention with Traumatized Youth
- Children’s Hospital and Research Center, Center for the Vulnerable Child, Oakland, California

**2010**

- Cultural Accountability and Social Justice Seminar, Children’s Hospital and Research Center,
  - Oakland, California (2010-2011)

**PART F: Budget Planning**

1. With your Dean, review the department Fund 10 budget and discuss the adequacy of the budget in meeting the program’s needs.

Student Health Services has the following supplementation to the Fund 18 Health Fee budget:

- Part of Gina Bonanno’s salary (23%) is paid from Fund 10, because she was a transplant from the bookstore, and she was guaranteed the same salary as when she was a supervisor.
- Kara Uy, the Case Manager, is paid from Fund 10.
- Shireena Dubey, Licensed Marriage and Family Therapist, was recently re-hired from Fund 10 monies (?), because the program had to be cut during Fall-2017, when the SHS budget was unable to pay for the salaries and stipends for the Psychological Services program.

Adequacy of the Fund 10 Supplementation: Not Adequate to Meet the Needs of Students

- The Office Assistant’s salary and Professional Growth stipends continue to increase, which puts a strain on the Health Services budget. An idea to provide additional support to Health Services would be to increase the percentage of the Office Assistant’s salary paid from Fund 10. Another idea would be to pay for the Director’s salary from Fund 10.
- Only the Case Manager’s tenure-track faculty salary is paid for through Fund 10. There is no funding for the Mental Health Program development, supplies, conferences, Case Manager training, Behavior Intervention Team training, etc. Fund 10 should not only fund the salary, but also fund the other parts of the Mental Health Program.
- The Mental Health Therapist was given 13 hours per week, but that is only enough hours to provide therapy for 11 students per week, because at least 2 hours per week are reserved for consultation with the Case Manager and Administrators. The need for counseling is high, so it would benefit the students

to maximize the counselor's hours to the greatest number of hours allowed for an adjunct faculty member, which is 21.5 hours per week.

- The best plan to serve the students' mental health needs would be for Fund 10 to pay for a full-time Psychologist, who could not only provide direct therapy but also supervise counseling externs or interns. This model would increase the number of counseling appointments that could be offered to students.

2. Identify an external (fund 18) funding the department/program receives, and describe its primary use.

- The SHS budget is primarily based on Student Health Fees (Fund 18). Previously the health fee was set at \$19 per semester for three years, from 2014-2015 through 2016-2017. The health fee was raised to \$20 for the 2017-2018 academic year. However, the amount received from the health fee is not enough to even cover the salaries of the employees in the department. In 2017-2018, the SHS budget was set at \$309,361, based on anticipated enrollment. The funds needed to cover salaries was \$309,527.93, which included 8 hours of overload for the Case Manager for the Fall-2017 semester, while there was not a therapist available. Except for the Office Assistant and Director, the other employees are only hired part time as previously indicated. Other sources of funding are required in order to run the department.
- SHS received funding (\$2000) from Human Resources for providing TB screening for employees. The funds received from HR were used to buy TB solution and supplies.
- SHS received funds from the State Family PACT program (\$2500) for providing family planning services and STI diagnosis and treatment for students.
- SHS received funds for participating in the Medi-Cal Administrative Activities (MAA) Program. The amount and timing of payment from the federal government is unknown until the time of payment. Therefore, the funds are difficult to use for ongoing expenses, due to the inability to anticipate availability. The funds are generally used to complete Journal Voucher transactions to use MAA funds for previous expenses and release Fund 18 dollars to be used for other expenses or rolled over for the following year.
- SHS receives payment from students (\$4000) for lab tests, medications, immunizations, TB tests, and head-to-toe physical exams for Allied Health program requirements.

## PART G: Technology and Equipment

1. Review the current department technology and equipment needed and assess program adequacy. List any changes to technology or equipment needs since the last program review.

**SHS has the following technology needs, which were presented to the College Budget Committee (05/10/17):**

- Electronic Health Record (EHR) System. We have paid for the yearly subscription, but there are some modules SHS does not have funds to purchase, such as making online appointments (which increases access for students), Quest Laboratory Interface, Customized Forms, etc.
- Student Health 101 digital health magazine subscription (subscription will end in December 2017, and SHS does not have funds to reinstate this services.) It was previously provided through a SJCC grant.
- Titmus Vision Screener (needed to assist meeting goal of partnering with Lyon's Club for assistance with purchasing eyeglasses for students in need)
- Massage Chair for student use by time slot (stress reduction, pain reduction, fatigue reduction)
- Autoclave Instrument Sterilizer (purchased with MAA funds, because SHS could not wait for funding)

**Changes to technology and equipment needs since last program review:**

- Our new Electronic Health Record system allows us to send student satisfaction surveys through the student medical portal, and this will be functional in Spring-2018. Having an online survey was one of our goals from the previous program review.
- More EVC employees have been trained to send out student e-mail blasts, so the barrier to communicating health information to students has been significantly reduced.
- SHS completed a video that shows students what Student Health Services offers, and it is posted on the SHS webpage. This is a completed technology goal from the previous program review.

**Technology needs that are still unmet since the previous program review:**

- SHS is still requesting the technology to send out student text messages, because many students do not read their e-mail.
- SHS is still requesting assistance with the technological ability/access to send out a student survey to gather information on students' physical health and mental health needs/preferences.

**PART H: Additional Information**

Please provide any other pertinent information about the program that these questions did not give you an opportunity to address.

SHS continues to be excluded from the College AED Program and funding. All other departments have AEDs and corresponding equipment provided for them at the college's expense. However, SHS continues to be ignored when requests for new batteries of chest pads are communicated.

Some colleges allow for a budget to provide first aid kits (and supplies to restock them) to keep on campus in various areas. Health Services would like to request funds for this service to the campus.

**PART I: Future Needs and Resource Allocation Request:**

Based on the areas noted below, please indicate any unmet needs for the program to maintain or build over the next two years. Please provide rationale on how the request connects back to SLO/PLO assessment, strategic initiatives or student success. If no additional requests are needed in any of the areas, put N/A.

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| Faculty and staffing requests  | Ongoing Budget Needs:   | Request linked to: SHS goal to grow the Psychological Services program and decrease the length of time students are on the waiting list to see a therapist. |
| Hire a full time, year-round Psychologist or provide more hours for Adjunct Faculty Mental Health Counselor and interns. | Maximum Adjunct hours would cost about \$65,000 for the two Fall and Spring semesters. It would cost more to have coverage during Intercession and Summer, but then the health fee could be charged during those terms. | SLO/PLO #: 2 – Mental Health training – if students and staff refer more students for counseling after being trained to recognize                           |

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| <p>Pay for the Director’s salary and benefits or the Office Assistant’s salary and benefits from Fund 10 to free up money to pay for mental health counseling and expand the Health Services program.</p>   | <p>The college could charge (or pay for) the health fee for non-credit students and high-school students in order to increase the budget.</p> <p>One-time Expenditure:</p> | <p>the symptoms of mental illness, we will need more therapists.</p> <p>Strategic Initiatives (student centered, organizational transformation, community engagement): Student Centered</p> <p>Improving Student success rates: Yes!<br/>Research shows that 64% of young adults who are no longer in college are not attending college because of a mental health related reason.</p> <p>Achievement of program set standard for student success: N/A</p>  |
| <p>Facilities</p> <p>The clinic is very small, and SHS needs extra rooms for office space for the Medical Assistant, for conference room space for staff meetings and flu shot clinics, for counseling, for students to rest (or pump breast milk), and for students to use the massage chair SHS hopes to purchase.</p> <p>The lab and counter space are small, so it is difficult to work with patients in there. SHS needs a larger lab. Some patient appointments are provided out in the hallway, because there is limited room in the clinic.</p> | <p>Ongoing Budget Needs:</p> <p>One-time Expenditure: This is a one-time expenditure to upgrade the clinic size and furnishings.</p>                                       | <p>Request linked to: SHS goal of increasing student use of the clinic by providing counseling space and space for a massage chair.</p> <p>SLO/PLO #: 3 – Student satisfaction survey – students will benefit from and appreciate the chance to decompress in a massage chair or rest in a private room when they are tired, stressed, or sick.</p> <p>Strategic Initiatives (student centered, organizational transformation, community engagement): Student Centered – access to quality and efficient programs to ensure student success.</p> <p>Improving Student success rates: Yes – having enough space for students to access care will improve our services, which will improve their success.</p> <p>Achievement of program set standard for student success: N/A</p> |
| <p>Technology</p> <p>See details of the needs under the “Technology” section above.</p>   | <p>Ongoing Budget Needs: The funding for the EHR system and Student Health 101 online health magazine are ongoing needs.</p>   | <p>Request linked to: Organizational Transformation – <u>Communication</u> will be greatly improved with the EHR student medical portal, with text messaging enabled for information, updates, reminders, and</p>   |

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| <p>Electronic Health Record (EHR) System.</p> <p>Student Health 101 digital health magazine subscription</p> <p>Technology to send out student text messages, because many students do not read their e-mail.</p> <p>Assistance with technology ability/access to send out a student survey to gather information on students' physical health and mental health needs/preferences.</p> <p>SHS will need a new and improved copier in the near future. Service calls are made frequently. Employees use the copier often for patient forms, flyers, and patient information.</p> | <p>One-time Expenditure: The copy machine is a one-time expenditure.</p> <p>The student needs survey might not have a cost associated with it at all, if the college has already set up and paid for the technology to send out surveys. This might just be a need for <u>access and training</u>.</p> | <p>invitations. Student needs surveys will allow students to communicate back to SHS what they want, need, and prefer. This will help SHS develop the program according to the student's desires.</p> <p>SLO/PLO #: 4 – Student Health 101 Online Health Magazine</p> <p>Strategic Initiatives (student centered, organizational transformation, community engagement): <u>Student Centered</u> – ease of making appointments online and health information will be sent directly to their phone or computer with SH 101 magazine.</p> <p>Improving Student success rates: Yes - Students will have the opportunity to maintain their health better when they are aware of health services and when they have access to accurate health information at their fingertips.</p> <p>Achievement of program set standard for student success: N/A</p> |
| <p>Equipment/Supplies</p> <p>Titmus Vision Screener</p> <p>Massage Chair</p>   | <p>Ongoing Budget Needs:</p> <p>One-time Expenditure: These pieces of equipment could be purchased with one-time funding.</p>  | <p>Request linked to: College goal of preparing students to succeed academically. SHS goals of partnering with the Lyon's Club for eyeglasses purchase assistance and offering massage chair appointments to reduce stress, fatigue, and pain.</p> <p>SLO/PLO #: 3 Student satisfaction survey – Students would appreciate being connected to a resource for obtaining glasses at a free or reduced cost. Students would appreciate having the opportunity to relax in a massage chair when they are feeling anxious or tired.</p> <p>Strategic Initiatives (student centered, organizational transformation, community engagement): <u>Student Centered</u> – these</p>   |

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|  |  | <p>pieces of equipment are meeting basic student needs for clear vision and relaxed bodies.</p> <p>Improving Student success rates: These benefits students will receive from these pieces of equipment will directly improve student academic success through improved vision and de-stressed bodies.</p> <p>Achievement of program set standard for student success: N/A</p> |
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