Health Services Advisory Committee

Thursday May 8th, 2014  12:00 – 2:00
Santa Rosa: Plover 526  Petaluma: Call Hall 609

1) Agenda Review

2) Approval of Meeting Notes

3) Announcements

4) 14-15 budget development  (PRPP)

5) PRPP Items  - Section 6 and selected tidbits

6) Dept. Presentation: Student Psychological Services – Bert Epstein
HEALTH FEE (1410) Budget Development 2014-2015 – Background and Discussion

Health Fee Revenue Calculations – Amount $1,102,746

- **Calculating Headcount-Credit Enrollment for 14-15** This critical calculation for projecting health fee revenue in 14-15 budget was developed by blending two sources of data.
  - **Source 1)** Medicat software upload: student demographic databases, including all credit enrolled students, are created/updated eight times each semester for uploading into the SHS software system by SRJC’s IT department. Credit enrolled students are included regardless of whether they dropped all courses after the semester starts. (Health Fee is not reimbursed after the first day of classes). Used as the baseline headcount SHS worked with for years, with a slight adjustment down for waivers, it began coming in too high as a projection for some reason, such as duplications, and/or including students that DID drop before the first day of classes. as (SIS anomaly suspected)
  - **Source 2)** Admissions and Records, final unduplicated credit enrolled headcount. These are the lowest numbers of enrollment data available regarding credit enrolled students, as applied to Health Fee calculations, and not an accurate independent measure.

  To determine Health Fee revenue for 14/15, the difference between the figures available from these two sources on unduplicated headcount was determined, and then 67% of this amount was added to the lowest figure to achieve a blend. Then an additional 2% was added to this number of students, to reflect an increase in enrollment due to the restoration/expansion of course sections.

- **COLA** – The last COLA being implemented Fall 2013, Health Fee projections for 14-15 are partially increased due to a full year’s COLA application, as opposed to partial. There is no $1 COLA increase in the Heath Fee for 2014-2015. The next review by the State for this is in March 2015, and current District policy applies this automatically, thus there could be a Fall 2015 implementation if allowed.

**Medi-Cal Administrative Activities (MAA) Revenue Calculations – Amount $105,000**

- **The Audit that can’t seem to end:**
  In July 2012, the Federal office overseeing this program put a hold on all invoiced payments as part of an audit being done in the State of California. The process has been very slow and only a small percentage of agencies have been recertified to receive pending payments, at which point submitted invoices are paid. Reassurances have been made by the Local Educational Consortium that all submitted invoices for reimbursement through the 12-13 year remain intact and will be honored. SRJC’s invoice review resulted in re-submitting only one invoice (09-10 Quarter 4) resulting in several hundred dollars more reimbursement. All others seem to have cleared the criteria thresholds. We continue to wait patiently.
MAA Revenue for 14-15 projections based on this year’s MAA invoices being submitted:
See the amounts of the first two invoices submitted during this fiscal year, which reflect staff salary and benefits from the 12-13 fiscal year. New permanent staff were hired in SHS that year, with baseline salaries and benefits increased, which is the foundation for determining reimbursement amounts from this Federal program. 2013-2014 also include increased reimbursable time in the time surveys, due to extensive outreach work with the Affordable Care Act.

<table>
<thead>
<tr>
<th>2012-2013</th>
<th>Date invoice submitted</th>
<th>Amount of invoice</th>
<th>Number of participants</th>
<th>2013-2014 Number of participants (increased S/B of staff factored in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>9/24/2013</td>
<td>$21,478.00</td>
<td>14 people</td>
<td>13 people (averaged)</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>4/15/2014</td>
<td>$27,888.00</td>
<td>15 people</td>
<td>15 people</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>Q3 and Q4 are expected to be invoiced in May-June</td>
<td>$27,888.00</td>
<td>15 people</td>
<td>17 people</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>4/15/2014</td>
<td>$27,888.00</td>
<td>15 people</td>
<td>17 people</td>
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<td></td>
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<td>$105,142</td>
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Health Fee Reserve Fund – A designated minimum balance, recommended by the Health Services Advisory Committee is “15% of annual operating budget”. Depending on final revenue collections and expenditures for 13-14, the Health Fee reserve fund may be reduced by $50,000-$75,000 this year (a reduction from last year). This results in an estimated balance of $250,912, which is 21% of the 14-15 Health Fee budget proposal. No use of Health Fee Reserve Funds was built in to the budget, but these are all estimates at this point, and it is always possible these would need to be accessed if unanticipated factors emerge.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Health Fee Revenue</th>
<th>MAA Revenue</th>
<th>Total Revenue</th>
<th>Expenditures</th>
<th>Annual Balance</th>
<th>Reserve Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>$1,021,891</td>
<td>$64,875</td>
<td>$1,086,766</td>
<td>$1,015,923</td>
<td>$70,843</td>
<td>$438,540</td>
</tr>
<tr>
<td>2010-2011</td>
<td>$1,013,717</td>
<td>$125,891</td>
<td>$1,139,608</td>
<td>$1,091,100</td>
<td>$48,508</td>
<td>$487,048</td>
</tr>
<tr>
<td>2011-2012</td>
<td>$987,809</td>
<td>$117,118</td>
<td>$1,104,927</td>
<td>$1,098,095</td>
<td>$6,832</td>
<td>$493,880</td>
</tr>
<tr>
<td>2012-2013</td>
<td>$955,820</td>
<td>$80,544</td>
<td>$1,036,364</td>
<td>$1,226,903</td>
<td>($190,539)</td>
<td>$303,341</td>
</tr>
<tr>
<td>2013-2014 estimates</td>
<td>$982,292</td>
<td>$97,872</td>
<td>$1,080,164</td>
<td>$1,132,593</td>
<td>($52,429)</td>
<td>$250,912</td>
</tr>
</tbody>
</table>
Health Fee Expenditures:

**Personnel cost calculations** (Table attached)

In 2012-2013 we hired three new employees. In 2013-2014 we hired two new nurse practitioners, both with a reduced FTE for salary savings. The cost of the health benefits from all of these hires, though, has landed upon us heavily... almost all family plans. This is a significant fiscal stress on the Health Fee fund.

- **In 2014-2015 we anticipate the rollover of three additional positions**, making S/B projections a little more challenging. I have calculated out all of these position changes, and included in this budget proposal.
  - Full time Medical Assistant – entering interview stage, may be hired in June.
  - Part time Nurse Practitioner – reduced to 75%, currently open to transfer, hire by July desired.
  - Full time Medical Assistant – has gone to a 60% workload as of April 1st, and intends to retire by the end of 2014. Have calculated in the costs of a new full time replacement starting January 2015. This may go forward with a reduced FTE.

- **Other personnel cost changes for 14-15 include**: (PAFs have already been forwarded)
  - Returning the Director S/B 100% to the Health Fee, with the expiration of the SMHP grant. (not good)
  - Increasing the Health Services Assistant S/B share with the Athletics program to 10%, to come closer to compliance with Education Code restrictions on Health Fee support for this program. (good)

- **STNC costs are reduced**, with fewer nurse practitioner hours needed due to the new hires. Our mental health services program providers are all in the STNC (interns) and PE (Supervisors) categories, with some slight adjustments down during 14-15. All of these PAFs are forthcoming.

**4000's, 5000's, 6000's**

Cuts have been made in many of these areas, to cover personnel costs. Some expenditures are required, such as our physician contracts. Medications and other medical supplies are needed, and their costs seem “volatile”, i.e. wide fluctuations in availability and prices. Our annual software maintenance contract is $12,000+ which is a significant cost for the department, and would like to explore the District carrying this cost if technology dedicated funds are forthcoming in the future. Limited one-time expenditures have been built in for urgent projects, i.e., provide ergonomic corrections for workers in our exam rooms, increase confidentiality of an open clinical service room, audiometry certification for our new nurse practitioners, etc. as well as building in some contingency funds.
PREVENTION AND EARLY INTERVENTION Budget Development 2014-2015

Background and Discussion

- **PEI Grant - 1377**
  - The PEI budget for 14-15 has $100,000 in revenue assumed (straight rollover).
  - We requested that the County increase SRJC’s 14-15 grant amount, to help sustain the CCC-SMHP Grant program developed with the expiring two year grant. If the County agrees to the increase for 14-15 a budget revision will be submitted.
  - This $100,000 proposal represents a significant cut to SRJC’s prevention and early intervention activities and capacity, including reduction in student peer support activities, classroom presentations on student success, suicide prevention trainings, CIRT staff development work, Sexual Assault prevention work, etc. Most of the available funding goes to one part-time classified staff person, with enough money left to continue a reduced contract with Student Health 101, the online health magazine, and limited amount of STNC hours for a graphics support person to create outreach materials, and another support person for classroom presentations and outreach event support.

- **CCC-SMHP Grant - 1509**
  - This grant provided over $100,000 per year, over the last two years, to supplement SRJC’s existing PEI program, for the development of a sustainable peer health support program.
  - CCC-SMHP extended this grant beyond the original May 2014 end date for SRJC to complete the original grant work plan submitted. Any unexpended funds may roll over, and we have until September 2014 to complete this project.
  - The SMHP budget for 14-15 is $11,120 in revenue assumed. This ultimately may be slightly more after this year’s expenditures are finalized, and a budget revision will be submitted if there are additional funds to roll over.

The hope is that the County will provide another $100,000 per year to SRJC, equal to what was received from the CC-SMHP grant. This may not be realistic, and contingency plans are being developed, based on priority needs, for any smaller amount of additional funds received.
### 6.1 Progress and Accomplishments Since Last Program/Unit Review

<table>
<thead>
<tr>
<th>Rank</th>
<th>Location</th>
<th>SP</th>
<th>M</th>
<th>Goal</th>
<th>Objective</th>
<th>Time Frame</th>
<th>Progress to Date</th>
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</table>
| 0001 | ALL      | 00 | 00 | Funding Stabilization | 1) Health Fee - reduce discretionary expenditures as possible, closely monitor revenue/expenditures, and implement COLA adjustments as allowable.  
2) MAA- advocate for continuing this program in CCCs, continue participation as allowable.  
3) Grants - advocate for continued/increased Sonoma County MHSA grant funds for PEI program (absorb PEERS program as possible)  
4) Continue exploration of external funding sources aligned with SHS vision, pursue as appropriate. | Ongoing | 1) COLA allowed from March 2013 implemented. No COLA allowed for 2014. Expenditures 13-14 reduced through salary savings, reductions in permanent staff positions, no major equipment purchased, limited travel allowances.  
2) Advocacy for CCC participation successful, provided materials for Federal audit, continue time surveys and invoicing. Training new staff to maximize claim pool.  
3) PEI County grant increased from $90,000 to $100,000 for 13-14. Additional increases being requested for 14-15 to absorb PEERS program costs.  
4) Slight increase in cost shift to athletic health screening program, other grants explored. |
| 0002 | ALL      | 00 | 00 | Increase SRJC student access to healthcare on campus and in the community | 1) Administrative outreach to community healthcare stakeholders, to discuss access issues for SRJC students  
2) Determine longitudinal methods to evaluate the effectiveness of SHS community referrals/student follow up  
3) Establish a workgroup to develop SLO assessment projects related to student learning on the ACA  
4) Develop educational/outreach tools: Health Insurance resources, (comparative costs), Medi-Cal enrollment/eligibility, medical home options in Sonoma County.  
5) Adjust health center intake process to disseminate information with clinical/MH visits.  
6) Continue multifaceted educational outreach activities, increased student contact (measured student headcounts)  
7) Expand reproductive health services hours on SR campus | Summer-  
> Fall  
> Spring | 1) Engaged in dialogue with SRHC, PHC and SCBHD clarifying current referral and access issues. Certified enrollment counselors for ACA brought to both campuses, increasing access to insurance and Medi-Cal enrollment.  
2) Some beginning conversations have occurred this past year, but methods have not been determined or implemented.  
3) An effective SLO workgroup was established, and ACA events, enrollment counselors and an SLO assessment project emerged.  
4) Materials developed, community resources updated. Still need to further develop SHS web page.  
5) Front office print materials available for optional student use® SHS events and workshops, Kognito, AA, SPS groups, bookmarks). The only universal department-wide assessment for student information needs at intake has been for health insurance.  
6) A large increase in the amount of health promotion events occurred during 13-14, secondary to the PEERS grant. A new "mobile" health information cart was constructed, for use in the future.  
7) Reproductive health clinic hours have been expanded on the SR Campus to 12 hrs/wk form 8 hrs/wk. |
<p>| 0003 | ALL      | 00 | 00 | Implement technology | 1) Implement the SPS EMR to achieve fully paperless | Summer- | 1) SPS EMR implemented |</p>
<table>
<thead>
<tr>
<th>Development Projects</th>
<th>Records System</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1) Continue development and maintain Facebook pages, develop internal system to select messages to post from all staff, diverse topics</td>
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<td>2) Explore implementation of self-check in module, as budget allows (13-14 or 14-15)</td>
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<td>3) Work with IT to update SHS webpage expansion.</td>
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<td>4) Apply technology solutions to increase Petaluma/Santa Rosa campus SHS staff communication and support increased paper reduction practices.</td>
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<td>&gt;Fall - Spring -&gt;</td>
<td>2) Have SHS Facebook page established, no clear team process established for selection of postings. One staff actively posts various topics, and reposts PEERS Facebook topics.</td>
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<td>3) Budget has not allowed for self-check in module. Still needed to strengthen communication with students.</td>
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<td>4) SHS webpage still in development, initial posting expected by Summer 2014. SHS staff has assisted with the college project developing this.</td>
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<td>5) Received a Projector from Media Services to support better tech, but a video conferencing capacity within SHS (computer to computer) has not been accomplished yet.</td>
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| 0004 | ALL | 00 | 00 | Continue development and integration of the PEERS Coalition program college wide; fully implement grant objectives in final year. |
| 1) Continue collaborative work with staff and students at engaging at risk student groups in Coalition activities, i.e. Foster Youth, Vets, Gateway HS students, etc. |
| 2) Strengthen curriculum infusion from the CHW and HSC programs with internship positions, and work with program faculty. |
| 3) Establish PEERS Coalition activities on the Petaluma Campus, i.e. Active Minds, Coalition meetings, Gateway program outreach. |
| 4) Complete grant work plan |
| Summer- >Fall - Spring -> | 1) Coalition has increased connections with MHSA identified at-risk groups, though they have not been actively engaged in the PEERS Coalition meetings. (other groups have, such as LGBTQ club, etc) |
| • A Veteran’s workshop was sponsored, engaged in new orientation for Vets |
| • A PEERS intern and Nurse Practitioner attended a Foster Youth event. |
| • SHS staff and new PEERS intern have gone to the Gateway classroom in Petaluma to establish contact... |
| 2) PEERS intern training currently is not linked with the curriculum/SLOs of the CHW or HSC programs. (Grant objective) |
| 3) A PEERS intern began working on the Petaluma Campus Spring 2014, with engagement in several events/peers in conversation activities. Active Minds will remain ONE club for the District. |
| 4) Plan extended to September as allowed by the Foundation, progress made. Toolkit, clear curriculum for peer intern training still pending, as well as fiscal sustainability. |

| 0005 | ALL | 00 | 00 | Continue implementation of changes in the SPS program towards increased access to MH services in SHS |
| 1) Adjust intake assessment procedures to assure immediate urgency determination and response |
| 2) Minimize “wait list” as possible |
| 3) Develop tracking system for effectiveness of community MH referrals. |
| 4) Maintain quality of internship program and its operations in alignment with department’s objectives. |
| Summer- >Fall - Spring -> | 1) Intake adjusted successfully. |
| 2) Wait list reduced significantly. |
| 3) No thorough tracking system for community MH referrals established. A time/cost efficient methodology for the most at-risk students being referred out for follow-up is being explored through Medicat software, to support this quality improvement effort. |
| 4) Quality of the internship training program and its alignment w/dept objectives maintained and improved.” |
| 0006 | ALL | 00 | 00 | Engage staff in integrative activities and meetings to enhance cross discipline workgroups, leadership skills, and team development | 1) Continue CORE meetings utilizing the “Effective Facilitation” model 2) Create workgroups for internal staff development projects, cross discipline trainings, case reviews, SLO assessments, technology development, college events, and other activities. | Summer- >Fall -> Spring -> | 1) Effective Facilitation model maintained for CORE meetings with active team participation and effectiveness. Feedback: CORE needs MORE time set aside for department meetings to effectively coordinate activities and be informed about dept. projects. 2) Three workgroups established, outreach team active, and expanded interdisciplinary team meetings: twice NPs/interns x2, all dept. meeting in February. Several department social activities for teambuilding were successful. Continue and develop more specific methods to meet objectives, with better integration of Outreach activities. |
| 0007 | ALL | 00 | 00 | Strengthen student employment effectiveness in SHS | 1) Re-design student employee scheduling and assignments (decentralize primary facility assignments and supervision) 2) Infuse weekly student employee cohort meetings with a more structured training plan and shared group supervision 3) Review hiring criteria to increase employment retention | Summer- >Fall -> Spring -> | 1) Student employees moved to facility based assignments and decentralized on-site supervisors. Pros and cons observed over the year, with further adjustments being considered. 2) Weekly meetings need additional strengthening: all students in attendance, blend of CORE service curriculum and SHS system materials, as well as health topics and making campus connections. Will be initiating “Skype” to engage Petaluma SHAs at the SHA Weekly Mtgs. 3) Change: Student on campus one year, demonstrated capacity to work and maintain GPA of 3.0. Clear commitment through each academic year with mandated attendance at weekly SHA mtgs. |
| 0008 | ALL | 00 | 00 | Safe, clean, and welcoming environment in all SHS facilities | 1) Pursue facility improvements as outlined. 2) Assure safe staffing levels are maintained at all times dept. is open 3) Implement infection control and cleaning practices at all facilities on a regular basis | Summer- >Fall -> Spring -> | 1) Progress! Bathroom floor in Race fixed! 2) Staffing has been very thin at times during 13-14, and safety standards have not been maintained at all times. Race is the highest risk location - with one person in front, visual and auditory connection is poor with staff in the back. Plover often has adequate STNC back up Petaluma is behind a locked door/window 3) Increased attention during flu season. Variations between facilities noted, continue towards consistency. |
6.2a Program/Unit Conclusions

<table>
<thead>
<tr>
<th>Location</th>
<th>Focus Areas &amp; Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td><strong>FUNDING STABILITY</strong></td>
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<tr>
<td></td>
<td>As a department that relies primarily upon student fees for its expenses, an analysis of the current fiscal environment remains concerning and a priority for the department. The significant drops in enrollment over the last several years have not been recovered during 13-14, and are essentially flat from one year ago. Yet personnel expenses continue to increase with health benefits, COLA salary increases, and the anticipated increase in student employment hourly wages. Small reductions in position turnovers were implemented and a Health Fee $1 COLA was implemented, but these measures did not keep up with the increases.</td>
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<tr>
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<td>How can we effectively increase revenue, and reduce expenses, and maintain program quality and integrity?</td>
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**REVENUE INCREASES**

SHS has been successful in maintaining external funding from the MAA federal reimbursement program and the PEI - MHSA funds from the County. These funds need to be leveraged within appropriate boundaries to support the CORE functions of SHS as much as possible.

**Items that will help support the department through these trying times:**

- Limited Health Fee reserve funds are still available.
- The automatic Health Fee COLA policy in place
- A $1 COLA allowance during 2015 is hoped for
- The County MHSA grant for 14-15 has been doubled, to $200,000/yr assuming integration of SMHP – Suicide Prevention- Stigma Reduction activities into the central PEI-SHS program plan. (with measurable outcomes, evidence based interventions as available)

**Future Directions:**

- Articulating SHS’s role in student success is critical, and accessing State funds available for these initiatives, are a local effort. Equity funds have been identified by the Chancellor’s Office as a potential source.
- Smaller grants have been applied for by SHS, awaiting outcomes.
- Discussion by SHS staff indicates that it may be the most effective use of our time to seek external funding with a focus on partnering with other lead agencies in the community on health related grants.
- The Health Services Advisory Committee recommended pursuit of an account with SRJC’s Foundation to receive donations, should we decide to expand to fund-raising activities.

**EXPENDITURE REDUCTIONS**

Health Fee discretionary expenditures have already been reduced significantly over the past 2-3 years. Not a lot more can be cut in discretionary items, and personnel have been condensed already through re-engineering.

- Expenses will need to be cut/minimized significantly wherever possible until student enrollment is restored to higher levels. Preserving permanent staff salaries/benefits is the priority, with other required expenses.
- The department needs to maximize the efficient use of personnel to achieve safe work environments, quality service delivery, and fiscal efficiencies. Enhancing good communication, evaluating workload assignments to reduce any duplication of efforts, and team building may help. Technology, such as the “Self Check-In” module could reduce student employment needs.
- More assertively assisting students in establishing medical homes in the community may help in having longitudinal alternatives for students needing-seeking health services at a level/scope that we fiscally cannot provide. (This is in alignment with MHSA objectives, along with ACA enrollment support.)
ALL

STUDENT LEARNING OUTCOMES

A proficiency level has been achieved in SHS in regards to SLO Assessments.

As the Affordable Care Act is being implemented nationally, an important area of student learning was identified by SHS and directly linked to the SHS vision for the next 1-3 years. Obtaining health insurance or Medi-Cal coverage, following up on SHS referrals for community based care, and establishing a medical home in the community are all goals associated with this vision.

Sequencing assessment projects over several years as a continuous process is intended. An adjustment to the program’s “SLO Cycle of Assessment” Plan was made this year to align with the logical flow of assessing these items in a sequence.

During 13-14, a student learning outcome assessment project was done around supporting students understanding and obtaining health insurance or MediCal coverage, with the implementation of the Affordable Care Act. (See Section 4)

For 14-15, SHS staff are planning a student learning outcome related to medical homes, identifying healthcare resources in the community, following up on referrals to providers/services made by SHS staff, accessing services, etc. A SHS workgroup will convene to assist in the development and implementation of the project, with an eye towards next year’s projects as well.

As this is new territory in terms of student learning assessments, this will remain a focus for the next 1-2 years.

ALL

DEVELOPING AN EFFECTIVE, INTEGRATED HEALTH PROGRAM TEAM

- towards providing quality individual healthcare and coordinated services for students
- clearly aligned with strategic plan and student success initiative
- identifying and improving fiscal efficiencies, vis enhanced staff communication, review of job functions/assignments, etc.

SHS has been experiencing a significant amount of change since 2010, with movement from two to three facilities, two new grants, expansion of the health promotion component, and newly hired staff, with more coming in 2014-15. Collectively, there is a tremendous amount of excellent work being done on behalf of supporting students in achieving their academic goals. There is a wonderful momentum happening, connections with both the college and local community are increasing, our CORE staff are talented and passionate, and our capacity has increased.

This change within SHS corresponds, though, with significant changes occurring in the environmental context of our services. The college is embarking on a new Strategic Plan, the Student Success Act is impacting the college's priorities, and the overall healthcare environment is in the middle of a tremendous change due to the Affordable Care Act.

The burst of SHS outreach events, workshops and classroom presentations has perhaps stretched the boundaries of our department’s work plan beyond our internal capacity and resources to maintain the integrity of team and program. We are particularly vulnerable to weakening ourselves with rapidly expanded boundaries of programming, in terms of administratively supporting the dramatic increase in fiscal management, personnel management, and assuring alignment with our goals, etc. The expansion being experienced includes the additional geographic separations of our program, with resultant “discipline” separation/bias/silo effect, and a facility “silo” effect. This is a point in our department’s transformation that we seriously consider our own infrastructure, focus, capacities, priorities, and system organization to assure we can move forward with greater strength as a whole.

Increased opportunities for meaningful and effective communication are what seems to be needed, with a standard of interdisciplinary engagement, Supporting methods to enhance daily conversations and interactions between staff, sharing thoughts and ideas about the program, case management work, and increasing social connections.

An assumed value within our department is that our workplace is an amazing playground of program potential, and can support our passions around making an impact on our students. This is exciting, incredibly meaningful and satisfying work, and we have fun doing this together! Part of our ability to do this is having the planning process emerge with reasonable goals that we can accomplish, integrative in nature to leverage resources effectively, and have a strong infrastructure supporting healthy communication and collaboration.
DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY

- Leveraging and supporting Faculty/Classroom/Courses for health information curriculum infusion
- Leveraging and supporting District-wide methods and efforts towards health promotion for the entire college community.
- Leverage and supporting our own health centers for universal screening and follow up with students coming in, regarding their overall health information needs and interests.

NCHA data was compared from 2010 to 2013 and we have been effective with increasing the number of students receiving information on health issues over the past three years, as well as progress in students stating SRJC has helped them maintain and improve their health. When compared with other external references, the picture isn’t as rosy. For example, SRJC performed well below other CCCs in this area, and of all the Institutional Learning Outcomes, the health one performed the lowest as well.

We are putting on events, workshops, seminars and reaching some faculty for consistent classroom presentations. But when considering the size of our student population, the allocation of resources for these many activities, seem to be needing review towards a more effective way to disseminate information from a population based perspective, leveraging technology, course/curriculum infusion, and “other”. This SHS effort also is in alignment with prioritizing the scope and boundaries of our outreach efforts, and internal team integration of resources for health promotion topics and department/services awareness outreach.

6.2b Supervising Administrator/Manager Planning Conclusions

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

FUNDING

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

STUDENT LEARNING OUTCOMES

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

Students will maintain and improve their health....
PROGRAM INTEGRATION, INTERNAL STAFF DEVELOPMENT AND TEAM BUILDING

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

DISSEMINATE INFORMATION ON HEALTH ISSUES TO STUDENTS MORE EFFECTIVELY

OTHER

### 6.3a Annual Unit Plan

<table>
<thead>
<tr>
<th>Rank</th>
<th>Location</th>
<th>SP</th>
<th>M</th>
<th>Goal</th>
<th>Objective</th>
<th>Time Frame</th>
<th>Resources Required</th>
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<tbody>
<tr>
<td>0001</td>
<td>ALL</td>
<td>00</td>
<td>00</td>
<td>Funding Stabilization</td>
<td>1) Health Fee - reduce discretionary expenditures as possible, improve staff efficiencies as possible, closely monitor revenue/expenditures, and implement COLA adjustments as allowed in 2015. Consider reductions in FTE for each position being rolled over. 2) MAA - continue participation. 3) Grants - advocate for increased Sonoma County MHSA grant funds for PEI program 4) Continue exploration of external funding sources aligned with SHS vision, pursue as appropriate.</td>
<td>Ongoing</td>
<td>Staff time</td>
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<td>0002</td>
<td>ALL</td>
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<td>Increase SRJC student access to healthcare on campus and in the community</td>
<td>1) Administrative outreach to community healthcare stakeholders, to discuss access issues for SRJC students 2) Determine methods to evaluate the effectiveness of SHS community referrals/student follow up (see other goals) and improve as possible. 3) Actively distribute educational/outreach tools: Health Insurance/ACA information, Medi-Cal enrollment/eligibility, medical home options in Sonoma County, health support agencies and resources.</td>
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<tr>
<td>0003</td>
<td>ALL</td>
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<td>PEI Program Development</td>
<td>1) Integrate the most effective components of the PEERS Coalition into a singular PEI program for the District. 2) Complete grant work plan and finish Operating Manual 3) Strengthen and structure peer health support</td>
<td>Summer -&gt; Fall -&gt; Spring -&gt;</td>
<td>Grant funding Staff time Peer health support interns</td>
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<td></td>
<td>Quality Improvement Activities</td>
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<tr>
<td>1</td>
<td>Develop and implement a student satisfaction survey for use across the department to assess strengths, and areas of improvement needed to optimize the entire student visit experience.</td>
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<td>2</td>
<td>Implement new technological “Recall” (or reminder) procedures in Medicat to assist SHS providers in follow-up with client needs; start with flagged “higher risk” student cases as defined by providers.</td>
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<td>3</td>
<td>Review and strengthen treatment outcome measurements, i.e. MD consult meetings/chart reviews, SPS case analysis.</td>
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- Support intern training program, utilizing curriculum from the CHW and HSC programs, and/or other evidence based peer health training programs.

4) Continue collaborative work with staff and students at engaging at risk student groups (i.e. Foster Youth, Vets, Gateway HS students, etc.) in peer health support activities throughout the District, i.e. PEERS Coalition workshops, etc.

5) QPR trainings continue to expand as resources allow - (Master and Gatekeeper) Assure peer interns support suicide prevention initiative, in absence of Teaching Fellow.

6) Develop cohesive, clearly defined, “Health and Student Success” series of presentations and/or PowerPoints with voice overs, for curriculum infusion purposes, and provide faculty support for implementation, with the college’s Student Success initiative in mind.

7) Continue marketing of Kognito and engage in other faculty/training support activities.

8) Support development of processes and trainings for “students reporting students of concern” and other bystander roles (suicide, emotional distress, sexual assault and misconduct, dangerous drinking, bullying, etc.) work with CIRT, Student Affairs, and IT, and engage in District wide outreach once system in place.
| 0005 | **Increase health information dissemination to students and staff through increased immersion in the college environment and culture.** |
| 0006 | **Strengthen student employment effectiveness in SHS** |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4 | reviews utilizing evidence based tools. Track outcomes via CCAPS center-wide report using new technology. | 5 | Improve case management with interdisciplinary and interagency provider dialogue to improve effectiveness of community healthcare referrals. | 6 | Staff training in integrated SBIRT models of care and motivational interviewing. | 7 | Pilot universal and/or targeted health screening of students accessing services, and initiate brief intervention, referral and/or treatment to improve response to priority student health issues (start with health insurance status, consider tobacco, depression, anxiety, alcohol and marijuana use, chlamydia, pregnancy planning) |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | 0005 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 0006 | ALL | 00 | 00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 1 | Work with college staff (IT, academic counselors, A&R, Student Affairs) to develop more effective methods to disseminate mandated notifications to students on sexual assault and AOD use. | 2 | Adjust health center intake process to increase dissemination of health information that students express an interest in, independent of the student’s reason for the visit. | 3 | Continue multifaceted health education and promotion outreach activities, with measured student headcounts and evaluations. | 4 | Strengthen health information dissemination through rotating topic postings in designated areas on campus, on Facebook, via the SHS website and Student Health 101. | 1 | Review and implement best hiring criteria to increase employment retention. | 2 | Infuse weekly student employee cohort meetings with a more structured training, teambuilding activities, and shared group supervision by facility based supervisors. | Summer->Fall -> Spring -> Summer->Fall | Student Employees | Staff time |
| 0007 | Complete meaningful SLO assessment project(s) | 1) Establish a workgroup to develop and lead implementation of SLO assessment project(s) related to student understanding of health conditions, and following up on recommended actions to improve health/access resources in the community. |
| 0008 | Implement technology development projects | 1) Medicat – review and refine database structure, incorporate new functions as possible with existing software to support staff efficiencies and QI, plan for implementation of self-check in module, as budget allows during ’15-’16.  
2) Social media development, maintain Facebook pages, develop internal system to engage all staff in selection of topics/links on priority health issues.  
3) Work with IT to update SHS webpage, train select staff on update procedures, staff workgroup on refinement, obtain student feedback.  
4) Utilize and evaluate effectiveness of technology solutions (Skype with projection) to increase Petaluma/Santa Rosa campus staff communication and support. |
| 0009 | Improve the department’s disaster response preparedness, and maintain a safe work environment. | 1) Pursue facility improvements as outlined.  
2) Assure safe staffing levels are maintained at all times dept. is open.  
3) Implement infection control and cleaning practices at all facilities on a regular basis.  
4) SHS staff to participate in Area Safety Leader trainings by the District, and engage in localized safety activities as outlined in the role.  
5) Disaster Preparedness activities:  
  ✓ Review Pandemic Plan, work with the County on designating SRJC as a prophylaxis distribution site for SRJC staff and students.  
  ✓ Pursue advanced disaster preparation. |
| | | Summer->Fall -> Spring -> | Contract funding  
Staff time  
IT web development staff and training  
Media equipment |

| | | | |
preparedness webinar(s) focusing on medical/MH operations for all CORE staff.
✓ Department training in the START method of medical triage.

| 0010 | ALL | 00 | 00 | Engage staff in integrative activities and meetings to enhance cross discipline workgroups, leadership skills, and team development | 1) Continue CORE meetings utilizing the “Effective Facilitation” model  
2) Create workgroups for internal staff development projects, cross discipline trainings, case reviews, SLO assessments, technology development, college events, and other activities.  
3) Consider options for increased “all department meetings” throughout the year, expanding CORE meeting times, and/or enhanced overlap time between all direct care providers (Interns, PE, NP, MD, MA)  
4) Continue team-building social activities | Summer->Fall -> Spring -> | Staff time |
STUDENT PSYCHOLOGICAL SERVICES

Health Services Advisory Committee
May 8, 2014
Bert Epstein
But, first a therapy cartoon...

I’m afraid if people see my insides they’ll see how sour I am

I feel that something is eating away inside me

I’d like to pull back my skin and show my true self

I’m afraid I’m going to be pulled apart

© 2012 Victor Yalom/Psychotherapy.net
Student Psychological Services--- Outline

- Presentations to Campus Community
- Utilization
  - Specialized Services (Spanish-Language/Psychiatry) Therapy
  - Students Served; Sessions/Student
- Wait List & Outcome
- Referrals
- Client Satisfaction
- Other Areas: training, consultation
Presentations to Campus Community

- Covered in PEI Presentation at last HSAC meeting
- In General: Workshop attendance is doing well
- Outreach requests have been focused more on Student Health & Success, done mostly by PEI staff
Utilization: Specialized Services
(8/20 - 4/30)

- Spanish-Speaking Therapy (10 hrs/wk)
- & Psychiatric Service (4 hrs/wk)
Utilization: Sessions per Student

- Consistent Reduction = More students served
Utilization: Unduplicated Headcount

- Steady Increase in Students Served
Wait List ... Some Good News:

- Maximum number students on Wait List:
  - 11-12: 50
  - 12-13: 25
  - 13-14: 19

- Average number students on Wait List:
  - 11-12: n/a
  - 12-13: 22
  - 13-14: 8

- Average number days from first contact to first ongoing therapy appointment:
  - 11-12: 62
  - 12-13: 29
  - 13-14: 18

- Students Who Did Not Respond to Call After Being Put on Wait List:
  - 11-12: 54%
  - 12-13: 24%
  - 13-14: 17%
Reasons for WL/Time Improvement

- Changed system last year so all students seen initially for drop-in
  - More external referrals from drop-in
- Wait list viewed with interns weekly
- Eliminated 10-session limit
- Focus on referrals
External Referrals

- 2012-2013: 75
- 2013-2014: 82 (as of 5/2/14)

- Vast majority of referrals are to Community MH Clinics

- Actual numbers likely much higher as therapists report they forget at times to enter the referral in our database
Outcome: Client Evaluations

- “Being able to control my anxiety in class helped me have a better look into the future.”
- “I learned to manage my time much better.”
- “If I did not see a therapist I would have spiraled out of control, and my grades and academic performance would have suffered.”
Outcome: Client Evaluations

“I will be approaching my academic plans a little differently as a result of therapy--- seeking a path that’s more in tune with who I am instead of what I ‘think’ I should do or be.”

“I feel a lot more confident that I can succeed academically. I want to keep going and not give up.”
Outcome: Client Evaluations

- “Because of therapy I got to class on time every Thursday.”
- “I can concentrate better and will trust my plans more.”
- “This was some of the most productive and helpful therapy I’ve ever had (and I’ve been to a lot of therapists!)”
Outcome: CCAPS (Counseling Center Assessment of Psychological Symptoms)

- This is second year of use at SPS
- 62 symptom questionnaire completed by student at intake, followed by similar 34 question version at 3rd and final session
  - 60 students (of 300) measured, as they received multiple CCAPS
- Asks students to rate each symptom statement on a 0-4 scale, with 0 meaning it was “not at all like me” and 4 meaning it was “extremely like me”
CCAPS - Continued

First year of integration with Medicat (Electronic Health Records)

- The Good: Seamless and confidential records storage + easy for therapists to access client scores
- The Bad (for now): Lack of ability to compute entire agency benchmarks and amount of clinical change. Working on it…
- Last year - it looked like this:
Outcome: CCAPS (Counseling Center Assessment of Psychological Symptoms)
Outcome: CCAPS – Change Score – first to last administration - % improvement of “reliable change”

NOTE: Subscale scores deflated due to beta version
Q4 Please circle the number that best describes how you felt about counseling overall:

Answered: 39  Skipped: 0

Therapy was helpful to me.
The therapy helped me...
I achieved the goal(s) that...
I would seek out therapy...
I would recommend...

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5
Client Satisfaction

Q5 Since receiving counseling, have you noticed any improvements in:

- Your personal relationships?
- Your communication...
- Your ability to function...
- Your physical/emo...
- Your ability to attend to...
- Your ability to pay...
- Your awareness of yourself?
- Your self-confidence...

Answered: 39  Skipped: 0
SPS Areas of Strength

- Client satisfaction
- Diversity of services (individual, Spanish-speaking, psychiatry, outreach)
- Access – very good capability to assess students immediately + small wait lists
- Positive outcomes for therapy
- Crisis response and management
- Robust training program and very satisfied trainees
Areas of improvement this year

- Improved access – significant reduction in wait list numbers and time
- Implemented Electronic Health Records system
- Brought in new group of supervisors who will all be continuing next year – they are a great group
- Streamlined paperwork for clients and therapists
Areas for focus next year

- Further focus on Referrals (and data entry)
- Further integration with other SHS groups
- Technology
  - Expand website / on-line presence
  - Use new computerized reminder system
  - Ability to measure CCAPS results for agency
Final Thoughts: Dog Therapy

“My therapy is quite simple: I wag my tail and lick your face until you feel good about yourself again.”
Questions & Comments