

FACULTY NEEDS ASSESSMENT APPLICATION
Fall 2019

Name of Person Submitting Request:		Elaine Akers
Program or Service Area:		Student Health Services
Division:		Student Services
		2017-2018
What rating was given?		Continuation
# of FT faculty 2	# of Adjuncts N/A	Faculty Load (per semester):FT
Position Requested:		FT Licensed Behavioral Health Counselor (Therapeutic counseling clinician)
Strategic Initiatives Addressed:(See http://www.valleycollege.edu/about-sbvc/office-of-president/college_planning_documents/documents/strategic-plan-report-working-doc-8-25-15-2.pdf)		#1; #2; #3; #5 Access, Student Success, Campus Climate and Culture, Evaluation and Accountability

1. Provide a rationale for your request. (Explain, in detail, the need for this position.)

Mental Health issues create a disruption to student engagement and success and at times contribute to health and safety issues for the campus. Students with mental health issues have a difficult time with social interactions, completing course requirements, attending class regularly, and staying enrolled in college. Our National College Health Assessment (NCHA) data (see EMP charts) demonstrates a high need for mental health services. This data demonstrates that stress, anxiety, sleep difficulties, depression, and relationship difficulties are the most significant impediments to academic success for our students. Our student population is also very high risk due to low socio-economic status, a great deal of trauma, cultural barriers, lack of adequate support systems, and poor preparation for the challenges of college. Our campus also has a large number of higher risk student veterans, previously incarcerated, foster youth, un-documented immigrants, disabilities, and those with alternative life styles. These elevated risk factors and needs create a health and safety issue that warrants at least one full time licensed behavioral health clinician/faculty position. This faculty member can be a consistent mental health advocate and presence on campus for faculty, staff, and students for consultation on mental health issues. They will also provide supervision to counseling trainees and post masters counseling associates providing mental health services on campus, in compliance with the California Board of Behavioral Science regulations. The Behavioral Intervention Team (BIT) also need easy access to a mental health provider who can assist with evaluating psychological and behavioral concerns as they arise and provide a behavioral health perspective in meetings. Senate Bill 968 regarding access to mental health counselors in institutions of post-secondary education and accreditation standards of the International Association of Counseling Services call for a ratio of one full time clinical/administrative mental health counseling position for every 1,500 students. (SB968 was not signed into law by the governor but indicates a trend in standards of practice and was supported by the legislature during the 2017-2018 regular session) Maxient software has been used since last January to track students of concern and the majority of students referred have behavioral health issues or could benefit from counseling support. We have also seen the need to have skilled individuals trained in threat assessment available to do

evaluation when behavior represents and elevated threat. This counselor would be a logical choice for threat assessment training and evaluation services when they are needed. Maxient allows faculty, staff, and students to report a student of concern more easily in an electronic format. With the BIT team beginning to meet we have already seen an increase in these requests from the campus. We really need a full-time licensed professional available to advise and respond adequately to these requests. The Student Discipline process also often requires the support of an experienced mental health provider. Within Student Health Services we currently have a list of 10 student awaiting counseling services since all our counseling caseloads are full less than halfway through the semester. Counseling services within the community are also difficult to obtain even with insurance. One student who has Kaiser said there is a 3 month wait list for counseling services through her Kaiser coverage. Currently we have 86 contact hours for counseling per week here in Student Health Services with a potential maximum case load or 45-50 clients. We provided 1,168; one-hour, individual therapeutic counseling sessions last academic year. All of counseling hours are provided by part time staff so there is no consistent counseling presence on our campus. Currently the services this faculty position would provide are staffed by two independent contractors who also work at multiple other sites. A person with the minimum qualifications for this position would also be qualified to teach academic courses on our campus such as Psychology, Human Development, Substance Abuse Treatment and more if called upon to do so. Currently the leadership for therapeutic mental health counseling services is provided by our SHS coordinator, RN, Doctor of Nursing Practice, who has no formal training as a mental health clinician. To give you some sense of our acuity we have had 9 walk-in mental health crisis visits in the first 11 days of October 2017 and had to bring in the County Crisis Intervention Team for 3 of those cases. This October as of today, October 5, our counselors are all at capacity, we have a waiting list of those requesting counseling services, and our nurse has been handling crisis that present when counselors are unavailable. The sharp increase in mental health crisis and complexity of cases highlight the need for a F.T. licensed behavioral health clinician to support the success, health, and safety of our students and foster a healthy campus climate.

2. Indicate how the content of the department/program's latest Efficacy Report and/or current EMP supports this request and how the request is tied to program planning. (*Directly reference the relevant information from your latest Efficacy Report and/or current EMP in your discussion.*)

In our last efficacy report in spring 2018 we expressed this concern as follows; Mental Health Issues: As we have reiterated throughout this document mental health issues are a prominent impediment to success for our students. We will continue and build our current services. The challenge of a wait list for counseling is a weakness we want to improve. We will be developing a **tiered or step-wise** approach to counseling which may help and will guide students toward ways they can begin to help themselves. Developing this new approach is difficult when counselors are usually fully engaged with clients. The challenge of no **full-time mental health counselor** continues. The campus needs a consistent presence of a licensed mental health professional to provide leadership to this service for students, consult with faculty and staff when needed, support the needs of the Behavioral Intervention Team and help with Threat Assessment when the need arises, provide clinical supervision to trainees and associates, and supplement the

clinical services provided to students. We will continue to advocate for this position. Our funding is not able to support the benefit portion of this salary at this time and we would need to eliminate our current independent contractors to cover the salary. We would need funding from another source to make this hire possible. In our efficacy report of spring 2014 the following ongoing issues were also cited: All counseling staff is part time professional experts or independent contractors. This presents multiple challenges 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 (post masters counseling associates) in order to provide adequate access for students. The ideal situation would be to have a full-time mental health counselor to provide clinical supervision and coordinate this service.

Since 2014 we have begun a Behavioral Intervention Team on Campus (The BIT has been active four full years now and has had consistent needs for mental health evaluations within the student conduct area (as well as with students of concern). Part time staff loosely connected to the campus do not have the cultural competence with the campus or breadth of experience with stake holders outside of student health services to effectively provide this kind of crisis support. Their understanding of our student population is limited to the clients they see within the student health center. At this writing (October 2018) all our mental health clinicians are fully booked and we are starting a waiting list. With recent shootings, fires, immigration issues, and extreme weather events along with mid-terms we have a sharp increase of students presenting in crisis. The RN staff must often respond to these crises because mental health clinicians are already with clients. Today as I write this, we had 3 students come in with mental health crisis which has left both nurses feeling inadequate and drained. If we had a full-time mental health counselor who could provide supervision as well as clinical services and crisis intervention our interns (associates) could take on additional clients because we would have the necessary additional supervision hours available. Clients in crisis could more often be evaluated by a mental health clinician rather than an RN which would be safer and would reduce risk for the college.

3. Indicate any additional information you want the committee to consider (*for example, course fill rates, regulatory information, compliance, updated efficiency, student success data, planning, etc.*).

I am requesting **General Funding** for this position. We are currently applying for a mental health grant again but that is only one-time funding which cannot sustain a full-time position. The Student Health Fee budget is not adequate to support this ongoing position and stable funding is needed for ongoing support. This is a critical position for the campus and will benefit the entire campus community. It is integral to support the Behavioral Intervention Team and assistance with individual threat assessment that supports campus safety when necessary. This position support health and safety, access to services, healthy campus climate, and strong community partnerships. Regarding regulatory and compliance issues this position meets the supervision requirements of the CA Board of Behavioral Health for our counseling trainees and post masters counseling associates. Recent legislation introduced, SB968, shows movement toward requiring a certain ratio of full-time mental health counselors to enrolled students in postsecondary educational institutions. The governor did not sign it during this

session, but I anticipate that it may be re-introduced. If we were to seek accreditation through the International Association of Counseling Services, we would have to show a ratio of one full time mental health counselor for every 1,500 students.

Regarding the campus demographics that we serve in Student Health we included the following analysis in our spring 2018 efficacy document. *SHS demographic measures for race closely mirror the demographics for the campus. African American students are slightly overrepresented, > by 4.5%, in our demographics compared to the campus. This indicates that these often-underserved students are receiving culturally relevant care. Slightly under-represented groups include Hispanics by <3.65%, and White by <1.84%. For gender our female students are overrepresented by >8.5% and males underrepresented by <8.5%. We do not have disability data available. For age groupings the largest variance was for the age 19 or less group who were under-represented by a variance of 8%.* For our mental health services, we have made efforts to make our services welcoming to a wide variety of students. We are fortunate to have two male counselors who are men of color. In addition, we have a bilingual counselor who is fluent in Spanish. All our counselors make culturally competent therapy a priority. We are currently very visible in the student equity and first year experience areas where our slightly underrepresented students are served and are making visits to the middle school to make sure our younger students are aware of services available to them.

4. What are the consequences of not filling this position?

Reduced access to mental health services for our students guided by a consistent licensed mental health provider who is actively engaged in the campus and fully committed to the campus mission. Risk of missing potential threats in students with behavioral problems on campus, seen in student discipline, and/or identified by the BIT team; due to poor access to consultation with an experienced licensed mental health provider and inadequate assessment of student's mental health status. Potential risk for poor student outcomes and campus violence that could be prevented with early identification and intervention. Inconsistent access to in person supports for the counseling trainees and interns who serve our students by a licensed counselor. Burnout for nursing staff who fill the gap providing crisis intervention when counseling staff are unavailable. Risk to the campus when crisis situations are not evaluated by mental health counselors due to lack of access. Missed opportunity to have a credible mental health resource as part of the campus community to advise faculty, staff, and administration on matters related to emotional and mental health of students and the campus community.