Health Services Advisory Committee

Thursday October 2, 2014
12:00 – 2:00 PM
Santa Rosa: Plover 526
Petaluma: Call 609

1) Introductions
2) Agenda Review
3) Committee Chair
4) Announcements
5) Department Update: 2013-2014 Accomplishments and Fiscal Status
6) 2014-2015 – Program Launch and Updates
   - SHS Personnel for 14-15
   - Fiscal update 14-15
   - Prevention and Early Intervention Goals (MHSA Grants)
   - SHS Goals and Workgroup Activities
7) Discussion topic:
   Health and Student Success: Retention Strategies and Showing Results
   For this discussion topic, please go to the following website and review this article before the meeting if you have time!
   http://www.thrivingincollege.com/Student_Retention_Cuseo.pdf

Confirm upcoming meeting dates-times-locations:

December 4th, 2014         12-2         Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
March 5th, 2015            12-2         Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
May 7th, 2015              12-2         Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
Student Health Services Advisory Committee Meeting

October 2\textsuperscript{nd}, 2014
Agenda

- Introductions
- Agenda Review
- Committee Chair
- Announcements
- Department Update: 2013-2014 Accomplishments and Fiscal Status
- 2014-2015 – Program Launch and Updates
  - SHS Personnel for 14-15
  - Fiscal update 14-15
  - Prevention and Early Intervention Goals (MHSA Grants)
  - SHS Goals and Workgroup Activities
- Discussion topic:
  Health and Student Success: Retention Strategies and Showing Results
Committee Housekeeping

- Chair of the Committee?
- Confirming meeting dates/times
  - December 4th, 2014 12-2 Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
  - March 5th, 2015 12-2 Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
  - May 7th, 2015 12-2 Santa Rosa Plover Hall 526 and Petaluma Richard Call Building 609
- Questions on any of the background materials forwarded?
  - QA Health Fee
  - 8.4 and 8.4P
- Parking Lot for Next Meeting “Committee Best Practices” Survey Activity
Department Update: 2013-2014 Major Accomplishments

- Vacant College Nurse Practitioners and Medical Assistant positions with successful recruitments; SHS team integration activities effective.
- Grant funding under the Mental Health Services Act (MHSA) delivered identified outcomes.
  - PEERS program and SHS Outreach team increased student engagement and preventive health programming significantly District wide, through an increased number of events, workshops, and classroom presentations.
  - QPR suicide prevention trainings continue with great momentum.
- Significant work done on Affordable Care Act education and enrollment outreach.
- Student Psychological Services implemented Electronic Health Records, wait list reduced in size, more students seen for services.
Student Health Services 13-14

Unduplicated Headcount - 2013-2014 Students Served by Clinic Type

- NP/MD, 3100, 73%
- SPS, 597, 14%
- ReproHlth, 571, 13%

Clinical, SPS, HE/Outreach, Support
## Department Update: 2013-2014 End Year Fiscal Status

<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>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>$608,295</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>$615,127</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>$424,588</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$957,213</td>
<td>$79,987</td>
<td>$1,037,200</td>
<td>$1,129,811</td>
<td>-$92,611</td>
<td>$331,977</td>
</tr>
</tbody>
</table>

**Student Health Services Revenue 2013-2014**

- **Health Fee**: 76%
- **MAA**: 6%
- **MHSA**: 9%
- **CCC**: 8%
- **Count**: 1%
- **District**: 0%
- **Health Fee**: 76%
The Money...

**FISCAL CHALLENGES**
- Union Contracts – higher COLA for salaries, increased benefits
- Enrollment is flat, no growth, Health Fee projections off
- MAA Program Audit consequential, outcome still pending, changes in 14-15
- Funding unavailable to fill vacant Medical Assistant position (retirement)

**EXTERNAL REVENUE**
- MHSA – CCC GRANT ADDED $30,000 FOR 14-15
- MHSA – COUNTY GRANT INCREASED
- Seeking funding for Affordable Care Act enrollment activities/support on campus
- Plans to apply for Foundation Grant
- Explore link with Equity and/or SSSP funds coming into the District
## Health Fee Budget Adjustments 2014-2015

<table>
<thead>
<tr>
<th></th>
<th>2014-2015 original</th>
<th>Adjusted October 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10-00-00-1410-0000-8191.00</td>
<td>105,000</td>
<td>105,000</td>
<td>MAA Revenue</td>
</tr>
<tr>
<td>10-00-00-1410-0000-8876.00</td>
<td>1,102,746</td>
<td>970,000</td>
<td>Health Fee</td>
</tr>
<tr>
<td>10-00-09-1410-0000-8876.00</td>
<td>0</td>
<td>125,108</td>
<td>Reserve Fund</td>
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<tr>
<td>Revenue Total</td>
<td>1,207,746</td>
<td>1,200,108</td>
<td></td>
</tr>
</tbody>
</table>

### SANTA ROSA/DISTRICT

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1-2-3 total</td>
<td>929,117</td>
<td>909,416</td>
<td>Without MA @ $78,000</td>
</tr>
<tr>
<td>4000s total</td>
<td>41,722</td>
<td>41,722</td>
<td>Medical and office supplies</td>
</tr>
<tr>
<td>5000s total</td>
<td>46,135</td>
<td>45,623</td>
<td>MDs, software contract, other</td>
</tr>
<tr>
<td>6000s total</td>
<td>6,000</td>
<td>2,500</td>
<td>Computers</td>
</tr>
<tr>
<td>7000’s total</td>
<td>7,000</td>
<td>7,000</td>
<td>Contingencies</td>
</tr>
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</table>

### PETALUMA

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>2-3-4-5-6 total</td>
<td>177,772</td>
<td>193,847</td>
<td>Staff and supplies</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,207,746</td>
<td>1,200,108</td>
<td>&lt;-----Expense Total</td>
</tr>
</tbody>
</table>

Bare bones budget. MH interns and supervisors maintained as is; Salary savings to baseline staff costs includes new NP working 9 months instead of 12 (baseline costs will increase in 15-16; lost full time Medical Assistant position, 5% of Bert’s salary moved over to MHSA grant, 10% of Juanita’s salary moved over to Athletics. Cuts in student employment possibly needed this year.
Goals and Activities 14-15

- Prevention and Early Intervention Program
  - Absorb and integrate “PEERS” program into PEI and SHS, continue development
  - Develop District-wide student peer bystander program (students reporting students of concern) Suicide, substance abuse, sexual misconduct, mental health concerns
  - Solidify student health peer training curriculum, evidence based (all QPR trained, as an example)

- Health Promotion and Education – improve effectiveness of dissemination of information on the full scope of health topics Support Crisis Intervention Resource Team development (online reporting, case management of at-risk students)

- Support District wide implementation of Campus SAVE Act mandates, with emphasis on comprehensive prevention programming

- Team building activities, student development support, maintain healthy and safe learning environment
Goals and Activities 14-15

- Quality Improvement - Organize and expand activities for all dept. services
- Access - Increase student access to healthcare resources on campus and in the community
  - Affordable Care Act – community collaboration to increase enrollment in health insurance plans
  - Identify and refer students to community resources to establish longitudinal medical homes
  - Track effectiveness of referral processes originating in SHS
- Implement universal screening of students accessing services for select risks, i.e. domestic violence, suicide, substance abuse, with response protocols
- Develop new Medicat software “super users” and coordinate database management activities using a team approach
**SHS Workgroups 14-15**

- Medicat Workgroup
- Student Development Workgroup
- Quality Improvement Workgroup
- Outreach/Health Promotion Workgroup
- SLO Assessment Workgroup
- Program Integration/Teambuilding Workgroup

**SHS Meetings 14-15**

- CORE staff meetings 2x/month (facilitated meeting model)
- All department meetings once a month
- Interns, student health peers and student health aides all meet weekly, and overlap time together to support program integration
- Clinical consultation meetings monthly
Student Satisfaction Survey
SHS Student Retention Strategies

http://www.thrivingincollege.com/Student_Retention_Cuseo.pdf

Developing data/evidence links...
2. MOTIVATIONAL ROOTS

Increasing time spent by students on campus via on-campus employment and on-campus living

- Student Health Services is employing 14 students during 14-15, providing them with weekly meetings, led by our staff, for training, and to support their development via peer support among them. Work Experience enrollment frequent, and all students serve in a leadership role as “student health ambassadors” to other students, both those accessing health services, and students they come into contact with in their classes, clubs, and activities.

3. PSYCHOSOCIAL ROOTS

Promoting student-student (peer) interaction

- PEERS Coalition work continues in 14-15, sponsoring monthly events that intend to bring student cohort groups together to learn about health issues supporting student success, skills training for self-care and bystander interventions for peers, provide psychosocial support, and social networking opportunities.
- Curriculum for PEERS trainings developed further (Curriculum specialist hired), utilizing evidence based models as appropriate.

3.3 TRANSITIONAL ADJUSTMENT DIFFICULTIES

- Proactive & intrusive delivery of psychosocial support (e.g., early identification, referral, and collaboration with personal counseling services)

- In 14-15, the Crisis Intervention Resource Team (CIRT) will continue providing a robust program supporting early identification of and response to students of concern.
  - Case management of individual students referred to CIRT determines an appropriate wrap around response by a multidisciplinary team.
  - Faculty and Staff training provided on recognizing and responding to distressed, disruptive and dangerous behavior demonstrated by students,( includes PDA and customized department trainings.)
  - NEW in 14-15: An online reporting process will be added to the CIRT web page.
  - Individual faculty and staff consultation services. provided
  - ONLINE training (KOGNITO) in classroom management techniques and communication skills development to engage with students of concern in group and 1:1 settings.
- During 14-15 SHS will develop a student based bystander intervention and reporting system, that will include a method for students to report students of concern,
  - Training on student health risk factors that negatively impact student success will be developed and provided to select student groups on substance abuse, sexual
misconduct, depression/suicide, unintended pregnancies etc., with skills development on bystander interventions.

- **SPS “yellow card referral” system** to refer students directly to mental health evaluation and counseling maintained. Integrate into SIS early alert system as possible.
- In 14-15, Student Health Services initiated **universal screening of all students accessing care in all health centers for suicide, homicide and domestic violence**. This will reach over 3000 individual students in the coming year. Plans are to expand this screening to substance use issues after this first phase is piloted. Internal case management procedures newly developed, with referrals made in collaboration with community partners.

### 4. FINANCIAL ROOTS

- **Financial-aid & money-management counseling**
  - During 14-15 Student Health Services will continue to provide extensive educational outreach and referrals for students without health insurance, including an “Access to Health” event in November, and seeking on-campus enrollment specialists.
    - Prevents catastrophic financial burden on students due to accidents and long term health care needs.
    - Removes financial barriers to access primary healthcare services, including ongoing mental health counseling, immunizations, appropriate prescription medications, and the full spectrum of contraception services.
SATISFACTION SURVEY

Please take a moment to provide feedback about your visit. Your comments are appreciated and will be used to improve services. This survey is confidential. Thank you for your assistance.

APPOINTMENT PROCESS

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>My phone call was answered promptly, and staff were able to assist me.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The scheduling of my appointment offered a time that met my needs.</td>
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<tr>
<td>The check-in process for my appointment was easy and efficient.</td>
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<tr>
<td>The reception staff were friendly, courteous, and helpful.</td>
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<td></td>
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<tr>
<td>I am satisfied with the amount of time my entire appointment took in the health center.</td>
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</tr>
</tbody>
</table>

COMMENTS:

CLINICIAN/PROVIDER VISIT:

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>My provider/clinician listened carefully to my concerns.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand more about my health condition/needs and treatment options as a result of this visit.</td>
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<td></td>
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<tr>
<td>I understand clearly what self-care steps I need to take to feel better, and/or to prevent health problems.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am comfortable returning to see this clinician/provider again.</td>
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</tbody>
</table>

COMMENTS:

REFERRALS TO OTHER SERVICES (if it applies to this visit)

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples: Community Clinic, Behavioral Health Services, Disability Resource Dept, etc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I received clear information on what services would be available at the place I am being referred to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I received clear information on how to contact and access the services at the place I am being referred to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I received information on whether there may be costs associated with the service to which I am being referred.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I intend to follow up on the referral provided.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:

GENERAL

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health center appeared clean, safe, and welcoming.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My confidentiality and privacy were carefully protected at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend Student Health Services to my SRJC friends and fellow students.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Beyond the reason I came in, I received good information that I will use to improve my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:

Location: Plover ___ Race ___ Call SPS ___ Call NP ___ Date ________________
# Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (please print)</td>
<td>_____________________________________</td>
</tr>
<tr>
<td>Date</td>
<td>_______</td>
</tr>
<tr>
<td>Name you would like us to call you (if different than above)</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Address (where you are living right now)</td>
<td>__________________________ City________________</td>
</tr>
<tr>
<td>SID or SSN#</td>
<td>__________________________ Date of Birth: _____________________ Age: _______</td>
</tr>
<tr>
<td>Referred by</td>
<td>__SRJC Faculty/Staff ___Friend/Student ___Student Health Services</td>
</tr>
<tr>
<td></td>
<td>___Family Member ___Self ___Other</td>
</tr>
<tr>
<td>Phone:</td>
<td>(____) __________________________ (Circle one) home / cell  Ok to leave message? YES NO</td>
</tr>
<tr>
<td>Alternate Phone:</td>
<td>(____) __________________________ (Circle one) home / cell  Ok to leave message? YES NO</td>
</tr>
<tr>
<td>Email we may contact you at if needed:</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Emergency Contact Name:</td>
<td>_____________________________________ Relationship to you: ____________</td>
</tr>
<tr>
<td>Phone:</td>
<td>(____) __________________________</td>
</tr>
<tr>
<td>Your Ethnicity:</td>
<td>___Caucasian/White ___Hispanic or Latino ___Asian</td>
</tr>
<tr>
<td></td>
<td>___African American/Black ___Native American ___Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>___2 or more of the above ___Other</td>
</tr>
<tr>
<td>Do you have health insurance?</td>
<td>YES NO</td>
</tr>
<tr>
<td></td>
<td>___Medi-Cal ___Kaiser ___Blue Shield ___Other</td>
</tr>
<tr>
<td>Do you smoke?</td>
<td>__Never smoked ___Formerly smoked ___Currently smoke some days</td>
</tr>
<tr>
<td></td>
<td>___Currently smoke every day</td>
</tr>
<tr>
<td>Allergies:</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Current Medications:</td>
<td>__________________________________________________________________</td>
</tr>
<tr>
<td>Do you have thoughts of hurting yourself or others?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Do you intend to act on thoughts of hurting yourself or others?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Do you currently feel unsafe in your home environment?</td>
<td>YES NO</td>
</tr>
</tbody>
</table>
Student Health Services
Health Services Advisory Committee
Meeting Minutes 10/2/14

Attendance: Susan Quinn, Katie Parrish, Vayta Smith, Tina August, Ruth Ann Grogan, Deborah Ziccone, Kasia Fortunati, Modhurima (Rima) Dasgupta, Kit Conover-O’Neill, Richard Lehrer, Elise Gow, Mike Sjoblom, Jennifer Richardson
Guests: Juanita Dreiling (note taker) Jackie Barr, PEERS intern, Bert Epstein, SHS Assistant Director.

Agenda Review: Susan Quinn briefly reviewed the committee’s agenda.

Introductions:
This being the first HSAC meeting of the 2014/15 academic calendar year, a brief introduction period was provided so that the committee members and guests could meet and learn more about each other.

Committee Housekeeping:
- **HSAC Meeting Chair** - A new Committee Chair is needed for this academic year’s meetings. The chair creates and distributes agendas and supporting materials to members by e-mail, facilitates/conducts the meetings, etc. Mike Sjoblom volunteered to be the Committee Chair.
- **Confirming Meeting Dates/Times** – The committee reviewed tentative meeting dates and times, as follows: December 4th, March 5th, and May 7th. Times are from 12-2pm.
  - Several members expressed difficulty attending today’s meeting.
  - One person suggested moving the meeting to later in the day (2-4pm). Few in the group indicated that they would be able to attend during that time.
  - Agreement to continue the current schedule, knowing it is difficult to get all members together at the same time for each meeting, and make adjustments as needed.

Announcements:
- October is Domestic Violence Awareness Month and Deborah provided info about the Clothesline Project in Petaluma.
- April is Sexual Assault Awareness Month, which is of note in regards to college sexual assault prevention program development
- Jackie announced that PEERS Coalition meetings are the first Thursday of the month. An e-mail re the monthly topics of these meetings needs to get out to faculty asap and this info also needs to be updated on the web.

Q&A re Health Fee:
Follow up on department document distributed. Many students with health insurance have asked “Why do I have to pay the Health Fee?” The simpler answer is: Student Health Services works towards improving the health of the entire college community, in addition to providing a safety net for individual students with healthcare access issues. This work includes, but is not limited to, Crisis Intervention Resource Team, Disaster Planning, communicable diseases
prevention/response, risk management, faculty consultation, etc. It is helpful for all HSAC committee members to have a thorough understanding of what the health fee covers, to engage in educational dialogue with college community members should it come up in conversation.

**College Council Committee Best Practices:**
As a college committee, HSAC will need to follow Committee System Best Practices. The survey and other committee documents provided with the agenda will be reviewed and discussed further at the December 4th HSAC meeting.

**Student Health Services Department Update:**
2013/14 Accomplishments
- Filled vacant staffing positions – 3 Nurse Practitioners and a Medical Assistant.
- Integration activities successful, supporting new team development/orientation.
- Mental Health Services Act grants – PEI / PEERS obtained/extended.
- ACA enrollment/educational services initiative launched.
- SPS implemented EHR, transparent health records system department-wide now.
- SPS waitlist reduced, more students seen, due to internal process changes.
- SHS utilization: (Fact Book) 3,100 NP/MD, 597 SPS, and 571 Repro visits.
- 13/14 year-end fiscal status after much maneuvering – small amount of reserve funds used, a “15% of annual operating costs” reserve fund maintained.

**Discussion:**
- Richard Lehrer asked: Is a 15% reserve fund still reasonable given the college’s current enrollment/fiscal status?
- Vayta Smith: Our lowest enrollment ever was 24K credit enrolled students (non-duplicated). We are now at 27K. Hopefully, this has bottomed out and is turning around. Non-credit enrollment increases do not apply here, as those students do not pay the health fee.
- Susan Quinn: The community college standard overall is a 5% reserve fund before red-flagged by Accreditation. The 15% reserve preservation issue can be revisited this year, perhaps in the Spring as we start having more information on whether enrollment is turning around, and are looking at budget planning for FY15-16.
- Jennifer Richardson: How long has it been since the health fee was increased? Susan shared it was in FY13-14, to the maximum allowed by Education Code, and via District policy indicating this automatically increases when allowed by the State (currently $19/$16). We may see another COLA allowed in 2015/16, a $1 increase based on the State’s inflationary index.

**Student Health Services Program Launch – 2014/15:**
- **SHS department personnel** org chart was reviewed. SHS has one unfilled permanent position (can’t afford it). Over half of the workforce is temporary, including interns, student employees, STNC and Professional Experts
- **Fiscal Challenges – Health Fee** - Changes since budget developed Spring 2014
  - Union contracts – higher salary increases and benefit costs than anticipated.
  - Enrollment – no growth, Health Fee projections off (projected 2%).
  - MAA revenue audit – Some reduction in invoice amounts anticipated, decreasing reserve fund.
Insufficient funding to fill vacant MA position due to retirement.
Due to decreased revenue and increased costs, scope of our program’s services/activities are compromised, not all goals for FY14-15 achievable.

- **Fiscal - External Revenue**
  - MHSA: SMHP- CCC sustainability funds grant = +$30,000 for FY14-15.
  - MHSA: PEI Sonoma Country grant increased to $200,000 per year.
  - ACA/Redwood Coalition HC grant = $15,000 if enrollment numbers delivered.
  - Foundation grant exploration.
  - Equity funds coming into District? Linking SHS to District Equity plan.

- **PRPP Goals / Activities 14-15 – How can we do more with less?**
  - **Prevention and Early Intervention**
    - Absorbing the PEERS program.
    - Develop bystander intervention program at SRJC.
    - Define/Refine PEERS training curriculum.
    - Improving dissemination of health information.
    - Support CIRT staff development/student of concern pipeline.
  - Support district-wide implementation of Campus Save Act mandates.
  - **Program Integration Activities**
    - NEW: All-department meeting 1x/month, full scope of SHS workers.
    - PEERS and SHAs meet weekly, with overlapping trainings, and cohort development (Student Development Program).
    - CORE bimonthly meetings, with “Facilitated Meeting Model.”
    - Clinical review meetings (monthly) will expand to mental health clinician integration meetings (2-3 times this year as pilot).
    - Interdisciplinary case management process exploration, communications, etc.
  - **Quality Improvement** workgroup, examining all QI activities department-wide from an interdisciplinary perspective, and develop new QI benchmarks as feasible (this goal partially compromised by resource issues).
    - QI overview/flow sheet shared (full scope of work).
    - Student satisfaction survey developed, implemented Fall semester.
    - Implement universal screenings for at-risk students (** this goal compromised by lack of resources**).
      - Suicide, homicide and domestic violence risk questions have been incorporated into all student’s intake as initial universal screening activity. Procedures are being worked out to assure quality case management of these high risk students.
  - **Database Management** (previously done by vacant Medical Assistant position). Develop/educate several Medicat (system software) “super users” for team approach to database management and system software support needs.
  - **SHS Outreach** - Improve dissemination of information methods

**Discussion:**
- Priority is for students to know SHS has health centers on both campuses!
Katie Parrish shared that there are too many mixed messages from SHS - we need uniform/consistent branding, and program integration clear in all messages distributed; prioritize succinct messages.

Move upstream: Faculty are critical towards informing students of the services, and integrate into course curriculums/schedule presentations and offer extra credit options.

A new faculty/staff informational packet was made and shared; Katie asked that every Administrative Assistant receive this information to share with departments. Richard suggested that all materials in the packet be merged into one PDF that is downloadable from the web.

Susan expressed a program challenge is finding the correct balance between outreach (come on in!) and having adequate professional service providers/access to meet the access needs.

**SHS Student Retention Strategies – shared document discussion**

- **Communicable Disease Control** district-wide:
  - District culture change process: institutionalizing the value of staying home when sick (staff and students) challenges class attendance policies, employee workload expectations. Deborah noted management has been encouraging staff to stay home when sick.
  - Prevention and Education: Flu kits – handing out to all students, Contagion outreach event 10/21-10/22, Norovirus scare early Fall, teamwork approach for appropriate layer of communications to students/staff in consultation with Public Health. Clinical tracking/early alert systems of contagious outbreaks from system software.

- **Student Engagement** - Peer interaction to reduce stigma associated with health issues, support faculty learning how to address health issues 1:1 as part of engagement goals, proactive delivery of psychological support.

- **Pregnancy Prevention**: research on community college students nationally: 66% of students that have a child after starting college do not continue/finish college.

- **ACA Enrollment Services/Education** - strengthening financial resiliency of students by preventing the catastrophic burden of health crises without health insurance coverage.

- **High Risk Case Management** – increasing scope beyond assessment, brief intervention and referral --- what happens to these students once referred?

**Meeting Evaluation**

**What Seemed to Work Well?** Technology served the process well, great group of engaged members in discussions, lunch is provided providing incentives for student attendance.

**What Could Be Improved Upon?** Meeting times that work for everybody all or most of the time.