

I. SIGNATURE PAGE STUDENT HEALTH AND WELLNESS SERVICES

Signature of Program Leader

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II. EXECUTIVE SUMMARY

Student Health and Wellness Service (SHWS) 2009 – 2011

Changes over the last three years of this SHWS program review cycle, reveal a dramatic roller coaster of change, uncertainty and the ever present objective to regain balance. Early in the review period due to the ongoing California State fiscal crisis, The Rancho Santiago Community College District (RSCCD) experienced a state imposed work load reduction. Both Santiago Canyon (SCC) and Santa Ana Colleges (SAC) were required to reduce overall course offerings. Subsequently both campuses experienced a steeply diminishing volume of enrolled students. State revenues for community colleges continued to tighten and The Rancho Santiago District imposed a mandatory reduction in force (RIF) resulting in several classified staff lay-offs.

SCC enjoyed a steadily growing student enrollment through 2008, however by 2009 state and local budgetary constraint reversed this enrollment trend. A small program grant supporting High Risk Alcohol Prevention was sun-downing. SHWS Program income had up to this point also included a rolling subsidy from the RSCCD General Fund. This practice was fundamentally changed in 2009-10, revenue sources shifted exclusively to student health fees (SHF). While monies to support health services are state mandated by title 5, SHF's are capitated funds, tied directly to student enrollment numbers.

Ultimately unyielding fiscal turbulence created a dominoes effect of declining enrollment and fewer student health fee revenues. Labor adjustments in available hours for both the part-time medical, psychological and nursing staff were carefully scrutinized and reduced. As student demand softened, staff nurses and occasionally MD's hours were flexed off for cost efficiency. The SHWS Coordinator provided more of the direct clinical assessment care and less marketing and administrative time. While overall hours of service did not vary, program support was further affected due to the RIF of the nineteen hour ongoing classified staff. Personnel in this clerical support position changed several times over the review cycle.

On a brighter more hopeful note, late in the three year program cycle, following several years' submittals for the replacement of a retired mental health faculty for the SHWS succeeded. A new full time licensed Psychologist was hired to support student mental health. One of only four new positions allocated in 2011, the faculty position was prioritized by the college's faculty led Academic Senate, President and ultimately The

Chancellor of the RSCCD. In addition during this cycle the SHWS benefited from two unprecedented increases in the state's allowable student health fee assessment, and SHWS began new program development driven by the newly hired faculty member. The following is a three year overview of funding challenges, resulting mitigation, and adjustments in both classified staffing and new faculty.

In 2009 – with one year of monies remaining from the County of Orange Health Care Agency's - High Risk Alcohol Prevention Grant, two part-time licensed mental health providers were hired. This allowed needed support as rising demand in SCC student's emotional needs became apparent (presumably due to the planned alcohol prevention activities). These final year grant resources were also used as seed money to create a legacy of prevention for high risk alcohol use among our students. We established use of both an online risk assessment tool available to the entire campus known as e-CHUG, and a point of service motivational interview protocol for all students seeking direct health care. Fiscal adjustments to the SHWS budget for 2009 saw the RSCCD move to an exclusively revenue based funding model for both health centers, which until that time had been generously subsidized by the district's general fund. Budget and planning for the districts' two health service programs was further clarified by convening two annual intra-district meetings in the spring and the fall semesters.

Fundamental funding changes required data support from RSCCD Fiscal Services managers. New fiscal restraint was further imposed to remain within the allotted student health fee generated budget. During the adjustment period both college's Vice Presidents of Student Services, and Health Center Coordinators met collaboratively to mitigate new challenges within progressively tightening monetary resources.

By the first quarter of 2010 - the Rancho District experienced a mandatory reduction in force of long established classified staff. Seniority bumping rights required new staff adjustments within the SHWS. Over the next 18 months new health services orientation and training of three successive classified staff occurred in the front office.

Stability of front office staffing is critically important to the success and efficiency of the SHWS. Myriad regulations are important to learn and enforce such as FERPA and HIPAA Laws governing student's private medical information. Ongoing cash management, maintenance of both medical and mental health services charts, include a multitude of protocols involving competent provision of care.

Discretionary labor budgets were again tighter in 2010, and despite drops in the college enrollment SHWS student volume remained consistent, in fact growth in the volume of students seen in the SHWS continued to occur. Trending data demonstrated that service numbers increased consistently in both medicine and in mental health with just over 4500 student visits. This reflects a 9% overall growth trajectory for 2009 and 2010.

Adjustments and reckoning in fall of 2010 – the opportunity to continue offering adjunct faculty for mental health services was no longer possible. Hours would be rolled back after spring the following year. In the previous years of 2008 and 2009, health services would submit formal applications for new faculty requests. A process in which a written narrative justifies specific service needs. New positions are granted both according to need and to a lesser degree how frequently righteous requests had been made. The Academic Senate Faculty consistently ranked the Clinical Psychologist position near the top of all the college's numerous faculty applications. Growth in the SHWS student volume, despite an overall reduction in overall college enrollment helped demonstrate that development of a mental health program was badly needed. SCC's prioritized requests were submitted to the RSCCD Chancellor, however each year the mental health position was reprioritized below other teaching positions.

New faculty request granted in spring of 2011 – A new full-time faculty position was once more requested, the position was prioritized within the top four and ultimately supported by the RSCCD Chancellor for hire. Faculty interviews took place in summer; by fall a full time Clinical Psychologist began work to build capacity for mental health. One to one therapy was provided within the SHWS and new advocacy partnerships started campus wide for Faculty and Staff.

As the three year program review cycle ends revenue remain uncertain. Although formal appeals to the Associated Student Government supported additional health fee increases, labile economic conditions remain a threat. Ultimately student enrollment is the variable which continues to cause SHF uncertainty as the state continues to contract financially. Careful monitoring of revenue and management of the labor resources will be required. Additional funding sources such as; the Family PACT and related grants will be investigated.

III. PROGRAM DESCRIPTION: STUDENT HEALTH and WELLNESS SERVICES; Vision, Mission, Services & Functions, and Funding Source

A. Vision and Mission Statements

Vision - The Health and Wellness Center (HWC) staff believes that health is a dynamic state moving along a continuum toward optimal functioning known as wellness. The dimensions of wellness include social, emotional, intellectual, physical, spiritual and environmental spheres. To achieve this goal of wellness an individual constantly balances and maintains these interconnected components.

We believe humans are capable, responsible and accountable to make their own health decisions. We support a humanistic approach, which promotes self-care through educational support. An individual's overall health and wellness is a result of personal choices shepherded by the health care and mental health providers.

We further believe the responsibility of the health care provider is to assist the individual in maintaining optimal functioning by staying current with health trends and issues for the population served at Santiago Canyon College. Our approach to student health care is non-judgmental, empathetic, and confidential to enhance, preserve and respect the dignity of all individuals we serve.

Mission - "To advocate for, educate and help students make healthy choices regarding their minds, bodies, and behaviors, enabling them to pursue their educational goals."

B. Services and Functions

Hours, Physical description and Location - The HWC is open Monday through Thursday from 9:00 AM to 7:00 PM (closed for 1 hour between 1:00 – 2:00 for lunch). Fridays the center is open 9:00 AM to 12:00 Noon. Located in T-102, the service is housed in approximately 1200 square feet with three patient exam rooms, a free standing nurse's station, and modest reception area. There are private offices for the Registered Nurse Coordinator, Licensed Clinical Psychologist, and part-time College Physician. There are also two ADA accessible bathrooms, a utility room and an employee break room. All SHWS are provided according to the HIPAA Federal privacy laws.

Medical Health Care Services;

Service options for students include; nursing staff during all hours of operation to provide walk-in consultations for physical assessments. CLIA waived testing for streptococcal throat infections, urinary tract infections, and pregnancy testing are performed by standing physician orders. Protocols for Emergency contraception and blood testing for sexually transmitted infections as well as cholesterol screenings are also guided by standing orders. The nursing staff has been trained in tobacco cessation counseling, high risk alcohol use assessments and dietary counseling among other services. Point of care antibiotics are prescribed and dispensed on site by the nursing staff per physician's standing orders. Over the counter pain and cold medications are dispensed on an as needed basis.

The MD performs physical exams, PAP cancer screenings, and birth control consultation, in addition to writing prescriptions for ovulatory control pills, breast exams, and mammography referrals. Cryosurgery is provided on-site for removal of skin tags or warts. Ongoing communicable disease control including provision of condoms and related public health education services are routinely provided. Santiago Canyon College maintains a direct liaison to the Orange County Department of Public Health for management with tuberculosis exposures on campus.

In addition to the Faculty Nurse Coordinator, four part-time registered nursing staff are scheduled during evening hours and as back up for the Health Center Coordinator. Nurses are always available to see students on a walk-in basis, Physician services are provided by appointment only, six hours per week. Vaccinations for Tetanus Diphtheria and Pertussis (Tdap) and annual influenza prophylaxis are provided during flu season. On-site laboratory testing of blood and urine is provided for students at cost through a group purchase organization contract with Quest Diagnostics. Additional clinical contract services are available for students through local community referrals such as radiology, ultrasound and culposcopy.

Mental Health and Crisis Intervention Services;

As of fall 2011, a newly hired full-time faculty member licensed as a Clinical Psychologist began providing 1 to 1 student counseling services for up to 16 hours each week. All students who present and ask for mental health services are screened at the point of registration for imminent harm to self or others. If a student is in emotional crisis, the Clinical Psychologist or a member of the SCC Crisis Intervention Team will see the student immediately.

Unless a student is in crisis, Individual therapy appointments are provided for students on a first come first serve appointment only basis. Short term therapy services are offered in one to one counseling sessions over a fifty minute period. At present there are sixteen hours of individual therapy time available each week. If or when longer term therapy is warranted, or if all available hours are booked, students are referred to local community mental health or private practice settings. Appointments are available at varying times throughout the day accommodating both day time and evening students.

Crisis Intervention Team (CIT) oversight is provided by the clinical psychologist. The CIT is comprised of members from the SCC faculty at large as well as the campus based safety officers. Faculty CIT members are self appointed according to their availability each semester to a telephone call list. When crisis intervention is needed for a student, these CIT individuals are called to meet with students in acute emotional crisis when the Psychologist is not available. After hours and when the SHWS is closed, the crisis phone line is programmed to ring forward to the campus safety office.

Threat Assessment Team (TAT) is a sub-group of the College Safety Committee, Chaired by the Lieutenant for Campus Safety. Members of the TAT include; the Vice President of Student Services, the Admissions Office Registrar, The Assistant Dean for Student Development, The SHWS Psychologist is an integral member of this effort. Meetings are convened as needed when a specific student threat or behavior is brought forward by a faculty, staff member or administrator requiring the collaborative multi-disciplinary team evaluation. If the TAT is convened, a level of campus risk is determined according to a threat assessment protocol and flow chart. A specific action plan is developed according to the level of concern. The TAT responses vary from ongoing monitoring of an identified behavior/s to referral for psychological counseling or ultimately when determination of extreme risk exists, a parental/guardian notification may occur in concert with notification of law enforcement/Orange County Psychiatric Assessment Team.

RSCCD Staff and Faculty receive a few limited services from SHWS, including injury triage, basic first aid, tuberculosis skin testing (paid for by the employees). Tuberculosis skin testing is offered onsite for convenience, TB communicability clearance for employment is required by the California State Education Code. Additionally influenza vaccinations are provided to all campus members who are interested, and an automatic electronic defibrillator is maintained in the SHWS for cardiac emergencies.

C. Funding Sources Statement

Students enrolled in credit courses in the Rancho Santiago Community College District are eligible for services in the SHWS by paying the student health fee each fall, spring and during the ten week summer school session. The student health fee is mandated by the California State Education Code section 76355. All services are funded primarily through revenue from student health fees. The Santiago Canyon College Student Body and the RSCCD Board of Trustees supports the current maximum student health fee allowed under the California State Controller and the California Community College Chancellors Office. Beginning in fall 2012, the student health fee will be \$18.00 for the 16 week sessions and \$15.00 for the ten week summer session. A new pay practice for the 2012-14 Program Review cycle will require all students enrolled in exclusively online courses to pay the student health fee.

Early in the course of the 2009-2011 Program Review Period, additional program funding was obtained through the third and final year of a grant Partnership with the County of Orange Health Care Agency for High Risk Alcohol Prevention.

Additional grant partnerships supporting SHWS are currently being sought for augmentation of campus mental health services. In fall of 2011, The California Community Colleges Chancellors Office (CCCCO) announced the availability of \$6.9 million dollars in Student Mental Health Program (SMHP) grant monies. Requests for Applications (RFAs) of funding were made known in October of 2011. SCC SHWS with support from the RSCCD Office of Resource Development worked to develop a suicide prevention program, write the narrative, and submit the application for one of these competitive campus based grants. At the time of this writing, a letter from CCCCCO-Vice Chancellor of Student Services and Special Programs awarded SCC SHWS \$211,435, a two-year grant award for services specific to student suicide prevention. These new grant services will be implemented in the new program review cycle.

IV. ORGANIZATIONAL CHART (Lynn Manzano to Insert new)

V. SUMMARY of PROGRESS

A. Key Accomplishments:

New Full Time Faculty – Licensed Clinical Psychologist

Since the 2001 inception of Student Health and Wellness Services at SCC, there was only one part-time faculty member for provision mental health services. The faculty member was shared 38% - 62% with SCC's Early Childhood Development program, only limited mental health services were provided. Following the resignation of this original faculty member in 2007, (part-time) adjunct faculty (Psychologists) were hired and utilized for student mental health. During each subsequent semester the counseling caseload developed a waiting list beyond existing hours of psychologist's availability, typically by the fourth week of the semester. Despite mental health faculty attrition and successive applications in 2008, and 2009 to replace the position, this essential faculty position was not prioritized for re-hire.

Portions of the remaining 2009 High Risk Alcohol Prevention Grant monies were dedicated to hire additional part-time clinical psychology staff. However, an unmet need for support was evidenced by the steadily growing wait list to meet with the psychologist. Efforts were stepped up by fall of 2010, the third mental health faculty request cited the importance of program development for the college's Crisis Intervention Team. Additionally, the well-known tragedy at Virginia Tech's campus also underscored the need for development of a multidisciplinary Threat Assessment Team (TAT). A new TAT "early warning system" was becoming the standard in higher education at many campuses. Threat assessments on campus are designed to rapidly identify students with challenging classroom behaviors or who posed consistent disciplinary challenges due to mental health issues.

Statistical information was compiled within the new faculty request to demonstrate progressively increased utilization of campus psychological-services. Grant monies dedicated to services related to High Risk Alcohol Prevention underscored the need for additional programming for mental health. New SHWS students routinely screened with alcohol use assessment tools would uncover a higher number of students requiring services with more complex emotional needs.

By spring of 2011, the position of full time psychologist was ranked with high-priority by the Faculty Academic Senate, forwarded to the College President and despite sharp competition remained a priority for the

Chancellor of the RSCCD. In June of 2011, the position for Licensed Clinical Psychologist was ultimately supported by the Chancellor and adopted by the District. During summer of 2011, formal interviews resulted in the first time full time faculty to become a campus based Clinical Psychologist.

Crisis Intervention Team oversight and thoughtful program development have helped formalize this key student safety net. The new SHWS Psychologist established regularly scheduled enrichment meetings for participating faculty supporting the CIT call list. Protocol for faculty documentation during student crisis contact was formalized. An on campus flex-activity for fall 2011 included educational enrichment for all SCC faculty informing what subtle traits to look for in a distressed student, and how to respectfully identify and refer students in crisis.

The SHWS Community Mental Health Referral Document is distributed annually for CIT members and all campus stakeholders to provide names and contact information for Orange County Mental Health as well as other community based providers. Local psychiatrists in private practice and the county's psychiatric triage are also listed for help with psychotropic medication management. These services consist of both fee based and sliding scale terms according to a student's available resources. Web based resources and hotline information for suicide prevention, as well as advocacy for sexual assault survivors and domestic violence victim advocacy is also included here to increase CIT resources. This mental health resource document is also located on the SHWS web site.

Safe Space; SCC SHWS staff members have attended Safe Space Training and are part of an established college-wide support structure for lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) students. Community partnerships with agencies such as the Orange County Gay and Lesbian Services Center (The Center) were newly forged this year. A letter of support was obtained from The Center's Executive Director as the SHWS sought mental health grant funding from the California Community College Chancellor's Office for services related to suicide prevention.

Trends and Challenges

SHWS has endured a progressively tightening fiscal climate with variations in student enrollment, and progressive reductions in SHWS program funding. There have also been both clinical and support staff alterations. As the State of California provided progressively less money in apportionment the college sustained repeated work load reductions. SCC endured a

progressive decline in the overall student enrollment. Census figures and student volume for each year have similarly declined as illustrated below:

Student Enrollment Trends During Program Review Period			
Fiscal Year	2008 -2009	2009 -2010	2010 -2011
Summer	4,112	3594	3250
Fall	10,599	10,313	10,357
Spring	12,899	10,357	9,117
Total Credit Enrollment	27,610	24,264	22,724

Student Health and Wellness Services Volume			
Fiscal Year 7/1 – 6/30	2009	2010	2011
Medical	3876	3904	3423
Psych	628	639	538
Total Volume	4504	4543	3961
Percent change	12.04%	0.87%	-12.81%

Decreases in the number of enrolled students at SCC directly reduce the volume of students paying the Student Health Fee, the principal funding source. Funding augmentation dictated by the California State Controller's Office over the last two years has been unprecedented. Two successive increases have been allowed in the Student Health Fee assessment to remain current with a benchmark known as the *Implicit Price Deflator costs of goods and services*. In each of the last two years, members of the Associated Student Government (ASG) were asked to support the one dollar increases in health fee. The SHWS enjoys an excellent interactive working relationship with students and the convenience of on campus health services is highly valued. In each of the fee augmentation opportunities the health fee increase was supported by both the student's

in ASG and subsequently approved by the Rancho District's Board of Trustees.

Unfortunately an insidious threat of funding instability persists as the state's budget and community college apportionment reductions cause further declines student enrollment, SHF revenues also are reduced. Despite a new 2012-13 FY approved budget allocation for the SHWS, reliable prospective semester revenues may not materialize. As such, discretionary labor dollars used for both part-time medical and nursing staff is carefully reviewed on a month to month basis to stay in alignment with program revenues.

At the time of this writing Student Health Fees are still shared between Santa Ana College and Santiago Canyon College for students who enroll at both campuses. This fee practice disproportionately diminishes the dollars received by SCC as the smaller of the two district campuses.

VI. STUDENT LEARNING OUTCOMES DATA

Background

A. Student Learning Outcome Statement for 2009, 2010, 2011

"Students, who participate in the online interactive assessment tool known as e-CHUG, will receive personalized feedback data about their choices on the use of alcohol." Through their participation these individuals may self-reflect on personal health choices regarding alcohol usage. Self-assessments specific to this tool among other measures include; frequency and quantity of personal alcohol consumption, monetary expenditures on alcohol direct personal risk for harm and inherited family risk factors for alcohol habituation.

The e-CHUG program was initially purchased for use as part of the Alcohol Prevention Grant; e-CHUG continues to provide value to both the SHWS and to the college at large. The online tool is used by many SCC faculty in their classrooms as an adjunct to course content. Selective higher education presentations and peer reviewed research documents below underscore the successful use of the e-CHUG tool for primary prevention of high-risk alcohol in the college population;

1. Cronce, J. (2012). Individual focused college student drinking prevention: What works, what might and what doesn't. Presentation delivered at **NASPA alcohol and other drug abuse**

prevention and intervention conference, Spotlight Panel
“Choosing an Online Alcohol Education Program”, Atlanta
 Georgia.

2. Doumas, D.M. & Anderson, L. (2011). Reducing alcohol use in first year university students: A web based personalized feedback program. **Journal of College Counseling, 12 (1), 18-32.**
3. Husted, J. T. P., Barnett N. P., & Jackson, K. M., (2010) Web – based alcohol prevention for incoming college students: A randomized controlled trial. **Addictive Behaviors, 35 (3), 183-189.**

B. Description of Data

SCC's e-CHUG results are collected online from students. The results are collated and reported for each year by the webmaster at San Diego State University, Three years of aggregate Program Review Data is reported below.

SCC e-CHUG Data			
Fiscal Year	2008 -2009	2009 -2010	2010 -2011
Sample Size	823	831	698
Male	322	263	256
Female	501	568	442
Family Risk Factor ¹ (Average)	4.15	4.11	4.07
Average Number of Drinks per Month	21	16	18
Money Spent per Year on Alcohol	\$497	\$428	\$513
Negative Consequences ² (Audit Score)	5.54	4.50	4.94
Number of Days Driving After 3 > Drinks	0.52	0.23	0.28

Number of Days as Passenger After Driver has 3 > Drinks	0.56	0.50	0.44

C. Data Analysis and Summary

The table above represents the last three years of data (averages) from SCC students electing to complete the E-check Up to Go, "e-CHUG" is an evidenced based online alcohol intervention program designed for use with college students. SCC is one of 550 college campuses world-wide that currently subscribe to the e-CHUG program. The SHWS purchases the program annually and partners with numerous faculty and their students to incorporate the questionnaire into course-syllabus guided assignments such as writing for credit papers or student speeches related to self awareness. Some courses offer students extra credit for participation at the conclusion of the semester.

The e-CHUG questionnaires are intended to gather student data for alcohol-use benchmarking. More importantly however the tool serves as a screening and brief intervention mechanism for students who typically have a low incidence of dependence but who may occasionally consume at unsafe levels. The questionnaire creates an interactive profile, which establishes a personal alcohol-use narrative then delivers normative-comparison feedback. Each student is provided with personalized physical health information and feedback about quantity and percentage of their income spent on alcohol, and subsequent potential for negative consequences. A highly accurate alcohol risk profile is determined through the use of the World Health Organization's predictive tool known as "AUDIT". The *Alcohol Use Disorders Inventory Test* is a separate imbedded component of overall e-CHUG screening. Consisting of ten total questions, the AUDIT includes alcohol frequency and volume metrics as well as targeted questions about behavioral consequences such as, "How often have you found that you were unable to stop drinking once you started?", "How often have you failed to do what was expected of you because of drinking?", "Has a relative, friend, doctor or another health professional expressed concern about your drinking or suggested that you cut down?"

Local mental health referral sources are provided for students in writing at the conclusion of the e-CHUG interactive including the Student Health and Wellness Service. Student answers are a reliable predictor for alcohol

dependence. SHWS are passively promoted through-out the program and again at the conclusion should mental health counseling be requested.

D. Findings, Conclusions and Recommendations

Alcohol Risk Behaviors; In each of the last three years an annual sample of 700-800 students have submitted e-CHUG data through courses in Interpersonal Communications, English, Early Childhood Development, Nutrition and Food and several of the organized Athletics Teams among others. Aggregate data in the table above shows less than 1% of SCC students engage in destructive DUI or dangerously elect to ride as passengers in cars when the driver has been drinking. The three-year trend for risk behavior shows a downward progression. The monetary expenditure dropped initially then sharply spiked above \$500/year. Although cash expenditures were up, harmful behaviors were reduced. Presumably students made more responsible choices in relation to their alcohol use.

¹ When alcoholism is present in a student's family their risk factor for harm and or dependence increases 4-8%. Familial risk scores in the table above are averages, data outliers indicate that 1-2% of SCC's students in this sample have functional alcohol dependency. In-person AUDIT screenings for students who seek SHWS are also indicative of these dependency statistics.

² The AUDIT tool is a nationally normed brief assessment tool embedded into e-CHUG. Scores in excess of 7 are predictive of potential harm or future alcohol dependence. All students who are screened in-person in the health center are included in a standard motivational interview with the registered nurse. Those who score above 7 on the AUDIT tool are referred for mental health consultation before departure. Successful referral-to-provision of service is variable. In 2011-12 (22) students scored greater than (8), All (22) students were referred for consultation with the clinical psychologist, (11) actually made an appointment successfully making contact with the therapist, (2) were referred for services in the community as appointment times were either not available or convenient, (9) did not seek care. In summary, simple participation in a screening process weather e-CHUG on line or the AUDIT in person seem to show less risk for harm in the period 2009-2012.

VII. FUTURE DIRECTION for SHWS & ANTICIPATED CHALLENGES (Funding, Personnel, Facilities, and Technology)

A. Funding

Monitoring and managing scarce SHF revenue will continue to be critical as the California Community Colleges struggle with budgetary deficits and Santiago Canyon College experiences an uncertain and declining student enrollment. Alternative sources of income such as grants and potential public health support for low income students will be sought to support the service to our students. At the time of this writing a legacy pay practice when SCC was the East-Campus of Santa Ana College requires shared SHF revenues between schools for dually enrolled students. This continued practice disproportionately affects SCC as the smaller campus. Opportunities are still being discussed to gain complete SHF independence from Santa Ana College. Dually enrolled students account for approximately 5% - 8% of students overall.

B. Personnel

A new nineteen hour front-office classified support staff replacement is being reviewed for the 2012-2013 school year. Grant supported staff for Peer Health programming related to suicide prevention and additional part-time Clinical Psychologists may be hired to augment the one full-time mental health faculty member. SHF funded physicians and nursing staff will be maintained at current levels as the budget allows. Hours of service are not predicted to change in the foreseeable future.

C. Facilities

Architectural design review for a new SHWS office was completed in 2009. Monies for the new Student Health Services Building are dependent on California State matching funds. No date has been determined for this capital project at the time this document was completed. Existing facilities are in need of cosmetic repair including paint and new exterior landscaping. A waiting room would assist in the comfort of prospective clients at this time there is only an ante-room no formal wait seating or intake privacy comforts are offered. A back-up Generator would be an efficient way to manage the threat of power outage. At present the inventory of temperature sensitive biologicals (vaccine) is packaged and taken to an alternative site for refrigerator controlled storage.

D. Technology

SHWS standards are evolving to electronic medical records as the new norm. A stand alone practice management software known as MedPro is

currently in place. Alternative software programming will require additional capital expenditure, template development and training of the staff. Budgetary support for such a purchase may not be pragmatic at this time. New hardware updates have been made including the purchase of new faculty desk-top computers and existing computers have been upgraded for memory. New Automatic External Defibrillators may be required as the hardware changes with the science of Cardiology. No funding for support of this purchase is expected in the near future.

Appendix A - Alignment of RSCCD Board GOALS with Department Goals

1. ***“Prepare students for success in their academic, career and personal life endeavors by providing access to education and services that foster student retention and program completion”***. SHWS Student Learning Outcomes programming have clearly helped reduce risk for harm through prevention of High Risk Alcohol Use. Retention of students is seen as a direct corollary to decline in DUI, reduction in volume and frequency of alcohol usage.
2. ***“Promote flexible, cost-effective educational programs and services including the use of cutting-edge technology and educational program delivery via technology”***. SHWS offer students a cost effective source for episodic medical and mental health care in a convenient, flexible and confidential manner.

Appendix B - Department Planning Portfolio (DPP's) 2009, 2010, 2011

1. A major goal was realized in fall 2011 with the addition of fulltime Faculty for Clinical Psychology.
2. Physical setting issues are still present including a larger waiting area, a therapy room with natural lighting and ambient noise protection. A Back-up generator is needed for the storage of vaccines. Cosmetic upgrades are needed for the building to appear in a professional standard.
3. Funding stabilization is elusive as long as the student enrollment fluctuates and the dually enrolled students are disproportionately shared as a district rather than a sovereign self supporting college.