

Student Health Services 2019 Program Review

Program Review Summary Page

For Academic & Student Support Programs

Support Program(s) under Review: Student Health Services

Term/Year of Review: Fall 2019

Summary of Program Review:

A. Major Findings

1. Strengths:

53% of our medical visits directly assist students to meet requirements for academic programs, sports participation, or employment (Section 1: I).

Our demographic data for both mental health and physical health appointments show broad mirroring of the NVC student population (Section 1: E, F, G, H).

Our participation in emergency fire shelter, and post- fire mental health counseling showed ability to respond to disasters (Section 1: O).

We offer a broad range of services (Section 1: I, J, L, N, O).

Surveys show high satisfaction with services (Section 1:K, M).

Number of appointments has increased, in the face of declining enrollment (Section 1: A,B,C).

2. Areas for Improvement:

Support/Educational Groups. Efforts at student groups (meditation/relaxation by Student Health Service), and stress management (by Mentis therapist) were not successful. This replicates the failures in past years by student health services to establish groups based on specific health concerns (Section 1: L).

Communication of services. A large proportion of students are unaware of the diversity of services offered – and even of the existence of the Student Health Services clinic (Section D).

Distance Services. Limited services for students who do not attend classes at the main campus, or for whom it is inconvenient to remain on campus to get services (Section 1:I).

Space. The health center lacks conference rooms to host meetings and classes, and office space for additional therapists.

3. Projected Growth, Stability, or Viability:

Growth

Mental Health. Increase in mental health services is expected to continue (Section 1:B). Aside from adding therapist hours, we have been, and will continue to, educate students, faculty and staff to deal effectively with psychological issues of students and themselves.

Distance services. We can implement tele-health appointments, and acquire or develop additional on-line resources to better serve students who seldom or never visit the Napa campus(Section 1:I).

Services to wider campus community. We can explore venues to share our medical/therapeutic expertise with the wider campus community. An example is participation in the CARE team (Section 1:O)

B. New Objectives/Goals:

- * Organize campus mental health therapists under Student Health Services, enabling a coordinated approach to psychological wellness.
- * Utilize Electronic Health Record system (Pyramed) to analyze student health status and needs at the population level.
- * Expand educational presentations to classes and clubs.
- * Expand distance services by initiating tele-health and expanding on-line resources.
- * Establish advisory committee for Student Health Services which includes student representatives.
- * Enhance community knowledge and ability in assisting others with mild psychological distress, and recognizing and referring people with more serious problems.
- * Build skills in disaster response and prevention of interpersonal violence.
- * Increase revenue stream and expand services by seeking opportunities such as Medi-Cal based Programs (LEA billing).

I. PROGRAM DATA

A. Number of Appointments and Number of Students with Repeat Visits at the Student Health Center within the Same Academic Year

	2016-2017 (June 2016 to May 2017)	2017-2018 (June 2017 to May 2018)	2018-2019 (June 2018 to May 2019)	Change (%) over 3-Year Period
Number of Appointments	1183	1,122	1,277	7.9%
Number of appointments with Nurse Practitioner/MA	766	690	813	6.1%
Number of Appointments with Therapist	417	432	464	11.3%
Number of Students	--	567	573	1.1%
Number of students seen by Nurse Practitioner/MA		476	483	1.5%
Number of students seen by Therapist		131	140	6.8%
Number of Students with Repeat Visits	Incomplete data	200	236	18%*
<i>Source: NVC Student Health Services repeat visits only over 2 years.</i>				

RPIE analysis: The number of appointments for Student Health Services increased by 7.9% over the past three years.

The number of students with repeat visits to Student Health Services within the same academic year increased by 18% over two years. . (See also Section 1.A above).

B. Aggregation of Mental Health Therapist visits: Student Health Center plus Mentis Therapist

Mentis + Student Health Center (SHC) Therapist visits	Sept 2016-May 2017		Sept 2017-May 2018		Sept 2018-May 2019		Change over 3 yrs
	Mentis	SHC	Mentis	SHC	Mentis	SHC	
# of Students	--	--	12	131	19	140	11%
# of Appointments	--	417	110	432	195	464	58%

C. Institutional Headcount

	2016-2017	2017-2018	2018-2019	% Change over 3-Year Period
NVC Enrollment	8,930	8,843	8,177	-8.4%

Program Reflection: Tables A-C. Trends in Quantity of Service Provided

Table A documents an increase of 7.9% in appointments at the Student Health Center (SHC) over the past three years, despite an 8.4 % decrease in institutional enrollment (**Table C**). The increase is most marked in mental health therapist appointments, which increased 11.3% while the number of medical appointments increased 6.1%.

In the 2017-2018 academic year, NVC contracted with Mentis to provide a one-day-per week therapist with bilingual skills, to focus on students in Puente, EOPS, etc. In 2018-2019, her contract was increased to two days per week. **Table B** shows the number of students and appointments with this therapist in each year. While the Mentis therapist is not officially part of student health services, it is revealing to note that when her appointment counts are added to the SHC therapist 's, there is an astounding **58% increase** in mental health clinician visits over the past 3 years.

This trend aligns with reports from other colleges, both California and nationwide, which document increasing workloads for mental health therapists.

D. Student Knowledge of Health Center Location and Services

Outcomes that were assessed	Assessment methods	Assessment Results	Use of Results
Student knowledge of health center location	SAO Survey spring 2017	64% knew location of health center – an improvement over previous surveys	Indicates that we need to continue outreach efforts
Student knowledge after presentation on Health Center Services	Post-presentation quiz	> 90% correct answers on the post-test, which included 5 questions on cost of services, types of services offered and confidentiality	These results show that the presentation is effective at conveying basic information about the Health Center to NVC students

Program Reflection: Student Knowledge of Student Health Services

The knowledge of the Student Health Center location is used as an indicator for student awareness of NVC health services. While the 64% positive response is an improvement over past surveys, it remains unacceptably low.

The SHS staff has engaged in a multifaceted campaign to raise awareness of our services. These efforts include presentations about our services at classes (upon invitation by the instructor), tabling at events such as Club Rush, increased signage, flyers on bulletin boards, and messages on the live campus monitors. The high rate of correct answers to our post-presentation quiz shows that this method is effective in increasing awareness of student health services.

These efforts at in-reach may be partially responsible for maintaining and increasing our number of students served despite decline in enrollment.

E. Demographics of Students Served by Student Health Services

	Number of Students			Three Year	
	2016-2017 (September 2016 to May 2017)	2017-2018 (June 2017 to May 2018)	2018-2019 (June 2018 to May 2019)	Proportions	Change (%)
Overall Population	362	567	573	1,261	58.3%
Gender					
Female	208	338	338	58.1%	62.5%
Male	101	198	208	34.1%	105.9%
Unknown	53	31	27	7.8%	-49.1%
Race/Ethnicity					
Asian	13	18	27	3.7%	107.7%
Black	23	38	39	6.7%	69.6%
Filipino	42	72	67	11.9%	59.5%
Hispanic	121	221	240	39.2%	98.3%
Multiple Race/Other	40	57	41	8.3%	2.5%
Native American	*	--	*	*	--
Pacific Islander	*	*	*	*	--
White	70	130	133	22.7%	90.0%
Unknown	49	27	19	6.6%	-61.2%
Age					
Under 21	134	239	239	31.9%	78.4%
21 to 29	123	210	229	45.1%	86.2%
30 to 39	34	50	54	9.5%	58.8%
40 to 49	14	24	17	4.0%	21.4%
50 and Over	*	17	15	2.9%	--
Unknown	49	27	19	6.6%	-61.2%
<i>Source: NVC Student Health Services</i> <i>*Data is suppressed for cases <10.</i>					

RPIE Analysis: The table above describes the demographics among students who have been served by Student Health Services over the past three years. The majority of students using Student Health Services were Females. Hispanics and Whites (and students ages 29 and under) claimed the two largest population shares among students who accessed Student Health Services and together they comprised a majority.

F. Comparison of Demographics By Providers Across the Three Years

	Medical	Psychological	% Difference Between Medical and Psychological
Gender			
Female	55.6%	68.1%	-12.5%
Male	36.0%	27.3%	8.7%
Unknown	8.4%	4.6%	3.8%
Race/Ethnicity			
Asian	4.3%	--	--
Black	6.5%	7.0%	0.5%
Filipino	12.8%	9.4%	3.4%
Hispanic	37.5%	43.7%	-6.2%
Multiple Race/Other	8.2%	10.2%	-2.0%
Native American	*	*	--
Pacific Islander	*	*	--
White	22.4%	23.3%	-0.9%
Unknown	7.4%	2.9%	4.5%
Age			
Under 21	31.7%	33.0%	-1.3%
21 to 29	43.9%	50.1%	-6.2%
30 to 39	9.8%	7.5%	2.3%
40 to 49	4.4%	2.9%	1.5%
50 and Over	2.8%	3.5%	-0.7%
Unknown	7.4%	2.9%	4.5%
<p><i>Source: NVC Student Health Services</i></p> <p><i>Bold italics</i> denote a statistically significant difference in proportions between medical and psychological care.</p> <p><i>*Data is suppressed for cases <10.</i></p>			

RPIE analysis: This analysis examines the differences in demographic proportions between students who received services for medical and psychological care. Tests of statistical significance were conducted to compare the population shares among students accessing the two types of services.

The population shares among the following demographic groups were significantly lower among students accessing medical services than the respective population shares among psychological services:

- *Females (-12.5%)*
- *Hispanics (-6.2%)*
- *Ages 21 to 29 (-6.2%)*

G. Demographics of Students served by Mentis Therapist

	Sept 2017- May 2018	Sept 2018- May 2019
Gender		
Female	10 (83%)	14 (74%)
Male	2 (17%)	5 (26%)
Race/Ethnicity		
Latino	9 (75%)	15 (79%)
African-American	1 (.08%)	1 (.05%)
Caucasian	1 (.08%)	-
Multi-Racial	1 (.08%)	2 (1.05%)

H. Comparison of Demographics with the Institution Across the Three Years

	Student Health Center	Institutional-Level	% Difference Between SHC and Institution
Gender			
Female	58.1%	54.7%	3.4%
Male	34.1%	43.9%	-9.8%
Unknown	7.8%	1.5%	6.3%
Race/Ethnicity			
Asian	3.7%	3.3%	0.4%
Black	6.7%	6.0%	0.7%
Filipino	11.9%	9.0%	2.9%
Hispanic	39.2%	40.3%	-1.1%
Multiple Race/Other	8.3%	8.7%	-0.4%
Native American	*	0.3%	--
Pacific Islander	*	0.4%	--
White	22.7%	32.1%	-9.4%
Unknown	6.6%	0.0%	6.6%
Age			
Under 21	31.9%	32.1%	0.2%
21 to 29	45.1%	42.7%	2.4%
30 to 39	9.5%	13.0%	-3.5%
40 to 49	4.0%	5.7%	-1.7%
50 and Over	2.9%	6.5%	-3.6%
Unknown	6.6%	0.0%	6.6%
<p>Source: NVC Student Health Services and NVC enrollment data</p> <p>Bold italics denote a statistically significant difference in proportions between the Student Health Center rate and the institution.</p> <p>*Data is suppressed for cases <10.</p>			

RPIE analysis: This analysis examines the differences in demographic proportions between Student Health Services and the credit-student population. Tests of statistical significance were conducted to compare the population shares claimed by the Student Health Services and the institution.

Within Student Health Services, the following demographic groups were significantly different than the institution:

Significantly Lower:

- *Males (-9.8%)*
- *White (-9.4%)*
- *Ages 50 and over (-3.6%)*
- *Ages 30 to 39 (-3.5%)*
- *Ages 40 to 49 (-1.7%)*

Significantly Higher:

- *Females (3.4%)*
- *Filipinos (2.9%)*

Program Reflection: TABLES E-H. Demographic Diversity of Students Served

Table H shows that the Student Health Center sees a diversity of students broadly matching the campus demographics. Females access the SHC at a rate higher than males. Provision of family planning services contributes to this predominance. Nationally, females tend to seek out medical care at a higher rate than males.

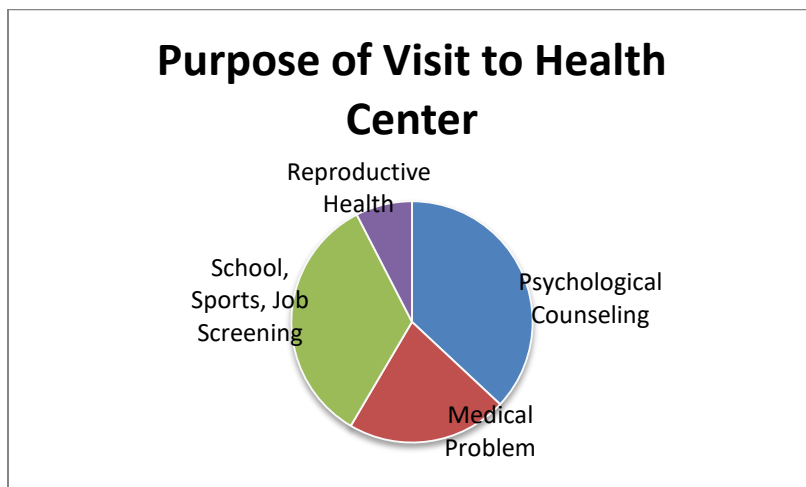
In **Table F**, we compared the access to mental health vs. physical health visits for various demographics. Major differences were a somewhat higher rate of females, Hispanics, and the age cohort 21-29 accessing mental health services vs. physical health services.

Table G illustrates the demographics of the students served by the Mentis therapist. Not surprisingly, these demographics are weighted toward Hispanic and female students. These proportions reflect the demographic constituency of the programs associated with the Mentis therapist.

All in all, these data provide reassurance that for both mental and physical health needs, the Student Health Services, in alliance with the Mentis therapist are serving the diverse student body of NVC

I. Services Offered: Type of Appointment, 2016-2017 through 2018-2019

	Three-Year Count	Proportion
Psychological-Related	1,069	36.7%
Counseling	1,051	98.3%
Crisis	18	1.7%
Medical-Related	1,846	63.3%
Medical Complaint	622	33.7%
Academic/Sports/Employment related physicals and screenings	982	53.2%
Tuberculosis Surveillance	479	25.9%
Physical – College Related	287	15.5%
Immunization Related	170	9.2%
ASR	92	5.0%
Physical – Unspecified	46	2.5%
Reproductive Health	219	11.9%
Reproductive Health Male	33	1.8%
Reproductive Health Female	172	9.3%
Reproductive Health –no gender	14	0.7%
Telephone encounter	13	0.7%
Total provider visits	2915	
Window Services	5247	n/a
Distance Services	160	
Telephone appointment	13	
Online mental Health Screening	148	
<i>Source: NVC Student Health Services</i>		



RPIE analysis: Medical-related appointments accounted for the majority (63.3%) of all appointments over the past three years. Psychological-related appointments accounted for the remaining 36.7% of all appointments over the same period.

The majority of psychological-related appointments were associated with counseling (98.3%). Appointments associated with a crisis accounted for 1.7% of psychological-related appointments.

Program Reflection: Services Offered

Mental Health/Physical Health mix. Psychological counseling accounts for roughly a third of the clinician contacts, while medical needs account for about 2 thirds.

Meeting Academic/Sports/Employment requirements. On the medical side, over half of visits were generated by need to meet requirements for academic programs (health occupations, police academy), sports participation, or employment. These services included physical exams, TB testing, determination of immune status, and administration of vaccines. These services directly assist students in achieving academic/sports/employment success.

Reproductive Health. In fall of 2016 we initiated FamilyPACT services, which allow us to provide free comprehensive family planning and STI screening and treatment services to eligible students who lack access to health insurance. 11.9% of visits to our medical side fall under reproductive health, and the overwhelming majority of these are FamilyPACT services. Because we can bill for these services we are able to offer not just counseling but free condoms, oral contraceptives, Depo-Provera shots, and long-acting implants (Nexplanon).

Window services. While a total of 2915 appointments with clinicians were noted over the past 3 years, 5247 students were provided some type of service by our clinical assistants at the window. These included such services as distributing over the counter medications, such as Tylenol, first aid supplies such as band aids, condoms, and providing information.

Distance Services. Two years ago we began providing free on-line screening for mental health disorders such as depression. 148 people have so far taken advantage of this service. In addition, 13 telephone appointments were completed. These services are examples of our commitment to expanding health services to students who either take classes on-line or at satellite sites, or who find it inconvenient to come to campus for a health center appointment.

J. Most Common Diagnoses Associated with Medical Visits

Major Diagnostic Categories	# of visits within these categories	Examples of medical conditions within each diagnostic category
Upper Respiratory infections	150	Cough, cold, ear infection, bronchitis, sinusitis, etc.
MuscSkeletalPain/Injury/Wounds	102	Bone & tendon injury, lacerations, burns, wounds, bruises, insect stings
Psychological disorders	101	Depression, anxiety, others
Skin Lesions (rashes, cysts, etc)	68	Rashes, cellulitis, lumps, warts, cold sores, etc
GI disturbance	60	Nausea, vomiting, abdominal pain, etc
Female reproductive sx disorders	30	Menstrual disorders, pain, vaginitis
Urinary Tract	24	Infection, pain, renal stone, urinary retention
Eye Disorders	23	Conjunctivitis, visual disturbances, eyelid lesions, etc
Ear Disorders	20	Pain, impacted cerumen, decreased hearing
Asthma/Shortness of breath	15	
Diabetes	11	
Dizziness/Vertigo	11	
Chest Pain	10	
Fatigue/malaise	10	
Obesity and Overweight	10	
STI treatment	9	Chlamydia, gonorrhea
Cardiovascular	8	High blood pressure, murmur, tachycardia, phlebitis
Headache	5	
Tobacco/Substance abuse	4	
Male Reproductive	2	Testicular pain, penile rash

Program reflections: Most Common Medical Diagnoses

College students generally are a physically healthy group. Congruent with this status, and with the mission of student health services, most of the medical diagnoses reflect short-term and relatively minor health problems such as upper respiratory infections, and injuries.

It is interesting to note that the 3rd most common diagnostic category seen by the nurse practitioner encompasses psychological health issues, illustrating the intertwining of physical and mental health. The nurse practitioner works with mental health issues in several ways: by providing basic information, emotional support and simple techniques such as relaxation breathing, and by prescribing medication. The NP frequently refers to the campus therapists. Likewise the therapists sometimes refer clients to the nurse practitioner for consideration of medication therapy. The importance of our “warm handoffs” between the therapist and the nurse practitioner, which allow students with mental health challenges rapid access to both psychotherapy and medical therapy, cannot be overestimated.

K. Satisfaction Survey

Outcomes that were assessed	Assessment methods	Assessment Results	Use of Results
Satisfaction Survey (Customer Service)	5-question paper and pencil point of service survey** 2016-17	42 surveys returned. 100% of ratings were "agree strongly", the most positive score. In comments, all were positive, no suggestions for improvement or change	Morale builder for staff. Encouragement to keep on our toes to deliver excellent customer service.

Program reflections: Satisfaction Survey

The very positive results of the satisfaction survey were highly gratifying. I believe they reflect the commitment of our entire staff to providing high quality efficient care, from initial contact over the phone or at the counter, to conclusion of patient visits. To my knowledge, during the time frame covered under this program review, we have received only one complaint about health center services. This was perceived discourtesy by a receptionist when the nurse practitioner and medical assistant were unavailable to help with a first aid need.

L. Classes/Presentations Offered to Students

Topics of presentations/groups	Total 2016-2017 – 2019-2019	
	# of presentations	# of attendees
QPR (Suicide Prevention)	8	108
Health Center Services awareness	15	Est 350
Mental Health topics	3	Est 90
Meditation/Relaxation group	20	6

M. QPR Class Evaluations

Outcomes that were assessed	Assessment methods	Assessment Results	Use of Results
QPR Suicide Gatekeepers Training	Post-presentation survey	All participants rated the presentation as “good”, “very good” or “excellent”	Amt. of time devoted to statistics decreased due to student comments

Program reflections: Tables L & M: Classes/Presentations Offered to Students, and Class Evaluations

Presentations/classes offered to students have all been related to either mental health or to orientation to Student Health services. These are the topics which have been requested. The QPR classes have been highly rated, and the class presentations on services have been shown effective in conveying information.

Our major failure has been in efforts to offer groups. We attempted a relaxation/meditation group, but had very poor attendance despite advertising. Less than half a dozen students attended, and those did not persist for more than a session or two. The Mentis therapist suffered a similar failure in her attempt to offer a stress management group. Institutional memory holds that similar efforts in the past also failed to attract attendees. One idea to implement successful groups, is to invite outside groups, such as Alcoholics Anonymous to hold their meetings/classes on campus, where they would be more accessible to our students.

N. Presentations and Resources Offered to Campus and Outside Community Groups

Campus Community Presentation/Resources	
Topic	Audience
QPR Suicide Prevention Presentation	NVC Faculty/Staff
Suicide and College Students Presentation	Flex Day: NVC Faculty/Staff
Distressed Student Handbook update	NVC Faculty/Staff
Crisis Counseling Training	Counseling Staff
Outside Community	
Teen Mental Health Presentation	Jesse Bethel High School Parents
QPR Suicide Prevention Class	Adea Suicide Conference
Mental Health Accommodations Presentation	DSPS Regional Conference

Program reflections: Classes/presentations offered to Campus and to Outside Community Groups

Rationale for offering classes to NVC employees. Our vision for NVC Student Health Services is to provide both individual and community health services. For most people, the most important factors in their health are their individual choices and knowledge, and their social, cultural, economic, and physical environments. By spreading knowledge to the staff, we enhance the well-being of students as a group.

As with students, the “ask” from staff has been for mental health presentations.

The rationale for offering presentations/classes to outside groups is to assist in community marketing and outreach efforts of NVC as a whole, to build our networks, and to “give back” to the community upon which we depend for support.

O. Collaborative Partners

Collaborations with student groups	
LGBT Class	Safer Sex Campus Event
LGBT Class	HIV Testing Campus Event
ASNVC	Campus Health Fair
Collaborations with campus community	
Bookstore/Christy Iwamoto	Fall and Spring Finals week stress reduction events
CARE Team	Presentations on Behaviors of Concern, evaluation and case management of potential threats
SaVE Committee	Dating Violence and Sexual Assault Awareness Events
Disaster Response Committee	Establishing disaster response protocols, training counselors in crisis counseling, designing disaster response psychological counseling drill
Collaborations with outside entities	
Mentis	Collaborate with Mentis Therapist
County Behavioral Health Dept.	Participation in suicide task force Collaboration for mental health services during and after 2017 fires
County Emergency Services	Coordination of health services for fire evacuation shelter in 2017
CHI (Community Health Initiative)	Sponsoring on-campus health insurance enrollment events
Blood Center of the Pacific	Sponsoring on-campus blood drives
New Tech HS Psychology Class	Advising students on mental health outreach projects

Program reflections: Collaborative Partners

Students. We offer ourselves as partners to NVC classes and clubs who wish take on health projects. We strongly believe that students have valuable insight into their own health needs, and the best ways of communicating with their peers. By consulting on these projects, we also assist individual students in meeting their educational needs.

Campus Community. Participation in campus committees brings health professionals’ expertise to issues of concern such as sexual violence, disaster preparedness, and threat assessment and response.

Outside Community. NVC does not exist in isolation. Some problems are beyond the power of the campus to address individually. By partnering with outside agencies we have been able to operate a fire shelter, offer mental health support after the fire, assist students in acquiring health insurance, etc. Collaboration with high school students in class projects around mental health assists these students to reach their educational goals and as with the outside presentations, assists in NVC marketing and outreach to our community, builds networks, and “gives back” to the community upon which we depend for support.

II PROGRAM PLAN

Based on the information included in this document, the program is described as being in a state of:

- Viability
- Stability
- Growth

*Please select ONE of the above.

This evaluation of the state of the program is supported by the following parts of this report:

- * Initiation of comprehensive family planning services
- * Implementation of electronic health record system (EHR)
- * Maintenance/expansion of number of patient visits despite decline in enrollment
- * Increased demand for mental health services
- * Potential for distance services
- * Increased services to campus community and outside community vs. individual clinical care

Program: Student Health Services

Plan Years: 2019-2020 through 2021-2022

Strategic Initiatives Emerging from Program Review	Relevant Section(s) of Report	Implementation Timeline: Activities & Date(s)	Measure(s) of Progress or Effectiveness
Enhance Program Capacity			
Unify mental health therapists within Student Health Services	B	Fall, 2021	Contract therapists included in SHS organizational chart
Establish SHS advisory committee	Required for MediCal LEA billing	Spring 2022	Committee meeting bi-annually
Utilized electronic health records (Pyramed) to analyze student Health status	Part V: recent improvements: implementation of EHR	Fall 2020	Reports produced with aggregated health data
Student Education			
Expand educational offerings for classes and clubs	L	Fall 2021	Increased number and variety of classes and presentations offered
Expand Services / Develop New Services			
Initiate tele-counseling services	I:	Fall 2020	Therapist conducting some appointments via internet, and texting where appropriate
Add to website resources	I	Fall 2020, on-going	At least two substantial health resources added to website
Implement Medi-Cal LEA billing to derive income and expand services to Medi-Cal students	II Program planning: Financial resources	Spring 2022	Bills being submitted to Medi-Cal through LEA program
Enhance Community Mental Health Support			
Establish Peer Support Team	B	Spring 2021	At least 5 students trained in Peer Support techniques, and available to students.
Support student led groups	D	Fall 2020	Clinic staff serving as advisor(s) or consultant(s) to at least one student club
Invite outside agencies to host health-related groups on campus	L,O	Fall 2021	At least on group or service offered on campus by an outside agency on a regular basis
Addressing Disaster/Interpersonal Violence			
Train therapist in Threat Assessment	O	Fall 2021	Completion of Threat Assessment training by therapist
Work within Emergency Response Committee (ERC) to Promote training and policies for evacuation shelters and other crises	O	Fall 2021	ERC policies and resource documents include material on shelter operation
Train Counselors in Psychological First Aid	O	Fall 2020	Training completed by at least 50% of counselors

Description of Current Program Resources Relative to Plan:

Personnel. Current personnel would be adequate for expected near-term demands. However we are losing our ½ time medical/administrative assistant, who will instead be employed full time by the police department. Therefore we must develop a new position description, get it approved through HR and the board of trustees and hire the employee. In the future we will face challenges when that person calls in sick, takes vacation time and so forth, because we have always had a ½ time student or temporary worker to fill in for those needs. However, the workload of the clinic does not justify an additional employee on top of the planned 80% FTE clinic assistant.

Space/Equipment needs. We would benefit from expansion of the health center. We currently lack space to accommodate the Mentis therapist, or any future additions to the therapy staff. In addition we lack a room large enough for meetings or classes.

Enhancing our distance services will require acquisition of computers with web cameras, and subscription to a HIPAA compliant telemedicine platform. We also are in need of a cell phone with texting capacities for our therapist(s).

Financial.

Income		Expenditures	Expenditure - Income
Student Health Fees	194,962.16		
MediCal Payments	10,998.90		
Fees for Service	6,933.00		
Mental Health Grant	1017.00		
Total	213,911.06	343,378.00	-129,466.94

Note: approx. 90% of expenditures are for personnel.

In the past student health services expenditures were fully covered by the student health fees. However, with the assumption of NVC of the costs of salary and benefits for the nurse/director and the therapist, the program costs have far exceeded student health fees, and district funds have made up the difference. The Mentis therapist, whose contributions we have referenced in this report, has been paid for out of district funds.

Student health fees can at this time legally be raised by another \$5 per student per term. This would generate approximately \$50,000 more in funds annually. Implementing MediCal LEA billing, when that becomes available, might add a few thousand dollars annually.

A significant decrease in program costs could only be realized by staffing cuts.

III CURRICULUM

This section does not apply to Student Health Services, as there are not any courses or degree/certificate programs associated with the program.

IV LEARNING OUTCOMES ASSESSMENT

This section does not apply to Student Health Services, as it is not required to assess student learning outcomes.

V. PROGRAM HIGHLIGHTS

A. Recent Improvements

2016

Acquired electronic health record system, and transitioned from paper-based to computerized medical records.

Completed enrollment in FamilyPACT and began providing comprehensive family planning services

2016 and early 2017

Transition of Student Health Services from management by Ole Health to Napa Valley College was completed by finalization of job descriptions for therapist and director, and the positions were filled.

2017

Nurse Practitioner completed training for Nexplanon implant, and clinic began offering LARC (Long-Acting Reversible Contraception)

On-line screening for psychological disorders

Contract with Mentis for on-campus therapist*

Coordinate medical services at Fire Evacuation Shelter, and mental health services post fire

2018

Patient Electronic Portal initiated to enable students to complete medical forms prior to appointment and cut down on paper use/scanning chores

2018-19

Increasing service to campus community via participation in CARE team, EOPS/CalWorks Advisory committee

**The Mentis therapist is under the auspices of Mentis and Student Affairs, not the Student Health Services*

B. Effective Practices

In-reach to students.

Vigorous efforts to inform students about our services, which have included tabling at events, presentations to classes, messages on the campus monitors, and increasing signage have been successful as measured by the increase in appointments at the Student Health Center in the face of declining enrollments.

FamilyPACT.

Enrollment in FamilyPACT has resulted in 200+ appointments for family planning services.

Warm Handoffs.

Collaboration between therapists and Nurse Practitioner allows immediate integrated medical/psychotherapeutic care to our patients.

Therapist association with programs.*

The Mentis therapist who is associated with specific programs (Puente, EOPS) completed 305 patient visits over 2 years. It is impossible to say how many of these patient visits would have occurred if that therapist was not doing outreach to those programs.

Multiple Collaborative Partnerships.

Student Health Services collaborates with multiple agencies in order to increase services to our students. These include:

NEWS: education on domestic violence and sexual assault (via SaVE committee)

CHI (Community Health Initiative): on-campus health insurance enrollment events

Mentis: on-campus therapist

Napa County Behavioral Health: service to students after 2017 fire, County suicide prevention campaign

On-Line Services.

(Distance services) Website services include on-line screening for mental health disorders, relaxation tapes, information on resources; 148 students have accessed the on-line mental health screening.

**The Mentis therapist is under the auspices of Mentis and Student Affairs, not the Student Health Service*

Feedback and Follow-up Form

Completed by Vice President:

Oscar De Haro

Date:

11/19/2019

Strengths and successes of the program, as evidenced by analysis of data, outcomes assessment, and curriculum:

The Student Health Center has experienced a consistent increase in student traffic for both medical-related needs as well as mental health needs, as evidenced by:

- A 11.3% increase over a three-year period in # of appointments with our Mental Health Therapist;
- A 6.1% increase of appointments with our Nurse Practitioner for the same 3-year period;
- An 18% increase in Repeat visits to our Health Center by students;

Areas of concern, if any:

There are two particular needs that the Health Center staff acknowledge and have cited:

Communication of services. “A large proportion of students are unaware of the diversity of services offered – and even of the existence of the Student Health Services clinic.”

Space. The health center lacks conference rooms to host meetings and classes, and office space for additional therapists.”

Permanent Medical Certified staff. The College Police, because of their services growth will be absorbing 100% of the current staff who has been split 50/50 with the Health Center. Nancy has put this need in her Unit Plan and will include this need in the 20/21 Unit Plan process.

In my role as Vice-President over this area of service, I will do my best to advocate for the justified, demonstrated and pending needs of our Student Health Center.

In summary, I found this Program Review produced by the Student Health Center staff to be quite comprehensive and very factual. I commend Nancy Tamarisk, Magdalena Orr, and Jazmin De La Cruz for their undivided dedication and commitment to truly placing “Students First” and serving our student’s needs.

Recommendations for improvement:

Anticipated Resource Needs:

Resource Type	Description of Need (Initial, Including Justification and Direct Linkage to State of the Program)
---------------	---

Personnel: Faculty	
Personnel: Classified	30-40 hour per week Medical Assistant/Office Assistant classified staff for specific Health Services assistance.
Personnel: Admin/Confidential	
Instructional Equipment	
Instructional Technology	
Facilities	Expanded/larger space for expanding mental health and medical/health services.
Operating Budget	
Professional Development/ Training	
Library & Learning Materials	