




IMPERIAL VALLEY COLLEGE

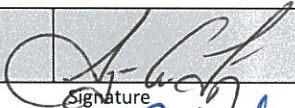
PROGRAM REVIEW


NON-ACADEMIC PROGRAMS

DATE:	2/14/2013
--------------	-----------

DEPARTMENT/PROGRAM:	Student Health
----------------------------	----------------

PREPARED BY:	Sergio A. Lopez, Emily B. Bill, Saria Cardoza & Aida Valdez	
	Name	Signature

AREA DEAN/DIRECTOR:	Sergio A. Lopez	
	Name	Signature

AREA VICE PRESIDENT:	Todd Finnell	
	Name	Signature

IMPERIAL VALLEY COLLEGE

MISSION STATEMENT

The mission of Imperial Valley College is to foster excellence in education that challenges students of every background to develop their intellect, character, and abilities; to assist students in achieving their educational and career goals; and to be responsive to the greater community.

Institutional Goals

Educational Master Plan 2012-15

Approved by Board of Trustees May 16, 2012

Goal One (Institutional Mission and Effectiveness): The College will maintain programs and services that focus on the mission of the college supported by data-driven assessments to measure student learning and student success.

Obj.	Objectives for EMP Goal 1
1.1	Develop systems and procedures that establish the mission of the college as the central mechanism for planning and decision making.
1.2	Develop an institutional score card to assess student learning that drives integrated planning and resource allocation.
1.3	Develop systems and procedures to ensure that the college maintains a collegial and self-reflective dialogue that improves effectiveness.
1.4	Develop systems that are inclusive, cyclical, and understood by all stakeholders.

Goal Two (Student Learning Programs and Services): The College will maintain instructional programs and services which support student success and the attainment of student educational goals.

Obj.	Objectives for EMP Goal 2
2.1	Ensure that all instructional programs, regardless of location or means of delivery, address and meet the current and future needs of students.
2.2	Review program learning outcomes annually (or biennially) to assure currency, improve teaching and learning strategies, and raise student success rates.
2.3	Ensure that all Student Services programs, regardless of location or means of delivery, address and meet the current and future needs of students.
2.4	Ensure that all Student Services programs engage in a process of sustainable continuous quality improvement by annual review of Service Area Outcomes, annual Program Review, and Comprehensive Program Review every three years.
2.5	Ensure that the Library meets as closely as possible the "Standards of Practice for California Community College Library Faculty and Programs" of the Academic Senate for California Community Colleges.
2.6	Ensure that instructional labs continue to collaborate in sharing financial and human resources, thus maintaining continuous quality improvement.

Goal Three (Resources): The College will develop and manage human, technological, physical, and financial resources to effectively support the college mission and the campus learning environment.

Obj.	Objectives for EMP Goal 3
3.1	Develop and implement a resource allocation plan that leads to fiscal stability.
3.2	Implement a robust technological infrastructure and the enterprise software to support the college process.
3.3	Build new facilities and modernize existing ones as prioritized in the facility master plan.
3.4	Design and commit to a long-term professional development plan.
3.5	Raise the health awareness of faculty, staff, and students.

Goal Four (Leadership and Governance): The Board of Trustees and the Superintendent/President will establish policies that assure the quality, integrity, and effectiveness of student learning programs and services, and the financial stability of the institution.

Obj.	Objectives for EMP Goal 4
4.1	Review all Board policies annually to ensure that they are consistent with the College mission statement, that they address the quality, integrity, and effectiveness of student learning programs and services, and that they guard the financial stability of the institution.
4.2	Maintain a clearly defined Code of Ethics that includes appropriate responses to unprofessional behavior.
4.3	Ensure that the Board of Trustees is informed and involved in the accreditation process.
4.4	Ensure that processes for the evaluation of the Board of Trustees and the Superintendent/President are clearly defined, implemented, and publicized.
4.5	Establish a governance structure, processes, and practices that guarantee that the governing board, administration, faculty, staff, and students will be involved in the decision making process.



IMPERIAL VALLEY COLLEGE

PROGRAM REVIEW NON-ACADEMIC PROGRAMS

I. **PROGRAM/DEPARTMENT DESCRIPTION** (include Vision; Mission; Services-Functions; Funding Sources Statement)

The Student Health Services program promotes the position that wellness is essential to academic success. The health providers strive to promote services and health education programming designed to prevent and resolve health problems. The Mental Health Counseling Services program offers short-term, individual, couples, family, and group therapy to currently enrolled students at no additional cost. Services are provided by licensed clinicians and interns in a confidential, supportive, and culturally sensitive environment. The Student Health Services are funding solely by the Student Health Fee.

II. **SERVICE AREA OUTCOMES** (identify outcomes; methods, implementation of assessment process; results; decisions & recommendations)

In the Fall of 2011, two service area outcomes were identified for the Student Health Program. The first outcome was to expand the mental health counseling services program by hiring an additional culturally competent provider. This outcome was completed in the Spring of 2012.

Additionally, the program intended to expand physical health services by re-negotiating the health services contract during the 2011-12 school year. At the end of the Spring 2012 term, our previous contracted provider (Pioneer's Hospital) joined with El Centro Regional Medical Center to provide expanded health services. With the contract change came a modification in staffing of the on-site medical provider. Aida Valdez was asked to be the full-time campus nurse because of her ability to work compassionately and effectively with our students.

III. **DATA** (use data pertinent to your program/department; include qualitative and quantitative data; survey-evaluation results; and other relevant data to assess program/department effectiveness)

Adding an additional provider mid-semester allowed the mental health program to reduce the wait time for services. Monica Sterling, an Associate Social Worker, was hired and began providing services in March of 2012. The clinicians screened 91 students this term. Of the students taken on to caseload, each student received approximately 6-10 sessions of treatment or case management services. The clinicians served an average 1-2 crisis walk-ins per week, although there have been as many as 4 in one week. Even with an additional clinician, the program recently went on a waiting list in early October 2012, with almost 20 people waiting at

one point. However, this wait time has significantly improved as compared to the 10-12 week wait in previous years when there was only one provider.

The majority of students (over 75%) who have been seen for at least 4 sessions and was administered a survey stated that they either "strongly" or "somewhat" agree that since participating in Mental Health Counseling Services they are more capable of performing well academically.

In the 2011-2012 school year, 2392 students received services for physical health concerns. This was a decrease from prior years due to a reduction in enrollment numbers as a result of college budget cuts. In the Spring of 2012, a new contract was create with outside health care providers to expand the physical health offerings for student. Between Fall of 2012 and the present (Feb 2013), the campus nurse and physician's assistant/nurse practitioner have served 2117 student (See Attachment B). This represents a 66% increase in student visits from the 1401 students served during this same time during the 2011-2012 school year. (See Attachment A).

IV. **ANALYSIS** (evaluate the strengths, challenges, opportunities and needs of your program/department provide thorough interpretation of data and complexity of analysis)

The student physical health component of the program has seen a large increase in students accessing services. This is likely due in part to the increase in services offered by our contracted partners, as well as the full-time work of our student nurse, who is well liked by students and committed to providing compassionate and effective health services. When students have a positive interaction with our providers, they tend to return for additional care.

The mental health program has managed to provide services to more students with the addition of another part-time clinician. As reported by students surveyed after 4 completed therapy sessions, students feel more capable of performing academically after seeking treatment.

V. **FINDINGS & FUTURE DIRECTION** (summarize findings and indicate how the findings have shaped decision making; areas of concern are addressed; provide recommendations for future direction of your program/department and address applicable needs (funding, facilities, staffing technology, professional development, marketing.)

As of February 12, 2012 (the 4th week of the term) the mental health program has already screened 41 students. At this rate, the program is positioned to serve well over 100 students by the end of the term. With an increase in students seeking mental health support, the program may need to add group therapy sessions as a way to increase services. Consideration should also be made to convert the part-time adjunct counseling position to a full-time, tenured track position. As the program grows, a stable, permanent provider would improve the continuity of care for the students. Due the sensitive nature of the work from a clinical, ethical, and legal standpoint, hiring a full-time provider would demonstrate to students and the college a commitment to promoting and improving mental wellness for our students. Capacity building, campus/community relationship building and process improvements should be managed by a licensed provider with several years of experience working in clinical mental health services on a college campus. The full-time clinician would also function as a liaison between physical health

services and mental health services, the Student of Concern team coordinator, the ethical and legal compliance supervisor, marketer of services on campus and in community, and liaison between the nursing program staff/faculty in providing targeted services to Allied Health students. While using interns to provide services can help address the increase in students per semester, most pre-licensed professionals change positions several times before obtaining licensure. Moreover, the severity of presenting problems requires a provider who can effectively treat debilitating and/or chronic mental illnesses such as chronic depression, PTSD, schizoaffective disorder, schizophrenia, other psychotic disorders, bipolar disorder, and personality disorders. As such, the program's reputation as a provider of quality mental health care could be compromised with a rotation of interns and lack of skills and experience to treat a portion of our student population.

With the increase in physical health visits, the physical health program will undoubtedly need more space to accommodate students and maintain the confidentiality of the personal health information of our students. Additionally, the nurse may need to increase her hours to include a full day on Fridays or open clinics for a few hours in the evening to administer flu shots or provide referrals for ill students.

- VI. **PROCESS IMPROVEMENT OPPORTUNITIES** (Identify three processes for improvement in terms of: 1) Work efficiency, 2) Cost reductions, and 3) Contributions to student enrollment and/or success. Identify one or more institutional goals supported by each process.)

See chart below.

**PROGRAM REVIEW FOR NON-ACADEMIC PROGRAMS
PROCESS IMPROVEMENT OPPORTUNITIES**

PURPOSE: For all IVC programs to engage in continuous process improvements, efficiency evaluation, and implementation of steps to facilitate increased student enrollments and student success.

GOALS: Each process within the departments will be reviewed in terms of: 1) Work efficiency, 2) Potential cost reductions, and 3) Potential contributions for increasing enrollment and/or student success.

DEPARTMENT: Student Health
<i>Opportunities for:</i>
PROCESS #1: Move Student Health Center
Work efficiencies: The Student Health Center in its current location is not capable of serving the significant increase in student health visits.
Cost reductions: Serving students with physical and mental health issues in a timely manner can reduce absenteeism and student attrition rates.
Contributions to student enrollment &/or success: Increased student access to campus health services allows students to attend to their physical and mental health needs, so that they may better focus on their academic goals.
Supports Institutional Goal and Objectives: 2.3, 3.5
PROCESS #2: Increase mental health providers' availability to treat students by transferring physical health records to electronic health records (EHR)
Work efficiencies: Paper based documentation requires that the clinicians can only complete this process inside the office. Writing notes takes more time than typing notes in pre-formed electronic fields.
Cost reductions: Reduction in time spent completing paperwork increases the providers' availability to treat students. There is a greater return of investment for students.
Contributions to student enrollment &/or success: With a student body of over 7500 students, increased provider availability allows for students to address mental health issues that negatively impact academic functioning.
Supports Institutional Goal and Objectives: 3.2, 3.5
PROCESS #3: Implement Student Health 101
Work efficiencies: Student health information needs to be disseminated in an educational and efficient manner. This can be accomplished through the use of a 3rd party service that delivers highly relevant and medically/clinically sound student health information via the internet and email.
Cost reductions: Developing and distributing this type of information is labor intensive. The information also must be constantly re-evaluated and updated as health information changes.
Contributions to student enrollment &/or success: Students who address physical and mental health needs can better focus on their academic goals. Student Health 101 can also be used to complement learning objectives in Health, PE, Psychology, and Counseling courses.
Supports Institutional Goal and Objectives: 2.3, 3.5



Attachment A: Student Health Center Visits 2011-2012

2011 - 2012 Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Student visits illness	47	83	101	192	34	79	153	169	76	63	67		1064
Non-student, Employee visit	0	0	0	3	1	0	3	10	1	5	3		26
Physical Exam	21	20	3	35	4	40	6	14	0	4	22		169
Info Booth	0	0	0	0	0	0	0	0	0	0	0		0
Health Fair	0	0	0	0	0	0	0	0	0	0	0		0
Breastfeeding Room	0	0	0	0	0	13	13	8	0	0	0		34
Flu	24	252	13	37	86	15	33	19	0	0	0		479
Tdap	1	7	1	14	3	26	0	16	0	8	14		90
PPD	87	48	13	36	9	17	24	31	5	6	19		295
MMR					2					0	0		2
Referrals to PMHD service	0	0	2	2	0	0	3	0	3	3	1		14
Referrals to Private MD service	0	0	3	7	0	2	6	0	11	9	3		41
Ambulance	1	0	0	1	0	2	0	0	0	0	0		4
Wellness Screening	0	0	0	0	0	0	150	0	0	0	0		150
Campus Accident	1	1	4	4	0	1	4	3	3	3	0		24
Delivered/resupply first aid kits	0	0	0	0	0	0	2	0	0		0		2
Total	182	411	140	331	139	195	397	270	99	101	129	0	2394

Attachment B

2012 -2013

School Year

	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Total
Student visits illness	131	229	248	234	47	135								1024
Non-student, Employee visit	2	9	5	9	1	4								30
Physical Exam	10	31	18	16	5	17								97
Info Booth	0	0	0	0	0	0								0
Health Fair	0	118	0	0	0	0								118
Breastfeeding Room	0	0	2	3	0	2								7
Flu	26	159	62	96	12	27								382
Tdap	5	20	13	10	6	6								60
PPD	27	46	43	24	5	27								172
MMR	3	0	0	0	1	2								6
Referrals to PMHD service	0	0	0	0	0	0								0
Referrals to Private MD service	21	34	31	33	6	4								129
Ambulance	0	1	1	0	0	0								2
Wellness Screening	0	0	0	59	3	0								62
Campus Accident	7	9	8	1	1	2								28
Delivered/resupply first aid kits	0	0	0	0	0	0								0
Total	232	656	431	485	87	226								2117

Total Visits Aug 2012-February 2012: 2117