

INSTITUTIONAL PROGRAM REVIEW 2010-2011 Program Efficacy Phase, spring, 2011

Purpose of Institutional Program Review

Welcome to the Program Efficacy phase of the San Bernardino Valley College Program Review process. Program Review is a systematic process for evaluating programs and services annually. The major goal of the Program Review Committee is to evaluate the effectiveness of programs, and to make informed decisions about budget and other campus priorities.

The Institutional Program Review Committee is authorized by the Academic Senate to develop and monitor the college Program Review process, receive unit plans, utilize assessments as needed to evaluate programs, recommend program status to the college president, identify the need for faculty and instructional equipment, and interface with other college committees to ensure institutional priorities are met.

The purpose of Program Review is to:

- Provide a full examination of how effectively programs and services are meeting departmental, divisional, and institutional goals
- Aid in short-range planning and decision-making
- Improve performance, services, and programs
- Contribute to long-range planning
- Contribute information and recommendations to other college processes, as appropriate
- Serve as the campus' conduit for decision-making by forwarding information to or requesting information from appropriate committees

Our Program Review process is two-fold. It includes an annual campus-wide needs assessment in the fall, and an in-depth review of each program every three years that we call the Program Efficacy phase. Instructional programs are evaluated the year after content review, and every three years thereafter, and other programs are placed on a three-year cycle by the appropriate Vice President.

An efficacy team of two disinterested committee members will meeting with you to carefully review and discuss your document. You will receive detailed feedback regarding the degree to which your program is perceived to meet institutional goals. The rubric that the team will use to evaluate your program is included with this e-mail

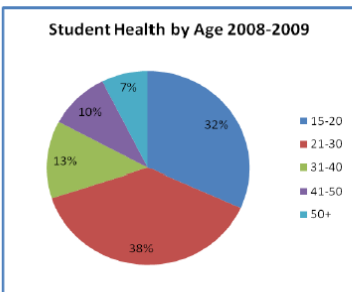
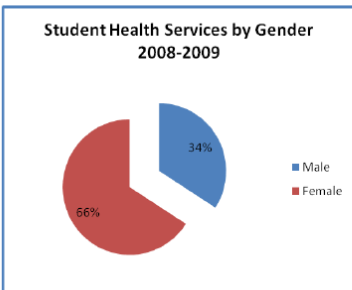
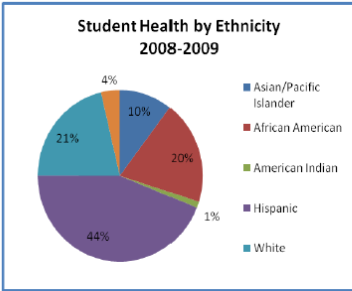
When you are writing your program evaluation, you may contact efficacy team assigned to review your department or your division representatives for feedback and input. The list of readers is being sent to you with these forms as a separate attachment.

Forms are due back to the Committee Chairs, Reviews and Division Dean by **March 17, 2011**.

It is the writer's responsibility to be sure the Committee receives the forms on time.

In response to campus wide feedback that program review be a more interactive process, the committee piloted a new program efficacy process in Spring 2010 that included a review team who will interviews and/or tour a program area during the efficacy process. Another campus concern focused on the duplication of information required for campus reports. The efficacy process will incorporate the Educational Master Plan One-Page Summary (EMP Summary) and strive to reduce duplication of information while maintaining a high quality efficacy process.

Student Health Services



Description:

Student Health Services are housed in a free standing building on the south east quadrant of the campus. Individual medical, counseling, and preventative medicine services as well as department business are conducted within the Student Health Center. Preventative medicine services are provided throughout the campus.

Data:

Hand tallies of individual student visit data are entered into excel spread sheets to track trends in utilization of services. The American College Health Association- National College Health Assessment II (ACHA- NCHA II) is administered to a representative sample of SBVC students at regular intervals to gather data on the health needs and trends of the campus.

Assessment:

- Total student visits to the Student Health Center for individual medicals treatments of all kinds increased 40% and counseling visits more than doubled in service years 07-08. On campus contacts with student have also doubled in the last calendar year.
- Demographics of students utilizing Student Health Services: Racial distributions of visits to the student health center, during the past year on average have mirrored the racial distribution of the campus as a whole. Gender and age distributions show slight variations from the overall campus distribution.
- The ACHA-NCHAI spring 2009 survey data revealed that the top 5 mental health needs of SBVC students were stress, sleep difficulties, relationship difficulties, anxiety, and depression. The top physical health problems were overweight/obesity, colds/flu/sore throat, allergies, back pain, and asthma.

Program Goals:

- Target services to meet the most prevalent mental and physical health needs of SBVC students.
- Respond to public health concerns as they arise on campus and in the community.

Challenges and Opportunities:

- Creative and effective use of physical facilities to meet the increased demands of students for services
- Acquire additional staff and resources to respond to the increased need for health education and management of greatly increased medical records/clerical tasks.

Action Plan:

- Develop and implement plans to respond to public health issues such as H1N1 (swine) flu when they arise.
- Develop a three year plan and strategy to address the most prevalent mental health and physical health needs of SBVC students.

Program Efficacy, spring 2011

Please complete and attach this cover sheet as the first page of your report.

Name of Program:

Health Services

Name of Division

Library and Student Resources

Name of Person Preparing this Report

Extension

Elaine Akers, ext 8273

Name of Department Members Consulted

Andee Alsip, Barbara Spalding, Faith McClure, Kerry McCoy, Hannah Sandy

Name of Efficacy Team

Denise Knight, Jesse Galaviz, Herb English

Program Review Committee Representatives

Celia Huston, Andee Alsip

Work Flow	Due Date	Date Submitted
Date of initial meeting with department	Various 1:1 meetings	2/18/11
Final draft sent to the dean		3/4/11
Report submitted to Program Review Team		3/4/11
Meeting with Review Team		

Staffing

Please list the number of full and part-time employees in your area.

Classification	Number Full-Time	Number Part-time, Contract	Number adjunct, short-term, hourly Indep. contractors
Faculty	2		8
Classified Staff	1	1	
Total	3	1	8

Part I. Questions Related to Strategic Initiative: Access

Access

How does the department provide access to the college for students, staff, and the community?

Student Health Services (SHS) office is open Monday through Friday when the campus is open. Our hours are Monday through Thursday 8:00am to 5:00pm and Friday 8:00am to 12:00noon. Clinical staff is not available on days that students are not in class. SHS strive to answer all phone calls with a staff person. It is rare that a call goes to voice mail when the office is open. The Registered Nurse (RN) is available to see students on a drop in basis when the office is open for assessment, screening, referrals, immunizations, lab tests, first aid, and health instruction. Nurse Practitioners (NP) are available by appointment for medical assessment and treatment of acute medical issues appropriate for this level of service, physical exams including necessary lab work and procedures, and health prevention instruction. NPs see patients on a drop in basis as their schedule allows. Licensed and intern counseling staff see patients by appointment for 1:1 crisis intervention counseling and in addition provide interventions via small group process. They will also see student in crisis on a drop in basis as their schedule allows. RNs, coordinator, and interns provide prevention services to students in the classroom setting, out on the campus during campus calls, and through events such as health fairs and workshops. The "Student Health 101" newsletter and health handbook are available to student 24 hours a day 7 days a week via the internet and e-mail. WEB resources are in development to provide information to students 24 hours a day when the new Web site is implemented. Staff and faculty may utilize our services for first aid and screening; consultation and referral; as well as flu vaccine and tuberculin test. Services available to staff are limited by Title V regulations. The community is welcome to participate in health promotion activities such as health fairs and is informed of services during 1:1 personal and phone interactions. They also receive first aid services when on campus. Our new building is fully wheelchair accessible now which a great improvement from last program review is. Doors are not automatic but are compliant with ADA.

Ethnicity	2007-2008	2008-2009	2009-2010	2010-2011	Average
Asian, Pacific Islander	7%	10%	N=401 8%	N=171 7%	8%
African American	26.50%	20%	N=850 18%	N=382 17%	20%
American Indian	unavailable	1%	N=48 1%	N=40 1%	1%
Hispanic	32%	44%	N=2165 48%	N=1026 45%	42%
White	26.50%	21%	N=1084 24%	N=673 29%	25%
TOTAL	92%	96%	N=4547 99%	N=2292 99%	

Our average demographics compared to the campus demographics of spring 2009 mirror each other very closely. The only variance was slight with 3% more white and 4% more Asian/Pacific Islanders than in the general campus population. There is very little variance between the utilization patterns of student health services and the demographics of the campus as a whole.

Age in Years	2007-2008	2008-2009	2009-2010	2010-2011	Average
15-20		32%	N=1506 30%	N=645 26%	29%
21-30		38%	N=1881 37%	N=935 37%	37%
31-40		13%	N= 703 14%	N=389 15%	14%
41-50		10%	N= 431 8%	N=318 12%	10%
50+		7%	N= 454 9%	N=191 7%	7.66%
Totals		100%	N=4975 98%	N=2478 97%	
Gender					
Male	31%	34%	N=1681 33%	N=839 33%	32.75%
Female	69%	66%	N=3386 67%	N=1667 67%	67.25%
Totals	100%	100%	100%	100%	100%

There is a 10% variance in utilization by males' vs. females of student health services when compared with the campus demographics for spring 2010. In the literature females have a slightly higher incidence of mental health issues and are greater consumers of health care than men. In view of the literature this may be an acceptable variance. We will seek to market to male students more aggressively and promote our men's health services.

The 2009 information on age that I have is broken into different groupings making comparison of data difficult. It looks like we may be seeing a larger proportion (approx. 20% >) of students 15-20 when looking at the data I have. I think we have more students 15-21 years old currently but there are no statistics available on current counts. We are very visible to the middle college students so are highly utilized by them. I need more comparable statistics to draw any conclusions. It may also be that younger students have less transportation and access to alternative care causing us to be more highly utilized. Our service is also less intimidating to use for students who are accessing medical and counseling care independently and without support from a parental figure for the first time. We are seeing slightly fewer older students than the campus demographics and that may be attributed to greater accessibility to care and increased chance that the student has a primary care provider in the community.

Pattern of Service

Describe the pattern of service and/or instruction provided by your department, and how it serves the needs of the community.

Physical Health Services to respond to first aid needs; acute medical issues; screening for common medical issues such as hypertension, diabetes, sexually transmitted infections; assessment of medical issues/questions and referral as appropriate, and immunizations. These services are provided by the RN and NP under the oversight and direction of the M.D. medical director. The RN also makes classroom presentation on these issues by invitation.

Mental Health Services to acute crisis intervention, adjustments to the educational setting, and development of student skills to cope with common issues such as stress, anxiety, sleep disorders, relationship issues, and substance abuse issues to name a few. These services are

provided by 1 licensed Psychologist, 1 licensed Marriage and Family Therapist, and two MFT trainees. Trainees are supervised by the licensed Psychologist and MFT.

Health Promotion Services to reduce risk factors for common mental health and physical health issues. These interventions are provided through 1:1 student interactions, campus events such as health fairs and workshops, campus calls in which the RN/counseling trainees/nursing students go out on campus to provide health screening/education/and at time immunizations. We also utilize our Web based newsletter "Student Health 101" to promote health on common topics. Some of these topics for health promotion include stress, anxiety, depression, hypertension, diabetes, back pain, sleep issues, hand washing, and allergies.

Campus Involvement on committees, at meetings, and 1:1 are also utilized to keep faculty, staff, and management current on mental health, physical health, and communicable disease issues that are currently impacting the campus community.

The following charts demonstrate the pattern of student utilization of our services:

These services serve the community by keeping students healthy so they can pursue their personal and educational goals and help to limit the spread of communicable diseases in the campus community. Preventative services help to decrease the risk of acute illness/issues developing and interfering with students current lives and prepare them to have the physical and emotional vitality needed to enjoy the accomplishment they achieve, now and in their future lives.

Hours of operation/pattern of scheduling

Student Health Services (SHS) office is open Monday through Friday when the campus is open. Our hours are Monday through Thursday 8:00am to 5:00pm and Friday 8:00am to 12:00noon. Clinicians are scheduled when class is in session to serve students. Student utilization is examined to determine clinician schedules. Students primarily utilize our services heavily and consistently between 9:00am and 2:00pm, Monday through Thursday. Student utilization is very light on Fridays and during the 8:00-9:00am and 2:00-5:00pm time periods Monday thru Thursday. The secretary, RN, coordinator are in the office on campus for all open hours. The part time clerk, NPs, and counselors are scheduled during our primary high utilization hours when class is in session.

Alternate Delivery Methods

The "Student Health 101" newsletter provides access to a health handbook giving guidance on basic health and illness questions 24/7. They can also access the health promotion themes of the month and archived articles on past topics at any time. Students receive this newsletter via their e-mail monthly.

Weekend and evening services

No weekend or evening services at this time apart from access to "Student Health 101" and leaving messages for response the following day. When evening and weekend and evening services were made available in the past they were very poorly utilized (maybe 2-3 students on a busy night or Saturday) and it presented safety and security issues for the staff. It was determined 6 years ago, and has been re-evaluated on several occasions since, and it was

determined that this was not a responsible use of student fees.

Part II. Questions Related to Strategic Initiative: Student Success

Describe the services and/or instruction provided by your program and how the services in your program support student learning.

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These services contribute to student success by keeping students healthy so they can pursue their personal and educational goals and help to limit the spread of communicable diseases in the campus community. Preventative services help to decrease the risk of acute illness/issues developing and interfering with students current lives and prepare them to have the physical and emotional vitality needed to enjoy the accomplishment they achieve, now and in their future lives.

We have received very positive feedback from students regarding how several newer programs we have provided have helped them with stress, direction, and improved perspective and insight into their education and future work. These programs included small groups for stress management, relationship work, and discovering their unique talents/strengths and a program where nursing students do community health outreach with us to our own campus community. Nursing and Psychiatric Tech. students often tell us how our immunization services and NP services for physical exams offered at reasonable rates allow them to meet their program requirements for these things. We also assist pharmacy tech, nursing, psych. tech, and child development students with the TB clearances they need for their laboratory clinical experiences. Interfacing with our services also help generic students learn how to navigate the health care system and obtain the services and treatments they need to stay health and able to learn.

Our department also contributes the student learning process and campus climate by participation in committees and advisory groups on campus. Andee Alsip served on the Program Development committee for several years and is currently on the Program Review Committee. Elaine or Andee serve on the advisory board for DSPS program. Elaine is the co-chair of Safety and Facility committee.

Part III. Questions Related to Strategic Initiative: Institutional Effectiveness

Mission and Purpose:

SBVC Mission: San Bernardino Valley College provides quality education and services that support a diverse community of learners.

What is the purpose of the program?

Vision: Student Health Services will be a dynamic influence on the health and well-being of SBVC students. The student will achieve optimum health and be independent in accessing health care services after graduation from Valley College.

Mission: The student health services department of SBVC is comprised of nursing professionals, physicians, nurse practitioners, counseling staff and support staff who are dedicated to assisting student in obtaining their personal and educational goals by assisting them to achieve optimum health.

Our mission is to provide mental health, physical health, and preventive educational services that promote student health and prepare students to maintain a high level of health and quality of life in the future.

How does this purpose relate to the college mission?

By keeping students healthy we support their physical and mental abilities to receive a quality education. Through examination of communicable disease trends, utilization data, and results from the NCHA-II survey we complete on our student population every 3 years we establish priorities and plan programs and services that meet the unique needs of our diverse student population. In the provision of our services our staff interacts with students in a welcoming and respectful manner and seeks to meet their specific individual needs.

Productivity

How does your department measure productivity and customer satisfaction? Provide a chart or table with three-years of data. What does the data reveal about the productivity of your program over a three year period? Relevant data to your program might include:

- Relative status of the department at SBVC in comparison to the same department at other multi-campus districts in terms of
 - i. staffing levels
 - ii. compliance with state, local, and federal regulations
 - Average time to respond to requests for service
 - Average time to respond to complaints
 - Results of user satisfaction surveys
 - Results of employee satisfaction/staff morale surveys
- Additional identified benchmarks of excellence for the department, and department standing relative to these benchmarks of excellence

CONTACTS	2007/2008	2008/2009	2009/2010	2010/2011	Average
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RN	2,939	2,872	3,637	1,620 (3,240)	3,162
NURSE PRACTITIONER	739	752	817	293 (586)	743
COUNSELOR	189	287	460	254 (508)	340
HEALTH PROMOTION	n/a	1,796	1,329	1,628 (3,252)	1,901
TOTALS	3,864+	5,707	9,243	3,795 (7,590)	6,459
CLERICAL CONTACTS	N/A	10,390	14,288	-----	12,339
TOTALS	8,731++	18,969	23,531	Incomplete yr.	15,048

The number of student contacts overall have steadily increased over the past three years. Student Health Services moved into a new building summer of 2008. This move allowed us to expand our services to students. We were able to expand our counseling hours due to having a dedicated counseling space. This year we added two additional counseling spaces to accommodate student demand by placing moveable (sound-roof) walls across our reception area. We have also added two counseling interns 20 hours a week and increased our licensed LMFT by one additional day. 2009/2010 student sometimes had to wait up to two weeks for an initial counseling appointment. With the additional staffing in 2010/2011, we have been able to enter students into counseling usually within a week.

Group counseling interventions are also being offered to accommodate more students. Counseling productivity is impacted by No-Show for appointments. If a student does not show for several appointments, especially without calling, they can only be seen on a walk in space available basis the rest of the semester because we have wait listed students whom they are bumping from treatment.

RN numbers are at a saturation point now and cannot increase without additional staff. The RN is going out on campus to serve students as well as seeing them in the student health center. Nursing students are assisting the RN during their public health rotation to increase her ability to do screening and health education out on the campus. The RN and counseling interns also do classroom presentations, workshops, and on campus interventions such as campus calls and health fairs. The RN is expected to co-respond to emergencies on campus. This is often a very inefficient use of her time because the emergencies frequently are not true emergencies and negatively impact our productivity. (Example: This week I was called out to see a student who hit their head on their car door. The student was alert and able to walk to student health services in no great distress with a minor cut already coagulated yet I was called to come to assist him. Since I was called out for this "emergency" I was 30 min. late for a classroom presentation and three students were left waiting in the waiting room that were just as high in priority for care as the "emergent" student. In addition, I did not have the supplies at hand to steristrip the wound since I cannot carry the health center with me and the student needed to visit us later to have this done.)

Nurse Practitioner utilization has decreased slightly this year because we have some open clinic spots we have not been able to staff. We have a lead this week on a new N.P. who may be able to fill some of these slots. Their productivity is also impacted by No-Shows for scheduled appointments that may not be filled with walk in clients, leaving them sitting. We have started to

schedule them for shorter appointment times to compensate for this but when everyone shows up it is difficult to meet all the needs.

Health promotion numbers are still increasing due to creative approaches such as campus calls to see student out on campus. We also have the "Student Health 101" online magazine that captures students for health education whose numbers are not included above. 4,500 people from our campus community read the magazine this month and we are starting to send it out mid-month as of February 2011 to see if that will increase readership.

Students are surveyed randomly regarding their satisfaction with our services. The surveys we have collected indicate that they are very satisfied with our services, attitude, level of expertise, services offered, and having their needs met. Phone calls are always answered by a knowledgeable person and rarely go to voice mail. Increased utilization also demonstrates student satisfaction. We get very few complaints (2-3 a year) and they are responded to promptly. The clerical staff has been extremely busy this year. We eliminated the hand tally of their contacts because they have been too busy to keep up with it and we clearly established the need for a clerical worker in addition to our secretary. Since our last program review, we added a part time clerical worker in December 2009 and we depend heavily on her services to keep our clinic traffic, charts, statistics, phone services, and extra promotional projects flowing.

We have not added a dietician but one of our nurse practitioners is providing dietary counseling to students on Thursdays and the RN provides dietary counseling 1:1 as needed.

In reviewing results of recent Health Services Association survey of California Community College Health Services our campus services are comparable or superior to schools of similar enrollment size.

Part IV. Planning

What are the trends, external to the institution, impacting your student enrollment/service utilization? How will these trends impact program planning?

The economy with high un-employment and resulting changes in campus fees, financial aid, and decreased offering of class sections all impact our services and student needs. We have seen an increase in stress, relationship issues, depression, anxiety, and sleep problems. We are developing programs to respond to these issues and have increased our availability of counselors. We have also increased the amount of screening we do for depression and anxiety to assist in early identification and treatment of these issues. Along with unemployment comes a loss of medical insurance so we are often the sole provider of health services for these individuals. More students need to work while in school due to changes in financial aid which also increased stress and risk for mental and physical health issues. Students are also dealing with discouragement and frustration due to an inability to get the classes they need to complete their educational goals which also contribute to risk for mental health issues. The utilization chart shows our increase in numbers. What it does not show is the increase in complexity of problems and additional utilization of time that these more complex problems require.

The hospitals that are utilized for Psych Tech and Nursing Clinical experience are increasing their requirements for immunizations and communicable disease **titers** that students must have before being allowed to practice in their institutions. This increases the number of blood draws, immunizations, and explanation time needed to work with these already intense

Comment [mm1]: Elaine: you might want to explain that this refers to antibody concentrations for those who are not familiar with the term...

students. We have to plan for supplies and equipment to supply these needs and may need to re-evaluate our walk in policy for some of these services. Currently they do not need an appointment for these services but there may come a time when we will need to do special clinics or make appointments so we can better control our work flow.

There has also been a decrease in free clinics in the area and some sliding scale clinics have increased their fees for service. This also increases our work load since students have nowhere else to go.

The scope of our services is limited so we have to keep a list of referrals to direct students where they can go to get their needs met when we are unable to treat them.

The H1N1 flu epidemic is an example of an external trend that impacted us dramatically. We needed to do massive education about prevention of the spread and to ease anxiety. We did mass immunizations for both the seasonal and the H1N1 flue. Extra supplies such as hand cleaner, gloves, masks, and flu education kits need to be obtained outside the usual budget for these items. This county immunized enough people to limit the impact of this flu and we contributed a large amount to that objective. The most severe illness was in our college age population for this particular virus so we need to be extra vigilant in case finding and referral.

Trends within the organization that impact our planning come from results of the NCHA-II survey we do every few years. In spring 2009, it revealed that priority issues for physical health were cold/flu/sore throat, back pain, allergies, sleep issues, nutrition, and obesity. For mental health issues the priorities were stress, depression, anxiety, insomnia, relationship issues, panic attacks, and other sleep disorders. We keep these issues up front as we plan activities and health promotion, articles for "Student Health 101," workshops, small groups, and as we screen and evaluate students seen in the clinic and on campus.

Accomplishments and Strengths

Referencing the narratives in the EMP Summary, provide any additional data or new information regarding the accomplishments of the program, if applicable. In what way does your planning address accomplishments and strengths in the program?

New building: more efficient, larger, welcoming, increased services, already fully utilized. (we split the waiting room into three to make two additional counseling spaces) Also now wheelchair accessible.

Excellent customer services, respectful, and supportive atmosphere

Wide variety of services for very little money. \$17.00/student each semester provide access to N.P., counselor, RN, lab work, medications, health information, prevention of STIs and pregnancy, counseling, and workshops/small groups, etc.

Highly qualified staff both in credentials, education, and experience in all service areas.

Make the most efficient use of every inch of our facilities to benefit students.

Enable students to stay in school and complete their educational goals by keeping them physically and emotionally healthy.

We have completed both student learning outcomes (SLOs) and service area outcomes (SAOs), measured them, and made adjustments based on our results. (see attachments)

Recently added two new counseling areas to increase access to counseling.

We have multiple partnerships within the campus community. Especially

noteworthy is our partnership with nursing to provide community health promotion on the campus; provision of immunizations/physicals/TB tests for Psyche Tech, nursing, pharmacy tech, child development, and transfer students; We partner with P.E. to do health promotion of physical activity “annual volleyball tournament to promote physical activity”; student life and ASB for events; human services for alcohol and smoking cessation interventions; culinary arts for healthy food preparation and tasting experiences.

Weaknesses

Referencing the narratives in the EMP Summary, provide any additional data or new information regarding planning for the program. In what way does your planning address trends and weaknesses in the program?

Lack of coverage for some NP clinic hours. Continue to recruit to cover those slots and have referrals available if it cannot wait until the next NP is available. Usually we can see a student within a week at the most. Working around their class schedule limits when they can utilize our services at times.

Clerical staff's workload and stress level due to constant demands from students and staff. Continue to work on streamlining work and working on getting electronic medical records and scheduling which would also track visit data we currently must collect manually.

Inefficient documentation system and scheduling system. Manual counts for all data reports. All is manual currently. SARs is too slow to accommodate the flow of our clinic. In process of obtaining Electronic Medical Records system. The contract process has been very difficult and protracted but may soon be completed (two years of work to accomplish even though the funds were available).

Due to the heavy work load, it is very difficult to have meetings of the staff to communicate changes and direction. Most of the staff is part time, independent contractors, or professional experts who work other jobs, too, so they are unable to come in on Fridays for a special meeting time due to other obligations. We are working on having meetings at least once a month on Thursday when most people are here and then pass on the content via minutes and personal communication. We are working on implementing some multidisciplinary patient interventions that will require interface between all staff.

Currency

Follow the link below and review the last college catalog data. Is the information about your program correct? If not, how does the program plan to remedy the discrepancy? *[In lieu of College Catalog entry, please verify that information on Research and Development website is correct]*

http://www.valleycollege.edu/Instruction/Files/Catalog/2010-2011/SBVC_Catalog_1011_Complete.pdf

The information in the catalog is correct. Changes: 1.The only change I would make is that we are officially “Student Health Services” not the Student Health Center. Our

building is the Student Health Services Building. 2. Qualified Mental Health clinicians are available to provide individual and group mental health assistance for students in crisis or needing support.

**Part V. Questions Related to Strategic Initiatives:
Technology, Campus Climate and Partnerships.**

Describe how your program has addressed the strategic initiatives of technology, campus climate and/or partnerships.

Technology: We are in the process of purchasing an Electronic Medical Records system for scheduling, eventual documentation of medical and mental health notes, and coordination of care. We have purchased several lap tops in preparation for this transition.

Phones have been purchased for the three counseling rooms for security and communication. We use a lot of clinical technology such as Cholesterol testing system machine, pulse oximetry, nebulizers, electronic scales/thermometers/BMI/percent body fat, Automated External Defibrillator (AED), and so on.

Campus Climate: New Building has contributed to a welcoming campus climate in our service area and a visible presence of Student Health Services on campus. It has also allowed us to expand our services especially in the area of mental health. We contribute to the campus climate by offering workshops and events that enrich the educational environment. Student Health 101 provides an interactive forum on our Web site for students and staff to receive health information. Campus Calls provide a visible presence on campus of the campus nurse and interaction with students where they are. We are always available to make presentations in the classroom and at club events when requested.

Partnerships: We have multiple partnerships within the campus community. Especially noteworthy is our partnership with nursing to provide community health promotion on the campus; provision of immunizations/physicals/TB tests for Psych Tech, nursing, pharmacy tech, child development, and transfer students; We partner with P.E. to do health promotion of physical activity "annual volleyball tournament to promote physical activity"; student life and ASB for events; human services for alcohol and smoking cessation interventions; culinary arts for healthy food preparation and tasting experiences. We will support the Staff Development department in implementation of the UCLA Working Project to promote physical activity once it is approved. We also partner with public health and the California immunization registry. We belong to the Health Services Association of California Community Colleges. We have partnered with the Caduceus club to present health related events several times in the last two years. We are also involved with the Desert Sierra Health Network when we are able.