INSTITUTIONAL PROGRAM REVIEW 2013 – 2014
Program Efficacy Phase: Student Services

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.

For regular programmatic assessment on campus, the Program Review Committee examines and evaluates the resource needs and effectiveness of all instructional and service areas. These review processes occur on one-, two-, and four-year cycles as determined by the District, College, and other regulatory agencies. Program review is conducted by authorization of the SBVC Academic Senate.

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 appropriate committees

Our Program Review process includes an annual campus-wide needs assessment each Fall, and an in-depth efficacy review of each program on a four-year cycle. All programs are now required to update their Educational Master Plan (EMP) narrative each Fall. In addition, CTE programs have a mid-cycle update (2 years after full efficacy) in order to comply with Title 5 regulations.

Two or three committee members will be 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 embedded in the form. As you are writing your program evaluation, feel free to contact the efficacy team assigned to review your document or your division representatives for feedback and input.

Draft forms should be written (and submitted to the Dean) so that your review team can work with you at the small-group workshops (Mar 7, Mar 28, and Apr 11, 2014). Final documents are due to the Committee co-chair by Friday, April 14, 2014 at midnight.
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 work with the writer as they draft their documents during the efficacy process. Another campus concern focused on the duplication of information required for campus reports. As such, the efficacy process now incorporates the EMP sheet, a curriculum report, SLO/SAO documentation already generated elsewhere. The committee continues to strive to reduce duplication of other information while maintaining a high-quality efficacy process.

Program Efficacy
2013 – 2014

Complete this cover sheet as the first page of your report.

Program Being Evaluated

Student Health Services

Name of Division

Student Services

Name of Person Preparing this Report   **Extension**

Elaine Akers @ ext. 8273

Names of Department Members Consulted

Andee Alsip, Kay D. Yarbrough, Helen Newsom, Nicoleta Dragan, Chelsea Lamb, Dennis Harris, Kindra Edmonson, Suzan Hall

Name of Reviewers

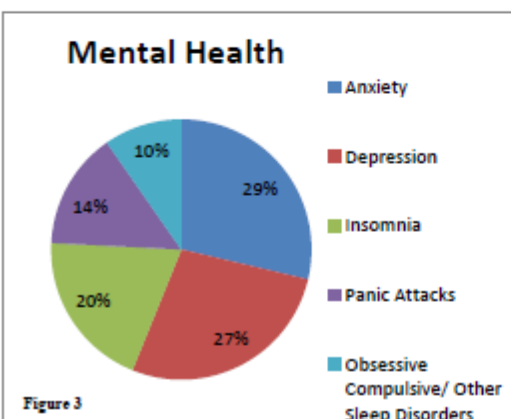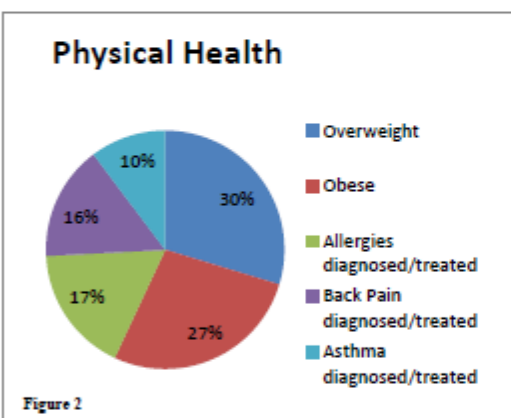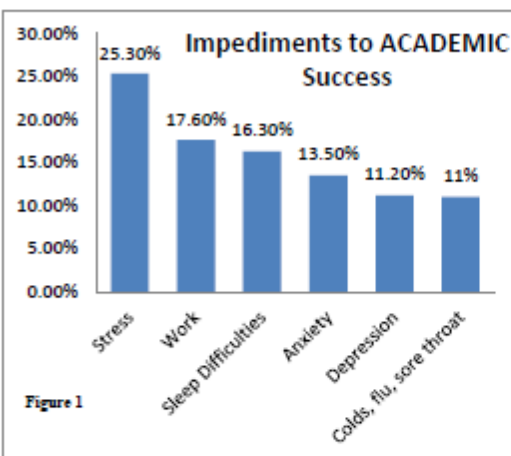| |
|---|
| Laura Cross, Joel Lamore, Romana Pires, Brandon Brown |

Work Flow	Due Date	Date Submitted
Date of initial meeting with department	March 5, 2014	March 5, 2014
Final draft sent to the dean & committee		April 10, 2014
Report submitted to Program Review Team		April 14, 2014
Meeting with Review Team		
Report submitted to Program Review co-chair		

Staffing

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
Managers			
Faculty	2	1	7; (Plus 2 independent. Contractors)
Classified Staff	1	1	
Total	3	2	9

Student Health Services
Educational Master Plan 2013-2014

Figure 1 — Impediments to ACADEMIC Success

- Stress: 25.30%
- Work: 17.60%
- Sleep Difficulties: 16.30%
- Anxiety: 13.50%
- Depression: 11.20%
- Colds, flu, sore throat: 11%

Physical Health
- Overweight: 30%
- Obese: 27%
- Allergies diagnosed/treated: 17%
- Back Pain diagnosed/treated: 16%
- Asthma diagnosed/treated: 10%

Figure 2

Mental Health
- Anxiety: 29%
- Depression: 27%
- Insomnia: 20%
- Panic Attacks: 14%
- Obsessive Compulsive/ Other Sleep Disorders: 10%

Figure 3

Description:

Student Health Services at San Bernardino Valley College keeps our community of diverse learners healthy so they can achieve their academic goals and become informed health care customers. The department is comprised of nursing professionals, family nurse practitioners, mental health counseling professionals, and support staff. All members of our staff are dedicated to assisting students in obtaining their personal and educational goals by assisting them in achieving optimal health by providing mental health, physical health, and health educational services.

Assessment:

The American College Health Association; National College Health Assessment II was administered during Spring semester 2013 and revealed the most prevalent Physical and Mental Health issues at SBVC. A representative sample of 815 SBVC students over the age of 18 completed the survey. Some of the most prevalent findings are displayed in figures 1, 2, and 3.

Program Goals:

- Improve the overall health and quality of life for SBVC students through healthy lifestyle changes.
- Develop targeted services to meet the most prevalent mental and physical health needs of SBVC students.
- Facilitate access to needed mental health and health care services for SBVC students.

Challenges and Opportunities:

- Creative and effective use of physical facilities to meet the increased demand of students for services during peak hours.
- Incorporating the campus community in the early identification and referral of students in need of our services.
- Acquire full-time support staff to address the high volume of calls, administrative paperwork, and the competing demands of a blended health office.
- Acquire full-time faculty licensed mental health provider to plan mental health services, be a consistent presence on the campus, respond to mental health crisis, and supervise trainees and interns.

Action Plan:

- Utilize campus based mental health grant to encourage a campus climate of caring, early identification, and referral to prevent suicide and remove stigma from seeking help for mental health issues.
- Develop job description and acquire a full-time mental health provider.
- Acquire full-time support staff to provide needed clerical support.
- Continue Family PACT services to increase access to reproductive health services for men and women.
- Make changes to the Electronic Medical Record in response to technology advances and changing standards of practice.

Part I: Questions Related to Strategic Initiative: Access

Use the demographic data provided to describe how well you are providing access to your program by answering the questions below.

Strategic Initiative	Institutional Expectations	
	Does Not Meet	**Meets**
Part I: Access		
Demographics	The program does not provide an appropriate analysis regarding identified differences in the program's population compared to that of the general population	The program provides an <u>analysis</u> of the demographic data and provides an interpretation in response to any identified variance. If warranted, discuss the plans or activities that are in place to recruit and retain underserved populations.
Pattern of Service	The program's pattern of service is not related to the needs of students.	The program provides <u>evidence</u> that the pattern of service or instruction meets student needs. If warranted, plans or activities are in place to meet a broader range of needs.

Program (%)	Demographics Spring 2010 – Spring 2013	Campus (%)
6.0	**Asian**	4.5
19.0	**African-American**	19.1
0	**Filipino**	1.9
48.0	**Hispanic**	50.0
1.0	**Native American**	1.0
0.0	**Pacific Islander**	0.7
22.0	**White**	20.6
4.0	**Other/Unknown**	2.2
67.0	**Female**	54.3
33.0	**Male**	45.7
Not tracked	**Disability**	5.7
25.5	**Average Age**	29.2

Provide an analysis of how internal demographic data compare to the campus population. Alternatively provide demographics relative to the program that are collected. If internal data is not collected, describe plans to implement collection of data.

Over all our internal demographics for race are representative of the larger campus. Pacific Islander and Filipino students are seen in our department but they are folded in to the Asian numbers since Asian/Pacific Islander is combined on our check in sheet. Filipino students seem to identify themselves as Pacific Islander. There is a minimal 1% variance in utilization for Hispanic and White students as compared to the general campus population. There is not a significant variance between the utilization pattern of student health services and the demographics for the campus as a whole.

In terms of gender there is a < 7% variance for males and a >8% variance for females utilizing services in student health in comparison to the general campus demographic. In the literature females are greater consumers of health care than men and have a slightly higher incidence of mental health issues overall. Men tend to be lower consumers of health care and wait until health issues occur to seek services. One of the drivers of greater numbers of women seeking care is the need for accessible and low cost/free birth control to support planning for pregnancy. In view of the literature and differing health needs between genders this may be an acceptable variance. We will continue to market our services to all students and to make sure male students are aware of services that might be of greater interest to them. When making classroom presentations we highlight the services provided to men specifically so they are aware we have services tailored to their specific needs.

In terms of age 16% of students completing the NCHA II survey were 30+ years old and remainder were 18-29 years old and are the age breakdown for the data provided in the EMP figures. Our average age of patient being 25.5 seems to be in line with those statistics and appropriate for the type of services we provide. Although our average is slightly lower that the 29.2 age average for the campus keep in mind that we might see a larger number of young students for services related to: being new to managing their own health needs, needing reproductive health services that they may prefer to receive on campus where services are more friendly to students, and a large number of visits for TB testing/immunizations/flu vaccine related to programmatic requirements for the Psychiatric Tech., Nursing, and Child Development programs on campus. These services are primarily to younger students entering these programs. Older students are also more likely to have health insurance and be established with a personal health care provider. The focus of our services is on short term acute issues that can be resolved in a few visits. We are not equipped to provide long term medical management of chronic conditions which are more common in our older students.

Pattern of Service
How does the pattern of service and/or instruction provided by your department serve the needs of the community? Include, as appropriate, hours of operation/pattern of scheduling, alternate delivery methods, weekend instruction/service.

Student Health Services (SHS) office is open Monday through Friday when the

campus is open. Our hours are Monday through Friday 8:00am to 4:30pm. Clinical staff is not available on days when classes are not in session. 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 20 hours per week 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. A combination of licensed, trainee, and intern counseling staff provide counseling services Monday through Friday. They 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" on line magazine and health handbook is available to student 24 hours a day 7 days a week via the internet and e-mail. Kognito avatar training is also available 24 hours a day 7 days a week to train faculty, staff and students in early identification and referral of individuals at risk secondary to mental health issues and to dispel stigma surrounding these types of issues. WEB resources are available to provide information to students 24 hours a day. Students after hours utilize their private medical providers and community services in addition to the WEB resources. We do not provide 24 hour services since we are not primary care providers and we do not treat chronic health conditions or provide emergency services. After hours there is a recorded phone message instructing students to go to the emergency room if they have an emergency, informing them of our hours, and to leave a message if their need can wait until the next business day.

Student Health offers three types of services as described below:
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, referral as appropriate, and immunizations. Since our last program review we have implemented a Family Pact service that allows us to provide reproductive health services to most men and women on the campus who meet the program criteria. This service was added because our lab and pharmacy supplemental fees were reaching a level that made this service inaccessible to our students. 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 are offered for acute crisis intervention, aid in 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, two MFT trainees, and two post masters interns. The post master interns have been added since our last program review to meet increased demand for services. Trainees and Interns are supervised by the licensed Psychologist and MFT. We also have a two year California Community College Student Mental Health Program Grant which will end June 30 2014. This grant has allowed us to provide education to faculty, staff, and students using a

number of approaches and formats with the goals of decreased stigma regarding mental health issues; and increase awareness and ability to identify at risk individuals and be able to effectively refer them for help and support services.

Health Promotion/Educational Services are provided to reduce risk factors for common mental 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, http://readsh101.com/sbccd.html, "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, financial planning, nutrition, exercise, and allergies. Currently we also have interactive avatar training, http://ccc.kognito.com/, available on line to educate the campus community on early identification and referral of individuals at risk for mental health issues and suicide.

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.

Our department is represented in campus groups including accreditation, facility and safety, program review, academic senate, grant development, and student services council.

These department services support the mission of the campus community by keeping students healthy so they can pursue their personal and educational goals and helping to limit the spread of communicable disease on the campus. Preventative services help to decrease the risk of acute illness/issues developing and interfering with students' academic success and current lives as well as preparing them to have the physical and emotional vitality needed to enjoy the accomplishment they achieve, now and in their future lives.

Office hours are planned around the most highly utilized times and while classes are in session to provide maximum services as well as functioning with in a limited budget. Time studies are done periodically to evaluate utilization and patterns of use of student health services. These studies consistently show the highest use to be between 9:00am and 2:00pm Monday through Thursday when classes are in session. Outside of those hours clinic use is very light with 0 – 3 students coming in. Friday utilization has picked up slightly during the last year but is still significantly lower than the rest of the week. Historically 10 years ago evening hours and occasional Saturday hours were staffed and during these times many shifts no-one came in and on a "busy" evening or Saturday we might have 3 students and those might be just asking directions. This was not a good use of student health fee moneys. Student Health 101, Kognito, and the Web site have been developed to direct students to appropriate resources when the office is closed.

Part II: Questions Related to Strategic Initiative: Student Success

Strategic Initiative	Institutional Expectations	
	Does Not Meet	**Meets**
Part II: Student Success – Rubric		
Data/analysis demonstrating achievement of instructional or service success	Program does not provide an adequate <u>analysis</u> of the data provided with respect to relevant program data.	Program provides an <u>analysis</u> of the data which indicates progress on departmental goals. If applicable, supplemental data is analyzed.
Student Learning Outcomes and/or Service Area Outcomes	Program has not demonstrated that they have made progress on Student Learning Outcomes (SLOs) and/or Service Area Outcomes (SAOs) based on the plans of the program since their last program efficacy. Evidence of data collection, evaluation, and reflection/feedback, and/or connection to area services is missing or incomplete.	Program has demonstrated that they have made progress on Student Learning Outcomes (SLOs) and/or Service Area Outcomes (SAOs) based on the plans of the program since their last program efficacy. Evidence of data collection, evaluation, and reflection/feedback, and connection to area services is complete.

Explain how the services in the program support student success.

Health and vitality are key attributes supporting student success. Our department makes a wide range of services available to students related to physical and mental health as well as health education which are easily accessible to our students so they do not have to interrupt their studies and academic schedule to meet these needs. A more complete description of these services is included under pattern of services in this document. If students are sick and cannot attend class or concentrate on studies they cannot persist or succeed. One example might be getting acute infections such as bronchitis, ear infection, or urinary tract infection treated often the same day on a walk in basis without leaving campus or missing class. Students often experience stress and anxiety related to an un-planned pregnancy, lack of access to birth control, or potential exposure to a sexually transmitted infection. Through our RN/NP services and the Family Pact program we can provide examinations, testing, prevention, and treatment of these reproductive needs usually at no cost to the student and frequently the same day. Fear of pregnancy or reproductive illness can create anxiety that interferes with a student's ability to attend class and focus on studies. Stress can lead to both physical and mental health issues so stress management in a strong emphasis in our treatment of students.

Our NCHA results revealed a high prevalence of mental health issues in our students including sleep problems, depression, anxiety, and panic attacks. In addition life events such as death, sick children, poor academic performance, or relationship difficulties to name a few can cause an acute crisis reaction in students who are already stressed. Depression is strongly correlated to decrease GPA, Klein, M.C., 2013, and can be treated through our mental health counseling and Nurse Practitioner services at no cost to our students. (In the community by the time you got an appointment if your could afford one the semester would be too far gone) Dual diagnosis of depression and anxiety are the single largest predictor of attrition in college student, Klein, M.C., 2013. In addition students may experience substance abuse, post-traumatic stress disorder, or anger issues which may interfere not only with their success but may be disruptive or frightening to others in the classroom. Mental health counseling can help with these and many other conditions that may exist to support the student minimize classroom disruption. Ready access to health assessment and education lead to early identification and treatment of issues before they become severe and debilitating. These interventions help to allay anxiety related to physical symptoms that may not be serious but create anxiety and fear in students who are new to being responsible for their own health. The

strength based success training provided to students by SHS has been shown to help them define their strengths, instills hope, and improves self-image all qualities leading to self-efficacy and the confidence to succeed academically and socially. All students need to feel connected and safe while on campus. Our office is often that safe and stabilizing place for students. We also focus on the simple things that students can do to keep themselves healthy and functioning at a high level such as adequate sleep, good nutrition, water, exercise, stress management, limiting alcohol, not smoking, and maintaining supportive relationships.

In conclusion SHS support the San Bernardino Valley College's mission by keeping our community of diverse learners healthy so they can achieve their academic goals and become informed health care consumers.

Demonstrate that your program is continuously assessing Student Learning Outcomes (SLOs) and/or Service Area Outcome (SAOs) based on the plans of the program since the program's last efficacy report; describe how the SLOs/SAOs are being used to improve student learning, and area services as appropriate (e.g., faculty discussions, SLO/SAO revisions, assessments, etc.).

Changes made in response to SAO data analysis: Student Health Services has been measuring both SAO and SLO data. SAO data is included below since those are the measurements we plan to continue. We plan to retire our SLO data since we are not an academic department. The SLOs measured in the past related to stress management, student development of strength based success, and the collection of needs data via the National College Health Assessment (NCHA). We may develop an SAO related to the strengths based approach to monitor outcomes related to that intervention.

Changes made in response to SAO data included entering in to the Campus Based Mental Health Grant, increasing our mental health staffing, and expanding program offerings related to mental health. The client satisfaction surveys help us stay informed about how students experience and view our service. Client satisfaction has been high so we have made no changes related to that. If we got any okay or "so so" responses we would look at the comments and situation to determine why. Our goal is to have all good or the best ratings so changes might be indicated if we had more than one "so so" or okay rating. (A copy of our rating tool is included in this document after the second SAO) In the future we are planning to develop programming and a related SAO addressing overweight and obesity within our campus population since that continues to be a prevalent issue in our NCHA data.

Service Area Outcome (SAO) Assessment
2013-2014

EXECUTIVE SUMMARY

VP of Student Services	Ricky Shabazz, Ed.D.
Division	Student Services
Service Area	Student Health Services
Objective(s)	Increase Student Access to Mental Health treatment and prevention services. (ACHA-NCHA II data, spring 2009 & 2013, indicates a high need for counseling in a number of areas including depression, anxiety, stress, relationships, sleep, suicide, and loss). ACHA-NCHA II data from spring 2013 also indicated an ongoing high level of stress, anxiety, depression, sleep disorders, insomnia, and panic attacks in our student population.

	NCHA-II SPRING 2013 SAN BERNARDII
Defined or rewritten Expected SAOs 2013-2014	Increase counseling staff so students requesting individual counseling are scheduled for initial evaluation within 4 weeks. Offer workshops and small groups for prevention in students who are not currently at risk. Awarded a campus based grant for reducing stigma about mental health issues and risk for suicide in campus community July 2012 through June 2014.
Assessment	Tracking of scheduling for initial evaluation after counseling is requested. Schedule of workshop and small group interventions offered each semester. Provide events and interventions outlined in the grant proposal targeted at reducing stigma about mental health disorders and treatment; and suicide risk in the community at large and specific higher risk populations. Track participation in events offered
Outcome(s)	Fall 2013 we were able to schedule all students requesting counseling within 4 weeks; during spring 2013 we had delays in scheduling an available counseling appointment the last half of the semester Fall/Spring 2014 One additional post masters counseling intern was added and we have been able to respond to requests for counseling without significant delays since that time. Academic year 13-14 we have provided >20 small group trainings in the strengths based approach to success, 6 positive parenting groups, and >20 weekly mental health first aid groups and additional groups are planned related to making social connections and decreasing the social isolation that some students experience Welcome Home Veterans on Campus training was offered October 3, 2013 to the campus Campus Threat Assessment Training was offered January 9, 2014 to the campus The ALIVE Mental Health fair was on campus on March 4, 2014 Through our campus calls program students have been screened with the Lucas Functional Assessment and the PHQ-4 for stress, anxiety, depression, and ability to function. Monthly stress solutions oasis has been offered monthly to faculty and staff fiscal year 13-14 to provide support and an opportunity to de-stress. 100% of students entering 1:1 counseling were screened with the GAD-7 and PHQ-9 for depression and anxiety during the 2013 and 2014 academic year. February 2013 367 students were screened with the PHQ-4 in SHS February 2014 273 students were screened with the PHQ-4 in SHS
Were individual student outcomes entered into eLumen this spring? If so, for which course? If not, why?	NO: eLumen practices are not suited to meet Student Services objectives.

Interim VP Student Services	Ricky Shabazz, Ed.D.
Division	Student Services

Service Area	Student Health Services
Objective(s)	Determine if clinic visit helped the student with their problem or need, service and care expectation were met, and they were satisfied with their interaction with the providers of service. VISIT – LEARN- FEEL BETTER
Defined or rewritten Expected SAOs 2013 and 2014	A random client satisfaction survey is completed on a minimum of three client interactions per provider mid-semester twice a year.
Assessment	Client satisfaction survey's
Outcome(s)	Fall 2012: 19 surveys 3-Goods and 16-The Bests, Overall we met students' needs/Helpful highest rated characteristic. Office staff was good and mostly the best. Spring 2012: Un-available d/t loss of computer hard drive/memory Spring 2013: 15 surveys 3- Goods and 12-The Best, Overall quality 11 the best/ all 16 would use us again. Highest rated characteristic Respectful and Helpful. Office staff was good and mostly the best. Fall 2013: 26 surveys Where you helped with your problem? 17 The Best, 8 Good 1 Okay, 1 So So; The Highest rated characteristic of staff were Respectful, Friendly, and Helpful 100% would use our service again. All staff including office rated as Good or The Best Spring 2014: In Progress We frequently receive feedback from students about how pleased they are with our services and how helpful and sometimes life changing their interactions with our providers has been.
Were individual student outcomes entered into eLumen this spring? If so, for which course? If not, why?	NO: eLumen practices are not suited to meet Student Services objectives.

Client Satisfaction Survey Spring 2014
Student Health Services

Date: _____ Age: _____ Female: _____ Male: _____

Did your clinic visit help you with your problem?

☐ So So ☐ Okay ☐ Good ☐ The Best

Rate your providers: The Nurse, Nurse Practitioner, the Counselor, and Office Staff.

Nurse: ☐ So So ☐ Okay ☐ Good ☐ The Best

Nurse Practitioner: ☐ So So ☐ Okay ☐ Good ☐ The Best

Counselor: ☐ So So ☐ Okay ☐ Good ☐ The Best

Office Staff: ☐ So So ☐ Okay ☐ Good ☐ The Best

The Nurse, Nurse Practitioner, or Counselor was:

☐ Respectful ☐ Sensitive ☐ Courteous ☐ Friendly ☐ Helpful

☐ Thorough ☐ Careful ☐ Competent ☐ Informative

Comments: _____

Overall, my expectations for service and quality of care were?

☐ So So ☐ Okay ☐ Good ☐ The Best

Please rate the quality of your visit overall.

☐ So So ☐ Okay ☐ Good ☐ The Best

How satisfied were you with the care/help you received?

☐ So So ☐ Okay ☐ Good ☐ The Best

Would you use Student Health Services again? ☐ Yes ☐ No

Visit, Learn, Feel Better
Thank You for taking our survey! ☺

See Strategic Initiative 5.1

N/A We are a non-instructional service.

See Strategic Initiative 5.1

Part III: Questions Related to Strategic Initiative: Institutional Effectiveness

Strategic Initiative	Institutional Expectations	
	Does Not Meet	**Meets**
Part III: Institutional Effectiveness - Rubric		
Mission and Purpose	The program does not have a mission, or it does not clearly link with the institutional mission.	The program has a mission, and it links clearly with the institutional mission.
Productivity	The data does not show an acceptable level of productivity for the program, or the issue of productivity is not adequately addressed.	The data shows the program is productive at an acceptable level.
Relevance, Currency, Articulation	The program does not provide evidence that it is relevant, current, and that courses articulate with CSU/UC, if appropriate. Out of date course(s) that are not launched into Curricunet by Oct. 1 may result in an overall recommendation no higher than Conditional.	The program provides evidence that the curriculum review process is up to date. Courses are relevant and current to the mission of the program. Appropriate courses have been articulated or transfer with UC/CSU, or plans are in place to articulate appropriate courses.

Mission and Purpose

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

What is the mission statement of the program?

> ## Mission
> The mission of Student Health Services at San Bernardino Valley College is to keep our community of diverse learners healthy so they can achieve their academic goals and become informed health care consumers.
> ## Vision
> The Student Health Services Department of San Bernardino Valley College is comprised of nursing professionals, physician, family nurse practitioners, mental health counseling professionals, and support staff who are dedicated to assisting student in obtaining their personal and educational goals by assisting them to achieve their optimum level of health.
> Our mission is to provide mental health, physical health, and health educational services that promote student health and prepare student to maintain a high level of health and quality of life in their future.

How does this purpose relate to the college mission?

Our mission relates to the college mission of provision of support to a diverse community of learners providing them the services they need to stay healthy so they can benefit from the quality education provided by SBVC. Program planning is based on data collected using the ACHA-NCHA II which enables us to identify and respond to the unique needs of our diverse population of students. Each student is treated in a welcoming and respectful manner and in a way that is responsive to their unique needs and situation.

Productivity

Explain how your program defines and measures satisfaction and productivity. What do these measures reveal about your program over a three year period?
Include data that is relevant to your program. Examples of data may 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	2010/2011	2011/2012	2012/2013	2013/2014 (Partial)	Average
RN	2,699	2,417	2,457	1,521	2,274
Nurse Practitioner	524	654	617	555	588
Counselor	564	665	574	507	578
Totals	3,787	3,736	3,648	2,583	3,439

Productivity is difficult to quantify in our department because student interactions can be 5 minutes to several hours depending on the needs of the student. Our RN is at capacity in terms of numbers since we have one person in this role. She responds to all students who come into our office based on their individual need and has multiplied her services by partnering with the nursing students to help with campus calls and other interaction on campus. The RN sees students the same day without appointment and wait times are short most of the time. The Nurse Practitioners provide whole person medical care to our students by appointment and flex their interactions to respond to students who come in with urgent needs when necessary. They spend between 30- 45 minutes with each student. Counseling schedules stay full but we have been able to see new clients within a two week period since we have added an additional intern. Counselors see drop in clients as their schedules allow and adjust their schedules when necessary to respond to urgent crisis. Licensed counselors also spend 2-3 hours a week directly

supervising trainees and interns. Trainees and Interns are required to have 2-3 hours of supervision each week to meet the requirements of the Board of Behavioral Sciences. Counseling visits are 50 minutes with 10 minutes to document. An MOU was developed and implemented spring 2014 that provides free mental health counseling services to veterans in the veterans' center 10 hours a week. This service is provided by Christian Counseling Services of Redlands in partnership with the SB County Department of Mental Health, so veterans can receive services in a supportive environment where they are comfortable. In addition we have 3-4 volunteer interns working with us, after training and with supervision from our mental health educator, to providing assistance to our students in the area of personal development using the strengths approach. This has allowed us to offer this opportunity to a larger number of students. Some issues that impact our productivity are students who make appointment and don't show up, the incorporation of Electronic Medical Records which has increased our documentation time this year while we gain proficiency, highs and lows in student demand for services, and limited space in which to provide services which is utilized to full capacity during high demand times.

We provide a number of Health Education Services for which it is difficult to capture numbers but impact a large number of students. Some examples are:

- Health Fairs held each semester (roughly 400 students participate each semester)
- Alive Mental Health Fair offered this spring (300 students participate);
- Various Strength Building events have impacted 300 students/faculty/staff on campus
- Stress Solutions Oasis for faculty and staff (35-40 participants a month, 400 interactions)
- Campus Calls RN/nursing students provide on the spot education on campus (roughly 300 individual interactions per semester)
- Welcome Home Veterans On Campus training for faculty and staff (40 participants)
- Campus Threat Assessment Training (42 participants)
- Kognito Interactive Avatar training available on line 24 hours a day to faculty, staff and students to identify high risk individuals on campus and refer them to assistance. (265 training session accessed by students and 111accessed by faculty and staff)
- Student Health 101 on-line magazine available 24 hours a day to the campus (4,400 unique visitors have used the magazine since September 2014)
- Positive Parenting groups and presentations have involved 50 different individuals this year
- Blood Drive have been held several times a semester with the American Red Cross or Life Stream
- Brian Wetzel comedic presentation to student to decrease stigma around mental health issues (35 participants)

Satisfaction Survey Results:

Fall 2012: 19 surveys 3-Goods and 16-The Bests, Overall we met students' needs/Helpful highest rated characteristic. Office staff was good and mostly the best.

Spring 2012: Un-available d/t loss of computer hard drive/memory

Spring 2013: 15 surveys 3- Goods and 12-The Best, Overall quality 11 the best/ all 16 would use us again. Highest rated characteristic Respectful and Helpful. Office staff was good and mostly the best.

Fall 2013: 26 surveys Where you helped with your problem? 17 The Best, 8 Good 1 Okay, 1 So So; The
Highest rated characteristic of staff were Respectful, Friendly, and Helpful 100% would use our service again. All staff including office rated as Good or The Best
Spring 2014: In Progress
We frequently receive feedback from students about how pleased they are with our services and how helpful and sometimes life changing their interactions with our providers has been.

Overall the Student Health Services staff is fully engaged and productive in providing valuable services to our campus. There is only 3 full time staff in this department but the part time staff is also highly motivated and responsive to student needs. We are constantly trying new ideas to provide services to meet student needs using a variety of approaches, facilities, and staffing patterns within the constraints of the campus and district requirements.

Relevance and Currency, Articulation of Curriculum

If applicable to your area, describe your curriculum (e.g., seminars, workshops, presentations, classes, etc. for Student Services).

Student Health Services does not offer academic classes but we do offer a number of health promotion events such as fairs, classroom presentations, seminars and workshops.

If applicable, describe your formal curriculum by answering the questions that appear after the Content Review Summary from Curricunet.

The Content Review Summary from Curricunet indicates the program's current curriculum status. If curriculum is out of date, explain the circumstances and plans to remedy the discrepancy.

N/A

Articulation and Transfer

List Courses above 100 where articulation or transfer is **not** occurring	With CSU	With UC

	17	

Describe your plans to make these course(s) qualify for articulation or transfer. Describe any exceptions to courses above 100.

Currency

Follow the link below and review the last college catalog data.
http://www.valleycollege.edu/academic-career-programs/college-catalog.aspx

Is the information given accurate? Which courses are no longer being offered? (Include Course # and Title of the Course). If the information is inaccurate and/or there are listed courses not offered, how does the program plan to remedy the discrepancy?

The information given is accurate.

Part IV: Planning

Strategic Initiative	Institutional Expectations	
	Does Not Meet	**Meets**
Part IV: Planning - Rubric		
Trends	The program does not identify major trends, or the plans are not supported by the data and information provided.	The program identifies and describes major trends in the field. Program addresses how trends will affect enrollment and planning. Provide data or research from the field for support.
Accomplishments	The program does not incorporate accomplishments and strengths into planning.	The program incorporates substantial accomplishments and strengths into planning.
Challenges	The program does not incorporate weaknesses and challenges into planning.	The program incorporates weaknesses and challenges into planning.

What are the trends, in the field or discipline, impacting your student enrollment/service utilization? How will these trends impact program planning?

Trends in the field are identified through our relationship with the American College Health Association, California Community Colleges Health Services Association, and currently our Campus Based Mental Health Grant funded by the Foundation of CCC, California Mental Health Services Agency, CCC Chancellors office, and Proposition 63. We also monitor the Center for Disease Control, San Bernardino County Health Services Department, and various mental health WEB sites for trends and current information. Out Medical Director is also available for ready consultation when needed. The data collected using the American College Health Association; National College Health Assessment II tool is the primary driver when setting priorities for services to students. We also respond to public health outbreak information when needed to protect the health of the campus community.

In response to the trends identified in our unique campus population: We have increased student access to mental health services due to the prevalence of mental health needs in our students. The campus based mental health grant was sought and awarded to help us develop mental health initiatives and provide some extra training for faculty and staff. We screen all students presenting for services with the PHQ-4 to identify students at risk for depression and anxiety. Flu shots, over the counter medication for symptom management, NP services, and education about colds, flu, and hand washing are provided every year during flu season to limit impact on our students. Sleep is an educational focus in 1:1 interaction in the clinic and during health events on campus. A strengths based approach to personal development is also offered to students in a variety of formats. Smoking cessation and responsible alcohol consumption are always a strong focus with students due to their risk. Students are assessed for substance abuse issues during visits. Due to increasing expenses to provide reproductive health services to our students which help them stay in school and focused on their education we began Family PACT services in October of 2012. This allows us to provide free services to qualified men and women. An Electronic Medical Records system was acquired and has been implemented in response to the emerging demand for this capability in the community and the trend at other community colleges within the state. We are in the planning process for a more comprehensive approach to healthy weight management in our students since overweight and obesity are present in 55% or out student population. Currently this need is addressed individually and through health education events such as the health fair.

The economy, changes associated with the Student Success Act, and campus enrollment directly affect our

services since we a totally fee supported. We flex our part time staff in response to changes in enrollment. In summer for instance we have one full time nurse, counseling reduced to 10 hours a week and nurse practitioner hours reduced to 8 hours a week due to the lower enrollment numbers. Students stress levels have been higher in this period of economic downturn which has contributed to higher acuity medical and counseling needs in our students. We utilize community partners and resources when students' needs are beyond the scope of our services and try to be aware of cost effective alternatives for our students. The affordable care act will have some impact on student need for services. Hopefully we will see more of our student body insured. Currently it has created confusion and unpredictability in services while community agencies respond to the change. Even though students have insurance coverage we see them because we can respond more quickly without the barriers of insurance authorizations and they do not have to leave campus to obtain services. Students often feel more comfortable and safe seeking service here on campus. We also offer many services and supports not typically available in the community. We have an integrated health service so students can receive both medical and mental health service in one place often on the same day.

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?

Student Health Services (SHS) has a new building: (it is now 6 years since we moved in) which is more efficient, larger, more welcoming, has increased our service capacity, and is already fully utilized. (we split the waiting room into three to make two additional counseling spaces and added a wall to the back office so students do not have to walk through an office to get to their counseling appointment) We are now wheelchair accessible. The most efficient use of every inch of our facilities is made to benefit students.
Student Health services provides excellent customer services, respectful care, and a supportive atmosphere for students, faculty, and staff.
A wide variety of services are offered for very little money. $19.00/student each semester provides access to Nurse Practitioners, mental health counselors, Registered Nurses, lab work, medications, and health information. (see listing of services under pattern of services)
SHS have highly qualified staff both in credentials, education, and experience in all service areas. Our staff is also sensitive to diverse needs of students and dedicated to providing high quality, caring, whole person care to our clients.
Our services enable students to stay in school and complete their educational goals by keeping them physically and emotionally healthy. Depression is strongly correlated with declining GPA and anxiety with poor persistence. Our early identification and treatment of these issues have a positive impact on students' academic success and decrease their risk for suicide.
We have completed both student learning outcomes (SLOs) and service area outcomes (SAOs), measured them, and made adjustments based on our results. (see attachments)
We recently added two new counseling areas to increase access to counseling.
We have also added additional counseling hours to improve access to counseling.
We have multiple partnerships within the campus community. Please review our

partnerships listed in section V of this document. We have an important new partnership with the Christian Counseling service to provide imbedded counseling to veterans within the veterans' center. Veterans are the highest risk group on our campus for suicide and mental health issues. We also partner with the county to provide free flu vaccine to students and Life Stream/American Red Cross for blood drives, Bienestar to provide free HIV testing during events to name a few.

The strengths based approach to personal development is offered by our department to students in a number of environments on campus including small groups, 1:1, classroom presentations, workshops, and leadership seminars. This approach helps students appreciate diversity in others, fosters positive self-image and identity development, creates hope for the future, assists with direction, and improves connection with the campus. All of these things decrease risk for depression, anxiety, and suicide and support success. We plan to continue offering this personal development approach to students and interested faculty/staff.

Planning related to strengths: Our most important asset is our skilled, engaged, competent staff who has made services to our students their mission. These strengths are taken into account when planning for our budget and programming for students. The majority of our budget allocation goes to paying the highest quality staff we can obtain in the most cost effective way and planning services so that students have maximum access to this high quality staff. Students have access to our skilled professionals' not only to for treatment of problems and issues but also for prevention and personal development. The focuses of these prevention and personal development services are listed under pattern of services but include things like smoking cessation, healthy weight management, positive parenting, strengths based approach to personal development, walk your dinosaur, mindfulness training, and many more. If a staff person has a particular strength or expertise they are encouraged to plan events, classroom presentations, and programs to make that available to students and the campus. We also place students in 1:1 appointments with staff that have particular expertise related to their specific need whenever possible. As we see ways we can improve our physical resources and obtain equipment to improve services we plan for those in the budget. Some examples last year included obtaining an electronic Urinalysis machine, and building a wall to enclose the coordinator office so students could enter counseling without walking through an office. The addition of the wall allowed the coordinator to have confidential conversations and presented a more professional and private entry into the back counseling office for students. All the Student Health Services staff have taken the Gallup strengths inventory which allows us to take their unique combination of strengths' and aptitudes' into account when assigning tasks and doing team assignments. This has helped create a more playful, productive, engaged and energized group

of employees. Our high quality staff stays with us because they enjoy their work, are able to provide services that energize them, and have a positive/supportive work environment.

Challenges

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?

Keeping competent engaged Nurse Practitioner staff when we can offer only part time work. We have an excellent team currently but are at risk of losing them if the offer of full time work becomes available. The hiring process makes it impossible to fill gaps in a timely manner event if new staff is readily available, creating spans of time when the service might be unavailable or limited.

Clerical staff's workload and stress level due to constant demands from students and staff. Continue to work on streamlining work. We have electronic scheduling with our electronic medical records which helps with that aspect of the work. The Complex and demanding processes for ordering supplies, preparing for events, processing contracts, processing hiring documents every semester, managing medical office traffic, and dealing with stressed students makes the secretary and clerk positions very challenging and difficult.

All counseling staff is part time professional experts or independent contractors. This presents some of the same challenges as we have with the nurse practitioners and leads to inconsistent levels of understanding regarding institutional needs. We always have new trainees who require a lot of training and support as well as interns in order to provide adequate access. The ideal situation would be to have a full time mental health counselor to coordinate this service.

Due to the heavy work load and variability of schedules due to part time staff, it is very difficult to have meetings of the staff to communicate changes and direction. Our monthly meetings never have more than half of the staff in attendance due to this limitation. Most of the staff is part time, independent contractors, or professional experts who work other jobs, too, so they are unable to come in for a special meeting time due to other obligations. Minutes are provided to staff that are absent but these have limited value in relaying the content of the meeting.

Currently we have an interim secretary and interim part time clerk. These are key positions to the operation of our department. Our interim staff is doing an excellent job but we will soon be re-training new staff again. This creates some instability and the risk of misinformation going out to the campus until the new staff is fully trained. It is difficult for the support staff to be welcoming and

confident in their dealings with customers when they are new to the position.

Planning priorities for the next efficacy period related to challenges include: Replacing the current vacant Secretary I and Clerk positions; Increasing the Clerk position to full time when funding to support this objective is available. (Currently if our secretary is out we have not coverage available and the work load is such that a full time clerk is needed to deal with office traffic so the secretary can do her work); Develop and hire for a full time Mental Health Counselor, when consistent funding is identified, who can provide consistency to the campus, provide full time supervisory coverage for trainees and interns, and provide direction to the counseling aspects of our service. (Currently the coordinator fills many of these roles without the benefit of a counseling background) The current level of funding from the student health fee is not sufficient to support the addition of benefits and extra salary needed to have a full time clerk and mental health counselor. These changes would bring the number of full time staff in student health up to 5 from the current 3 full time positions.

V: Questions Related to Strategic Initiative: Technology, Campus Climate and Partnerships

Strategic Initiative	Institutional Expectations	
	Does Not Meet	**Meets**
Part V: Technology, Partnerships & Campus Climate		
	Program does not demonstrate that it incorporates the strategic initiatives of Technology, Partnerships, or Campus Climate.	Program demonstrates that it incorporates the strategic initiatives of Technology, Partnerships and/or Campus Climate.
	Program does not have plans to implement the strategic initiatives of Technology, Partnerships, or Campus Climate	Program has plans to further implement the strategic initiatives of Technology, Partnerships and/or Campus Climate.

Describe how your program has addressed the strategic initiatives of technology, campus climate and/or partnerships that apply to your program. What plans does your program have to further implement any of these initiatives?

Technology: Electronic Medical Records are used for scheduling, documentation of medical and mental health notes, collection of data regarding services, and coordination of care. Computers are available to all clinical staff for use in record keeping. Phones have been purchased for the three counseling rooms for security and communication. We use a lot of clinical technology such as urinalysis machine, pulse oximetry, nebulizers, electronic scales/thermometers/BMI/percent body fat, Automated External Defibrillator (AED), and so on. We are developing our WEB presence and have Kognito and Student Health 101 accessible to students on line. We are aware of the need to become more skilled at delivering messages to students via Facebook, twitter, and text. We plan to develop skills in this area so we can better connect with the students.

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.
We have been offering the Stress Solutions Oasis event to faculty and staff to provide

an opportunity to practice mindfulness and connect in a relaxed and nurturing environment. We feel this helps with morale, stress reduction, and mutual trust between co-workers.

Partnerships:

Location: SBVC - Student Health Services

Partnering Agency	Partnership Activities	Summary Partnership Outcomes Anticipated	Partnership Timeframe
Loma Linda Department of Preventative Medicine	Through a contract they provide medical oversight to student health services and our campus AED program.	Dr. Dysinger provides medical oversight to the department and the nurse practitioners; Oversight and medical orders for open access AED program on campus; physician of record for Lab, pharmacy, and CLIA waived procedures.	On-going Contract renewed every 3 years (renewal due June 2015)
Health Services Association of California Community Colleges HSA-CCC	State wide nurse directed professional organization of which we are members.	Keep current on standards of practice in college health, state level legislation, and current trends in California community colleges.	Membership renewed annually On-going
American College Health Association	National interdisciplinary professional organization for college health of which we are members.	Guidance and support during pandemic and other national crisis, standards of practice, networking, access to the National College Health Assessment survey.	Membership renewed annually On-going
Health Life Science Department at SBVC	Provide physicals, lab work, and immunizations to meet the regulatory requirements of clinical sites, Clinical site for community health for nursing students, students provide education at health fairs, partner on mental health activities with Psychiatric Technician program, advisory board members.	Students are prepared to attend clinical, campus gains additional health promotion and education, students gain community health experience, give input into public health aspects of the program.	On-going
DSPS at SBVC	Advisory board members, DSPS participate in our health fairs.	Increased awareness of students regarding disabilities, input into program as requested, collegial support.	On-going

California State University San Bernardino	Clinical site for MS in psychology/marriage and family therapy students. Consult with their campus health department on mutual concerns.	Skilled marriage and family counseling graduates with varied counseling experience; 20-40 additional counseling hours available to our students. Cohesive community approach to the reduction of stigma associated with mental health disorders and suicide prevention.	Clinical practicum agreement renewed every 3 years. (renewal June 2015)
Life Stream	Our campus is used as a blood donation and marrow screening site 1 or 2 times a semester. They bring the blood mobile and park in front of the bookstore.	Opportunity for campus community to donate blood. Blood mobile visible to remind people of the need.	Hold harmless and liability insurance for each year kept on file for these events. On-going
Fox Occupational Medical Center	Informal discount for our students to get physicals, immunizations, chest x-rays and TB tests at a discount when we cannot accommodate them.	Accessible services for health career students when our office is closed and they have deadlines to meet. Accessible TB clearance for students with positive PPDs.	On-going informal relationship
County of San Bernardino Department of Public Health	Informal relationship we are on their list serve for alerts and receive free vaccine when available also refer student for TB follow up, STI screening, and vaccines when it is more cost effective with them, utilize the CAIR registry to track immunization status.	Low cost T-Dap during pertussis outbreak for students, Free flu vaccine for our clinic when available, Low cost STI screening at local clinics, notification about public health alerts and pandemic alerts, students participating in CAIR registry can access immunization history at any participating provider state wide.	On-going informal relationship
County of San Bernardino Department of Behavioral Health		Reduction of stigma attached to mental health issues Reducing rate of suicide	On-going consultative relationship
SBVC Counseling Department	Share up-dated community referral information as needed; consultation regarding at risk students; support with crisis intervention when demand outstrips resources	Smooth coordination of services between departments	On-going
Inland Behavioral	Informal relationship.	Students have access to	On-going informal

and Health Services	Referral of students to their urgent care, dental services, and mental health services for services beyond our scope or when we do not have the needed service available. Potential referral site for Family Pact when that begins for access to family planning we cannot provide.	low cost urgent care with x-ray services available, access to low cost dental and long term mental health services. Extended hours available in the evening until 9:00pm and on Saturdays 9-6. Sometimes come to our health fairs.	relationship
SBVC Student Life SBVC Veterans' Center SBVC Human Services	Informal relationship. Participate in club rush and other student life events, attend ICC or ASB meetings to announce events and get student input on health issues.	Student Leaders are aware of services and events sponsored by Student Health. Students events are supported when we participate and we are more visible. Reduction of stigma attached to mental health issues Reduction of suicide risk.	On-going informal relationship
US Food and Drug Administration; National Institute of Health; USDA	Community partners working to promote heath by educating on the "PLATE" and other health promotion initiatives.	Students receive the most current health promotion information supported by research.	On-going informal internet relationship
Desert Sierra Health Network	Attend meetings and educational events. Group of health educators from SB and Riverside counties to promote healthy lifestyle changes.	Awareness of community opportunities and opportunities to network with other health educators.	On-going participation when scheduling allows
Christian Counseling Services	Provide counseling services in the Veterans Center.	Improve access to counseling services for Veterans.	On-going. MOU renews June 30, 2015

VI: Previous Does Not Meets Categories

Listed below, from your most recent Program Efficacy document, are those areas which previously received "Does Not Meet." Address each area, by either describing below how your program has remedied these deficiencies, or, if these areas have been discussed elsewhere in this current document, provide the section where these discussions can be located.

Previous efficacy (2010 – 2011) did not have any areas of Does Not Meet.