

Student Services Program Review 2019/20 UPDATE

Student Health Services

**Created on: 07/31/2019 12:09:00 PM PDT
Last Modified: 01/10/2020 12:28:44 PM PDT**

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General Information (Student Services Program Review 2019/20 UPDATE)

2019/20 Student Services Program Review

SUBMISSION INFORMATION AND UPDATES (REQUIRED)

Lead Writer: Suzanne Khambata FNP Health Center Services Director

Liaison: Monica Romero, Associate Dean Career Technical Education

Department Chair: Suzanne Khambata FNP

Manager: Victoria Miller, Dean of Student Affairs

New Faculty:

The new Faculty Counselor-Counseling Coordinator began in Fall 2018. Her name is Linda Gibbins-Croft LCSW.

In addition we hired two new Adjunct Mental Health Faculty: Monica Woodruff AMFT and John Guinn LMFT

Challenges:

- Budget: Mesa College headcount for 2018-19 was approximately 24,000. In 2017-18 it was approximately 30,000. In 2018-19 it is 20,00. We have lost 30% of our overall income. Student Health is supported by the Student Health fee. The Student health Fee is obtained from students pockets and dolled out to the campuses base on census day headcount. There are no General Fund dollars to support Student Health. The VPA office reports that our budget amounts for Summer 2019 and Fall 2019 are unavailable to view because of a problem with Campus Solutions. The budget was therefore created without actual knowledge and instead was created with a combination of experience, faculty input and data of our headcount.
- Our faculty hiring team for the College Nurse-Nurse Practitioner failed to find an adequate candidate candidate. We are starting over in Spring 2020.
- The Mental Health grant included funding for an event tent. We have struggled to get approval for this tent for several months, therefore we have to continue to rent tents for our events.
- Group space: We knew, when we moved in, that our space would not accommodate any growth. The Community Health team activities have grown significantly. This causes a shortage in workspace is concerned. We have been asking for workspace for the Community group.
- Storage: We have been struggling to find adequate storage for all of our event supplies ever since we moved into the storeroom.

File Attachments:

1. ACHA exec summary 2019.pdf

Campus assesment

2. Alcohol report 2019.docx

Alcohol prevention activities

3. Program Review Community and Mental health events.pdf

Community Health Events 2018-19

4. Program review ethnicity data 2019.docx

5. Program review gender.docx

Data

OUTCOMES AND ASSESSMENT (REQUIRED)

Form: 2019/20 Program Review Outcomes and Assessment Section (See appendix)

PROGRAM ANALYSIS FOR EQUITY AND EXCELLENCE (REQUIRED)

Form: 2019/20 Program Review Student Services Program Analysis Section (See appendix)

PROGRAM GOALS (REQUIRED)

2018/2019 Goals for Student Health Services

Maintain relevant and up to date information.

Our goal is to maintain relevant and up to date information to maintain the outcome of teaching subject matter related to physical and mental health and positively impact behavioral changes.

Mapping

CA- Mesa College Strategic Directions and Goals: Strategic Goal 1.2, Strategic Goal 1.3, Strategic Goal 1.4, Strategic Goal 1.5, Strategic Goal 2.1, Strategic Goal 2.2, Strategic Goal 2.3, Strategic Goal 2.4,

Institutional Learning Outcomes 2016/17: Communication, Critical Thinking, Global Consciousness, Professional & Ethical Behavior

Research and implement new tools to provide suicide prevention support.

Student Health services will research and implement new tools to provide suicide prevention support.

Mapping

CA- Mesa College Strategic Directions and Goals: Strategic Goal 1.2, Strategic Goal 1.3, Strategic Goal 1.4, Strategic Goal 1.5, Strategic Goal 2.1, Strategic Goal 2.2, Strategic Goal 2.3,

Institutional Learning Outcomes 2016/17: Communication, Critical Thinking, Global Consciousness, Professional & Ethical Behavior

ACTION PLANS FOR GOALS (REQUIRED)

Actions

2018/2019 Goals for Student Health Services

Goal

Goal: Maintain relevant and up to date information.

Our goal is to maintain relevant and up to date information to maintain the outcome of teaching subject matter related to physical and mental health and positively impact behavioral changes.

Action: Consult with authorities in the field.

Describe the actions needed to achieve this objective: Consult with JED foundation.

| | |
|---|--|
| Who will be responsible for overseeing the completion of this objective: | Suzanne Khambata FNP |
| Provide a timeline for the actions: | Ongoing |
| Describe the assessment plan you will use to know if the objective was achieved and effective: | Meet with authorities in the field at our office and by phone consultation. We do a campus assessment every 3 years. |
| List resources needed to achieve this objective and associated costs (Supplies, Equipment, Computer Equipment, Travel & Conference, Software, Facilities, Classified Staff, Faculty, Other): | Employee time. |

Goal: Research and implement new tools to provide suicide prevention support.

Student Health services will research and implement new tools to provide suicide prevention support.

Action: Research new tools.

| | |
|---|---|
| Describe the actions needed to achieve this objective: | We develop a suicide prevention plan for the campus and update it annually. |
| Who will be responsible for overseeing the completion of this objective: | Suzanne Khambata fnp |
| Provide a timeline for the actions: | Ongoing |
| Describe the assessment plan you will use to know if the objective was achieved and effective: | Ongoing communication with the JED Foundation and maintain a record of changes. |
| List resources needed to achieve this objective and associated costs (Supplies, Equipment, Computer Equipment, Travel & Conference, Software, Facilities, Classified Staff, Faculty, Other): | Employee time |

GOAL STATUS REPORT (REQUIRED)

Action Statuses

2018/2019 Goals for Student Health Services

Goal

Goal: Maintain relevant and up to date information.

Our goal is to maintain relevant and up to date information to maintain the outcome of teaching subject matter related to physical and mental health and positively impact behavioral changes.

Action: Consult with authorities in the field.

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|---|--|
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| List resources needed to achieve this objective and associated costs (Supplies, Equipment, Computer Equipment, Travel & Conference, Software, Facilities, Classified Staff, Faculty, Other): | Employee time. |

Status for Consult with authorities in the field.

| | |
|--|---|
| Current Status: | In Progress |
| If the Current Status was marked Completed, what was the impact of the completed objective on your program: | |
| If the Current Status was not marked Completed, what are the implications and next steps: | We continue to reach out to community agencies to create opportunities to enhance the quality and "share-ability" of our resources. We have a meeting in December 2019 with the Chief of County Mental Health Services to develop an Memorandum of Understanding with them and their community resources. |

Goal: Research and implement new tools to provide suicide prevention support.

Student Health services will research and implement new tools to provide suicide prevention support.

Action: Research new tools.

| | |
|---|---|
| Describe the actions needed to achieve this objective: | We develop a suicide prevention plan for the campus and update it annually. |
| Who will be responsible for overseeing the completion of this objective: | Suzanne Khambata fnp |
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| Describe the assessment plan you will use to know if the objective was achieved and effective: | Ongoing communication with the JED Foundation and maintain a record of changes. |
| List resources needed to achieve this objective and associated costs (Supplies, Equipment, Computer Equipment, Travel & Conference, Software, Facilities, Classified Staff, Faculty, Other): | Employee time |

Status for Research new tools.

| | |
|--|--|
| Current Status: | In Progress |
| If the Current Status was marked Completed, what was the impact of the completed objective on your program: | |
| If the Current Status was not marked Completed, what are the implications and next steps: | The Campus Suicide Prevention Plan is being strengthened and updated as presented in the action plan for goal #1. The funding is coming from the California Community College Mental Health Grant. |

Request Forms

CLASSIFIED POSITION, BARC AND FACULTY POSITION REQUEST

Reviewers

LIAISON'S REVIEW

Form: Student Services Program Liaison's Review 2019/20 UPDATE

MANAGER'S REVIEW

Form: Student Services Program Manager's Review 2019/20 UPDATE

Appendix

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- A. **2019/20 Program Review Outcomes and Assessment Section** (Form)
 - B. **2019/20 Program Review Student Services Program Analysis Section** (Form)
-

Form: "2019/20 Program Review Outcomes and Assessment Section"

Created with : Taskstream

Participating Area: Student Health Services

(REQUIRED) Program name

Student Health Services

(REQUIRED) Are you on target with your assessment schedule?

Yes

(REQUIRED) What have your assessments revealed about your courses/programs/service area/school/division/office?

Our American College Health Assessment (n=576) revealed the following:

- The highest reported illness is back pain (18.5%). We haven't addressed this as a global program.
- Allergies and asthma were the next 2 common ailments. This is addressed often in the office.
- Migraine headaches were 8.6% which is surprisingly high.
- Sinus infections were at 7% which represents more than expected.
- With respect to psychiatric disorders students reported ADHD 11% and 8.2% for Psychiatric disorders.
- 21.2% of students felt overwhelmed by all they had to do.
- 47.2% of student feel very lonely.
- 50% of students reported overwhelming anxiety.
- 39% felt so depressed that it was difficult to function.
- 16% reported seriously committing suicide while actual attempts were 3.4%.
- 41.3% felt overwhelming anger.

Chart reviews reveal that 100% of students verbalize that they received education (verbal or in writing).

In Mental Health, students state that they meet their stated goals 85% of the time.

Mental Health statistics 2018-19

Duplicated individual visits: 784

Unduplicated visits: 373

Intakes: 437

Ethnicity

- African American 7%. No change
- American Native or Alaskan Native 1%. Increased 1%
- Asian Pacific Islander 14%. Increased 3%
- Caucasian 22%. Increased 4%

- Decline to respond 12%.
- Hawaiian 0 No change
- India subcontinent 0.5%
- Latino/Hispanic 24%
- Middle Eastern 3%
- Other 3%

Budget

Student Health Services is dependent on the Student Health fee only. We don't receive general fund monies. We assessed our budget based on headcount and rollover amounts. We have insufficient funds to cover all activities and employees. the Student Health fee has dropped by approximately 30% in the past three years.

Census

Student Health Services annual census 2018-19 is 16,431. This is only a few hundred up from last year. Considering the drop in enrolment at Mesa we are confident our services are meeting student needs.

Mental Health had 205 no shows for appointments. There is a huge loss of available appointments. It's sad because students are clamoring for these appointments. We will strategize again to bring this down.

(REQUIRED) Based on your assessments, what resource needs have you identified?

We have long believed that seminars to promote a healthy body are needed. Now we have the assessment information that we need to focus on sleep hygiene, back pain and their precursors, migraine headache and sinus/allergies.

Mental Health groups focusing on anger reduction, ADHD and psychiatric disorders will be a welcome addition to our groups. We will consider adding additional anxiety and depression groups (we have 1 each per week now). We will collaborate with DSPS to look at opportunities to hold a weekly psychiatric group.

Budget: We utilized our Dean of Student Affairs and Business Services as our resource. To maintain our services we need to reduce our Adjunct pool, reduce our NANCE pool, reduce spending on events, reduce stockpiles of expirable medication and supplies, reduce services and staff during intercession and summer, advocate for earlier office closure times and strengthen our community resource list.

Please provide any other comments.

Actual budget amounts have not been provided. Victoria Miller, Dean of Student Affairs states that the actual numbers aren't available due to a problem with Campus

Solutions. Victoria reports that there is no expected date that the actual data will become available.

Form: "2019/20 Program Review Student Services Program Analysis Section"

Created with : Taskstream

Participating Area: Student Health Services

Program Name

(REQUIRED) Type your program/ service area name.

Student health Services

Part A: In this section, please analyze your program/service area in terms of one metric of student success. Start by disaggregating the available data by race, gender, and any other parameters of interest for the metric and answer the following questions.

(REQUIRED) A1. What patterns do you notice with regard to equity at the program level or specific service level by race/ethnicity?

Equity Gap: When a group of students who share a common characteristic (e.g. race/ethnicity) have lower access and/or outcome rates than their peers. The size of the equity gap along with the size of the group determine whether that gap is significant. Larger groups should, statistically, have smaller gaps and therefore when gaps are present (even small ones) they may be significant. Smaller groups will see wider variation in outcomes, therefore gaps should be seen consistently over time and/or reviewed by looking at multiple years in aggregate to determine if they are significant.

Student Health Services makes small albeit measurable gains with respect to race/ethnicity. We know that African American students have flocked to the African American Therapists that were hired in 2019. We especially see more males that are African American, a population we never saw previously. Ethnicity data with psychological visits is not linked to advertisement of the services. It is linked to the students perception of the cultural "acceptability" of the service. We work very hard to de-stigmatize mental health services. Here is our data:

Ethnicity data 2018-19 compared to 2017-18

Ethnicity--percent seen at Student Health 18-19 then changes since 2017-18

- African American 7%. No change
- American Native or Alaskan Native 1%. Increased 1%
- Asian Pacific Islander 14%. Increased 3%
- Caucasian 22%. Increased 4%
- Decline to respond 12%.
- Hawaiian 0 No change
- India subcontinent 0.5% No change
- Latino/Hispanic 24%. Increase5%
- Middle Eastern 3%. No change
- Other 3%. No change

Our gender analysis reveals that we see a great proportion of women to men historically over the past 5 years as compared to the Mesa College gender split. We know that women are more likely to seek medical/mental health care than men. We recently added (2019) a male mental health clinician and opened additional hours for our male physician so we anticipate higher levels of male clients.

Additional data is in the attachments.

From our statistics we see small gaps in ethnicity. We do note that there is a significant increase in the number of Latino students owing to efforts of de-stigmatization of mental health services and outreach into classrooms, Peer Navigators and Tutoring. In the past 5 years we have met or exceeded the percent of Mesa ethnicity data. Our services are open to all students however, there is a considerable amount of outreach "out of the office". This enables our Therapists to engage with students in open forums and feel comfortable with the idea of working with a Therapist. Thousands of students interface with Nurse Practitioners, Nurses and Peer Educators out on campus. We ensure that our services are comfortable and welcoming. We strive to find ethnic balance in our professional staff and student workers. Our staff and faculty data are: Asian 35%, Caucasian 25%, Latino 15%, African American 10%, Other 10%, Pacific Islander 5%. Additionally, we recruit student workers from the workability program at the District. We have had Students who were Autistic, Deaf and Special Needs working with us. They have all successfully been launched into careers. My most special moment was when a student left our office for another professional job. He later wrote to me saying that if he had never worked with us he couldn't have landed a full time position with the County of San Diego. He was very grateful of our service to him even though he brought so much to us while he was here.

We host a weekly Lesbian, Gay, Bisexual, Transgender, Questioning group that is well attended. Linda Gibbins Croft LCSW is the Faculty Advisor for our Student Club "Active Minds". They are active on campus doing events and conferences. Their focus is mental health outreach.

Our events are attended by American Sign Language Interpreters. Many Deaf/HOH students remark that they are quite pleased with this service.

A comprehensive report of our Community Health Services is attached.

(REQUIRED) A2. Do these patterns persist over time (e.g., look at the last five years)? Describe if equity gaps are increasing, decreasing, or staying the same?

Our patterns persist over time. Gaps are staying the same or improving. We noticed a 2% increase of African American students after we hired 2 new Professional Faculty who are African American.

(REQUIRED) A3. What factors might have influenced these results? What are your most significant findings?

Over the last 15 years we have seen a steady increase in the number of students seen in our office. We have gone to regularly having an annual census of 16,000+. We have moved from 5+ events per year to 18-20. Our events have been larger and served thousands of students. Our collaborative efforts with the Black Studies department, Diversity Committee, EOPS, Tutoring, Peer Navigators and Associated Students have allowed us to have a broad client base.

The other Community Colleges are familiar with our faculty, programs and services and want to work with us. We have a highly trained, collaborative, cohesive team of professionals and students. This creates an atmosphere of peace, love, comfort and kindness in our office. Students frequently compliment us on how it "feels" to be in our office. We believe this brings students in.

(REQUIRED) A4. How have you/might you alter practices to increase student success and reduce equity gaps?

With our budget crisis clearly impacting the services we provide we are circling the wagons to eliminate any spending that isn't critical to student success and equity. Our biggest waste of money is students who don't show up for appointments. Appointments are a very expensive method of medical psychiatric practice. The urgent care model is much less expensive. We are considering returning to the urgent care model.

We are requesting that our office be closed at 4:30pm instead of 6pm in order to reduce the cost of faculty salaries. This will enable us to concentrate our services in to a shorter period of time and not reduce the professional faculty. Our first request was declined however, we will keep trying.

Student equity and success are the cornerstones of our services. We are always creating ways to move the needle towards assisting our students in meeting their basic needs. We believe that quality, comprehensive healthcare is a basic need and we aim at providing this to all students. We recruit students to access our services in areas where ever marginalized students are typically found (EOPS, Black Studies, Peer Navigators ect.). We care for anyone and everyone who comes to us for services and we are mindful of equity practices. We make data-informed decisions about how, when and where to place our services so that we meet students where there are at.

(REQUIRED) A5. How does your program contribute to the College's identity of being a Hispanic Serving Institution (HSI)?

We have steadily improved our Latino/Hispanic ethnicity numbers over the past 5 years. We now exceed the percentage of Latino/Hispanic students seen in our office versus Mesa statistics.

2018-19

- Mesa 24%
- SHS 30%

2014-15

- Mesa 33%
- SHS 23%

See uploaded documents for 5 year ethnicity and gender statistics

(REQUIRED) A6. Have you identified resource needs?

Suicide prevention tools on-line have been identified. We received a Mental Health Grant from the California Community College Chancellor's Office in 2019. As part of the grant activities, improving our webpage with suicide prevention tools was planned. We are now implementing the process to place the tools on our web page.

(REQUIRED) A7. Do any of your program goals address these implications or needs? If not, please develop a new goal that addresses your findings and subsequent reflection.

Yes: Goal #2. Research and implement new tools to provide suicide prevention support.

Part B: In this section, look at the area of focus you identified in last year's program review and answer the following questions.

(REQUIRED) B1. How have you developed this focus? Are you seeing any results? What are your next steps?

We, as medical and mental health professionals, have always relied upon data and research to develop goals and objectives. In our recent American College Health Association (ACHA) Assessment we noted that there was a disparity between the students stating that they had not received information from their college on depression and anxiety while most students reported that they wanted this information. Based on the repetitive nature of these responses in several areas we decided that on-line resources were a great place to provide this information and then promote the information at Welcome Week.

Here are a few samples of the statistics (see the ACHA Exec results summary attached)

- Have you received information from your college about depression/anxiety
 - No 47%
 - Yes 52%
- Are you interested in receiving information about depression/anxiety?
 - No 43%
 - Yes 56%

This shows us that some students are accepting information via the classroom presentations, event and written material however, the majority (56%) hasn't received the information and wants it. Our research led us to internet resources.